ART THERAPY WITH OLDER ADULTS

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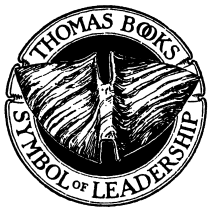
A Sourcebook

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 (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 per-

son 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 self-expression 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.

Last, a huge *merci* to my husband, Stanislas, for keeping me on track and for being my biggest fan. This book would not be possible without you.

CONTENTS

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 RESIDENTS[1]

LEE DORIC-HENRY

This chapter draws on research that I conducted in 1995 at a nursing 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.

PREVIOUS RESEARCH

There is little published research on pottery-making on potters' wheels with older populations. In general, the literature contains two kinds of studies: (1) broad, but often unsupported statements expressing the value of art and creative crafts for older adults; and (2) empirical evidence from studies of art therapy interventions with older adults. The former are more plentiful than the latter.

The existing research on clay work with older adults focuses on hand-built pottery or crafts. These projects tend to use self-hardening clay or baker's dough rather than the "real stuff" which requires a kiln in order to be fired. This may be due to the lack of resources, a common complaint in most facilities. Literature about clay work with older adults includes instruction on pinch, coil, and slab work (Gould & Gould, 1971, Bodkin, Leibowitz & Eiener, 1976, Lowman 1992), but virtually nothing about working with clay on a potter's wheel. The majority of crafts suggested for use with older adults are simplistic, sometimes to the point of insulting the intelligence of the clients. This may be due to the author's experience with low functioning seniors, their need to do anything (meaningful or not!), and the result of society's lowered expectations and "infantalization" of seniors.

Although older adults in the community and in institutional settings suffer from many physical difficulties, these are often worsened by accompanying psychological problems such as low self-esteem, "anxiety, depression, somatization and conversion disorders, phobias, obsessive-compulsive, schizoid and passive-aggressive behavior" (O'Malley, 1988, p. 233). Further, O'Malley points out that disengagement theory indicates that in a society where the kind of activity undertaken is determined by age, society assigns older adults increasingly less responsibility. This contributes to a loss of status and self-esteem, with the result that noninvolvement leads to further deterioration, especially in depression and anxiety. Taylor (1987) has argued that art has a positive effect in counteracting the negative experience of ageism.

Literature on "art as therapy" suggests that a product-oriented approach is particularly appropriate when conducting art therapy with older adults (Miller, 1984). According to Gould and Gould (1971), older adults are highly motivated by being able to help others, espe-

cially children. They enjoy and get fulfillment out of being able to "do" for others. During my observations over the period of a year at the nursing home, it became clear that a significant motivation for creativity came from this "need to give" that is inherent in elders. As grandparents and parents they had previously been able to provide gifts to their offspring, relatives, and friends, and although gift giving is an established part of human social interaction (Mauss, 1954), because they are in nursing homes, older adults are often deprived of this important and meaningful activity.

The promise of ceramics products can fulfill the "need to give" as well as serving as an incentive to engage in a risky activity; one where failure looms, but success lures. It has been argued that "art-based activities of high quality often have a halo effect on social acceptance and self-esteem as they build skills" (Edelson, 1991, p. 82). Further, these activities are especially valuable for older adults. This has been recognized by their inclusion "as a staple of adult education courses and program activities in senior citizen facilities" (p. 83). Erikson, Erikson & Kivnick (1986) point out that art can be especially valuable to older adults because it provides sensory stimulation. Others have noted that producing high quality art is both possible and desirable for older individuals (Lewis, 1987).

As a physically challenging art activity, Gould and Gould (1971) have argued that creative crafts are especially valuable for older adults. But they say, "when we become older and our hands and eyes are weakened through age and illness, many of our old skills are lost" (p. 3). At this time in the life course, the motivation for creativity might be lost with the loved ones who inspired it. Gould and Gould (1971) suggest that time "becomes virtually an enemy once there is little purposeful activity to fill the hours" (p. 3). They conclude that a good craft program in a nursing home can provide "a socialization experience for the patients" and help them to "become part of a group by working with others". But importantly, also, a craft program can help residents with their physical difficulties: "Some crafts can serve a dual purpose by also offering physical therapy. . . . Crafts can be a 'fun way' to increase hand coordination and mental concentration" (Gould & Gould, 1971, p. 3). This appears to be especially true for pottery. When older adult participants in the pottery project began to focus on their artwork, they took on the personas of "potters at work," intent upon production, how many objects to make, who to give it to, what color