ART THERAPY WITH OLDER ADULTS

ART THERAPY WITH OLDER ADULTS

A Sourcebook

Edited by

REBECCA C. PERRY MAGNIANT, MA, ATR-BC



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INTRODUCTION

When I began my career working with older adults in art therapy **V** (as an intern in my first practicum placement), my eyes were opened to the rich and varied experiences alive within a retirement facility. I learned that art can give insight, if only for a minute, into the mind of a person suffering from Alzheimer's. I learned that art can soothe anxiety and bring relief from depression. But most importantly were the life lessons I learned from the elders around me. I learned from their personal histories as if I were in the midst of a live history lesson. I learned that death, no matter how natural it may seam when someone is in their 90s, is always difficult to deal with. But I also learned to have hope. Hope that by bringing art therapy to a wheelchair-bound individual, I might brighten their minutes, their hours, their days, helping them to resolve whatever issues they may have. The issues ranged from the profound, meaning-of-life type, to the mundane, I-hate-the-food-in-this-place. But from each and every person, I learned a lesson.

The chapters in this book provide a wide range of information on working in art therapy with older adults. Our hope is that you will learn new ways of working with your clients, or better yet, be inspired to seek out a way to work with older adults if you do not already. Please also note the wide range of further resources listed in the Recommended Readings Section.

The Benefits of Art Therapy in your Facility

Art therapists are trained to provide clinical art therapy, but can also provide case management, assessment, development of treatment plans and goals, and staff inservices and education. Therapy can be particularly important for the older adult population, because as a person ages, the problems he/she has in life age along with him/her. Their issues are the same as the ones we have—from family and marital conflict, to abuse, depression, and anxiety. The difference seems to stem from the fact that older adults know that they have less time to face the issue. Thus, they look inwards, ". . . becoming less concerned with outer appearances and events and more absorbed in internal reflection," according to art therapist Susan Spaniol, in an editorial in the 1997 issue of *Art Therapy: Journal of the American Art Therapy Association*, vol. 14(3) They may finally have the time to look inside, perhaps at conflicts or emotions that they have held inside for decades. Art therapists, thus, can provide a nonthreatening means for selfexpression and self-exploration through the art process.

Art therapists are masters-trained clinicians, and can be registered and certified by the Art Therapy Credentials Board (ATCB) after completing postgraduate supervised clinical hours and an exam. An art therapist can be hired contractually (from an hour a week to full time, ranging from \$10-\$100 an hour, depending on experience and setting), as part of a clinical team (along with social workers, psychologists, nurses, and psychiatrists), or as part of a therapeutic recreation department. The average salary for a full-time art therapist has a large range, due to the vastly different settings in which art therapists work. Although not a large proportion of art therapists work with older adults (only about 5% according to the American Art Therapy Association, Inc's 1998-1999 Membership Survey Report), the expectation is that the field, like many other health care fields, will continue to expand as the baby boomers move into long-term care. Art therapy can be a cost-effective method of relieving some of the plagues of nursing facilities, including depression, hopelessness, and grief. The discipline offers something new to those nursing facilities with other mental health practitioners, and can easily be incorporated into a program. We hope that this book inspires you to seek out art therapy for your facility, if you do not have such a program already in place.

R.C.P.M.

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First and foremost, I would like to thank all of the authors and practitioners who participated in this project. They all patiently stood by as I moved from one continent to another, with their chapters in hand. The process was truly a collaborative effort, and could not have been done without all of their insight and hard work.

I extend my sincere gratitude to my mentor in the field, Janet Beaujon Couch, for teaching me things about art therapy and life that cannot be learned in the classroom. To all of my other professors, colleagues, and clients, I thank you for the privilege of working with you.

Thanks also to my family for their constant support–my father for his experience in writing and publishing, my mother for her overseas research assistance, my sister for her editing advice.

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CONTENTS

Introduction
Chapter
SECTION I: ART THERAPY INTERVENTIONS AND IDEAS FOR WORKING WITH OLDER ADULTS
1. POTTERY MAKING ON A WHEEL WITH OLDER ADULT NURSING HOME RESIDENTS <i>Lee Doric-Henry</i> 5
2. THE USE OF SANDTRAY WITH OLDER ADULT CLIENTS Amy Baker
3. LIFEBOOKS WITH OLDER ADULTS: MAKING MEMORIES LAST <i>Rebecca C. Perry Magniant</i>
4. FOSTERING WELL-BEING AND COMMUNITY IN A CONTINUING CARE SETTING: THE GEORGE DERBY ARTWORKS PROGRAM Pamela J. Brett-MacLean and Marilyn M. Majid69
SECTION II: WORKING WITH SPECIFIC OLDER ADULT POPULATIONS
5. MEETING YOUR METAPHOR: THE USE OF THE ARTS AND THE IMAGINATION WITH DYING PERSONS Denis Whalen

6. HOME-BASED ART THERAPY FOR OLDER ADULTS
Shinya Sezaki and Joan Bloomgarden
7. A GRANDMOTHER'S GROUP: ART THERAPY WITH
GRANDMOTHERS RAISING ADOLESCENT
GRANDCHILDREN
Eileen P. McGann
8. LESSONS FROM ELDERS: ART THERAPY IN A SENIOR APARTMENT COMPLEX
Jan Fenton
SECTION III: WORKING WITH INDIVIDUAL OLDER ADULT CLIENTS
9. FINDING HER WISDOM: THE CREATIVE JOURNEY
9. FINDING HER WISDOM: THE CREATIVE JOURNEY OF AN OLDER WOMAN
OF AN OLDER WOMAN Kathy Messman 179
OF AN OLDER WOMAN <i>Kathy Messman</i> 179 10. ART THERAPY AND ALZHEIMER'S DISEASE: MY
OF AN OLDER WOMAN <i>Kathy Messman</i>
OF AN OLDER WOMAN <i>Kathy Messman</i> 179 10. ART THERAPY AND ALZHEIMER'S DISEASE: MY
OF AN OLDER WOMAN <i>Kathy Messman</i>
 OF AN OLDER WOMAN <i>Kathy Messman</i>
OF AN OLDER WOMAN <i>Kathy Messman</i>
 OF AN OLDER WOMAN <i>Kathy Messman</i>

Art Therapy with Older Adults

xii

ART THERAPY WITH OLDER ADULTS

SECTION I

ART THERAPY INTERVENTIONS AND IDEAS FOR WORKING WITH OLDER ADULTS

Chapter 1

POTTERY MAKING ON A WHEEL WITH OLDER ADULT NURSING HOME RESIDENTS¹

LEE DORIC-HENRY

This chapter draws on research that I conducted in 1995 at a nurs-L ing home in Saline, Michigan.² The central focus of the study was to conduct qualitative and quantitative research to assess whether a sample of 20 older nursing home residents exhibited any changes in anxiety, depression, and self-esteem after an eight-week ceramics intervention using the Eastern method of throwing pottery on a potter's wheel. The main findings of this study were that the participating group showed significantly improved measures of self-esteem and reduced depression and anxiety, relative to a comparison group who did not participate in the art therapy intervention (Doric-Henry, 1995, 1997). In addition, those who showed the most improvement were the older adult residents with the lowest self-esteem and most depression and anxiety prior to the study. In this chapter, I explore some of the benefits and drawbacks of pottery making on a wheel with older adults. This chapter should: (a) help nursing home activity directors and fellow art therapists decide whether this is a worthwhile intervention for their particular populations; (b) provide a resource for planning based on the problems encountered in doing this type of art as therapy with older adults; and (c) provide insight into the problems and possibilities of making pottery with other populations, such as those with mental illness or physical handicaps, many of whose limitations are shared with older adults.