

Positive Art Therapy with Seniors in a Residential Care Facility

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Approvals

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Abstract

This Integrative Project explored art therapy interventions with seniors in a residential care facility. The purpose was to facilitate creative engagement to improve quality of life, enhance self-esteem, and promote creative decision-making and socialization. Artistic interventions with appropriate accommodations for a variety of disabilities (physical and mental) were utilized, to allow for a meaningful experience for all participants. A booklet of art invitations was created as part of the project.

The structure of the project was based on Seligman's PERMA model and his theory of well-being (Madeson, 2017). The paper includes a literature review, which discusses research in art therapy with seniors; including strengths and limitations of this population. Examples of interventions, and recommendations for their implementation are included.

The booklet, Art Invitations for Seniors in a Residential Care Facility is available as a separate PDF document.

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Positive Art Therapy with Seniors in a Residential Care Facility

My integrative project is based in my art therapy practicum at two residential care facilities in a large metropolitan city in central Canada. One residential care facility was a 200-bed facility and there were about 80 residents in the second home. I attended once or twice a week over the span of six months during the second and third waves of the COVID -19 pandemic. I worked with individual residents and with groups. All participation by residents was voluntary.

The residents who participated ranged in age from the middle 70s to 97. They lived with various physical and cognitive challenges, including Parkinson's disease, dementia, arthritis, stroke, heart problems, hearing loss or failing eyesight. Most of them used wheelchairs.

Based on my practicum work at the residential care facilities, I developed a booklet, Art Therapy Invitations for Seniors in a Residential Care Facility. I aimed to develop appropriate and successful art therapy interventions which could accommodate different common limitations, build on strengths, and release inherent creativity that is highly correlated with well-being and happiness. Creativity is an inner power that can also ignite each person's self-healing potential. I used a variety of interventions and mediums which follow the positive art therapy model elaborated by Wilkinson, and Chilton (2018).

In this paper, I reflect on my practicum work in relation to the positive art therapy model, which is based on the five elements of the positive psychology model of wellbeing, namely: positive emotion, engagement, relationship, meaning and accomplishment (Madeson, 2017). Positive art therapy unites the unique benefits of art therapy with the positive psychology mission to promote individual and global wellbeing by nurturing what is good and functioning in our lives. A premise of positive psychology is that

although some problems may be unresolved, people might achieve a high quality of life despite these challenges and sometimes as a result of them. In fact, one could paradoxically be quite ill and impaired in some ways and yet thriving in others.

(Wilkinson & Chilton, 2018, p. 9)

The paper includes a literature review and some observations and personal anecdotes from my practicum with the aim of illustrating the model of positive art therapy. Permission to include these anecdotes was verbally obtained from the facility and the participants. The names of the participants were changed to protect their identity.

Positioning Myself

The conception of annihilation is a factor in human degradation, a cause of human debasement and lowliness, a source of human fear and abjection. It has been conducive to the dispersion and weakening of human thought whereas the realization of existence and continuity has upraised man to sublimity of ideals, established the foundations of human progress and stimulated the development of heavenly virtues; therefore, it behoves man to abandon thoughts of non-existence and death which are absolutely imaginary and see himself ever living, everlasting in the divine purpose of his creation. He must turn away from ideas which degrade the human soul, so that day by day and hour by hour he may advance upward and higher to spiritual perception of the continuity of the human reality. If he dwells upon the thought of non-existence he will become utterly incompetent; with weakened will-power his ambition for progress will be lessened, and the acquisition of human virtues will cease. ('Abdu'l-Bahá, 1976, pp. 265-266)

I visited my friend Audrey who was in her late 80s and was living the last days of her life. She was being tube fed and was mainly confined to bed. Her memory and eyesight seemed

to remain intact, however. I found her reclining in her bed with a book and a pen in her hand. She smiled happily at seeing my husband and me.

- Audrey, what are you doing?
- I am reading and making notes.
- Why?
- So that I do not forget.

Audrey passed away less than a month after our visit.

The seniors' age group has been of particular interest to me for several reasons. I have been engaged in community puppet shows, and my volunteer puppeteers were often seniors because of the availability of time that retirement allows. Serving together brought us close and allowed me to appreciate the unlimited creativity, wisdom, and patience they brought into our interaction and production. I also have developed a passion for Latin and ballroom dancing, and once having attended a dance at a Legion Hall with senior dancers, the hall became my favourite place to dance. The dancers' lack of inhibition by the concern of others' opinions, their complete acceptance and enjoyment of whatever physical ability and look was available to them, and their humour, choreographic creativity, energy, and fun drew me back at every opportunity.

Another recent experience was my practicum at an elementary school, where through expressive arts experiences, I was to assist children in reflecting upon and developing virtues. In one session, I invited the children to make cards for seniors in residential care facilities during the COVID-19 pandemic. I was surprised when the children refused to do so or worked on the cards with apparent reluctance. When the teachers and I inquired into why there was this unwillingness, I realized the children did not see a good enough reason for this kind of service. Why would they make cards for some older folks they did not know?

I browsed the Internet for convincing reasons to motivate the children to work on the cards. My brief search was disappointing. It suggested that we needed to take care of older people out of kindness, duty, empathy, or pity. These sentiments were good, but they did not reflect my experience of being with seniors. I felt gratitude for their wisdom, care, and gentleness towards my shortcomings and for their generosity of spirit. I experienced joy and ease in their company and an example and inspiration in their desire to grow personally and develop skills, character, and relationships. My next practicum placement was in two residential care facilities, and I do not think this happened by accident.

During my practicum, I met an elderly woman who had an advanced stage of Parkinson's disease. She was in a wheelchair; her voice was weak; her hands were clenched in tight fists and were constantly shaking. She signed up to do art therapy. I was at a loss for ideas about art invitations. In our first conversation, she expressed her wish for someone to develop some artistic interventions so that people like her could express their creativity, which was intact inside her debilitated body. I went back to visit with her several times, and with her patience and persistence, we found a way to express some of that creative power held captive inside her (Shirley, personal communication, March 8, 2022)

Since then, my question changed from “Why we should send cards to seniors in residential care facilities,” to “How can we tap into this unlimited creative source and use all the treasures contained therein for the benefit of people themselves, their loved ones and our communities.”

Literature Review

In the following literature review I present some of the challenges seniors face in residential care facilities, as well as limitations and strengths of this population. The benefits of art therapy are described, and the model of Positive Art Therapy is presented. Anecdotes from practicum sessions with seniors are woven throughout the text to provide additional depth and illustration.

Challenges for Older Persons in Residential Care Facilities

Of the 500,000 Canadians living in residential care facilities, the vast majority (425,000) live in either residential care facilities (also known as long-term care homes) or seniors 'homes (also known as retirement homes or assisted living facilities) (Statistics Canada, 2016). Reasons for being in residential care facilities include physical and cognitive conditions such as different forms of dementia, heart disease, diabetes, cancer, and Parkinson's disease.

With diminished physical and cognitive ability (motor skills, senses, memory), seniors in residential care facilities experience a whole range of losses. It can be the loss of their autonomy, loss of control of their life or the loss of a close friend or a spouse (Malchiodi, 2012). All these greatly impact the quality of life of seniors, often leading to low self-esteem and learned helplessness. According to Gould (2017), "learned helplessness is an issue affecting the elderly population, and it is not necessarily due to loss of ability." It is rather a consequence of all the changes and losses mentioned above, as well as a "reduction in motivation in creative activity." These in turn can result in depression (as cited in Cousineau, 2021, p. 16).

Depression is a significant concern among older adults. Studies show that up to 20% of Canadian older adults living independently in the community suffer from depression. This percentage increases to 25% for those older adults with a serious medical illness or for those in

the early stages of Alzheimer's disease. For those older adults living in long-term facilities, the percentage suffering from depression rises from 30% to 50% (Canadian Psychological Association).

Residential care facilities were among the hardest hit by the COVID-19 pandemic in Canada. During the first wave of the pandemic (March through August 2020), nursing and seniors home residents accounted for more than 80% of all reported COVID-19 deaths (Canadian Institute for Health Information, 2020). In response to COVID-19, residential care facilities increased social distancing and social isolation (Simard & Volicer, 2020). The residents were required to stay in their rooms for long periods, and nonessential activities such as recreation and communal dining were restricted. These measures had consequences for the residents, especially those with cognitive impairments and dementia (Barnett & Grabowski, 2020; Edelman et al., 2020), including increased the risk of loneliness (Simart & Volicer, 2020) and significantly increased levels of anxiety and depression (Haj et al, 2020).

Although the COVID-19 pandemic seems to have abated since I completed my practicum, many measures adopted during the pandemic to protect residents are still implemented, although to a lesser degree, causing further grievances and consequences the scope of which we might not be completely aware of yet.

Limitations and Strengths of Older Persons

It is important to consider limitations that some older adults face, in order to provide accommodations to support participation in art therapy. It is also important to recognize strengths which can be employed to access the reservoir of creativity and allow for an opportunity to improve the quality of life.

Limitations

Buchalter (2011) acknowledged many physical losses that older adults experience, Many seniors have arthritis or other diseases such Parkinson's disease, which may cause them to shake, move slowly, appear emotionless and/or have difficulty with fine motor skills. Sometimes they feel uncomfortable; hands and legs often hurt. Seniors may experience vision and hearing loss. A hearing aid that is not finely tuned can disrupt an hour-long session with its buzzing and high-pitched tone. Seniors may need to use the bathroom frequently and drinking due to a dry mouth is often a necessity.

Lewis (1979) identified the termination of work and connection to one's social status as one of the primary losses for some seniors. Another loss connected with advancing years is a lack of social connections, for example, the end of their working life, children grown, the possible death of a spouse, physical ailments that may limit mobility, loss of their home and so on (Waller, 2002). Older people often feel helpless and hopeless, at times alienated from their friends and families, which has a detrimental effect on their self-esteem and their creativity is halted (Buchalter, 2011).

Other common problems voiced by seniors include sadness, loneliness, change (moving), surgeries, poor memory, children not visiting, children becoming adults ("bossy"), financial problems, difficulty making friends and getting into cliques, negative physical transformation (weight gain or loss, thinning hair, etc.), not being able to do "what I was able to do in the past," being patronized (e.g. a waitress saying "honey" or "You are so cute" to an older man), change in status (e.g. from a doctor to "an old man whom no one notices"), boredom—"nothing left to do but wait to die," illness. (Buchalter, 2011, p.14)

All the above are changes that people, most of the time, have no control over. Biswas-Diener (2011) acknowledged the importance of knowing about these vulnerabilities of old age but warned against devoting energy to try to change them.

Strengths

Being faithful to the philosophy of positive psychology, the strengths that older people share with all human beings and those unique to this age group are explored next.

Creativity.

Cohen (2000) referred to the second half of life as the creative age. He suggested that unlike physical faculties, creativity, although it changes, does not seem to diminish with age. It is toward creativity that many positive psychologists and specialists working with the geriatric population turn their attention. Buchalter (2011) distinguished between big C creativity, where individuals have made a profound contribution to society, and small c creativity, which has the potential to increase the well-being of older people substantially.

A study measuring creativity and effort between two groups, one of which consisted of people with Alzheimer's disease (AD group) and another a normal control group (NC group), found no significant difference in creativity and effort between these two groups. The scores between groups were similar despite the AD group performing significantly worse across various cognitive domains than the NCs. The results are consistent with findings that neuropathology or brain injury does not necessarily equate to poor artistic creativity or a halting of artistic production (Rankin et al., 2007).

Lewis (1979) wrote that intellectual creativity may reach its peak at age sixty, but he maintained that scientific and artistic creativity continues beyond that age. Butler (1967) claimed that creative capacity does not decline with age but only becomes inhibited.

If creativity is found to increase the well-being of old people substantially and it does not diminish with age but only becomes inhibited, the course of therapy which seeks to identify and remove these inhibitions and nurture creativity seems to be the most productive one.

President John F. Kennedy said, “The great enemy of truth is very often not the lies—deliberate, contrived and dishonest—but the myth - persistent, persuasive, and unrealistic” (as cited in Cohen, 2000, p. 7). The myth about creative and intellectual decline might be the main inhibition of creativity. Another obstacle may be a faulty criterion for the quality of life.

Power (2010) suggested other dimensions of well-being. For example, he proposed that well-being involves relating to the world in ways that are not necessarily visible or measurable, such as love, reflection, states of spiritual well-being, or imagination. In addition, he stated that at the center of well-being is a person’s identity or sacredness of the human spirit.

During an art therapy session, Angela, working on her mandala, shared stories about her family members, old and young. She was very aware of what was happening in her family, and her stories were full of love. In the end, I commented that her family loved sharing with her because Angela had love. She loved, and others knew that there was a heart which would rejoice in their happiness and sadden in their pain, a heart which could contain all these experiences. Angela looked at me thoughtfully and said, “You really listened to what I was saying” (Angela, personal communication, March 7, 2022).

Wisdom/Experience.

Another obstacle in the way of creative growth is how the modern western worldview dictates the values and the worth of things and people. Depending on their worldviews, people can look at the same reality and see it differently. How does one see someone’s value? What is one’s understanding of productivity and usefulness? How is old age viewed? According to

Seligman (1998), training is needed to help therapists develop more positive images of clients that focus on client's potential for health.

In a blog post written for a course about elders (Elders, 2013) the author reflected on the perception of people in a residential care facility and the stigma and stereotypes that exist in America. The author wrote about their visit to a residential care facility and described the depressing feeling of the presence of people approaching their death. According to the author, in our "high-paced, profit-oriented society," it is very difficult to attribute much value to old people. We see them as "incapable of working and in an overly dramatic and simplified sense they become useless" (para.2). The author contrasted this with the perspective of the elderly in Native American culture, where the older generation was treated with respect and had everyone's attention. Native American elders played a vital role as preservers of culture and as teachers of spirituality and history. Many elders occupied a central position in ceremonies and healing practices. The mind was not viewed as weakening but was seen as "strong and beautiful, filled with compassion, wisdom and memories" (para. 3). Although the body was weak, it was viewed in a positive light.

In their minds, people's bodies are a sacred gift handed down from their ancestors. In many teachings, women learn that their sagging breasts, stretch marks and wrinkles are "marks of wisdom and beautiful badges of honour for carrying the sacred responsibility" and the age present in their bodies are "manifestations of wisdom coming to fullest fruitage" (Audlin, 85, as cited in Elders, 2013, para. 3).

The author wrote that "Native people believe that experience holds great value and because elders have a wealth of experience their stories are a valuable resource for the tribe," and noted that in listening to their grandmother's stories,

not only am I gaining valuable knowledge but I am also allowing her to release her power and energy into the world. She may not have many memories left, but through her actions she shows me how I want to live my life (Elders, 2013, para. 6).

Jung (2013) critically analyzed the Western worldview of aging; he wrote that such valued things as achievement, usefulness and so forth are “the lodestars that guide us in the adventure of broadening and consolidating our physical existence; they help us to strike our roots in the world” but “they cannot guide us in the development of that wider consciousness to which we give the name of culture” (p. 394). If the strengths of old age are examined in the context of these Western values that naturally pertain to the period of youth, there is a danger that the creativity of seniors will be evaluated in terms of achievement and usefulness.

Jung (2013) asked, “Could by any chance culture be the meaning and purpose of the second half of life?” (p. 400). Wisdom or culture, according to Jung, is another strength of old age. The question is how much is it valued and understood in practice, what does wisdom look like, and what does it feel like?

My friend, an Indigenous Elder, shared that, at times, younger people claim that they deserve to hold a position of an elder because of their vast theoretical knowledge. My friend explained then that knowledge is not the same as lived experience and wisdom. One needs to live the knowledge to be an elder (Mandy B., personal communication, 2021).

There is a passage from John Steinbeck's (1992) *The Grapes of Wrath* that can illustrate the difference between the knowledge readily available to us in an instant through modern technology and the wisdom which the older generation may contain.

That man sitting in the iron seat did not look like a man; gloved, goggled, rubber dust mask over nose and mouth, he was a part of the monster, a robot in the seat ...

He loved the land no more than the bank loved the land. He could admire the tractor – its machined surfaces, its surge of power, the roar of its detonating cylinders; but it was not his tractor. Behind the tractor rolled the shining disks, cutting the earth with blades – not plowing but surgery ... The driver sat in his iron seat and he was proud of the straight lines he did not will, proud of the tractor he did not own or love, proud of the power he could not control. And when that crop grew, and was harvested, no man had crumbled a hot clod in his fingers and let the earth sift past his fingertips. No man had touched the seed or lusted for the growth. Men ate what they had not raised, had no connection with the bread. The land bore under iron, and under iron gradually died; for it was not loved or hated, it had no prayers or curses (p. 171).

The following reflection of Keding (2008) in the preface to her book of stories told by elders from around the world validates the importance of older people and the wisdom they have gained through experience.

From my grandmother's stories I learned about wisdom, heroism, choices, responsibility, foolishness, and all the other lessons that we now try to pour into our children's heads through abstract contrivances thought up by well-meaning psychologists. The importance of our elders lies in their ability to inform us of who we are by telling us where we came from in the first place. By giving us a cultural starting point, our elders are able to give us the knowledge and tools we need to approach adulthood and eventually our own roles as family and community elders.

Even into the age of computers and instant knowledge, we all lack the one thing our elders will always have—experience. Experience in living, dealing with others, facing fears, growing up, and, finally, facing the end of our time. These are lessons which

cannot be taught by computer, DVD, CD - or any electronic device. We look into the eyes of our elders and we see something that we can never see in the mirror; we see our future (pp. 14-15).

In the blog Elders (2013), the author wrote about the strong bond between elders and children:

Life is a hoop and death and birth are found next to each other. Elders and children are at very similar stages in life, they are both very close to the spirit world and unencumbered by the burdens of life. They are more naturally aware of the presence of spirits and don't perceive reality the same way as adults (para. 4).

Children usually love listening to stories, and elders often love sharing them. Often, the same stories are heard repeatedly, and the story starts living inside the one who was its recipient. A friend related his experience with his grandmother, who used to teach him life lessons over and over, which annoyed him. To his great surprise, a few years after his grandmother passed away; he realized that her stories became his inner moral guide (Richard, personal communication, April 21, 2018). This was my experience with my grandmother, and I have heard similar accounts many times.

Sandra was very proud of her success during art therapy sessions; it took her lots of courage initially to join something she had never done before. She mentioned her grandchildren as a source of her motivation. "They will remember one day that one is never too old to learn new things" (Sandra, personal communication, April 20, 2022).

Strengths of old age is a vast topic. In this section, the topic has been just touched on to make the point that relying only on the values of modern society (achievement, usefulness), deprives people of the vast reservoir of untapped potential in elders.

Benefits of Art Therapy for Seniors

Art therapy provides a unique view of how different artistic interventions can be healing through engaging creative processes. It is a non-verbal way of expression which can facilitate growth and meaning to achieve an increased sense of well-being (Malchiodi, 2012). As defined by the Canadian Art Therapy Association (2020), “art therapy combines the creative process and psychotherapy, facilitating self-exploration and understanding. Using imagery, colour and shape as part of this creative therapeutic process, thoughts and feelings can be expressed that would otherwise be difficult to articulate.” Compared to artmaking as a leisure activity, art therapy through the presence of the art therapist, is a distinct experience that provides emotional containment and a safe space to explore difficult and, at times, shameful experiences (Malchiodi, 2003; Schaverian, 1991).

There is a growing body of research about the effectiveness of art therapy and other creative therapies with the geriatric population. Art therapy, by its nature, possesses characteristics which make it suitable for working with the elderly population, which in a very balanced way can accommodate for limitations and engage and nurture strengths.

Wisdom (1997) emphasized the symbolic nature of art and its capacity to hold and express the unspeakable, as well as to offer opportunities for reflection and to facilitate choice and control in the face of loss and powerlessness. For example, Hinshelwood and Skogstad (2000) noted that stroke rehabilitation used to be considered only in terms of physical illness, with very little attention given to the emotional aspects of the treatment. To address this need, art therapy can help with the feeling of loss, change, uncertainty, and depression (Hanneman, 2006).

Art therapy has been useful for people coping with the emotions that follow a terminal diagnosis, such as cancer (Wood, Molassiotis, & Payne, 2011). Artistic expression can help

people to generate new perspectives, promote resiliency, and express wishes for the future (Hanneman, 2006). Changes reflected in the art image can help enhance the sense of control and transform the feeling of helplessness (McNiff, 1992). Art therapy can also empower people who feel demoralized not only by their disability but also by medical treatment, the patient role, and a decrease in social connections. The choices experienced when engaging in creative arts therapies “contribute to feelings of autonomy and dignity when other aspects of life seem out of control” (Malchiodi, 1999, p. 16). Art therapy can provide a safe place and opportunity to express complex emotions and provide an outlet for grief and feelings of loss (Jensen, 1997).

Identity loss has been recognized as a great challenge for stroke survivors (Ellis-Hill, Payne, & Ward, 2000), and the contribution of art therapy to identity reclamation and transformation is an important issue to explore. In addition to its deeply expressive and coping functions, creative arts therapies offer the opportunity to move away from illness-related preoccupations to enjoy the “life-affirming pleasures of making art” (American Art Therapy Association, 2016).

Art therapy can be a positive experience for people with Alzheimer’s disease because it is an activity they can still actively engage in (McFadden & Basting, 2010; Miller & Hou, 2004). Furthermore, “it is an accessible means of self-expression while cognitive functioning deteriorates; it allows one to communicate emotions that follow a diagnosis of Alzheimer’s disease” (Ehresman, p. 47). The ability provided by art to concentrate on feeling-states reassures people with dementia that their selfhood remains intact.

Artistic creation can be empowering because it offers choices and allows decision-making when other aspects of life are out of the client’s control (Moon, 2010). Moreover, the person may reclaim aspects of self and identity through their creative self-expression, finding it possible to

“unfold the cramped self, uncover losses and strengths, and gain the courage to begin a process of reclamation of story and life” (Ferris & Stein, 2002, p. 47). People who have different forms of dementia might experience the feeling of being locked inside; art can serve several vital functions by allowing a) internal dialogue; b) outward communication through the language of art, thus providing “a set of keys” (Killick & Craig, 2012, Part 1, chapter 2); c) offering an activity; being creatively occupied “one asserts one’s right to an independent existence, and in however small a way exerts a degree of control over one’s world” (Killick & Craig, 2012, Part 1, chapter 2). Participants can also derive great pride and satisfaction in the fact that they could create something and when they receive appreciation from those who witness their creation (Sell & Murrey, 2006).

Positive Art Therapy

Positive art therapy unites the unique benefits of art therapy with positive psychology’s mission to promote individual and global wellbeing by nurturing what is good and functioning in people’s lives. Wilkinson and Chilton (2018) thus describe positive art therapy:

We are positive art therapists. We have a clear and unambiguous agenda. It is driven by our desire to help people live the highest quality of life given their strengths and limitations - the latter of which might not only be difficult, but life-threatening - and what we believe is the best way to go about doing so. (p. 193).

Positive art therapy shares its main objectives with other therapies (providing support, managing difficult feelings, developing insight, etc.). However, it also uses objectives unique to art processes, for example, promoting expression, engagement, self-esteem, and mastery

Positive art therapy is based on the premise of positive psychology that “although some problems may be unresolved, people might achieve a high quality of life despite these challenges

and sometimes as a result. In fact, one could paradoxically be quite ill and impaired in some ways and yet thriving in others” (Wilkinson & Chilton, 2018, p. 9). Seligman, Parks and Steen (2004) suggested that there is a need for psychology devoted to “repairing weakness as well as nurturing strengths... remedying deficits as well as promoting excellence, and ... reducing that which diminishes life as well as building that which makes life worth living” (p. 1381).

One of the residents, while working on an abstract piece of art consisting of sections, came to see it as representing stages of her life. She related different stories of her eventful life, finishing with the sad reality of losing everything she possessed due to a stroke. When I asked about her losses, she said they were too many to list. She lost her husband, the use of her arm, her singing voice, her house, her independence, and her car, among other things. I inquired about her most painful loss, and it was her car which she purchased after the death of her husband, thus realizing her dream of independent travel in a fancy vehicle.

- *While you had your car, did you have good use of it?*
- *Yes. Besides travelling, I gave rides to many people and did many other things. I had good use of everything I had, my house, my voice, my arms.*
- *What do you have left now?*
- *Nothing.*

I said I thought she was not being honest as I knew people who believed they had nothing, and she did not strike me as one of them. In her company, I did not feel hopeless. She was usually enthusiastic about things, willing to engage in learning new things and joyful and encouraging with others. I guessed that she probably still had something, but it was a secret.

- *Yes, I have something. It is acceptance. But one does not talk to others about it. This is not a thing.*

We worked quietly for a long time. When I took her back to her room, she thanked me for the ‘one-on-one’ and said that it was important sometimes to do art just one-on-one.

(Anna, personal communication, April 6, 2022)

According to Duckworth, Steen and Seligman (2005), fixing weaknesses does not necessarily lead to well-being. Well-being has its own factors, such as positive experience, strengths, meaning and purpose. Keyes (2007) challenged the notion that mental health and mental illness even belong on the same continuum, since a continuum suggests that as one moves down in mental illness, one would correspondingly move up in mental health and vice versa. He also proposed that mental health, like mental disorders, can be “diagnosed” by measuring “symptoms” of mental health. In other words, just as one can use the DSM-5¹ to look at the presence of a certain number of symptoms in several dimensions and level of impairment in social, occupational, and educational functioning, one can also determine whether someone is mentally well, or flourishing, by measuring the presence of hedonic “symptoms” and positive functioning (as cited in Wilkinson and Chilton, 2018, p. 30).

PERMA Model and Art Therapy Interventions for Seniors

Seligman (2011) developed a model of well-being known as PERMA. It consists of five elements which enable human flourishing - **P**ositive Emotion, **E**ngagement, **R**elationships, **M**eaning, and **A**ccomplishment. There are techniques which help to increase each level of well-being. Art therapy, according to Wilkinson and Chilton (2018), “contributes significantly and

¹ The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR). American Psychiatric Association.

uniquely to PERMA and wellbeing by so effectively harnessing the creative process and all of its attendant benefits” (p. 96).

Using the PERMA models as a framework, this section describes the benefits of art therapy along with the art therapy interventions I developed with seniors. As is often the case, division of the elements of well-being can be done in theory only. Once they are supported with real-life examples, they may overlap; it is hard to say which example illustrates which aspect of well-being.

P - Positive Emotions

Simply making art often leads to positive emotions and engagement, satisfaction, pride, and a sense of achievement. Creating art with others and receiving it appreciatively fosters connection and positive relationships. These encounters can help shift perceptions and lead to more expansive meaning and a sense of possibility (Wilkinson & Chilton, 2018). According to Langer (1957), art therapy can facilitate expression, bringing feelings into awareness and giving them a form. Through exploring emotions in a supportive environment, individuals can unfold the essence of their experience, which allows them to identify and organize it (Rimé, 2009, p. 81).

Art therapy can provide an opportunity to savour or to have positive reminiscences of the special moments in life. Art directives allow for positive memories and the celebration of beauty and personal accomplishments (Wilkinson & Chilton, 2018)

Using a technique of toilet paper roll printing, two residents created an artwork. Linda announced that her painting looked like fireworks. She said that there was a celebration. I asked her what the celebration was about. A wedding story followed, which led to a discussion between the two ladies about the qualities of a good husband and brought some

memories from their lives. Interestingly, the second painting looked to me like fireworks as well, but the artist announced that it was a dance of an Indian chief when looking from the top. (Linda, personal communication, June 9, 2022)

While Nancy was engaged in her art project, Brenda was wheeled by a staff member to join us. Just a couple of weeks before, Brenda stopped me in the hallway and talked about her loneliness, asking if I could “force” a resident to become her friend. That day Brenda had only a vague memory of me. She inquired about the origin of my name, which started the two artists to share where they came from. Brenda introduced herself at that point, and Nancy remembered a song about Brenda that she used to love in her younger years. She started singing it in a weak voice. Brenda joined her. I quickly googled the song and made it play on my phone. Three of us joined in, with our voices louder and louder with each new song they remembered, and I googled. Some staff came to see what we were doing. The art was abandoned, and the ladies continued their conversation when the singing was exhausted. Brenda had a friend that day. (Nancy, Brenda, personal communication, April 27, 2022)

A positive emotion which possesses great therapeutic value is love. Wilkinson and Chilton (2018) wrote that therapists often avoid using this word out of fear of overstepping boundaries and creating misunderstandings. However, they are referring to a different kind of love. Other therapists refer to this as attachment, attunement, resonance, interactive reciprocity, intimacy, empathy, compassion, and so on (Chilton, 2014; Bentzen, 2015; Moon, 2008, as cited in Wilkinson & Chilton, 2018). Fredrickson (2013) defined love as a momentary upwelling of three interwoven events:

first, a sharing of one or more positive emotions between you and another; second, a synchrony between your and the other person's biochemistry and behaviours; and third, a reflected motive to invest in each other's well-being that brings mutual care. (p. 17)

Collaborative art projects can encourage this kind of love. For example, simple positioning of artwork side by side creates a loving relationship and appreciation between the participants when each one can witness how their effort has contributed to something impressive and big. For example, in an art therapy session, participants and I put together chalk pastel flowers side by side, creating a flower garden. At another time, the participants suggested placing all their stained-glass art pieces together, creating an outburst of colours. Two residents with advanced Parkinson's disease, engaging me as their third hand (Kramer, 2000), took turns creating a gel plate painting, building on each other's ideas, and collaboratively coming up with a name for their piece.

At times, my role was as an amplifier of a compliment which did not reach the deaf ear of another participant or a spotter of the care and helpfulness of one participant concerning another.

E – Engagement

Flow

In Seligman's (2011) model of PERMA, flow constitutes a big part of Engagement. Wilkinson and Chilton (2018) wrote,

Creativity often precipitates flow—when creativity generates experimentation, more often than not it leads to flow. In art therapy, we actively use creativity to promote flow, especially because the deep focus that emerges during flow states induces physiological changes which are both healing and restorative. This also triggers the upward spiral of

positive emotion, broadening of awareness, and building of resources that boosts wellbeing and happiness (p. 97).

According to Csíkszentmihályi (1991), flow is more likely to occur when a challenge matches our existing skills level but requires a degree of effort to avoid boredom. Art therapy allows for this combination of skill and extra effort. This is also possible in a group setting that engages participants with different ability levels.

Structure

Wilkinson and Chilton (2018) found art directives helpful in allowing participants to enter the flow stage. Ruben called a clear directive or guided activity in art therapy a framework for freedom (as cited in Wilkinson and Chilton, 2018, p. 104). Finke (1995) provided findings from research which showed that creativity flourishes where some moderate amount of structure is present. In my work with senior artists, I noted that even if the structure was not provided, they would sometimes create their own.

After a few weeks of group art therapy sessions and introducing new techniques, the group was invited to “do whatever they wanted.” One of the six participants, Don, joined us later (it was his second session). It was curious to see that all the participants picked a project introduced during the previous sessions (although all different), alternating it to the degree they felt comfortable. On the other hand, Don was paralyzed by this freedom he was not prepared for. I offered a project to him myself and gave him clear instructions. (Don, personal communication, March 24, 2022)

With some progressive neurological disabilities, demands for structure become even greater. For example, newspapers can cover the whole space, leaving the artwork space revealed.

Even if the structure is quite rigid and limits are very defined, there are still choices of, for example, colour, shape, pressure, and a combination of other elements.

Focus on Strengths

Seligman (2011) maintained that people enter a flow state when they use their highest strengths, aspects of themselves that are core to who they are and what they value. According to Wilkinson and Chilton (2018), engaging in activities that are congruent with, but which also stretch strengths and abilities, should naturally promote flow.

Research by Wood, Linley, Maltby, Kashdan, and Hurling (2011) suggested that focusing on strengths may be even more healing than focusing on deficiencies (as cited in Wilkinson & Chilton (2018). It is not that the weaknesses disappear; they just lose their importance and focus and allow positive qualities to flourish.

Focusing on strengths strengthens relationships, which is another vital component of wellbeing. Once strengths become the focus of the interaction, the seniors start seeing each other not just as a collection of disabilities but as individuals who are strong, courageous, wise, generous, and so on. Wilkinson and Chilton (2018) noted that a focus on strengths also changes the relationship between the therapist and the client. The therapists “might be seen as collaborators helping resilient people activate their strengths, skills, talents, and abilities to face challenges and improve the quality of their lives” (p.110). The clients even see themselves in the giving role; as the relationship develops, the clients offer more and more help with different chores, develop new techniques, take on new responsibilities concerning each other and give useful advice.

I have benefited from a new system of cleaning up developed by one of the participants, an offer of yet another participant to share her skill or art materials with the group, and the advice of

another resident on how to be more empowering and not “do too much for the residents,” and someone restricted in her artmaking spontaneously taking on the role of an encourager, once this strength was observed and acknowledged.

Artistic invitations can be devised to stimulate reflection on strengths, as well as the process of creation and inevitable interaction in the group, allowing for the manifestation, acknowledgement and nurturing of these strengths. The therapist needs to be aware of the potential strengths that the clients may display.

Scheinberg (personal communication, 2016) incorporated a psycho-educational approach to strengths. She noticed that for her clients to be aware of and maximize the benefits of using their strengths, it helped if they had descriptions of those qualities and their positive impact on wellbeing (as cited in Wilkinson and Chilton, 2018, p. 124).

In my work with seniors in the residential care facility, I used Virtues Reflection Cards (Popov, n.d.) to introduce the language of strengths/virtues. I also used every opportunity to frame a story, an encounter, or an interaction in the language of strengths. Other sources about strengths and virtues include Peterson and Seligman (2004), Niemiec and McGrath (2019) and Popov, (1997).

R - Positive Relationships

Moon (2009) articulated an existential approach to art therapy that addressed “the ultimate concerns of human existence” (p.5), namely meaning, aloneness, suffering, freedom, purpose in life, and death. He wrote that art allows expression of that existential angst and helps bridge the separation between oneself and others. Moon encouraged art therapists to do art with and alongside clients as a way not only to witness and honour their pain, but to participate in a shared artistic journey.

According to positive psychologists Reis and Gable (2003), good relationships with others are the most important source of life satisfaction and emotional well-being (as cited in Wilkinson and Chilton, 2018, p. 127). Other psychologists (Everly, McCormack, & Strouse, 2012; Ryff, 1989; Taylor, 2011, Everly, McCormack, & Strouse, 2012) also identified interpersonal relationships as a core element of psychological well-being, connected to overall health benefits and resiliency.

Bohart (2000) wrote that clients are “the active self-healing agents in therapy, aided and abetted by the therapist, who supplies the chair” (p. 130). Nevertheless, according to Bohart, several components are essential for self-healing, including the therapeutic relationship. He cited research that pointed to the relationship as “the single most important thing therapists provide” (p. 137). Bachelor and Horvath (1999) and Lambert and Barley (2001) also identified the therapeutic relationship as the best predictor of effective therapy.

Wilkinson and Chilton (2018) wrote, “Artmaking, rituals, and ceremonies articulate, express, and reinforce our sense of who we are and where we come from. It is both literally and figuratively one of the foundations upon which communities, cultures, and civilizations are built!” (p. 133). Wilkinson and Chilton (2018) also noted that making art together “jumpstarts” a connection and “provides a shortcut to communicating, instantly relating what might be time-consuming or even impossible to articulate in words” (p. 134).

In a residential care facility setting, the idea that art provides a shortcut to communicate can be quite literal. Different disabilities, such as memory, hearing loss, or, at times, inability to communicate in English, block most possible communication channels. Artmaking in the therapeutic environment provides a means to communicate through the doing aspect, through the tangible manifestation of the artist’s uniqueness, worldview, values, and even humour. “Art

becomes manifest in the world, an object separate from its maker upon which, from a distance, we can reflect” (Wilkinson & Chilton, 2018, p. 134). This way, not only other participants and the therapist can make observations, but an artist themselves, despite the memory loss, can discover the elements of their continuity in the created artwork.

I had several opportunities to witness the magic of making art together. A person without a command of English would sometimes join the group session. With the help of Google Translate on my phone, I would manage to give some basic instructions before the client would engage in an art activity. Our collaboration in choosing colours, modelling, advising and, more importantly, engagement of other participants through their encouragement and cheering allowed a feeling of belonging and fitting in, at least for the time of the session.

The seniors often expressed their loneliness, not having friends in the facility. Working on art together was the bonding material.

During one of the Covid outbreaks, the wings of the residential care facility were self-contained, and I had to visit clients individually. Several ladies were sleeping in their wheelchairs near the table where Lorain and I were engaged in watercolour and salt butterfly painting. When Lorain finished her artwork, I pushed toward her card stock of different colours to choose from for a frame. She picked orange and black and could not decide which one to choose. I suggested that we needed to consult with the experts and addressed the sleeping ladies asking them to help Lorain with the choice. All the “experts” became immediately alert and unanimously decided to favour orange. They then wanted to see Lorain’s picture and asked her how she painted it. Lorain, in great detail, related the whole process step by step. All these ladies joined the following sessions in the isolated wing of the facility. One of them commented how wonderful it was

for them to have this space to connect. (Lorain, personal communication, March 23, 2022)

Participants with affected memory would still derive great joy in group interaction. I realized that just laughing at the right moment, expressing the right reaction, and receiving appropriate interactive feedback filled the participants with great satisfaction. For our warm-up, I would sometimes bring a thumb ball with questions. Depending on what colour their thumb landed on when a participant caught the ball, they were presented with a question. At first, the participants whose memories did not allow them to relate to past experiences refused to participate but wanted to be observers. When other participants received a question which did not rely on memory (e.g., What quality do you value the most in people? If you could have a superpower, what would it be? What is your strongest quality?), following a model of the previous response, the participants with affected memory would start engaging too. When they realized they were not asked questions challenging their memory, they visibly relaxed and enjoyed the warm-up activity.

Catherine found one project challenging and stood up to retire to her room. I asked her if she would like to stay and encourage others in their work. She said that she was not good at that. Another participant disagreed with that and said that Catherine was very good at appreciating others' work. Catherine stayed till the end and, with great enthusiasm, admired everyone's creativity. I sat beside her and worked on her abandoned project, from time to time, asking her advice regarding colours and positioning of the patterns.

(Catherine, personal communication, March 24, 2022)

M - Meaning

Seligman, Parks, and Steen (2004) suggested that meaning comes from using strengths to serve something larger than oneself. Just “fixing” problems as a goal of therapy is of little value (Stephenson, 2006). Czamanski-Cohen (2016) wrote that views of the therapeutic nature of the art process have changed; besides other psychological and physical benefits, it is a meaning-making activity which produces feelings of mastery.

Positive psychologist Peterson (2014) wrote that although meaning is important, it is problematic to consider it as a separate conceptual element of wellbeing. He proposed that meaning might cut across all the elements. Peterson identified work, love, play and service as important areas of human activity, but to be fulfilling, they must be endowed with meaning.

According to results of a survey by Peterson (2014), meaning is most strongly associated with religiousness and spirituality. He also found that several “so-called strengths of humanity are also linked with meaning” (p. 4) and that meaning often has interpersonal sources. Considering how often meaning appears in connection with a fulfilling life and how closely it is linked with psychological and physical well-being, Peterson (2014) argued that meaning should be a central concern of positive psychology.

Ghadirian (2009), drew on his knowledge and experience and on extensive research to explore the relationship between suffering, resilience, and creativity. He concluded that in many cases, suffering releases creative potential in those affected. According to Ghadirian, suffering prompts people to raise questions about “the purpose of life and their ultimate destiny. They [people] begin to search for meaning in the universe around them” (Introduction). Following the legacy of many artists, writers, poets, scientists, and ordinary individuals who rose above their suffering, Ghadirian pointed to the presence of another force “beyond a human being’s physical

or mental capability, that reinforces the individual during periods of intense suffering”

(Introduction). Victor Frankl (1970) wrote that “suffering ceases to be suffering in some way at the moment it finds a meaning” (p. 135).

In their work about post-traumatic growth, Tedeschi and Calhoun (2018) wrote, “Growth, however, does not occur as a direct result of trauma. It is the individual’s struggle with the new reality in the aftermath of trauma that is crucial in determining the extent to which post-traumatic growth occurs” (p. 9). Tedeschi and Calhoun (2018), compared the effect of suffering and that of an earthquake (as cited in Ghidirian (2009):

After a traumatic experience, cognitive processing and restructuring occurs as well. After a physical earthquake, the rebuilding will be designed to make the affected areas more resistant and stronger to withstand shocks in the future. Likewise, cognitive rebuilding will incorporate more realistic durability and resistance to future crises to prevent a person’s psyche from being shattered. This new development constitutes a phenomenon of growth.
(chapter 10)

One time, when I was teaching children at a summer camp, we were reviewing different stages of growth, identifying different things which people “were growing” at each stage. There were many ideas about earlier stages of life, like infancy and childhood and fewer ideas towards adulthood and complete silence when we reached old age. What can older people grow? Don’t they just lose their functions and deteriorate? We were rescued by a young boy who had spotted a Virtues Poster on the wall and announced that probably older people still grow virtues. It opened the door, and children started coming up with ideas, “Old people grow patience, courage, kindness....” (S. Pepin, personal memory, 2022).

During an art therapy session in a residential care facility, I shared this story, initially having invited participants to answer the question, “What can older people grow.” The participants, like the children at the camp, were confused. They offered jokes, like “old people grow ears, noses....” They became reflective on hearing what the boy had to say. This story also opened the door for the participants to share their stories of great courage and resiliency.

Nossrat Peseschkian (1985) named two intrinsic capacities, which belong to ALL people, independent of their differences, which propel human growth. These are the powers of love and knowledge. Realization of these capacities constitutes meaning. Love and knowledge find different expressions depending on our personal differences, but they are never extinguished. “Due to various circumstances, whether physical injury or impinging environmental circumstances, many people cannot find suitable access to their capacities” (chapter 2.1).

Poseschkian (1985) continued

regardless of what stresses and disturbances afflict us and cut down our ability to achieve - of which we are so proud - we can always fall back on our basic existential capacities to love and to know and, starting from them, seek realistic new ways which are more in accord with our current possibilities. Every one of us developed from this existential basis, and we will all sooner or later be thrown back upon it (chapter 2.4.A).

One participant, on multiple occasions, shared with me her motto, which used to be the motto of her beloved grandmother, “No matter where you are, be yourself fully determined to act in a most excellent manner, and things will go well for you.” She took lots of pride that she could live up to these words throughout her life, and her excellence, as she told me, showed itself in her mastery of the wheelchair and her newly acquired artistic skills. Every time she participated in art therapy, she wanted to ensure her art was excellent (Personal communication).

Spirituality

Farrelly-Hansen (2001) stated that art making is inherently spiritual, and that spirituality is an important ingredient in therapy or becoming more whole (p. 17). Allen (2005) wrote that “art is a vehicle that allows us to transcend linear time, to travel backward and forward into personal and transpersonal history, into possibilities that were not realized and those that might be “(p. 1).

The fourth force originated from the work of humanist psychologists such as Maslow, who believed that spirituality and higher states of consciousness were critical elements of human experience that had been overlooked in the scientific study of human behaviour. Maslow and other humanists advocated for practices such as extrasensory perception, altered states of consciousness, yoga, body-centred therapies, and creative arts such as dance, music, art, and poetry to access other realms of transpersonal experience (Wilkinson & Chilton, 2018, p. 20).

Ghadirian (2009) wrote that science made a great contribution to “ways to measure and quantify the effects of pain on the body and mind,” nevertheless “the elucidation of the purpose and meaning of pain and adversity remains largely within the domain of religion” (Introduction).

I came to appreciate the role of spirituality/religious belief in coping with losses in older people. Every time during my practicum, whenever I inquired about the source of strength of the people I worked with, it was their religious/spiritual beliefs. One resident was curious about art therapy and felt sad that she could not participate. She was blind. She shared with me how hard it was to adjust to being without vision. I shared a story about a blind lady who firmly believed that if she met one special man, he could cure her. When that man came to the city where she lived, with great difficulty, she managed to get there and squeeze through the crowd to plead with that man to fulfil her heart's desire. The man looked at her and addressed her with boundless love, 'Would you like to obtain a physical

vision or to keep your spiritual vision?” The blind lady in the story quietly turned away and left. She realized there was a choice: if she received her physical vision, she would be deprived of her spiritual vision. This story instantly changed the course of the conversation between the resident and me. The blind resident kept me for a while, telling me about all the gifts she received, especially her strong faith, which sustained her every day and lifted her from her bed every morning with renewed hope. (Shelly, personal communication, June 16, 2022)

Jung (2013) wrote about a connection between aim in life and health. He believed that without a conception of life after death the second half of life is deprived of its purpose. The only healthy direction is forward, and seeing frightening death looming ahead, only a minority of fulfilled individuals can live the remainder of their lives with dignity. Kerr (2013) wrote that “therapists who have limited awareness of spirituality or religion diminish their ability to offer a safe place for clients to access, unfold, or even discuss this aspect of their inner experience” (p. 55). Kerr (2013) also warned of another extreme:

At the other end of the spectrum is the therapist who imposes their beliefs on the client, believing that their own particular brand of religion or belief is the only truth and one that the client should have. A therapy that genuinely allows the client to take ownership of their own material and allows for the natural unfolding of spiritual, mystical, or religious experience inherent to the client is paramount for the safety and integrity of the therapeutic relationship. (p. 55)

McNiff (2004) positioned healing in the “soft” realm of spirituality. He pointed out that “our culture had lost the ancient insight of Socrates, who chided Charmides for trying to heal the

body without first engaging the soul. “Curing the soul,” McNiff wrote, “is the first and essential thing (p. 31).

Art therapy can provide an environment for the clients to connect and explore their spirituality and derive inspiration, creativity, and strength from it. Many of my experiences during art therapy in residential care facilities were of a nature that one could call spiritual, as they were definitely out of the realm of frail bodies and failing minds.

Creativity

To be creative is to draw on one’s lived experiences and transform them into something new (Basting and Killick 2003, p. 8).

Shirley, a lady with a very advanced stage of Parkinson’s disease, was working on an art project, painting with her knuckles on a canvas over the plastic wrap, with details added by cotton swabs on a clothespin and a Q-tip, after removing the wrap. She was very deliberate with her choice of colours and made me mix them until the hue was to her liking. After the painting was finished, we turned the picture many times and looked at it from a distance, impressed how seeing the same image from different perspectives changed our perception of it so much. When all the supplies were put back on the cart, Shirley brought up a family situation which caused her lots of sadness. I related a story in which a person in a similar situation saw it quite differently. Shirley immediately connected with her picture and how turning it around shifted our perception. Shirley’s last comment was that her image was very evocative, and she stated that she definitely possessed this capacity to interpret things differently, which she called her ‘gift.’ When I took the picture with me to dry it before placing it on the board, Shirley wanted to make sure that I would

not change a thing in her picture and would return it promptly. (Shirley, personal communication, March 24, 2022)

Adhering to the philosophy of positive psychology, it is important for therapists to determine what they are working with. If the client is using their inner powers for healing, what are these powers? Many authors refer to this inexhaustible reservoir on which clients draw and which the therapist helps to activate. Others give this inner power different names. Creativity is considered to be “a central dynamic in art therapy” and is “one of the most powerful tools that art therapists utilize for healing” (Wilkinson & Chilton, 2018, p. 82). Allen (2005) described creative energy as “the essence of what we share with the Divine and is our core as human beings” (p. 3).

Developmental Stages

As mentioned previously, creativity is found to evolve over the lifespan. Although creativity does not follow the natural law of extinction, like all the other phenomena in life, it undergoes changes. Jung (2013) wrote that in western society, people enter the second half of life unaware and consequently unprepared for the transformation that occurs. The values which guided people in our earlier stages of growth cannot accommodate the development of “that wider consciousness to which we give the name of culture” (p. 394). When people try to carry over “into the afternoon the law of the morning, or the natural aim,” they “pay for it with damage to our soul, just as surely as a growing youth who tries to carry over his childish egoism into adult life must pay for this mistake with social failure” (Jung, 2013, p. 400).

Cohen (2006) explored the developmental stages until adulthood and argued that psychological growth and development happen throughout the whole life cycle until death, propelled by “the inner drive.” Cohen (2006) maintained that, with age, this inner drive takes on

different forms of manifestation. He proposed the continuation of the stages of development. He wrote:

The changing characteristics and the changing developmental dynamics of the inner push reveal themselves as a series of developmental phases in the second half of life. Each new developmental phase creates a new “inner climate” that allows us to reevaluate our lives and experiment with new strategies. This ongoing process results in new opportunities to gain access to and activate untapped strengths as well as new and creative sides of ourselves (p.8).

Cohen (2006) identified later stages pertaining to people in a residential care facility:

Summing-up. The summing-up phase comes most frequently during a person’s late 60s into the 80s, or beyond. Plans and actions are shaped by the desire to find larger meaning in the story of one’s life as one looks back, reexamines, and sums up what has happened. This process motivates people to give of the wisdom they have accrued throughout their lives, sharing their lessons and fortunes through autobiography and personal storytelling, philanthropy, community activism, volunteerism, and other forms of giving back.

Encore. The encore phase can develop any time from a person’s late 70s to the end of life. In this phase, plans and actions are shaped by the desire to restate and reaffirm major themes in one’s life but also by the desire to explore novel variations on those themes and to further attend to unfinished business or unresolved conflicts (p. 9).

It is important for an art therapist to be aware of the developmental stages of older persons and the strengths associated with the stages, as well as to maintain and convey realistic expectations about the changes that this group undergoes. This awareness will assist in choosing

appropriate approaches and attitudes in working with this often physically fragile but continually developing group of people.

A - Accomplishment/Achievement

There is a direct connection between a sense of accomplishment and achievement and art therapy:

doing artwork naturally promotes feelings of satisfaction, accomplishment, and pride.

Sometimes this might come just from finding that they [clients] were able to engage in the process toward which they had trepidation - doing artwork. However, and perhaps even more significantly, because the art process allows them to literally “create” - to make an object that they can see, touch, and feel - a sense of achievement also comes from generating something which before did not exist. (Wilkinson & Chilton, 2018, p. 94)

Before presenting an art invitation to the clients in the residential care facility, I practiced it with my parents, who are in their 70s. When my father found out about my intention to complete a major project about my practicum, he wanted to make a statement. “You know what makes this experience most valuable? It is a feeling that I still *can*.” I encountered the same feeling of satisfaction and pride in older people in the residential care facility when they made something, and often something which they had never tried before.

Exhibitions can be organized to reinforce the feeling of satisfaction, accomplishment, and pride. It can be a simple posting of the artwork on the board in the resident’s room or an exhibit of the artwork of several artists in the residential care facility. It can be a book featuring the artwork of the artists, maybe with a little introduction and a biography. I found framing the art to be an easy but extremely important touch which can be beneficial in at least two ways: it adds to

the perceived value of the artwork and the artist; it enhances the aesthetic pleasure of the artwork.

After a few weeks of sessions with Anna, I came to invite her to do art again. She did not remember me, but the built trust remained; she followed. I asked her to paint a pastel chalk flower which she called “finger painting,” as the technique involved smearing the chalk with a finger. After finishing the project with multiple naps, Anna announced, “This is not the kind of art I am used to. I usually paint. You should go to my room and see the kind of work I usually do. I do lots of painting.” In her room, all her previous artwork, which she had completed during our previous art sessions, was signed and displayed, which obviously brought her lots of pride and even created her new identity as an artist, despite her memory loss and other disabilities. (Anna, personal communication, June 22, 2022)

Wilkinson and Chilton (2018) described art therapy as a “doing” therapy; thus, it involves both the process and a tangible result, making it a unique type of therapy.

Conclusion

In this paper, I have described a positive art therapy model that can be applied in work with older persons in residential care facilities, based on my practical experience in two facilities over six months. This model considers strengths that are not limited to physical and material achievements, that are shared by elders with other human beings and, often, become more pronounced with age.

The literature review, examined the characteristics of this population, drawing on the existing research on the application of art therapy to enhance well-being, and supports the choice of the positive art therapy model for working with older adults in a residential care facility. This

paper, interspersed with anecdotes-collected during my practicum, testifies to the ability of positive art therapy to identify and nurture strengths in seniors to increase their well-being.

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Appendix A: Art Invitations for Residential Care Facility Art Therapy Participants

In this paper, I explained how artistic interventions could enhance the well-being of the seniors in a residential care facility, following the PERMA model of positive psychology. Creative arts activities can be adapted for anyone, regardless of age or ability (Stephenson, 2006). The main criteria for the selection of artistic invitations was their suitability for people with diverse abilities and limitations, their aesthetic appeal; allowance for both structure and creative freedom; feasibility of completion within the allotted time (usually one to 1.5 hours) the amount of/lack of available assistance; interest to the therapist as an artist, suited to the variety of available workspaces, the safety of materials, and materials which convey dignity and independence (Jensen, 1997). Crayons, for example, might be perceived as childish while easily controllable materials, promote interaction.

The content of the creative project was not the primary emphasis. However, all of the projects allowed for lots of reflections and reminiscences, which arose naturally, more out of the created environment and established relationship than from the content of the project. Many spontaneous and meaningful experiences derived from the clients' interaction with artwork. Other projects evolved from the creative imagination of two or more clients interacting during art therapy. Although highly meaningful, they belong to a category of principles and relationships rather than techniques.

I spent lots of time researching suitable projects. The sense of success and accomplishment that the clients experienced upon their completion conveyed my care, trust, and empathy which, I believe, are the most important components of a therapeutic relationship from which other therapeutic benefits can spring (Crits-Christoph, Connolly Gibbons, & Mukherjee, in press; Norcross, 2011).

Examples of the art invitations I utilized were compiled in a booklet to assist art therapists and others new to working with seniors. Suggestions for accommodations to support art making experiences are included. The booklet is available as a separate document.

Appendix B: General Accommodations

In this appendix I suggest accommodations which can support seniors to get the most from their artistic engagement. Although the process of creating art in art therapy is of value itself, a successfully completed project significantly impacts self-esteem, confidence, sense of accomplishment and pride. A successful project empowers participants to take risks in other areas of their lives. In my practicum, I became aware of what kind of accommodation was needed as my knowledge of the clients grew. Below are a few general considerations.

Third-Hand or Collaboration on a Piece of Artwork

Kramer (2000) illustrated how the art therapist's artistic abilities and imagination are used to help express the client's creative intention empathically. Naming this type of therapeutic assistance the *third hand*, Kramer described it not as an intervention but as an extension of the client. She explained that the third hand is "a hand that helps the creative process along without being intrusive, without distorting the meaning or imposing pictorial ideas or preferences alien to the client" (p. 54).

With some older persons, collaboration on a piece of artwork might be a very satisfying experience. At times, it could mean that the art therapist creates the image the client is describing. Even clients with minimal capacities might be given a choice (e.g., sizes, the colour of beads/buttons, pictures, designs of fabric etc.) in a collaborative project (see art invitations described and illustrated in the accompanying booklet, e.g., Button Flower Garden, Pipe Cleaner Doll, Collage).

Lazar (2016) described the benefits of using the third hand with people with cognitive impairments. He wrote that "the Third Hand enables and empowers older adults with cognitive

impairments by (1) providing dynamic support, (2) being invisible and fluid, (3) promoting autonomy and choice, and (4) confirming abilities and self-worth” (no pages).

Repeat and Adjust Directions for Those Who Cannot Hear, Read, or See Well.

Seniors must be able to understand instructions and suggestions clearly. Often directives must be repeated many times. When working with a group of people with different capacities, the therapist needs to position themselves closer to those with poor hearing.

A whiteboard and a marker (or a phone/iPad app) can be used to convert instructions and directions (and even carry on a conversation) with those who cannot hear or have very poor hearing.

Structure

A structure helps create safety and intention. A well-established structure lets the therapist pay attention to many learning opportunities and meaningful interactions. Sometimes I would come after gathering my participants to find that others had already arrived and started the project. Sometimes we would begin with organizational matters like what we would do with the artwork once the exhibition wall was full or what quote we could select for the exhibition.

Appendix C: Accommodations for Physical Limitations

- A lower table is helpful for clients whose arms are weakened, for example, by Parkinson's disease.
- Pre-cut images for making collages allow the emphasis to be placed on the selection and arrangement process rather than precision with scissors.
- Using bright, bold colours helps clients observe variations in tint and shade.
- Selections of materials which are easy to hold, and handle help the sense of control. For example, markers are easy to hold and glide smoothly on paper with little effort.
- Abstract painting (if welcomed by seniors) requires less dexterity than realistic images.
- Using paper towels for cleaning paintbrushes, versa cups of water eases the therapist's work and is much easier for seniors to handle.
- The use of plasticine versa clay. Often seniors are slow to complete tasks, and clay dries before the project is finished. Clay is also messy and not liked by some seniors.
- The availability of multiple artwork samples within the view of the participants so that they can see and touch, helps to create confidence.
- Signing the artwork. People with memory loss derive satisfaction and pride when they are oriented to the work they created before; their signature proves that they made the impressive artwork. It is hard to prove their authorship without the work being signed.

Appendix D: Accommodations for Psychological Obstacles

Warm-up.

Therapeutic encounters are more effective if participants are physically, emotionally, and mentally prepared. Warm-ups involve social and psychological awakening and focusing. A warm-up helps mark the formation of a psychological space that encourages trust and “spontaneity for response in the here and now—to enable participants to relate and act and become involved so that the end results are moments of personal freedom, discovery, creative expression and a new awareness of reality” (Weiner & Sacks, 1969, p. 85). Warm-up is important both with groups and in working with individuals.

I had to re-introduce myself to Leona and win her heart whenever I saw her, as she could not remember me from week to week. I used paper and wrote a greeting as she could not hear. She answered. I invited her to do art with two other ladies I had already wheeled to the table in the dining area. This time, Leona was reluctant to join. She asked me what the sense in all this art was. I asked her opinion. She said that she did not see any purpose in it. I suggested that by doing art, we add colour to the world. Then I wrote to her that I wanted to show her something and asked her to follow me to the window. Just behind the window, a goose was sitting on eggs. I pointed it out to Leona. Her face softened, and she admired the goose, calling it ‘my darling.’ Then she happily engaged in the art project, thanking me afterwards. She was happy now. My idea was that the goose did not make much practical sense, but it made everybody see it happy. (Leona, personal communication, May 4, 2022)

I found Kevin at his table. I informed him of the art therapy session in a couple of hours. He expressed that he was depressed. I asked him about his depression, and afterwards to

tell me about good things he had tasted, seen, touched, heard, or smelled that day. He looked at me with suspicion. I repeated my question. At first, he could not think of any. Still, after some encouragement and persistence, he pointed to a bouquet on the neighbouring table. He then added that he enjoyed his blueberries for breakfast, which he does not often get. I repeated my invitation to the art session. Kevin smiled and joined us in the afternoon. (Kevin, personal communication, n.d.)

For each art therapy session, I placed examples of my parents' artwork in view of the seniors. My parents' art making helped me practice and foresee any possible difficulties with the execution of the project. The imperfect artwork of other seniors who were also my parents always provided an icebreaker bringing warmth, personal touch and permission to be "not good." This simple sharing of the artwork of my parents conveyed to the clients the notion that "they do not have to be an artist or have any particular artistic skills, that this is a process of experimentation and an opportunity to learn something new about themselves" (Wilkinson & Chilton, 2018, p. 89). Wilkinson and Chilton (2018) suggested that seeing art supplies can act as a warm-up, even if clients do not touch them, just through visual stimulation.

Another warm-up exercise that can release creativity is a group sharing of What We are Grateful for. Sometimes, clients mention that they are grateful for each other, bringing a special warmth to the group. At times, the exercise can bring other unexpected opportunities, such as when we were sharing about our moments of gratitude, one of the participants fetched her colouring book of gratitude to show to the other participants.

Nurturing Mindset that Welcomes Creativity.

To access creativity, seniors need to have an open mindset which allows for new ideas. One of many clients' fixed ideas is that they are not artists and that our talents and capacities are

fixed. Another idea is that mistakes mean you are not smart in a certain area and that if one is good, one will not make a mistake.

Wilkinson and Chilton (2018) suggested that interventions that increase positive emotions create a willingness to engage in an activity and help overcome anxiety about doing something new and possibly unfamiliar or feeling pressure to make something “pretty”.

Often, I would enter the room of a prospective client and invite them to join an art therapy session, individual or group. I had a cart full of art supplies to indicate the purpose of my visit. I would invariably receive a no if I started with a cold invitation. I learned to engage in conversation first. The pictures of family, friends and pets, the artwork of grandchildren, clippings from the newspapers, jewelry items and so on gave multiple clues about the clients and the possible direction of the conversation. In most cases, after the talk, when I was about to leave, the residents would look at my cart and ask what I was doing in the residential care facility. Then they would express their willingness to try art therapy. Many clients did not remember me when I would show up a week later. Still, somehow, mysteriously, the safety and trust of the relationship remained on the emotional level, and they would follow me or allow me to wheel them to the art room. Moving the focus from “perfect product” to the relational aspect of the therapy helps to ease the pressure of making something pretty.

I would often acknowledge positive personal and interpersonal moments in the group to reorient the focus. For example, I would mention constant encouragement, which N. provides, perseverance which L. exhibits, or focus which X. maintains throughout the session. I would notice and comment on the unique emergent style of D. and the observance and quick response to the need of others of K. Eventually, we would all become aware of the excellence of E, the

humour and optimism of G., the generosity of I. and the resourcefulness of H. These qualities would persist irrespective of the quality of the final product.

With the increase in memory loss and confusion, it is helpful to limit the number of choices accordingly (2-3 colours or shapes to choose from, for example).

Reassurance

There are different ways to provide reassurance. When a client expressed fear of engaging in a new activity, I would assure them that my role was to help them succeed and that I would guide them throughout the whole process.

Because of memory loss, reassurance might be required before every session. Because of my knowledge of the client and our relationship (the emotional aspect of which is unaffected by the memory deterioration), this reassurance became shorter and easier over time.

Exhibiting signed artwork in clients' rooms, besides other purposes, helped to encourage them to engage in art therapy again and again.

Linda was invited to join the art therapy group. She responded in her usual way that she was not an artist, had never done it before and was not going to learn at this age. I pointed to her work on the board. She was surprised and made sure that it was her artwork. "Ok, if I could do it before, I guess I will join you today." (Linda, personal communication, Joe 29, 2022)

Kayla was not happy with her flower. When all the participants finished their work, I placed them side by side on the narrow niche of the wall. On seeing the diversity of colours, shapes and techniques, the self-criticism gave way to the admiration of how the uniqueness of everyone's work created such a sense of unity and beauty. The conversation

shifted to comparing each participant to a unique flower in our common garden of artists.

(Kayla, personal communication, June 23, 2022)

Wilkinson and Chilton (2018) indicated that encouraging experimentation and “making mistakes” can also help clients engage creatively. With older adults, especially with affected memory, experimentation is often frightening.

Appeasing the Inner Critic

Wilkinson and Chilton (2018) observed that “when our Inner Critic gets out of balance, turning from a helpful and friendly editor into a harsh censor, our creativity tends to shut down. We freeze, instead of loosening up and letting in new ideas” (p. 93).

One of the effective ways besides the ones already mentioned in the warm-up section is to reorient the artist to the positive aspects of the artwork.

Gertrude used a new medium, tissue paper, for her watercolour painting. It turned out messier than I expected. Gertrude started panicking about messing up her entire artwork. One of the participants, Joanne, told her not to worry because there were no mistakes in the art. One should just find an artistic justification for the ‘mistake.’ Two participants engaged in making up an explanation for this out-of-order blob. It could have been algae in the water or a reflection of the sun; this could be a rock. The Inner Critic became quiet with this new infusion of creativity and encouragement. (Gertrude, personal communication, May 26, 2022)

During another group art therapy session, Gertrude was critical about her leaves, but she liked my picture. I asked her what she liked about my picture and then directed her attention to her picture and what she liked about it. She said that she liked her dandelions. We discussed what she liked about her dandelions.

Appendix E: How the Booklet was Created

My parents, who were 74 and 71 at the time of my practicum, had recently immigrated to Canada and lived with my family. They helped me to select and test artistic invitations. My parents had never engaged in any artistic activity prior to my invitation. My father's hands have been affected by rheumatoid arthritis and my mother has weak eyesight, otherwise, there were no other physical limitations to art making.

Before introducing an art project to seniors, I looked through ideas on the Internet with the considerations which are outlined in the booklet. I would introduce the idea to my parents and during the process of art making it became clear if the project was suitable and what accommodations could be made. Several art projects were discarded at this stage. After the project was introduced to seniors in residential care facilities, depending on the disabilities, further accommodations were made as needed. Sometimes, variations of a project or an idea for a new project would emerge in the process of art making. My friends, being aware of my practicum, also sent me art suggestions. All the projects included in the booklet were tested with my parents as well as with seniors. An important criterion for the selection of an art project was its appeal to me. If the project wasn't exciting, I would not try it despite its seeming suitability as in this case I wouldn't be able to convey the joy of artmaking to the seniors. One particular project (clay wall decoration) was especially appealing to me but seemed to be difficult for my parents and one of the groups of seniors. Because I had lots of excitement, I went the extra mile to make all the possible accommodations for the project to be successful. It is not included in the booklet because of the extra complexity and the amount of preparation it required.