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**Fostering the Five Principles of Healthy Aging in Group Expressive Arts Therapy
for Seniors**

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Abstract

This thesis explores the research question: *How can expressive arts group therapy support seniors with healthy aging?* For the purpose of this project, healthy aging is defined according to the United Nations' (UN) five principles for older persons: participation, dignity, independence, care, and self-fulfillment. Second-person action research was applied during an eight-week expressive arts group therapy program for six seniors. Art-based qualitative feedback was collected to track how the participants experienced the principles of healthy aging from week to week and across the program. The findings demonstrate that seniors in expressive arts group therapy experienced high levels of the five principles for healthy aging with average scores ranging between 94% and 98% (n=5). From highest rated to lowest were participation, dignity, independence, care, and self-fulfillment. This thesis discusses the phenomena that contributed to fostering these principles including the participant recruitment process, art prompts and materials, studio space arrangement, facilitation techniques, and artist interactions. The discussion also considers ways to improve healthy aging outcomes in group art therapy with seniors.

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These pages are dedicated to all our sparkling senior selves, of past, present, and future.

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Fostering Five Principles of Healthy Aging Using Art Therapy

Artmaking has the capacity to help people of all demographics restore health and facilitate human development. Certain populations are more susceptible to ill health due to oppressive societal beliefs and systems. One of these vulnerable populations is seniors in retirement homes who are more likely to be living with reduced independence, increased pain, disease and illness, loss and grief, and consequentially more loneliness - the distressing experience of feeling separate and isolated from one's community. In fact, "from September to December 2020, approximately one-third (31%) of Canadians aged 65 and older reported feeling like they wanted to participate in more social, recreational or group activities" (Statistics, 2020). Group art therapy has the potential to address unmet needs for connection, restoring experiences of well-being, and creating respectful and dignified spaces in a society that includes agism among other "isms". Using a Second-person Action Research approach, this research project aims to explore the capacity for intermodal arts to support the healthy aging of residents living in a retirement community. Art modalities include visual art, writing, music, singing, dance, theatre, and eco-art. It should be noted that the words seniors, participants, artists, and clients are used interchangeably in this text. Due to its sacred significance in Indigenous cultures, the term Elders will not be used as not all older persons are considered Elders. This nuance is a small action that contributes to decolonizing art therapy and promoting Truth & Reconciliation.

I was inspired to begin working with seniors during an art therapy training internship in response to my own lived experience of social isolation, loneliness, and distress during the COVID-19 pandemic. As a single woman living alone in an urban apartment, I empathized with older people who may be experiencing the same disconnection, not only during the lockdowns, but in pre-pandemic daily life. What a terrible feeling! My internship began during a peak infection wave when gatherings were limited to five people in the private dining room on the ground floor next to the social lounge. The space had one large table and a wall of windows with health and safety posters and partial curtains covering the glass for more privacy. I joined by videoconference on a television because volunteers were not yet allowed in the space. We made art and talked about what mattered to them. They were bored, frustrated with masks and rules, missing their family, friends, touch, and going out to their favourite spots in the community. They enjoyed expressing themselves authentically in new creative waves. I had never been privy to this level of self-disclosure with older persons. One client shared that they wished to have studied nursing when they were younger. This got me thinking about how I could create an opportunity for them to be involved in higher education... Alas! I would carry out my thesis project at the organization and invite seniors to actively participate in the second-person action research process.

This project explored the experience of six seniors participating in an eight-week group art therapy program. The common outcomes for senior well-being against which the effectiveness of the therapy was applied comes from the United Nations Principles for

Older Persons adopted by the UN General Assembly (United, 1991) which informed the core values of the Canadian *National Framework on Aging* (Statistics, 2006):

- 1) Dignity
- 2) Independence
- 3) Participation
- 4) Care
- 5) Self-fulfillment

It should be noted that Canadians replaced the terms *care* with *security*, and *self-fulfillment* with *fairness* in their framework (Statistics, 2006). Given the broader scope of the United Nations research, I chose to focus on their principles rather than those modified in a Canadian context. My umbrella approach to art therapy was relational-cultural, informed by expressive arts and psychodynamic theories in art therapy. The principal research question was: *How can group expressive arts therapy support seniors with healthy aging?* However, I remained open to insights that emerged relating to the following questions:

- What physical, mental, emotional, and spiritual benefits are experienced by a group of seniors participating in expressive arts therapy?
- What are important considerations for designing and facilitating expressive arts therapy for a group of seniors?

Findings related to these secondary questions are included in the data and discussion sections. In this paper I will define key concepts and present a review of the literature, highlighting theories and research relating to senior well-being and intermodal expressive arts therapy. Next, I will outline the proposed methodology including the philosophical underpinnings for applying second-person action research. I will then detail and justify the research protocol including participant recruitment, data collection, and analysis methods. Ethical considerations will be discussed as they relate to art therapy and working with a protected population. A timetable of research activities will follow, with a subsequent analysis of possible research obstacles and risk mitigation strategies. The paper will conclude with an overview of what was presented, a consideration of the next research steps, and contributions to the field of art therapy.

Chapter One: Existing Literature on Art Therapy with Seniors

Benefits of Art Therapy for Seniors

In this chapter, I discuss the approaches to art therapy that informed my thesis research with seniors, including relational-cultural therapy, intermodal or expressive arts therapies, art as therapy, and psychodynamic art therapy. The focus of this discussion is how these theories relate to the needs and well-being of seniors. Definitions proposed by experts for "senior" or "elderly" are not universally agreed upon (Martin & Schellenberg, 2006). However, for the purpose of this report, seniors will be defined as having the common referential age of 65 years old as it "is probably one of the most practical ways of defining the senior population from a methodological point of view, as well as the most commonly used procedure" (Chappell et al., 2003, as cited in Martin & Schellenberg, 2006).

When I surveyed the existing literature on art therapy with seniors, I found it mostly centered on clients with Alzheimer's/Dementia, significant disabilities, or living in long term care facilities (Buchalcher, 2011). There is less literature on art therapy for seniors possibly due to the disregard of this population by society and academia holding ageist and ableist views (Forrest, 1991). It is alarming to read that globally, the United Nations reports that one in two people are ageist against older people (World, 2021). Ageism can be institutional, interpersonal, or self-directed. Ageism can manifest in a variety of ways including covert ones like elderspeak - a high pitch sing-song voice used with exaggerated non-verbals and overly simple words (Selle, 2021). Although we may be trying to make understanding easier for older people with sensory or cognitive

challenges, it comes off as patronizing and suggests beliefs of inferiority and infantilizing (Selle, 2021). In line with my own orientation to practicing therapy, I chose to apply trauma-informed and anti-oppressive theories to the research process. To not retraumatize clients, principles promoted were physical and psychological safety, trust and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and the importance of cultural and historical issues (BC, n.d.). There lies an opportunity to better understand the process and outcomes of intermodal expressive art therapy with seniors with advanced cognition living in a retirement community with mixed levels of independence and support services.

There are some studies about expressive arts therapy for seniors, which document various benefits, including to experience wholeness and fulfillment, renew meaning, interact with others, develop ego strength, stimulate senses, and review lives and memories (Weiss, 1984). The desired art therapy client-identified outcomes for seniors were found to vary from offering an alternative communication tool to social connection to engaging with the world around them in the case of a person with dementia (Hakola, 2006). Seniors made choices, were stimulated physically, mentally, and emotionally, developed ego strength through life review, renewed meaning and significance, and improved life quality by being creative (Hakola, 2006). Senior artmaking also meets existential human needs as it promotes a sense of legacy and immortality (Charron, 2001).

Additional benefits from participating in art therapy for seniors are “increased self-esteem, sensory and motor stimulation, short-term memory stimulus, and opportunities for resolution of conflicts through life review” (Forrest, 1991, p. 1). One

study on the effect of a community-engaged arts program on older adults' well-being "indicated that seniors experienced improvement in perceived overall health, experience of pain, and sense of community" (Phinney, et al., 2014, p. 336). The same study revealed six themes that facilitated these benefits: "(1) providing structure and discipline; (2) facilitating coping; (3) requiring hard work and effort; (4) bringing out one's artistic side; (5) promoting social involvement; and (6) making a contribution" (Phinney, et al., 2014, p. 336). These studies demonstrate the many benefits of art therapy for seniors and offer ways of fostering them that informed my programming.

As a multidisciplinary artist, I am particularly interested in the benefits of intermodal expressive arts therapy for seniors' wellness. Sometimes the fullness of my expression requires paint, while other times songwriting or dance is what is called for. Research suggests that a multi-modal arts approach to life review can provide relief and solace to seniors who's present and future are difficult to bear (Kates, 2008). Multi-sensory experiences support keeping clients in the present moment (Forrest, 1991). However, one must remain mindful of the possibility and signs of hyperarousal to keep clients regulated in their window of tolerance, that is to maintain a state of calm presence and appropriate responsiveness to the present moment and environment (Siegel & Bryson, 2012). This awareness and my ability to monitor and respond to group arousal states allowed me to co-regulate with participants effectively. That is to say, facilitate feelings of connection and safety through my grounding presence during artmaking and responding appropriately to contain and neutralize extreme emotions. One study found that a dance and movement therapy program helped seniors experience contentment and

fulfillment, improve perception of care, and reduce depression symptoms (Nauert, 2010). Another study found ballroom dance contributed to “a culture of inclusion among seniors, which may improve quality of life and provide a stimulus to reminiscence” (Lima & Vieira, 2007, pgs. 140-141).

Artmaking brings healing, balance, and growth for seniors, however there are few developmental theories covering growth opportunities for seniors (Kerr, 1999, as cited in Charron, 2001). Yet, older adults should not be excluded from growth experiences (Freidan, 1993; as cited in Kates, 2008). Research has suggested that successful aging is characterized by a “low risk of disease, high mental and physical functioning, and being actively engaged in life” (Rowe & Kahn, as cited in Nauert, 2010). Expressive artmaking has a role to play in supporting engagement and healthy aging for older people. Art therapy can also reach people who would not engage in traditional talk therapy. Artmaking uses novelty and fun to help older generations get past the societal stigma of seeking therapy (Charron, 2001).

Relational-Cultural Therapy

Relational-cultural therapy posits that connection to relationships and culture are essential for healing and flourishing (Jordan, 2018). Rather than orienting clients from dependence to independence during therapy, the focus is on human development by way of and toward connection (Jordan, 2018). It is interesting to note that independence is a desirable outcome according to the UN’s principles for older people. I was curious to engage with seniors on their experience of dependence, independence, and interdependence. There can be a marked deficit in connection to relationships and culture

among seniors living in retirement homes because of reduced mobility, loss of physical, sensory, and cognitive functioning, and other factors that create barriers to meaningful connections with a changing self, others, and culture. Community artmaking can begin to restore these lost connections, protect against isolation as a source of considerable suffering, and offer a safe place to explore and develop relational skills and cultural ties in their broader lives (Jordan, 2018). To bring cultural competence to the project, anti-oppressive approaches informed the research and therapy. External factors were considered such as agism, ableism, sexism, racism, and socio-political cultural factors that impact clients' health. Research was conducted in a way where power was rightfully redistributed in favour of marginalized identities.

Patient-staff interactions in retirement homes where basic concerns for safety and survival are met, however there is a lack of intimacy and meaning in the relationship (Weiss, 1984, as cited in Kates, 2008). Exchanges may be more pragmatic and transactional rather than relational and personal. Relational art therapy can provide universally needed love and connection to residents in retirement homes (Crosson, 1976, as cited in Kates, 2008). This can be fostered by creating a therapeutic environment that is empathetic, honest, and caring to awaken creative life-force energy, heal emotional imbalances, and resolve inner conflict through non-verbal and/or metaphoric expression (Rogers, 2011). Also, the intergenerational nature of exchanges between myself and younger support staff with seniors provides inherent healing power (Charron, 2001) because younger people can share the hope, wonder, and enthusiasm that come during

earlier life stages while older people can share wisdom, teach skills, and relate in a way that simulates relationships with their own children and grandchildren.

As part of relational-cultural theory, I also include an Indigenous perspective on health and wellness (Figure 1) which includes a spiritual dimension that I felt could support the UN's principle of receiving care. As an Algonquin-Métis person, I was honoured to hold a sacred space and integrate Indigenous cultural and art practices such as smudging, connecting with ancestors, turning to animal and plant wisdom in the art, and cultivating awareness of the interconnectedness of All My Relations (all beings everywhere). Personally, I find these Indigenous cultural practices to elevate mundane experiences into sacred ones, making art therapy a spiritual act. My primary intention for the space was communicated to them through clay-making in session one: to create a sanctuary for them. Some Indigenous communities believe healing our connection to Spirit, the Creator, or the Great Mystery is the foundation for all healing. I would certainly not want to skip this dimension of health and human experience.

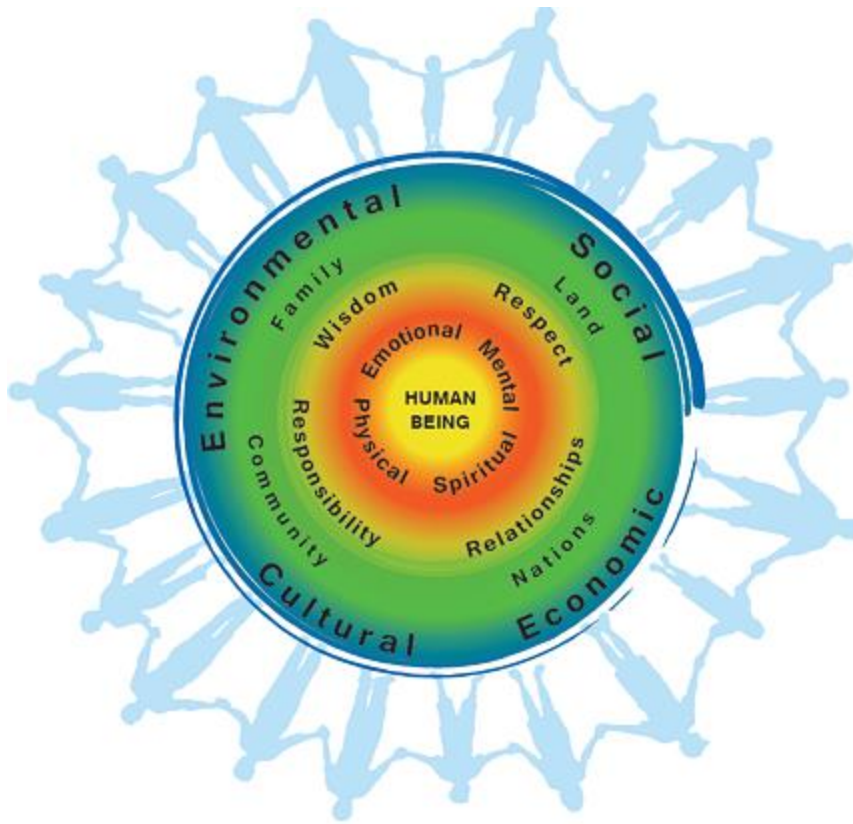


Figure 1. First Nations Perspective of Health and Wellness (First, n.d.)

I am also curious about the importance of processing grief to healthy aging, which is not specifically highlighted in the UN's framework. Seniors can experience a lot of loss, including their previous roles and identities (Charron, 2001). Hakola also highlights the tremendous amount of grief in her thesis research on *The Value of Art Therapy with the Elderly in a Long-Term Care Facility* that came up in the art such as fleeing their homeland due to war and multiple accounts of siblings and children having passed (2006). In talking with seniors during my art therapy internship, they expressed grief over losing their spouses, children, friends and relatives, pets, homes, usual energy levels, ability to move, dance and drive, hearing and eyesight. Who will hold space for the

sorrow that we will all inevitably face as we age? How will we make meaning of our experiences and integrate our changing identities and forms? These are questions that inspire this work.

Intermodal/Expressive Arts Therapy

I believe there is a deep need for creating psychologically safe spaces for seniors to express themselves vulnerably given the socio-cultural context in which they were raised; dominant patriarchal and colonial narratives said that talking about your feelings meant you were weak. Expressive arts therapy is an apt solution to the societal oppression of emotionality as it focuses on client use of symbolism to express themselves authentically rather than try to create something masterful (Rogers, 2011). Expressive arts therapy is defined as “an integrative multi-modal therapy with the emphasis on the healing aspects of the creative process. Movement, drawing, painting, sculpting, music, writing, sound, and improvisation are creative arts used in a supportive, client-centered setting to experience and express feelings. The terms intermodal arts and expressive arts are used interchangeably. Swiss scientist, artist, and therapist Paolo Knill developed and coined the term intermodal expressive therapy which considers all arts equal and more valuable for healing than psychological thinking (1978). Knill et al. asserted that “the poet learns from the musician or dancer about rhythm. The painter may learn from the actor... The dancer may learn from the sculptor” (2004, p. 34).

Estrella went on to describe the intermodal therapy technique as applying the arts either simultaneously or in transition from one to another (2005). Both techniques were used in groups with seniors. For example, during one session, relaxing background music

was playing while artists sculpted. This was followed by listening to me recite original response poetry after which seniors drew with oil pastels. I like introducing clients to various art modalities so that they may explore and choose the mediums that speak to them most each week, as a primer to deepen their art and self-expression practice moving forward. Expressive arts stimulate many senses simultaneously and offer clients less threatening access to emotions, memories, and past experiences (Perryman et al., 2019). When many art forms are combined, they can support the client's well-being more holistically (Knill, 1978). This approach gives clients a more complete process of expression and integration (Knill et al., 2004). Therapy does not eliminate suffering, but rather helps identify a form through which it can be expressed in embodied art and thus transformed (Levine, 1997). All art that comes from an emotional depth provides a process of self-discovery and insight" (Rogers, 2011, p. 230). Intermodal therapy is the newest of the creative arts modalities explored in literature (Hyams, 2014). It is therefore apt to explore the impact of this emergent art therapy technique with various population segments, including seniors.

Expressive art can also be made by therapists as response art to make meaning of their own experience in therapy and deepen relationships with clients by sharing their response art. In her thesis exploration of the lived experience of an art therapist working with elders and dementia, Canadian art therapist Van Impe created post-session response art, focusing on loom weaving and poetry to uncover insights from the art therapy process (2020). It has been demonstrated in the literature that response art may "facilitate the discharge and release of powerful or complex affects, and part-processed feelings

aroused during (therapists') clinical work (...) and may deepen empathy and attunement (with clients)" (Nash, 2019).

There are many ways to make meaning of the lived experience of participants through their art and process. Phenomenology focuses on how phenomena appear by giving happenings vocatio - their own voice, thus reducing the therapist's biases and uncovering the original essential meanings of the artist (Carpendale, 2008). A phenomenological approach was used to ask questions about seniors' art and processes to empower them in the meaning-making of their own experiences. In the data section of this thesis, I recorded phenomenological descriptions of seniors' art, processes, and dialogue, so that this data may support other art therapy facilitators when creating programming for seniors.

Seven Psychological Benefits of Art

It is through further research that I discovered the book *Art as Therapy* by Swiss philosopher Alain de Botton and British historian John Armstrong (2013). They propose that art is a tool that can extend our abilities beyond our psychological frailties. Within an Indigenous framework, I remind the reader that our psyche, in this case our thoughts, are also interconnected to our bodies, emotions, Spirit and All My Relations. There are seven main psychological functions according to the book: (1) Appreciation, (2) Hope, (3) Self-understanding, (4) Remembering, (5) Rebalancing, (6) Sorrow, and (7) Growth (de Botton & Armstrong, 2013). This theory informed the therapy art prompts in this thesis.

Psychodynamic Art Therapy

An awareness of psychodynamic concepts to art therapy are necessary as spontaneous art about how participants are feeling will be made using a variety of art supplies and described by them to open and close each session. Psychodynamic art therapy aims to bring into awareness the unconscious and preconscious mind through the release of unconscious imagery (Naumburg, 1966). Discovery and insight come about as clients make meaning of their art, which is necessarily informed by their unconscious. The theory of change is that inner harmony and health are restored through the release and integration of repressed thoughts, memories, and fantasies which are titrated and contained by both the art and therapist (Naumburg, 1966). Although the primary goal of the expressive arts therapy program that I facilitated was not using a depth psychology approach, the creation of expressive artmaking can stir up psychic content so this theory must be considered.

Catharsis and sublimation are also important concepts related to expressive and psychodynamic art therapies. Artistic catharsis is the displacement of highly sexualized and/or aggressively charged energy into artwork leading to the return of a calm state for the client (Kramer, 2016). Sublimation is a more complex transformation of psychic energy. Freud describes sublimation as primitive urges in the id that are transformed into complex acts by the ego, thereby delaying instant gratification in exchange for a more socially productive act (Kramer, 2016). Sublimation can offer seniors an opportunity to express shadow feelings while being witnessed by others. When working with seniors, this means confronting life's purpose, self-actualization, and mortality which requires

spiritual and existential dimensions (Charron, 2001). For support in these advanced areas of practice, I consulted my clinical and thesis supervisors for guidance and wisdom.

There are two other theories that speak to the benefits of art therapy with seniors: developmental theory and existentialism. Creating art, meaning, and research can support the adaptive resolution of the principal psychosocial conflict in Erikson's eighth psychosocial stage for older adults: "Integrity vs. Despair" (1950). Offering a legacy research opportunity to seniors could contribute to professional fulfillment and resolving regret as they artfully ponder health, aging, and the existential question *Did I live a meaningful life?* American art therapist Bruce Moon describes existential art therapy as the canvas mirror into which the artist looks to discover who they are and why they are (1990). Art focuses the maker on what is meaningful to them in life and what is not. Existential art therapy includes an exploration of both the client's conscious and subconscious and orients them towards purpose (Moon, 1990). Group art therapy allows for exploring existence not only in the art but also through group discussion.

Chapter Summary

In the next chapter, I will build on the existing literature on art therapy with seniors while integrating a global framework for seniors' healthy aging. Relational-cultural therapy, including Indigenous views on well-being, along with expressive arts therapy are at the core of the therapeutic approach. The seven psychological functions of art as therapy will serve as a container for the programming while psychodynamic art therapy concepts will be considered especially during spontaneous art check-ins and check-outs.

Chapter Two: Methods and Mediums

Action Research

This project will apply a qualitative research method to gain deep and rich accounts of seniors' experience of art therapy on their health to explore how expressive arts group therapy can support seniors with healthy aging. The idea to use an action research method was sparked during a session with an art therapy client at the retirement home where I was an art therapy intern last year. The client shared that they had regrets about not pursuing university to become a registered nurse. Offering a health research opportunity to this senior and to others seemed like a meaningful endeavor. I chose action research for its participant empowering effects. *The Handbook of Action Research* defines action research as:

a participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together action and reflection, theory, and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities (Reason & Bradbury, p. 4, 2008).

Action Research can be practiced from a first, second, and/or third-person approach (Reason & Bradbury, 2008). First-person action research is concerned with the ability of the researcher to practice self-inquiry and self-aware choice-making not only within the research project but also in everyday living as the person impacts the world

(Reason & Bradbury, 2008). Once first-person awareness is being practiced, it becomes possible to engage in Second-person action research which is the interpersonal face-to-face dialogue with participant co-researchers about issues of mutual concern, creating a community of inquiry. In accordance with the action research model, I engaged seniors in the repetitive ‘plan-act-observe-reflect’ research cycle through ongoing written and verbal feedback across the multi-week program (Reason & Bradbury, 2008). Weekly participant feedback informed the design of future sessions. Due to reasons of limited project scope and timeline, the full participation of group members as key decision-makers at every step of research – or third-person action – was not employed. I chose second-person action research as I believe it will particularly foster three of the five principles of health aging: participation, dignity, and self-fulfillment (United, 1991).

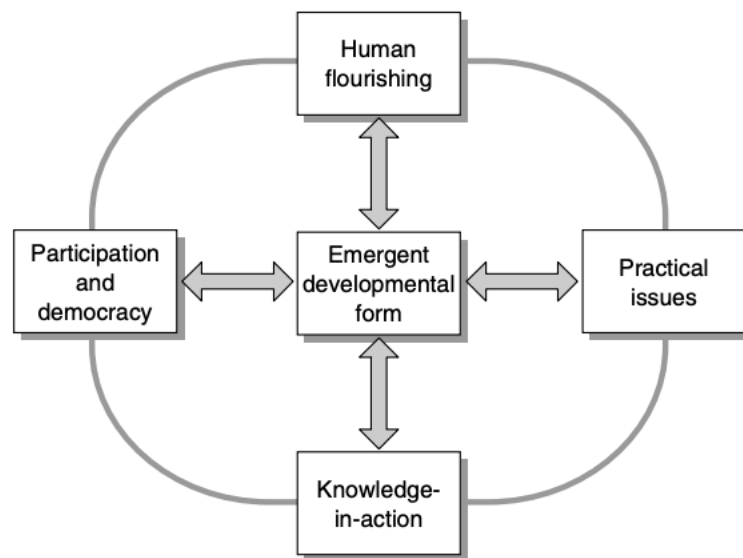


Figure 2. Characteristics of Action Research (Reason & Bradbury, 2008).

Action research approach also aligns with feminist theory in that researcher and co-researcher transparency lessens the power differentials usually present in research and creates opportunity for all voices to be heard and effect change (Spaniol, 2005). A feminist approach is relevant with this population seeing as all art therapy groups that I have offered at the retirement residence have attracted female clients, even when a men's group was promoted. I have already witnessed during my art therapy internship how word spreads about the benefits of art therapy groups in the retirement home community and expect the benefits of this project to ripple out. Another example of the action research method being used in art therapy is the work of Fawcett (2014) with a group of female survivors of childhood trauma in their later stages of recovery providing a here-and-now form of mutual inquiry for examining the intersection of mindfulness, art psychotherapy, and group psychotherapy. Fawcett (2014) and her co-researchers reflected on the observations, written and verbal feedback about sessions, and artwork at multiple points during their art therapy research. Henderson used first-person action research and response poetry to explore the benefit of an eight-week group art therapy program on building shame resilience with women (2021). The study shows that art therapy is a useful approach for exploring the unconscious to heal the divided parts of the self that aren't readily available verbally (Henderson, 2021). This aligns with the psychoanalytic approach to art therapy presented in the literature review of this paper that will inform the art analysis.

As a principal researcher part of an action research project, it was important to remain self-aware and to self-manage given that my vision for the project changed based

on co-researchers' wants and needs. This more collaborative approach to research required flexibility and openness for theories to be emergent. A thematic analysis was carried out to identify emergent patterns in the data that relate back to my thesis question. The sessional and program feedback forms were consolidated to identify patterns in participants' comments about experiencing the UN's five pillars for older persons. Likert scale ratings for each pillar were summed to deduce from average scores which pillars were most and least experienced. With the participant artwork, scores, and comments plus my researcher observations and response poetry, salient themes were brought forward and discussed.

Poetic Inquiry

Sometimes fullness of expression calls for non-verbal means. Other times, words are needed for crystallization of ideas to be achieved. Crystallization theory refers to a deepening of insight using art materials and inner consciousness (Ram-Vlasov & Orkibi, 2021). Poetry serves as an excellent tool for harvesting (Knill & Atkins, 2020) more meaning and arriving at the essential sense-making of creative processes. Knill & Atkins (2020) describe poetry as "a direct and accessible language of emotion, especially when joined with the voice and body in a truly organic and immediate way that connects with the deepest atavism of the soul, shaping feeling into terse and abiding form" (p. 78). Poetry is my most powerful alchemical expressive arts tool for processing emotions. It brings positivity to difficulties while offering solace, guidance, and transcendence (Knill & Atkins, 2020). What a magical healing tool to always have with us. Even if a

participant didn't want to write poetry, I believe that they could still be inspired, energized, and deeply seen by hearing and feeling a poetic performance.

My original intention behind creating weekly response poetry to share with participants was to demonstrate care, build trust, and deepen the therapeutic relationship. I wanted seniors to feel seen & heard, but not just by verbal validations such as the open-ended questions, affirmations, reflections, and summaries of motivational interviewing that I practice (Miller & Rollnick, 2002). Art therapy offers a unique opportunity for novel, engaging, and impactful types of relating. It's not often in life where someone responds to us with original art. Some say that the core of art is to make special (Dissanayake, 1992). This was an act of making special and offering delight in what can feel like a mundane day. Because the feedback from week one included an explicit request not to be asked to write poetry, I wanted to facilitate an intermodal transfer for the participants by acting as a poetic channel. An intermodal transfer consists of "an intentional shift between art modalities to enhance clients' understanding and realization" (Little, 2021, p. 2). It offers clients expanded self-knowledge and opportunities for additional insights (Ram-Vlasov & Orkibi, 2021). Other benefits of intermodal transfers include strengthening creative thinking muscles, recognizing one's strengths, and noticing healing happening through the arts (Davis et al., 2018). Intermodal transfers occurred during and between sessions to promote learning, participant retention, and an expanded exploration of self.

Research Protocol

The research took place in a large private assisted living facility with mixed levels of care. Residents received more support such as cooking, cleaning, dressing, and medication administration. Tenants were more independent in their daily living. Both groups were invited to participate equally in the research. Participants were recruited through two methods. The first approach began in the first year of my art therapy placement through relationship-building with staff and participants. I demonstrated the value of art therapy groups while interning at the retirement residence, offering individual and group art therapy to residents and tenants. When internship programming ended, I announced that research would be conducted in the home and invited seniors to re-engage with me again.

Preestablished therapeutic relationships with five of the six participants certainly impacted their engagement and openness in therapy and research. The second approach was posting a paper flyer in common areas of the home (see Appendix A). Within one week, two participants called me to register. I telephoned four other people who had expressed an interest in being part of the research project. In accordance with ethical therapy and research practice, the lead nurse and my on-site supervisor were consulted on which residents would be an appropriate fit for the opportunity given their strengths and needs. All registrants were deemed a good fit given their cognitive ability to engage actively in the research. Art was made in the private lounge which had plenty of windows, a door for confidentiality and could be reserved for intakes and weekly

sessions. The room was well equipped with movable tables and chairs, tablecloths, storage space, cleaning materials, and a sink with water.

Individual in-person orientation and intake sessions were held with participants, while being mindful to give them plenty of agency to change their mind and not pressure them to say yes. All participants gave their written consent to be audio recorded during therapy so that I would not be distracted by notetaking (see research consent form in Appendix B). The data collected through intake forms (see Appendix C) and art modality preferences (see Appendix D) informed the program design.

Timetable: Action Research Project with Seniors Over 11 months

This timetable was partially informed by the *Participatory Action Research Toolkit: An Introduction to Using PAR as an Approach to Learning, Research and Action* (Kindon et. al, 2007).

Weeks	Description of Research Task
1-19	<p>Ethics and Permissions</p> <ul style="list-style-type: none"> - Plan: Prepare research proposal, program outline, participant intake & consent materials - Act: Build relationships with retirement home residents and staff - Observe: Propose research to ethics committee and retirement home administrator - Reflect: Integrate ethics and administrator feedback into project
20-23	Recruitment

	<ul style="list-style-type: none"> - Plan: Design invitation poster - Act: Invite participants in collaboration with facility staff - Observe: Carry out intakes, discuss and collect consent forms, identify top art mediums - Reflect: Adapt art therapy program based on participant strengths, needs & goals
24-31	<p>Artmaking</p> <ul style="list-style-type: none"> - Plan: Design weekly session art prompts - Act: Commence 8-week program with participants - Observe: Collect and organize data in an ongoing fashion - Reflect: Adapt programming in response to participant artmaking, dialogue & feedback
37-38	<p>Thesis Writing</p> <ul style="list-style-type: none"> - Plan: Organize data and create thesis outline - Act: Apply a thematic analysis to the data and write first thesis draft - Observe: Review draft with fresh eyes for flow of ideas, formatting, and grammar - Reflect: Consider timeline to allow first and second readers ample time to edit before July 31 deadline
39-46	<p>Readings by Advisors and Editing</p> <ul style="list-style-type: none"> - Plan: Submit draft to first reader, meet with them to review their suggestions and make an editing plan - Act: Complete edits and resubmit to first reader (repeat as necessary) then submit to second reader - Observe: Integrate second reader's feedback to finalize, print, and distribute thesis - Reflect: Celebration of achievements and distribute findings to relevant art therapy and geriatric organizations

The container for the program was informed by the book *Art as Therapy* (de Botton & Armstrong, 2013). Each week, seniors artfully explored one of the seven

psychological functions of art as listed by de Botton and Armstrong (2013), using the medium in parentheses:

- 1) Appreciation (collage)
- 2) Hope (oil pastel on canvas)
- 3) Self-understanding (weaving eco-art)
- 4) Remembering (singing & dancing)
- 5) Rebalancing (watercolour medicine wheel)
- 6) Sorrow (paint collective puzzle and draw tree of strengths)
- 7) Growth (theatre)
- 8) Program review (collective acrylic painting)

Session Outline Overview

The following roadmap served as a skeleton for each weekly session. Intake interviews very much informed the session design.

Set-up:

1. Set-up table and chairs in a circle. Place materials and printed handouts including the session agenda and my response poetry at artists' places.
2. Play instrumental background music on my laptop to create a sanctuary of relaxation.
3. Record audio on my telephone placed in the center of the table (on airplane mode to not be interrupted) as soon as a participant arrives.

Opening:

4. While waiting for all group members to arrive, invite seniors to complete their spontaneous check-in drawing and describe it on the form (see Appendix E). Notice the use of trauma-informed language such as “you are invited to draw” and “you are welcome to describe”. Offer participants the option to share their art and/or description in circle.
5. Remind the group of the community code co-created in week one. Add any components outlining the intentions and limitations of a therapeutic space, e.g., limits to confidentiality.
6. Guide participants in a grounding mindfulness activity including belly breath awareness & movement.
7. Read my response poetry inspired by participants’ art from previous week.

Middle:

8. Read a short passage about this week’s theme from the *Art as Therapy* book (see passages read for each week in Appendix F) (De Botton & Armstrong, 2013).
9. Invite participants to the main art activity: make art inspired by this week’s theme. Offer participants the option to share their art and/or describe their creative process in circle.

Closing:

10. Ask participants to complete the checkout art and feedback form (see Appendix G). Invite artists to share their check-out art and/or description with the group.
11. Take photos of the art and participant feedback forms.
12. End audio recording.
13. Clean-up the space. Sometimes participants will offer to help.

Between sessions:

14. Listen to the audio recording and write out reflective case notes for each participant.
15. Complete researcher field notes, response poetry, and design next week's session based on data collected.

After art-making each week, participants completed a questionnaire about how they experienced each of the healthy aging principles. They submitted both qualitative and quantitative feedback, with the latter being collected through Likert scales. The mean participant scores were intentionally calculated rather than the mode (value that is repeated most often) or the median (middle value when data in chronological order) to consider each participant's score and voice equally in honour of a second-person Action and a dignified approach to research. "The mean of a set of data points is defined as their sum divided by the total number of data points (...) and is a measure of central tendency that is most appropriately used for continuous data, i.e., variables that are measured on a continuous, uninterrupted scale and can take any value on that scale" (Turner, 2013). This

calculation would allow for comparing the experiencing of the five pillars of healthy aging and identifying which were most and least achieved art therapy.

I created art in response to their art, questionnaire answers, and discussions during circle work, a sacred Indigenous process where every voice is heard with equanimity (Graveline, 1998). The response art was presented to the group the following week to communicate and verify my understanding of their shares the week prior. During the first session, time was set aside to also co-create an arts-based community code. The last week was dedicated to reflecting on their experience in the program and connecting it to healthy aging processes. Data collected included images of participant artwork, program evaluation forms, audio-recordings of sessions, and therapist field notes and response art. As part of the plan-act-observe-reflect action research cycle, reoccurring themes were identified, analyzed, and interpreted in the qualitative and quantitative data to make meaning of common themes in relation to the research question.

Ethical Considerations

It is essential to consider the context in which seniors live and make art as it impacts their health and well-being. Art therapy researchers are ethically responsible to address the beliefs in their art practices, research projects, and lives to create the psychological safety and cultural competency required for healing and growth (Woddis, 2000). Dependency and frailty are frequently used to refer to seniors, overshadowing their social diversity and its impacts on care and quality of life (Bookbinder, et al., 2016). However, by acknowledging and celebrating differences, an art therapist can spark insight and development (Woddis, 2000). I believe that it is part of an art therapist's

responsibility to notice power and redistribute it with the aims of inclusion, equanimity, client empowerment, and social justice.

A foundational ethical practice in research is respect for all persons (Wilson, 2008; Betts & Deaver, 2016). Therefore, research decisions will always consider what is best for all persons involved, centering the well-being of the participating seniors. “Ethical principles underlying art therapy research include respect for persons, beneficence and nonmaleficence, justice, fidelity, and creativity” (Betts & Deaver, 2016, p. 36). Consent documents were presented in clear language and accessible font so that participants could understand and discuss them in a face-to-face conversation (Betts & Deaver, 2016). Ongoing informed consent was sought from participants through individual and group discussions and signed release forms outlining the research protocol and limitations of confidentiality. The goals of the research, possible benefits and risks, as well as researcher contact information (Perlman, 2004) were shared during intake meetings to minimize risks, prevent maleficence, and maximize beneficence (Betts & Deaver, 2016). A conversation was had with participants about confidentiality and its limitations during intakes and again during session one.

By covering any windows and posting a “Room in use, thank you for not interrupting” sign on the facility door, a confidential space was created for therapy. Electronic files were stored on my personal, password-protected laptop hard drive during the research period. Client artwork was stored in the locked cabinet in my on-site supervisor’s locked office. Participants identities were protected using pseudonym names in this thesis. Participants could also choose not to have a particular artwork or journal

entry shared with the group, photographed, and published in this report. Participants did not want their journal entries photographed but were open to sharing highlights verbally with the group. Choice supports the autonomy of participants, who were not pressured or reprimanded if they decided not to engage in any aspects of the therapy or research (Betts & Deaver, 2016). It is also ethically a best practice to balance the preferences of patients with evidence-based mental health interventions supported with both qualitative and quantitative research (Junne and Zipfel, 2016). During ethical dilemmas, I looked to both principle ethics embodied in ethical codes, and virtue ethics from my own inner moral code, as well as those of my research team to achieve ethical resolutions (Betts & Deaver, 2016).

Obstacles to the Research

Action Research requires regular consultation with participants and integrating their feedback in an iterative research cycle. This demands additional flexibility, time, and effort on behalf of the researcher. However, the opportunity for senior empowerment and healing through increased participation, one of the core principles of healthy aging, is a worthwhile endeavor. It might have been challenging to get permission from retirement home leadership to conduct research with a vulnerable population, however these consents were granted early on. The research proposal to the administrator concisely indicated how art therapy and action research serves the best interest of participants. Part way through my internship, my original on-site supervisor left her position, therefore I cultivated a new relationship with her replacement to see through the research project.

It was important to engage participants at a level that was appropriate, ensuring not to demand so much paperwork that it took away from the focus on art therapy and client benefits. This risk was mitigated through ongoing dialogue about participants' preferred ways of sharing feedback and my observation of engagement and depletion levels during sessions. Engagement throughout the research must be informed by the varying strengths, needs, goals, and diaspora of cognitive, sensory, and gross and fine motor abilities of artists. Another challenge was coping with my Post Traumatic Stress Injury, Generalized Anxiety Disorder, chronic pain, and existential angst while conducting thesis research for the first time. However, I trusted in my resiliency, coping skills and resources, determination, self-compassion, and technical competencies. I also received support from KATI faculty, supervisors, and peers as well as my own local and online community support network proactively.

Chapter Summary

This chapter presented the research methodology applied to inquire into the question: How can expressive arts group therapy support seniors with healthy aging? Theory relating to second-person action research and justification for its usage were described, linking the approach to the participation, dignity, and self-fulfillment pillars of healthy aging. Poetic inquiry was presented as my principal tool for deepening meaning making of creative processes and expressing care towards seniors. The 11-month project timeline was outlined as part of the research protocol which also described the agency facility, participant recruitment process, and *Art as Therapy* (de Botton & Armstrong, 2013) container for the artmaking program. I listed ethical considerations for the project,

strategies for preventing maleficence, and approaches for responding to ethical dilemmas professionally. Finally, obstacles to the research were explored such as the qualities required of me as an action researcher, tempering requests made of participants, and regulating my own flight symptoms of anxiety and existentialism. In the next chapter I present the qualitative and quantitative data collected as part of the research.

Chapter Three: Painting a Picture

This chapter lays out relevant highlights of the action research cycle that was taken to explore how expressive arts group therapy could support the healthy pillars of aging for seniors. I present the data that emerged in each step, starting with the intakes, then the eight art therapy sessions, and finishing with the program evaluation forms. Sessions one through four, and eight are presented in detail, while sessions five, six and seven are briefly summarized. The data presented includes the plan, action, observations of what happened, and the art created and participants' answers on the feedback forms. Preliminary connections between the data and the thesis question are made during the reflection sections and a detailed look at how the five principles of healthy aging manifest in art therapy is conducted in the discussion chapter.

Intake Meetings

Plan

Template forms from KATI were adapted to this research project to collect written informed consent from participants (see Appendix A). Individual one-hour intake sessions were conducted the week prior to starting the group (see Appendix B) with the intention of gathering client strengths, needs, goals, and medical histories to support the relevant and appropriate design and facilitation of the group art therapy program. Intakes also offered seniors a safer one-on-one space for asking questions about the research and making more vulnerable disclosures compared to group settings. This individual approach also contributed to deepening therapeutic relationships through self-disclosure and in some instances, conducting intakes in seniors' apartments where they were glad to

introduce me to family and give me a tour of their homes and personal artifacts. The intake included a question asking participants to rate the current quality and quantity of the five principles for healthy aging in their lives on a scale of one to ten. The scale was changed in forthcoming weeks to use a simpler scale of one to five. A breakdown of the UN principles for healthy aging was included on the intake form as a psychoeducational piece. A form with a list of art mediums was also given to clients to choose their top ten preferred art modalities (see Appendix D). This would inform the program design in a way that promotes dignity, participation, and care.

Act

A total of seven individual intake sessions were completed. A senior with whom I conducted an intake participated in the first session but left to travel with family for the duration of the program and gave up their seat to another participant. Because of this, the former participant was not included in the research. A new participant heard about the program from peers, communicated their interest in joining, and was added to the waitlist until joining in week three. Intakes were conducted in private spaces including the lounge where the art therapy groups were held and in participants' apartments when mobility was a challenge.

Observe

Summaries of the intakes are presented below. The names of clients have been swapped out for nature-based pseudonyms to protect their identity and bring in Indigenous reverence for nature.

Dogwood. The intake was held in Dogwood's apartment where I met her husband and saw photos of her old house and beautiful gardens. Dogwood is a Métis-Ojibway woman in her 70s with short hair who is bubbly, funny, and uplifting towards others. She used to work as a dental assistant and hairdresser and is new to living in the retirement residence with her husband. She is outgoing, open-minded, and likes to socialize but has no previous experience with art therapy. She is grateful for her relationships with her husband and mother and fears losing them. Dogwood is open about having Bipolar Disorder and says she feels good when she is on her medication. She had back surgery for a tethered spine which requires a walker to support with mobility and needs to get up if seated for too long. She requested that some words be repeated or further explained due to having Organic Brain Syndrome which impacts her short-term memory and grasping new concepts. At the time of intake, she was experiencing high levels of care (10/10), medium levels of participation and dignity (7/10), and lower levels of independence and self-fulfillment (5/10). Her goal for art therapy was to feel good about herself, increase confidence, and be more organized. Dogwood consented to being a part of the research.

Jasmine. The intake was held in Jasmine's apartment where I met her daughter and discussed the art on her walls including her beloved mural of family photos. Jasmine is a white-facing woman with English and French ancestry in her 90s with short white hair. She is referred to by some as a role model for others in the retirement community. She has great cognition and a sense of humour. Jasmine used to work as an elementary school teacher. She enjoys paper tole art, reading, and exercising in a group. She participated in group art therapy with me in the previous semester and loved it. She is

recovering from a partial hip replacement after a recent fall. Walking is challenging but she is determined to do her physiotherapy exercises, make it to our sessions, and get back to swimming in the pool. She has no hearing in one ear and has an audio processing limitation that makes it hard to hear consonants. She lost her husband 2.5 years ago. Jasmine takes medication for sadness and experienced childhood adversity growing up. Her goal for art therapy is to improve her self-confidence which is currently rated a 6/10. At the time of her intake, her experience of the principles of healthy aging were 10/10 for care, 9/10 for dignity, 8.5/10 for participation, 8/10 for self-fulfillment, and 7/10 for independence. Jasmine consented to being a part of the research.

Juniper. Juniper is a white woman with short white hair and British ancestry in her 80s. She walks with a calm demeanor and has an infectious laugh. She is skilled at calligraphy, has a personal stock of various art supplies, and considers herself a people person. She used to work as a laboratory technician. Her religious/spiritual views are currently in a state of flux. She struggles with indecision and procrastination while finding it easier to help others rather than helping herself. Juniper has good relationships with her children. She separated from her husband nearly 20 years ago after 42 years of marriage. She lost a brother last year, mourns the loss of her parents and relatives, and misses not having a pet, which aren't allowed in the retirement home. She has coronary heart disease and was changing three medications while starting art therapy. She gave the five principles of healthy aging perfect scores except for self-fulfillment coming in at 8/10. Her goals for art therapy are making progress on her calligraphy piece, finding out

where she is spiritually, and acting on things she feels she should do. Juniper consented to being a part of the research.

Marigold. Marigold is a white woman of Italian and French descent in her 80s. To protect her eyes from bright lights, she wears a bucket hat atop her salt and pepper ponytail. She is very active, with no mobility or pain issues to report. She enjoys many things like reaching out and connecting with others, reading, and being outside. She is a cancer survivor, had a mastectomy over 20 years ago, and spent six weeks in the hospital after a broken pelvis 4 years ago. Her goals for art therapy are to have fun and be uplifted, learn as much as she can about art and wellness, be in a non-judgmental space, feel like it wasn't a waste of time, and that it will be something she cherishes for the rest of her life. She also wanted to reduce main anxiety symptoms which were questioning herself, self-judgement, and having more self-discipline with healthy habits. She gave perfect scores for care, self-fulfillment, and dignity, while scoring participation a five and independence an 8 /10. Marigold consented to being a part of the research.

Nutmeg. Nutmeg is a white woman in her 90s who joined art therapy because she likes art and thought it would be interesting. She has chin-length white hair and a sign on her walker communicating that she has low vision. She has great cognition and a sense of humour. She was an elementary school teacher and taught children sewing in her retirement but no longer sews. She goes to Roman Catholic church every week with her daughter and son-in-law or watches it on television. Nutmeg experiences forgetfulness and thinks it's dementia, but her sons don't believe that it is. She wears a nitro patch for angina pains and has experienced hernias. During an art therapy group in a few months

prior to this intake, she received a call that a good friend past. She lost her husband seven years ago and says her friends are all dead. Her goals for art therapy are to get to know more people and build relationships and connection. Her scores for the five pillars were 8/10 for dignity, 7/10 for care, 3/10 for independence, 3/10 for self-fulfillment, and 2/10 for participation. Nutmeg consented to being a part of the research.

Willow. Willow is a white woman in her 80s of Irish descent who is family-oriented, likes to write, and identifies as being very healthy. She has no physical or sensory needs. She has short grey hair, is thoughtfully groomed and dressed, and is tech-savvy. Willow is an active member of the local Anglican church and was a teacher for 30 years. She lost her husband of 66 years in 2019 who was progressively ill for four years with heart failure. She enjoyed the structure, mindfulness, and meditation from the previous group art therapy program I offered. Her goals for art therapy were to feel good about her creativity and to experience companionship. She scored an 8/10 for experiencing the four pillars except for care which she scored a 9. Willow consented to being a part of the research.

Reflect

Data collected during the individual intake meeting was helpful for multiple reasons. It contributed to building and deepening therapeutic relationships, especially in instances where the ATI conducted interviews in the participants' apartment and met their family. Intakes also increased both client and therapist awareness of participants' medical history, strengths, challenges, needs, and goals so that programming could be designed with their profiles in mind. For example, knowing about sensory needs, fine and

gross motor skills, and somatic needs such as needing to get up every hour or requiring print outs to comprehend what was being said made for a more personalized service from the start. All participants have high levels of cognition. Naturally, more vulnerable disclosures were made to me by individuals during intake meetings compared to previous art therapy groups. The top ten preferred art styles overall were:

1. Singing
2. Crafting
3. Dancing
4. Acting
5. All options tied: Inking / Oil pastel / Watercolour / Paper mâché / Poetry / Colouring / Storytelling / Table reading (Theatre)

An impactful experience of transference that occurred during the intake process should be noted. When walking to the retirement residence to conduct the first round of intakes, I felt shaky in my body. I was tight-chested, and tears welled. Could I contain them long enough to get through the day of intakes? Tears dripped down my face while trying not to sob on the streets of my hometown. I decided to stop at a café to have a mindful coffee and breathe in the grounding presence of others. Eventually it was time to carry on, but the tears would no longer be held in. Sadness rolled down my cheeks while I approached the agency. Before entering the building, I wiped my tears, put on a mask, and carried out the intakes while successfully containing my grief.

The walk home from the agency was as tearful as the walk there. I felt mournfulness for the amount of grief my clients had been through. This included the loss of partners, children, family, and friends. The sadness was also about the reduction of physical, cognitive, and sensory abilities. I grieved future losses for myself and my loved ones. This experience spilled over into clinical supervision the following week. My supervisor suggested I use the session to make art and continue processing grief (Figure 3).



Figure 3. Grief. Acrylic on paper. (Renée Michaud)

During training group that evening, I conducted a poetic inquiry on the artwork to apply intermodal expressive art therapy to my own healing. This piece reads like a rap melody and emphasizes the place and value of breathing as a musical tool and a practice for self-regulation.

[(b) means breathe]

I ain't pleased yet
 I see red in my head
 Heart throbbing but tonight
 I'm crawling into bed
 They say grief is love lost
 Unanswered unwed
 Hands clawing at meaning
 Mystery & dread
 Messy canvas
 Can't fix the madness
 (b) apply drips
 And watch my soul lift (b)
 These lyrics can free us
 Least for a sec Believers
 That demons can't get us
 Even (b) in the deep mist

I ain't no Florence (b)
 No machine
 This life be (b) fleeting
 Is it a (b) dream?
 We are One yet separate in our schemes
 Where do we go when the bodies press release...

Through this experience, I was reminded of how the stories and emotions of clients can impact us as therapists. We may hold their feelings in our body and confuse them with our own, or they may trigger an emotional reaction from a part of ourselves. I needed to continue processing my arising feelings to ensure therapeutic competency throughout the project.

A summary of the eight weekly artmaking sessions is presented next. Due to the volume of art made in response to multiple prompts each week, artworks most relevant to the research question were selected to be included here. The plan-act-observe-reflect

Action Research cycle is carried through this section. Each of the seven psychological benefits of art (DeBotton & Armstrong) served as weekly artmaking themes (2013).

Themes were presented to seniors in an order different than in the book to build rapport and trust before delving into more vulnerable themes like self-understanding and sorrow.

The session plans are written in imperative form rather than in past tense with the intention of sharing them for other art therapy facilitators to use in their programming.

Session One: Appreciation - Salt Dough & Collage

Plan

Based on my experience of group art therapy with participants in the previous semester, a best practice emerged: to be ready 15 minutes early and have one or two short asynchronous activities for participants who arrive early. The session plan was:

- Spontaneous art check-in & share
- Make clay intention sculptures for the space
- Grounding mindfulness activity
- Art therapy facilitator read inspirational excerpt on week's theme of Appreciation (Appendix F)
- Participants use magazine cutouts to make a collage about appreciation & Circle Work
- Spontaneous art check-out, share, & feedback forms

Act

The first activity was to complete their creative check-in form (Appendix E) which included a spontaneous drawing and its description. To compare the check-in art with the check-out art, both pieces from two artists are presented first, followed by the salt dough and collage artworks made in week one.

Observe

Jasmine described her mixed media check-in art (Figure 4) as not very astute. The grey sky represents sadness and that she is not healing as fast as she would like. But she must take each day as it comes. Yellow tulips represent joy for her birthday. She doesn't give birthday cards anymore because someone must buy them for her which doesn't feel personal anymore. The wandering pink lines stand for her wandering mood which she said is mostly good. She was experiencing pain due to hip surgery and could take medication in 30 minutes. Willow generously offered to set a timer and let her know when it was time. I noticed that their interaction reflected a deepening friendship since their participation in the previous semester's art therapy program.

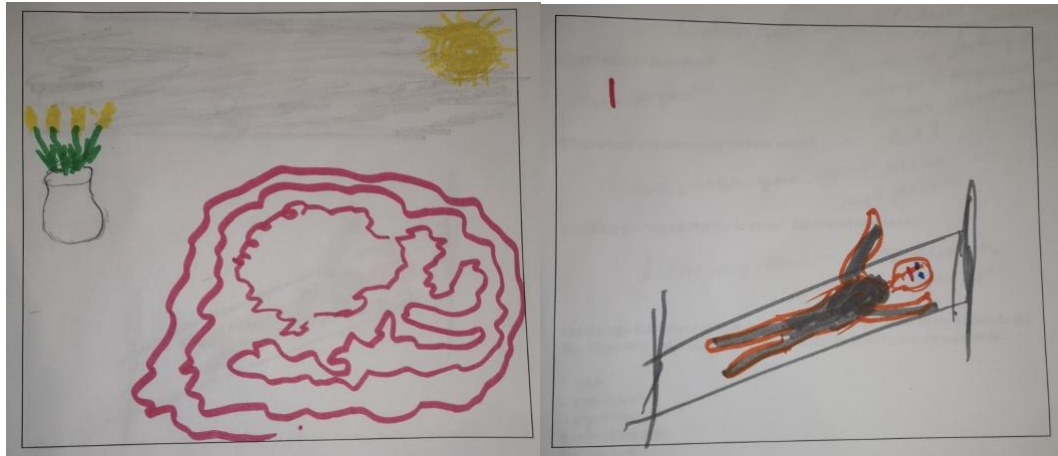
Jasmine.

Figure 4. Session one check-in art (Jasmine) Fig. 5. Session one check-out art (Jasmine)

Jasmine complimented others' art and outfits during the session, which was congruent with her usual appreciation of beauty. She asked me to lower the window shades because she had sensitive eyes from a concussion. Many participants agreed with the request. I pulled down the shades and assured them that they would stay down moving forward. For her check-out art (Figure 5), Jasmine said she got excited doing collage because she kept finding more things to appreciate and realized the list was unending. She drew herself in grey and orange laying down in a bed and described herself as relaxed, happy, and excited. The same check-in and check-out template was offered to each participant each week to promote non-verbal and verbal expression of feelings, self-awareness, authentic connecting, and non-judgmental awareness.

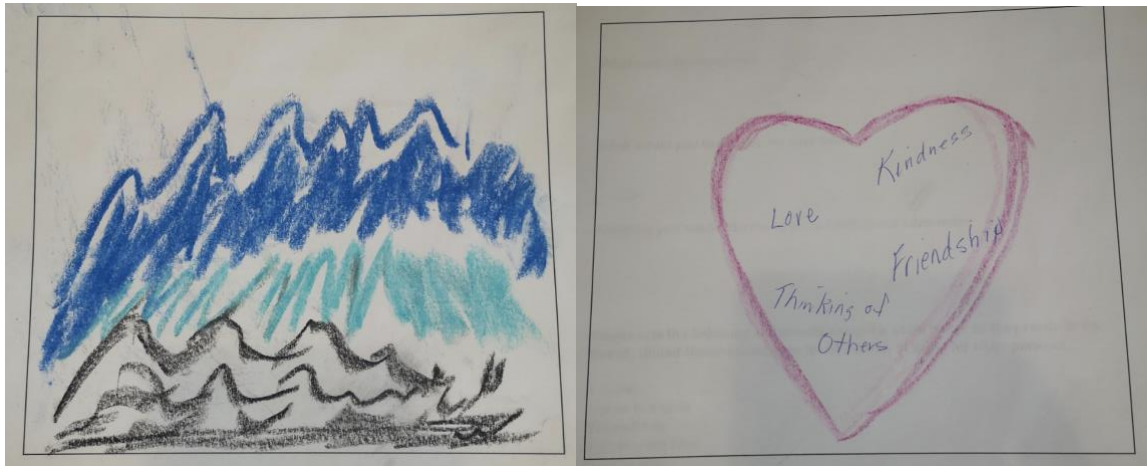
Nutmeg.

Figure 6. Session one check-in art (Nutmeg) Fig. 7. Session one check-out art (Nutmeg)

Nutmeg drew waves using oil pastels upon check-in (Figure 6). She said the dark on the bottom represents times, especially evenings when she feels isolated and wonders when it will be her turn to die now that her husband has been gone for seven years. I was surprised by the vulnerability of this share. Mostly Nutmeg is feeling good. The blue waves represent bright moments like her daughter having her over to paint watercolours together, having dinner, and playing with her dog. Nutmeg disclosed that she has had glaucoma for many years which has resulted in low vision. She sits in the seat closest to me on the side of her seeing eye. She concluded the session by drawing a big pink heart containing the words love, kindness, thinking of others, and friendship (Figure 7). She checked out saying that she is feeling very happy. This led to spontaneous storytelling about how she is enjoying a digital frame from her kids where they can upload new photos remotely of family events. She added that her daughter is enjoying being in Scotland and Portugal while writing a book about surviving an abusive ex-partner. She

assured us that she has the virtual support of a psychologist while she heals from Post-Traumatic Stress Disorder.

The second activity was to have participants make a salt dough ornament that represented what they wanted from the group art therapy space we were co-creating. Participants enjoyed the texture of the salt dough and began reminiscing about the joys of making it as children, with their own kids, and with the students they taught. Over the course of the following sessions, participants painted their salt dough ornaments while they waited for others to arrive. When finished, the ornaments were hung on a faux planter in the room to create a visual collective community code reminding us of our aspirations for the space (Figure 8). To decolonize art therapy, Indigenous saging materials were added to the alter and a teaching on saging was shared.



Figure 8. Session one salt dough ornament collective community code

Participants made the following intention ornaments:

- Jasmine: two people holding hands representing happiness and friendship
- Willow: two people holding hands, representing friendship (same as Jasmine coincidentally)
- Marigold: fancy frame with a face in the middle, with canals on the side to bring people into the face and vision, making a cute happy face

- Dogwood: painted a fish on the salt dough ornament made by the participant whose spot they took as no other clay was leftover when Dogwood joined. No meaning was given to the fish; however she was proud of her painting.
- Nutmeg: was not sure what to do so she asked for clarifications and if it was ok for the hand to be handicapped. She made two hands touching together representing making friends and touching. She wanted to make shaking hands but didn't know how.
- I made a wreath with the word sanctuary engraved on it to represent this being a space of refuge and protection that she wished to co-create. I also named the importance of confidentiality in sessions and its limitations.

Because of the excitement and many moving parts in the first session, I forgot to take individual pictures of each ornament and to facilitate the mindfulness activity. A reading from the *Art as Therapy* book was shared to ease the transition and prime minds and hearts for artmaking (De Botton & Armstrong, 2013). I did not follow the order in which the seven psychological factors were presented in the book. Instead, I chose to start with topics that were more emotionally accessible while trust and safety were being built in the group. I read two short paragraphs to the participants by De Botton and Armstrong (2013) on the theme of appreciation (see Appendix F)

Seniors were then invited to create a collage with the theme of “Appreciation” in the shape of a meaningful symbol using magazines, scissors, watered down liquid glue, and paintbrushes. The following symbol ideas were provided for inspiration: tree, heart,

moon, sun, butterfly, flower, rainbow, faith symbol, medicine wheel, or meaningful numbers, letters, or words.



Figure 9. Appreciation collage (Jasmine)

Jasmine made a collage in the shape of a large heart surrounded by word cutouts representing her desire to heal quickly from her hip replacement, her appreciation for nature and flowers, and liking to laugh and enjoy drinks with others. She was motivated to fill the heart with images. Images spoke to what she appreciates and to what she wishes she had. Jasmine said she misses hot baths, swimming with grandkids, having

pets, and trips with her husband. The activity made her aware of how much love she has in her life like her kids, grandkids, great-grandkids, music, and dessert. She also expressed liking touch and massage which prompted me to consider using materials in future sessions that would promote positive touch sensations.



Figure 10. Appreciation collage (Nutmeg)

Nutmeg used three image clusters to represent her appreciations. The top image represented a childhood visit to the Dionne quintuplets' museum with her neighbour because they didn't have a car. The middle image spoke to her getting older and

travelling a lot with her husband. Nutmeg's favourite travel memory was taking their kids on a Baltic cruise when they sold their house. Appreciation in recent years has been focused on her grandchildren and great grandchildren. I observed at the time that a chronological approach was being taken without having been prompted. This exercise also prompted her to share an impactful story about a refugee escaping harm that inspired a book and movie.

Post-Session Feedback Forms

Table 1

Session One Feedback on Themes of Intentions & Appreciation using Salt Dough & Collage

Questions	Responses
What worked well in art therapy today?	"Feeling much better now and will face day with a smile." "Quiet awareness" "Collage was great!" "Everything we attempted" "Both salt dough (relaxing) and mosaic - looking for things I appreciate became unending list!"
What could be improved?	"You could bring ideas of whatever!" "Nothing really" "It was perfect"
What would you like to see for next week?	"Ideas of well-being" (referring to interest in discussing meaning of 'well-being' in group) "Whatever you have for us" "Your choice, you never miss - not poetry"

Anything you would like me to know? “I feel that is so much talk it is so confusing” (referring to the wording of the question about the five pillars of healthy aging)
Additional comments: “Not really”
 “I loved my time - appreciation is enhanced”

Every week the last question on the form would change to reflect one of the five principles of healthy aging. Week one looked at lived experiences of independence through the next question: Please rate the following statements using the scale below as they relate to the five United Nations principles for standards of living for older persons. Scale: 1 never; 2 once in a while; 3 sometimes; 4 most of the time; 5 all the time

Table 2

Participant scores of experiencing independence during week one of group art therapy

Principle #1: Independence	Individual Scores	Mean score on 5 (n=4)
In art therapy, I was able to make my own choices.	5, 5, 5, 4	4.75
I felt safe during the session.	5, 5, 5, 5	5
I was able to express my needs and have them fulfilled.	5, 5, 5, 4	4.75
Overall		4.83

Reflect

In honour of my commitment to practicing self-awareness as part of Action Research, it must be noted that I wanted perfect scores in the feedback to prove the

excellence and value of my work. It is helpful to want to serve clients as best as possible, however focusing on egoic performance would detract from my client-centered presence and therapeutic value.

In research, gaps must be framed as potential for learning and improvement. Where scores of four were given, I asked respondents for more information as to how their experiences could be improved next time. One participant said they scored “making their own choices” a four because they tend to second-guess their choices and that this was not a reflection of the session design or facilitation. For the other four score on “being able to express my needs and have them fulfilled”, I forgot to follow-up with the respondent for more information. At the time of writing this reflection, it would be too late for an accurate response as to why a person gave a particular score when they filled out the form several months prior.

The participant feedback prompted some helpful changes to future sessions. A group conversation about well-being would be had. The final question about the principles of healthy aging would be clarified on the feedback form. Poetry writing would not be proposed. During the first session, there were appreciative verbal comments made about the relaxing nature of the background instrumental music. As a facilitator, it is our responsibility to remain aware of sound levels so that everyone can hear each other. We must also monitor levels and changes in light, temperature, and comfort in the sanctuary we are co-creating.

Post-session comments from seniors like “I loved my time - appreciation is enhanced”, “Looking for things I appreciate became an unending list!”, and “Feeling much better now and will face the day with a smile” suggest a boost in gratitude and positive mood from the art therapy. Participants loved most the “Quiet awareness”, “Collage was great!” and “Everything we attempted” and expressed it with enthusiasm. The final step in the weekly reflection process was to create response art to present to the group the following week. R&B rap lyrics come most naturally to me therefore I reviewed the client case notes and artworks to inform the performance piece below. My poem summarizes the session and incorporates the artists’ choices as well as sensual descriptions of the symbols.

Appreciating a Wonderful Week One

I enter a large sunny room
 So much space to breathe
 and be the fragrance we choose today
 Tables arranged not quite so, different, bizarre
 Room for seven friends, snow whites, not dwarfs
 To create, feel, and grow
 In togetherness, in circle

We reminisce
 Celebrate
 Angelic moments that come and go
 Hold your hands
 Soft and firmly connected
 I still feel your tender hugs
 Warm as freshly baked family treats

A water colour story of dinner with a daughter
 Share smiles in bubbly laughter
 Look forward
 To sweet joys of birthdays
 Tulips gorgeous, light skies & hot hot sunshine

Lifting spirits on high

Wandering lines
 A labyrinth to calm the mind
 Quiet awareness
 Wondering about life... & death
 Step through frustrated blue hues
 You can't rush your healing
 Whispers each wise step

My heart feels clearly now
 Loving
 Kindness
 Lovely walk to move
 To think fondly of others
 I imagine flowers sprouting, quiet
 Ruby red, vivid orange, bright & yellow marshmallow
 Happy gardening for friendship

I hear a little girl skipping a rope
 Hair wild in the air
 Active in her living
 I am pink like her with relief
 Session one of this thesis complete

Session Two: Hope - Oil Pastel on Canvas

Plan

Lessons from feedback in week one included pulling down the window shades, offering plenty of choice, remembering to run a grounding activity, discussing well-being, and inquiring if anyone had questions or needs before moving on. The session outline was as follows:

- Spontaneous art check-in & share
- Paint clay intention sculptures from last week
- Grounding mindfulness activity

- Art therapy facilitator presents response art from last week
- Art therapy facilitator reads inspirational excerpt on week's theme of Hope (Appendix F)
- Participants use clay pastels to make art that inspires hope on medium-sized canvas & circle work
- Spontaneous art check-out, share, & feedback forms

Act

After the artful check-ins and painting the clay intention sculptures, I performed the response poetry from week one for the group. There was applause and then silence after the performance. Participants seemed taken aback. Their comments included “beautiful, wonderful, wow, depth, meaningful, and you composed that?”. An artist said “you’ve set the stage well” while another added “you’ve analyzed us well”. My body and mind immediately signaled alarm. As therapists, we do not want clients to feel psychoanalyzed which may mean that their mental and emotional boundaries were crossed. I responded that I hoped they would feel seen and heard but not analyzed by the poetry and that I would rethink my approach to response art next week.

An artist added that it was a tough job to document their wandering feelings which she believed were general and not documentable. The senior added “You are creating spaces to feel. I like that. I can think of times when you have done that often and I didn’t realize what you were doing.” I mirrored the sentiment with “Creating spaces to feel, I like that too.” One person was deeply touched and moved by the art prompts,

finding it hard to put her experience into words. The offering was reaching seniors in inexplicable and profound ways.

Observe

Below are additional samples of client check-in and check-out art to demonstrate the variability in moods before and after sessions. The arrival and departure art of the six participants will be featured once in this report to honour each artist.

Juniper.

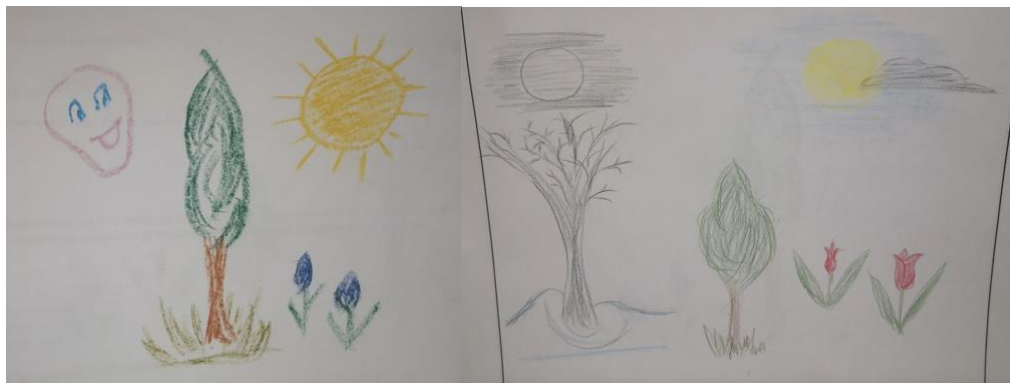


Fig. 11. Session two check-in art (Juniper) Fig. 12. Session two check-out art (Juniper)

Juniper drew a narrow tree in the middle of the page surrounded by grass, two blue flowers, a yellow sun and a smiling floating pink face without a nose, ears, hair, or body, looking over at the tree (Figure 11). She described the piece as representing her feeling “content and happy and looking forward to Spring and more walks with friends”. She made a joke about looking out for dog pooh on walks and received a compliment from a peer about her off-the-wall humour. During her creative process she named being distracted by something in the window. Due to missing the first week, she was moving

slowly to catch up to others in the group and did not want to miss any of the art prompts. She likes using oil pastels. She spoke about having cataract surgery and needing trifocal glasses. In her check-out art, Juniper switched to colouring pencils (Figure 12). Her central tree was now shorter, the flowers turned red, the sun was shining less in a blue patch of sky and was behind a cloud. A new leafless tree was added in pencil with blue details around the base where the smiling face was before. An overcast colourless sun, or perhaps a full moon sat above the new shaded tree. She described her check-out state as “Emerging from a temporary darkness. Looking forward to outdoor time.”

After reading chapter excerpts on the theme of hope (see Appendix F) from *Art as Therapy* (De Botton & Armstrong, 2013), the prompt was to use oil pastels and a canvas to make art inspiring hope. The seniors’ art follows.



Fig. 13. Hope as feather & bird (Willow) Fig. 14. Hope as polar bear mother & cubs
(Marigold)



Fig. 15. Hope as butterfly and Spring (Juniper) Fig. 16. Hope as freedom (Jasmine)

Post-Session Feedback Forms

Table 3

Session Two Feedback on Themes of Hope using Oil Pastels & Canvas

Questions	Responses
What worked well in art therapy today?	“Group participation” “Again, taking a theme ‘hope’ and expanding until it became real - and opens up our minds & hearts to its feeling & meaning” “Listening in discussion with others” “Listening to Renée’s poem”
What could be improved?	“OK as is” “Nothing really”
What would you like to see for next week?	“Sorry again no input. I am so impressed how your choices bring forth the concept centered on - appreciation excited hope”

“I like your intro (reading about Hope from Art as Therapy book) - brings me attention and opens my mind”

“More of the same, prompts were good”

Anything you would like me to know? “Facilitator seeks input (from participants). I did not participate but enriched by all the presentations.”
Additional comments: “Music is relaxing”

Table 4

Participant scores of experiencing participation during week two of group art therapy (scale: 1 never; 2 once in a while; 3 sometimes; 4 most of the time; 5 all the time)

Principle #2: Participation	Individual Scores	Mean score on 5 (n=4)
The activities were accessible for me, so I could fully participate.	5, 5, 5, 5	5
The facilitator was willing to make changes based on our suggestions.	5, 5, 5, 5	5
I felt like an active participant in the research process.	5, 5, 5, 5	5
Overall		5

Reflect

Session highlights identified by artists were listening, interacting with each other, and expanding their understanding and lived experience of hope. Artmaking allowed the group to give form to hope, an ephemeral but foundational contributor to well-being. All the hope artwork contained animals, plants, or elements from nature, but no humans. This

made me wonder: what would a hopeful human look like? The colour yellow appeared in three of the four art pieces. I pondered about the connections between hope, joy, yellow, and the life-providing sun. To prevent participants from feeling analyzed by my response poetry, I decided to make visual art instead. Engagement was high, artists appeared focused and invested in the process, and participation scores were optimal. Each healthy aging pillar which will be explored in greater detail in the discussion component of this paper.

Session Three: Self-understanding - Weaving Eco-art

Plan

- Spontaneous art check-in & share
- Paint clay intention sculptures from last week
- Grounding mindfulness activity
- Art therapy facilitator presents response art from last week
- Art therapy facilitator reads inspirational excerpt on week's theme of Hope (Appendix F)
- Participants use clay pastels to make art that inspires hope on medium-sized canvas & circle work
- Spontaneous art check-out, share, & feedback forms

Act

The first activity was to complete their creative check-in form (Appendix E) which included a spontaneous drawing and its description. To compare the check-in art

with the check-out art, both pieces from two artists are presented first, followed by the salt dough and collage artworks made in week one.



Fig. 17. Session three check-in art (Marigold) Fig. 18. Session three check-out art (Marigold)

Observe

Marigold.

Marigold shared that she was having an unsettled day. She said “someone threw me off the face of the earth by talking about seeing my late mother, but the story was confusing from someone who doesn’t talk much”. She was still making sense of the experience. In the art, she tried to draw her former house (Figure 17). She said there was a window with nothing in it and that maybe it will let the light in. Marigold added that blue represented being unsettled and the messy brown sand represented the Spring sidewalks outside. She named that there were no floor or walls to the building. I also noticed that the black chimney had smoke coming out of it through the brown roof. The house was tall, filled with blue, one window in the attic, and faded orange lines emanating from

house. Marigold wrote “??” in the description box but made meaning of it while described the drawing to the group. Like in a few other sessions, she did not complete any check-out art (Figure 18), but she did fill out the feedback form.

Dogwood.



Fig. 19 Session three check-in art (Dogwood) Fig. 20 Session three check-out art (Dogwood)

Dogwood described her check-in art as “I’m happy (Figure 19). Very very happy that I’ve joined my friends in art therapy.” This was her first time experiencing art therapy. I saw that her sun had dozens of rays and a facial expression of contentment, or perhaps neutrality, seriousness, or sadness. After the experience, she drew herself outdoors without a walker at the top of the page near a smaller sun and a coniferous tree. She exclaims “Yippy!! Yippy!!” in the art and describes it as “I am happy! I got to finish on my day. First day. Now I can dance with joy.”

The eco-art weaving was made using cardboard looms that I had previously made using instructions found online. To save time and make the activity more accessible, I

wove the vertical strands of yarn onto all the looms. Various yarn colours and natural materials were made available for participants to weave (twigs, grasses, coniferous branches, feathers, etc.). They were invited to choose yarn colours and natural items that represented them. This activity was new to everyone. The plan was to also write free verse poetry about their personalities and weave strips of writing into the art. However, we did not have enough time for that part, nor to make deep meaning of how the weaves represented the artists. The seniors were focused on the task, sometimes looking to me and each other asking questions about the right next steps. The weaves produced are presented in Figures 21-26.



Figure 21. Eco-art (Nutmeg)



Figure 22. Eco-art (Willow)



Figure 23. Eco-art (Jasmine)



Figure 24. Eco-art (Marigold)



Figure 25. Eco-art (Juniper)



Fig. 26. Eco-art (Dogwood)

Post-Session Feedback Forms**Table 5***Session Three Feedback on Theme of Self-understanding by Weaving Eco-art*

Questions	Responses
What worked well in art therapy today?	<p>“Sorry not successful, makes me sad - should not”</p> <p>“That my fingers worked”</p> <p>“Weaving”</p> <p>“Craft, sharing with friends”</p>
What could be improved?	<p>“Must admit one side only would have been nice to know” (referring to confusion about which side to weave on loom)</p> <p>“My mind”</p>
What would you like to see for next week?	<p>“Something relaxing - but I wonder what relaxes me”</p> <p>“Whatever <u>you</u> want. I’ll try my <u>best</u>”</p> <p>“I like whatever is provided”</p>
Anything you would like me to know? Additional comments:	<p>“Left frustrated by art (which impacted low care scores that were increased to five the following week after I inquired about them with respondent).”</p> <p>“This remains a wonderful thing to be doing! I feel a need – self-awareness - focus - was effective.”</p>

Table 6

Participant scores of experiencing care during group art therapy in session three (scale: 1 never; 2 once in a while; 3 sometimes; 4 most of the time; 5 all the time)

Principle #3: Care Participating in art therapy improved my:	Individual Scores	Mean score on 5 (n=4)
Emotional well-being	5, 5, 5, 5	5
Physical well-being	5, 5, 5, 4	4.75
Mental well-being	5, 5, 4, 4	4.5
Spiritual well-being	5, 5, 5, 5	5
Overall		4.81

Reflect

There were a lot of questions and confusion around the weaving project. A few participants weaved around the loom and were not able to remove it once finished. Even though there was a finished weave to demonstrate the end goal for artists, it would have been helpful to have an incomplete weave to visually clarify looming instructions. Given the sedentary nature of weaving and many visual art therapies, one would expect physical well-being scores to be lowest. However, mental well-being was marked lowest. The frustration with looming contributed to some of the lower scores. One participant originally gave scores of three for mental and emotional well-being. When I followed up with them the following week to ask about what could be improved, they shared that their frustration with the looming process and product inaccurately impacted those scores. She

chose to change the scores to fives for her experience of emotional and mental care. The emergence of themes would continue to inform the direction of programming.

Session Four: Remembering - Singing and Dancing

Plan

My previous experience with expressive arts has shown me that many people feel self-conscious about singing or dancing. For this reason, this session was scaffolded by warming artists up to rhythm gradually while meeting them at their respective skill and confidence levels. This easing into learning is presented in the session outline below.

- Spontaneous art check-in & share
- Grounding mindfulness activity
- Art therapy facilitator presents response art from last week
- Art therapy facilitator reads inspirational excerpt on week's theme of Remembering (Appendix F)
- Warm-up activities: make non-verbal music together using instruments while going around the circle, repeat while adding vocal sounds
- Sing four songs in chorus
- Dance one song freestyle
- Spontaneous art check-out, share, & feedback forms

Act

Musicality was introduced through my response rap piece on last week's session about hope:

Humans with a motive
Colour be exploding
Women gather to make the most of, Life
Elders are so kind, wise
This is where it's at
Come on enjoy the prize

Connecting Canadians
Funny intelligent–
They inspire resilience–
Reminisce over feelings

Beauty is nature
Art is in honour
Of self & the other
Together we ponder

Meanings & wonderings
We sit next to our sisters
Draw with our hearts
Sing out past the bleachers

(Repeat last stanza)

Observe

After the spontaneous art check-ins, a conversation was had about an Indigenous approach to well-being using a four-quadrant medicine wheel. Jasmine said she always thought well-being only referred to physical well-being. She had never heard of spiritual health. She added that anybody walking in the woods could be spiritual and that you didn't have to belong to a church. Sitting and thinking could be spiritual practices too. She was referring to the common spiritual practice of contemplation. Willow added that spirituality was believing in the higher power and feeling good about yourself like 'today will be a great day'. She tied self-esteem and optimism to spiritual thought. Nutmeg said that it's at night that she doesn't feel well. Juniper affirmed that you must work harder at feeling well on some days more than others.

Nutmeg shared a story about receiving a personalized gift from her granddaughter, speaking indirectly of generosity, care, and familial connections as spiritual practices. Marigold spoke about believing she had a purpose and was not just born into this world to float around the universe. When she was younger, the belief was that you didn't express yourself out of fear of being ridiculed. This would make emotional health difficult to maintain when certain emotions were not allowed to be expressed. We need places to feel and express our whole selves no matter our age! Norma believes that heaven is a place of rest. The group exchanged about the different and sometimes conflicting teachings they learned in church, from religious leaders, and in sacred texts. Jasmine said that she thinks that spirituality is picking and choosing what works for you from different religions. The discussion was beneficial in that it served as a

psychoeducational piece around well-being, and helped with sense-making about spirituality.

A basket filled with instruments was passed around for each artist to pull from. It contained an egg shaker, hand drum, tambourine, spoons, wooden percussion tool, recorder, and harmonica. We warmed up by creating a non-verbal song where we each built off the other's beat going around the circle. The sense of rhythm and musical awareness was excellent! The exercise was repeated a few times with the invitation to incorporate vocal sounds. I added vocal harmonies while Marigold and Juniper joined in. Juniper used to be in a choir but since the Covid pandemic has missed it and not taken the health risk to reengage.

Lyrics were then passed around for four songs printed in large font on extra-large paper for improved legibility, participation, independence, and dignity. The songs chosen were from the billboard top 100 in the 50s, 60s, and 70s. These eras were imagined to be nostalgic times of the seniors' lives when they would have been in their 20s through 40s. The hope was for the songs to encourage reminiscence, storytelling, and fondness. Songs sung in choir were:

1. Burning Love by Elvis Presley, 1972
2. Sitting on the dock of the bay by Otis Redding, 1968
3. Don't fence me in by Ella Fitzgerald, 1956
4. If I knew you were coming I'd a baked a cake by Eileen Barton, 1950

The song choice was intentional. Lyrics with messages that align with feminist therapy principles (e.g., Don't fence me in), without explicit words, and by artists with a variety of identities were selected. Certain participants did not know some of the songs. Therefore, the music was played once to familiarize everyone with the melodies before starting. Many participants were smiling and swaying while singing! The joyful energy in the room was palpable! In honour of St. Patrick's Day, we finished with a song to dance to: The Flags of Dublin by the Fourwinds. Everyone danced with glee, including the person who thought they couldn't, due to mobility issues used their walker for support. Folks left the room with a noticeable extra pep in their step this week - heads were held high and vigor carried them away.

Post-Session Feedback Forms

Table 7

Session Four Feedback on Theme of Remembering by Singing and Dancing

Questions	Responses
What worked well in art therapy today?	"Camaraderie" "Singing" "Everything! Shamrock and music" "Our discussions were open and free. They felt open to try the music which is something for me." "Sharing, participation as a group, music"
What could be improved?	"All is great" "My leg for dancing! An exceptionally well facilitated happy time."

What would you like to see for next week?	<p>“If it is a new adventure, I’m game.”</p> <p>“Up to you - only 3 weeks left!!!”</p> <p>“Your creative ideas!”</p>
Anything you would like me to know?	“Looking forward to more of anything to add onto the program”
Additional comments:	<p>“Well done on all counts” (referring to measures of dignity)</p> <p>“Most enjoyable day!”</p>

Table 8

Participant scores of experiencing dignity during group art therapy in session four (scale: 1 never; 2 once in a while; 3 sometimes; 4 most of the time; 5 all the time)

Principle #4: Dignity	Individual Scores	Mean score on 5 (n=5)
During art therapy, I felt like a valued member of the group.	5, 5, 5, 4	4.75
I was treated fairly by the facilitator.	5, 5, 5, 4	5
My privacy was respected.	5, 5, 5, 5	5
I experienced freedom of choice.	5, 5, 5, 5	5
Overall		4.94

Reflect

The dignity scores were nearly perfect. It is suspected that the individual who scored a 4/5 for feeling like a valued member of the group was the person who did not know the songs. It would be advisable to take a song request by each member of the group the week before singing to increase their sense of being valued. The importance

given to having many novel art activities each session sometimes got in the way of achieving depth of reflections. Also, the fullness of programming made it that some parts were forgotten such as slowing down between songs to prompt participants about their memories associated to the music more intentionally.

For the dancing component, although everyone participated, it could have been a more beneficial collective experience to incorporate choreography rather than simply inviting freestyle individual dancing. Bringing in or making wearable St. Patrick's Day accessories could have incorporated more fun and play into the dancing component. The dancing song itself was too long for the artists to stand until the end (4.5 minutes). At 2.5 minutes, the group energy was waning, and one person moved towards sitting down. I sat also to give others social permission to rest as well. After the session, I reviewed the session's data and wrote my response poem:

Remembering

I will remember your presence
Quiet and roaring, trying new and colouring
In and outside the lines

On fun Fridays we gather
To surprise each other
Through song and chatter
Ladies of blue skies and the wise

Making kind memories
I still hear
Your voices harmonizing
Humming melodies
To take us back through time

Our mouths open a portal of reminiscence
Felt togetherness

Can you sense it all?
In one fine tune

Session Five: Rebalancing - Watercolour Medicine Wheel

Plan

While discussing spiritual health with participants in a previous session, certain elements named could be categorized as mental or emotional health. To increase awareness about the different elements of well-being, I decided to have artists create their own personal medicine wheels. Watercolour was chosen as the next medium based on participant interest. The session plan was:

- Spontaneous art check-in & share
- Grounding mindfulness activity
- Art therapy facilitator presents response art from last week
- Art therapy facilitator reads inspirational excerpt on week's theme of Rebalancing
(Appendix F)
- Participants make a personal medicine wheel using watercolour, pencil, and black marker on pre-cut circular cardstock & circle work
- Spontaneous art check-out, share, & feedback forms

Act

To save on time, I cut out large plate-sized circles on white card to have ready for seniors. They were invited to divide their wheel into four equal quadrants by folding the circle and/or using a ruler. Next, they painted the quadrants a colour that represented each

type of wellness. They used a pencil and/or permanent marker to write on the front and/or back both the signs of low health in each of the quadrants and actions they can take to increase their well-being in each area.

Observe

Below are examples of medicine wheels from two artists.

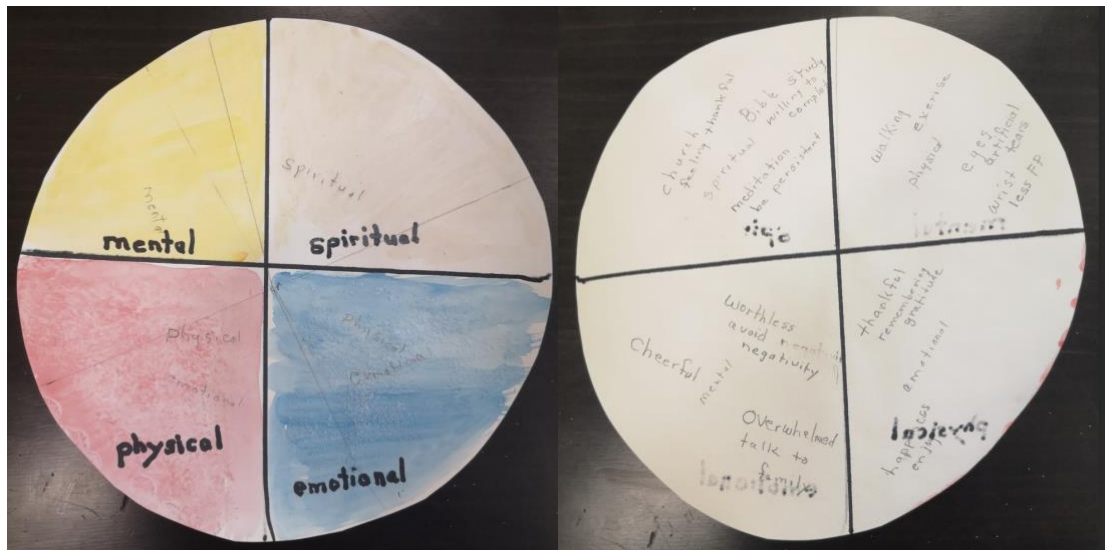


Figure 27. Front of medicine wheel (Willow) Fig. 28. Back of medicine wheel (Willow)

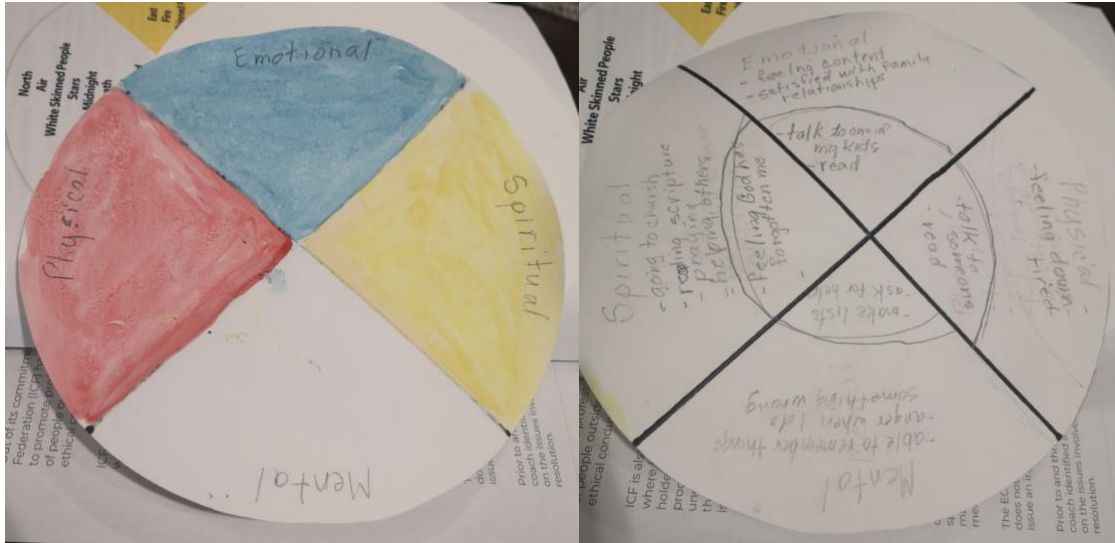


Fig. 29. Front of medicine wheel (Nutmeg) Fig. 30. Back of medicine wheel (Nutmeg)

Reflect

This project had a lot of potential, but it was not executed optimally. I facilitated the activity spontaneously without planning all the details of the product. I should have created my own watercolour medicine wheel to test the creative process and have a demonstration piece to guide artists. There is value in people creating art while tolerating uncertainty. However, the psychoeducational value of the artwork would have been better if the signs of low health were organized in an inner circle on the wheel and the health improvement interventions and signs were listed on the outer ring. Seeing that the reported self-fulfillment scores in week five were the lowest of all the five pillars of healthy aging, I decided to keep inquiring about self-fulfillment across multiple weeks to see if scores changed depending on the theme, activities, or awareness of self-fulfillment as a concept. The feedback form results for weeks five, six, and seven are presented in

Tables 9 and 10 after the summary of session seven. My response poem for this week was as follows.

Rebalancing the Circle Dance

Blessed quadrants move
 Wise North blends into strong South
 Sentimental sun rise on East
 Kissing thoughts of Westward

Parts whisper to each other in circle dance
 Slow
 Shift
 Reach and
 Bow

Surprise notes interject
 Questioning steps
 Pivot
 Hold
 Toe crunch
 Recover

We learn and love
 With every rise and fall
 Of the warm bright light in our vast shared sky

Ease and effort in equity again and again and again
 Rhythm flows and harmony... is clear
 Felt is our whole sphere
 Vibrating with delight
 Restored is our very own sacred wheel

Session Six: Sorrow - Collective Puzzle and Tree of Strengths

Plan

The outline for this week's session was:

- Spontaneous art check-in & share

- Art therapy facilitator presents response art from last week
- Grounding mindfulness activity
- Therapist reads inspirational excerpt on week's theme of Sorrow (Appendix F)
- Warm-up activity: everyone gets a few pieces of one small puzzle and paints them acrylic colours to represent sorrow for them, put pieces back together to symbolize the universality of sorrow and our connection through it & participant discussion
- Tree of Strengths: Trace your hand on a page using any materials and add leaves with words representing your inner and outer strengths & resources, circle work
- Spontaneous art check-out, share, & feedback forms

Act

I approached the topic of sorrow slowly and gently given the prevalence of grief in the lives of seniors as discussed in the literature review chapter. This is why I choose a non-verbal and collective warm-up exercise to introduce us into grief-themed art. Afterward, each participant made an individual tree of strengths in their sketchbooks.

Observe

Each participant had their perspective and colour symbolism for grief. One person said it came like waves, another said it felt like mist, and someone compared the feeling

to the drab colour of the walls in old sections of their residence. I affirmed that grief was different for everyone but that we all felt and that were connected in our suffering too.



Figure 31. Universal Sorrow. Acrylic on Carboard Puzzle. (All Artists)

I did not want to retraumatize anyone by diving into stories of sorrow so with the suggestion of my supervisor, I took a strengths-based approach to exploring sorrow with the tree of strengths activity. I drew my tree of strengths in real-time as I explained the activity. Select artwork was as follows.



Figure 32. Tree of Strengths.
(Nutmeg)

Figure 33. Tree of Strengths.
(Juniper)

Reflect

Participants copied my demonstration very closely by adding one leaf to each finger and using many of the same strengths I named: friends, family, faith, music, and positive memories. This activity might have brought more strengths and a greater diversity of them if I had said that sharing was optional. When I completed my first tree of strengths during KATI art therapist training, I was in the privacy of my own home and got to choose what to share with others visually and verbally via videoconference. This allowed me to identify more personal coping skills without fear of being judged by others. My response art on sorrow was as follows.

Love Deeper

It is puzzling to think of
What to do with our sorrows
You must know the pieces I speak of
Inadequacy
Dread
Jealousy
Regret

And dare we not express the erring thoughts of
Rage
Grief and
Shame
Turning in our heads

These glooms settle in our guts
And swim in our veins
Devilish thoughts surface
For air and light of day

Am I broken?
Worthless?
Alone in feeling like shattered glass?

Impossible. We conclude.
After whispers from another trusted soul
And with time we realize
Pain calls us faithfully closer to Spirit
Begging us to love deeper
Self and further
Sorrow in one hand and
Change in the other

Session Seven: Growth - Theatre

Plan

The outline for this week's session was:

- Spontaneous art check-in & share

- Art therapy facilitator presents response art from last week
- Grounding mindfulness activity
- Therapist reads inspirational excerpt on week's theme of Growth (Appendix F)
- Warm-up activity: Zip-zap-zop game – requires clients to point at each other, make eye contact, and say zip to signal the next person's turn who must say zap and point to another who says zop, in that order, over and over
- Table read two scripts, give participants the chance to read over once and highlight their parts
- Standing read a third script:
- Spontaneous art check-out, share, & feedback forms

Act

The 10-minute scripts were purchased online at Have Scripts Blue Moon Plays (n.d.) and printed in large font on legal size paper for each participant by the retirement home.

Observe

Like the singing and dancing week, there were no photos taken of the script reading to protect the anonymity of participants. Seniors were highly engaged, a little nervous, and laughed a lot with the warm-up activity, table read, and standing read. They did very well with no practice! Some were confused at times with imagining the stage

setting, but the energy and pride were high at the end of the session. Their sense of accomplishment can be seen in the high self-fulfillment scores in table 9 and feedback in table 10.

Table 9

Participant scores of experiencing self-fulfillment during weeks 5, 6, and 7 of art therapy

Principle #5: Self-fulfillment	Average score on 5		
	Session 5: Rebalancing (watercolour medicine wheel) n=6	Session 6: Sorrow (painted collective puzzle & draw tree of strengths) n=5	Session 7: Growth (theatre) n=4
During art therapy, I was able to tap into my potential.	3.83	4	4.5
I felt proud of my efforts in the session.	4.66	3.8	4.75
I had a meaningful experience.	4.67	4.6	4.75
I have a renewed sense of purpose.	4.17	4.4	4.75
Overall	4.33	4.2	4.69

Table 10*Participant feedback from weeks 5, 6, and 7 of art therapy*

Feedback Questions	Average score on 5		
	Session 5: Rebalancing (watercolour medicine wheel)	Session 6: Sorrow (paint collective puzzle & draw tree of strengths)	Session 7: Growth (theatre)
What worked well in art therapy today?	<ul style="list-style-type: none"> - “We used our brain, tapped into creativity, shared.” - “Choosing colours, grey for spiritual etc.” - “Trying watercolours was a fairly new experience” - “That we had to use our brains” - “Medicine wheel” 	<ul style="list-style-type: none"> - “Sharing, being connected” - “That everybody could do what they wanted for the tree” - “Puzzle painting, ‘Tree’ image” - “Support through sorrowful times which equate to grieving times” - “Discussing the meaning of our artwork.” 	<ul style="list-style-type: none"> - “Taking part in the plays was great” - “Participation” - “YES” - “Play acting! Growth personified”
What could be improved?	<ul style="list-style-type: none"> - “Again the challenge was important” - “Your ideas are great!” 	<ul style="list-style-type: none"> - “What a great group of people their sharing <u>is</u> therapeutic.” 	<ul style="list-style-type: none"> - “All ok! - “Zip, zap, zop” (warmup theatre game)
What would you like to see for next week?	<ul style="list-style-type: none"> - “Surprise me” - “Whatever our teacher 	<ul style="list-style-type: none"> - “Whatever you like.” - “Have no clue as 	<ul style="list-style-type: none"> - “Anything! Just keep going!”

	Renée wants”	usual, you do <u>well</u> .”	- “Ideas of celebration great. I hate end of research. Yes
Anything you would like me to know?	<p>- “I am finally motivated to get back to calligraphy, maybe even painting.”</p> <p>- “Feel I will not really improve, did my best, made me think, no real purpose, perhaps walk again”</p> <p>“I like the way you read by putting your feelings into it. You explain, which helps me to understand because I have a short-term memory & have trouble understanding.”</p>	<p>- “No. Keep doing what you do. You are an excellent teacher. And your poems are great & your music is relaxing.”</p> <p>- “If my goal is gaining in self-confidence - I’m on a plateau - Felt competent and successful, never completely satisfied, confused as to my purpose, It is I now think gaining in self-awareness - yes it worked & felt the support I had when I needed it and still do.”</p>	<p>celebrate great session yes”</p> <p>- “Renée you are a wonderful teacher. Good luck in your future.”</p> <p>- “Further energized”</p> <p>- “Whatever you think would be <u>fine</u>.”</p> <p>- “Celebrate learning about myself yes. Sorry sadness that it is over. Tapping into myself was an accomplishment - my potential?? True in spades” (referring to having a renewed sense of purpose)</p>

Reflect

Before moving into theatre games in week seven, we debriefed about participants’ week following session six on sorrow. Three people shared stories about how they had been thinking more about their deceased loved ones. It seemed that recentering sorrow

through discussion and artmaking had brought up memories and spiritually reconnected them to specific departed people. The theme of grief and loss led to a discussion about participants' beliefs about the afterlife. Some also revealed symbols and rituals for honouring, connecting with and mourning the deceased, such as dawning a cardinal pin to signify the spiritual presence of their late husband.

The theatre games in session seven, including a standing script performance, scored highest in self-fulfillment. This was a new experience for all participants. The novelty and challenge of an unknown process may have contributed to the sense of self-fulfillment. In fact, one participant described the experience as "growth embodied". It is also possible that scores were higher in session seven due to an increased familiarity with the concept of self-fulfillment from week to week. However, the rise in scores in session seven suggest that exposure to the term self-fulfillment is not the sole factor contributing to high scores. It would have been helpful to front load this psychoeducational piece before session five with orientation to the term so that clients could make collective sense of the phenomenon. My response art on growth was as follows.

On Purpose

You say your purpose is waning
Or perhaps unknown
Maybe you have forgotten
All the ways we are connected
Let me declare
Your existence brings me joy
Your presence brings me purpose

To hear your voice, unique familiar tones
See your vast palette of colours
Share in belly laughs

And real real talk

The purpose of this Sacred Sanctuary
is to serve each other
As mutual medicine
Who learns more? The teacher or the student
Each wears both commendable hats
Giving & receiving
Offering & opening

Through art and chatter
Growing toward love
Intergenerationally
On purpose

Positive feedback that was repeated across multiple sessions including the appreciation for “using our brains” and having choice with the artmaking. Group discussions themselves were described by a participant as inherently therapeutic. In session five, one artist went from feeling like they had no real purpose other than perhaps walking again to feeling confused as to their purpose in session six. They wrote in session seven that it was “true in spades that they had a renewed sense of purpose”, finally scoring self-fulfillment a 5/5. Another artist named feeling motivated in session five to get back to creating calligraphy. It is possible that the dip in self-fulfillment scores in session six was due to the art activities not being challenging enough artistically or cognitively. This is part of an art therapist’s work: knowing their clients well enough to design a session that won’t be too easy or too hard and adapting to needs as the session unfolds. Facilitators will make mistakes, but there is always an opportunity to correct, repair and/or learn for next time.

Session Eight: Program Review - Collective Abstract Painting***Plan***

The intention of the final session was to celebrate the group's efforts by moving from individual artmaking to a more collaborative party-like process. Abstract painting was chosen because it would be more accessible than illustration or realism and could be completed quickly (Figure 34). It would also be an experience of group play and freedom which aren't always readily available to seniors. Household items such as a pizza cutter, straw, silicone brush, etc. were brought in to reduce the pressure of to make high art using paintbrush techniques. This process suggests that using fun, play, novelty, and familiar tools can contribute to participation levels.

Act

In week eight, participants were noticeably more open and eager to share their art check-ins than in week one. Psychological safety and self-expression levels were high. Depending on artists' mobility, they sat or stood to paint on the canvas in front of them. As a facilitator, I tasked myself with bringing cohesion to the artwork by filling in the background gaps in blue and beige.

Observe

Certain participants engaged with the canvas more readily than others. One senior exclaimed "now this is my kind of art!". Responsive prompts were offered to modulate the varying levels of engagement or apprehension amongst artists. Some took the invitation to move around and make marks inspired by others. This contributed to the harmony in the piece as well as to non-verbal mirroring and relating between participants.

A more celebratory atmosphere was created by shifting the music from relaxing melodies to 80s hits. One participant started to dance while painting and apologized for not being able to stop. They were assured that dancing was more than welcome! The process was expressive and experimental.



Figure 34. Collective painting celebrating the group's art therapy efforts, acrylic on cotton

Reflect

Participants shared what they saw in the painting: a western hotel, a fence, buildings, a birch tree, and brown earth. Jasmine said she saw mixed up emotions where different colours represented different emotions. Someone said it looked psychedelic. Marigold said "the colour just takes me away", speaking to the ability of art to transport us from where we are into a space of wondrous thinking and feeling. A description of the final art piece and process reveals its essences:

- A manifestation of successful teamwork
- Non-verbal expression of individuality within a larger whole

- Intuitive spontaneous self-expression
- Openness to experiment in the unknown without a plan

Asking the group to give the piece a title would have been a nice step towards making additional meaning from the process. However, this was forgotten. Participants consented to putting their initials on its front and having it displayed publicly in the retirement residence. A few concurred: they wanted it hung in an honourable place. This suggests that they took pride in their work - an indicator of self-fulfillment. Seeing as this was the final week of art therapy, I did not write a poetry performance piece about week eight.

Program Evaluation

At the end of session eight, a program evaluation form (see Appendix I) was distributed to participants. To manager cognitive loads, session eight was not evaluated specifically. Rather, the program as a whole was assessed by all participants except one (n=5). The final scores for experiencing the five principles of healthy aging across group art therapy are presented below in order from highest to lowest.

Table 11*Quantitative results from overall art therapy program evaluation*

Art Therapy Program Review (n=5)	
1) Participation	Average on 5
Accessible activities	4.8
My suggestions taken	5
Feeling active in research	5
Average	4.93
<hr/>	
2) Dignity	Average on 5
Feeling valued	4.6
Treated fairly by facilitator	5
My privacy respected	5
Choice-making	5
Average	4.9

3) Independence	Average on 5
Choice-making	5
Feeling safe	5
My needs expressed & fulfilled	4.6
Average	4.87

4) Care	Average on 5
Emotional	4.8
Physical	4.8
Mental	4.8
Spiritual	5
Average	4.85

5) Self-fulfillment	Average on 5
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Tapping into my potential	4.6
Taking pride in my work	4.4
Meaningful experience	5
Renewed sense of purpose	4.8
Average	4.7

Reflect

It is interesting to note that seniors' experiences of the five principles were evaluated similarly in both the separate sessions and in the program overall, except for self-fulfillment. Average session scores for the first four principles were all within 0.1 on a scale of 5 (see table 7). This suggests a higher response reliability for these principles. The largest differences were with regards to self-fulfillment in sessions five and six with the lowest scores falling between .37 and .5 from the program's overall self-fulfillment average. The characteristics that contributed to each principle will be discussed in the following chapter.

Table 12

Overall program scores compared to specific session scores for five principles of healthy aging

Principles of healthy aging	Overall program score on 5	Specific session score on 5
1) Participation	4.93	5
2) Dignity	4.9	4.95
3) Independence	4.87	4.8
4) Care	4.85	4.81
5) Self-fulfillment	4.7	Session 5: 4.33 Session 6: 4.2 Session 7: 4.69

Chapter Summary

This chapter presented the qualitative and quantitative participant feedback for weekly sessions and for the overall art therapy program. Both appreciative and constructive feedback was integrated into the following art therapy session designs in honour of the plan-act-observe-reflect action research cycle. It also presented participants' art including spontaneous check-in and check-out art. Except for self-fulfillment in sessions five and six, the overall program scores for the five pillars matched very closely with scores for the corresponding weeks, which will be explored in the

coming pages. In the next chapter, I discuss in detail the links between art therapy theory, the data, and the UN's five outcomes for older people.

Discussion: Art Therapy to Support the Five Principles of Healthy Aging

This chapter discusses how expressive arts therapy for seniors fosters each of the United Nation's five principles for healthy aging. In follow-up to documenting what unfolded in the action research cycle, I will now complete a meta-reflection on how the findings link back to the research question. The art therapy space, activities, materials, facilitation techniques, and participant behaviours will all be explored as factors contributing to healthy aging outcomes.

Participation

Positive experiences of participation in the program were rated highest by artists (4.93/5). This principle was valued by seniors from the beginning. Their intentions for the space embodied in clay ornaments centered around connection and friendship. Looking back to the very beginning of the research, running previous art therapy groups at the retirement community promoted participation in this program. The relational-cultural approach was applied to the research preparation process as well as the therapeutic process. Five of the six participants already had positive therapeutic relationships established with me which made the recruitment process quite easeful. Due to the longstanding therapeutic relationship, respondent scores may have been inflated. It would have been interesting to compare the program evaluation scores between the five previous clients and the new client. However, the new client did not return their program evaluation form.

The recruitment poster intentionally included and excluded certain elements to promote participation (Appendix A). The sign included my name and title as they would be familiar thus more approachable to many. It excluded the need to go online for information or to register knowing that Wi-Fi is not readily available to residents. Registration could happen by simply picking up their telephones. The poster also featured illustrations of older people making art to convey a sense of an age-appropriate opportunity and safe space for seniors. The font was large for legibility and the details were reduced to the essentials for clarity to promote participation even in the recruitment process.

The United Nations outlines that as part of participation older persons should:

- “Remain integrated in society;
- Participate actively in the formulation and implementation of policies that directly affect their well-being;
- Share their knowledge and skills with younger generations and;
- Be able to form movements or associations of older persons” (United, 1991, para. 3).

Each of these points describes the program well. It should be noted that only the characteristics of each principle related to art therapy are included in this discussion, as some were irrelevant within the scope of this project. Because the group was held in a community space accessible to residents with varying levels of mobility, it promoted the integration of seniors in society beyond the solitude of their units. A next iteration of the

program could include a field trip outdoors or to another location to make art, say in a park or in an art gallery, depending on the preferences of participants. This would expand and deepen their sense of connection to a larger society beyond the walls of their home.

The circular arrangement of chairs in the space promoted equality, inclusion, and a non-hierarchical orientation to increase participation. Negotiating meeting dates and times, conducting intakes, and asking about preferred art mediums all contributed to seniors experiencing active participation in the therapy and research. Opening the first session with clay-based intention-setting for the space and collecting feedback after each session are additional ways to have seniors participate actively in policies that affect their well-being.

There were also accounts of knowledge and skill sharing between participants of various ages (e.g., artists in their 70s vs. 90s) that happened organically. For example, one person helped another understand the differences between hospice and palliative care. Multiple people brought their art from former projects to the space to describe their creative processes and be witnessed (e.g., paper tole, quilting, poetry, calligraphy, etc.). I also contributed to intergenerational learning as information was shared bidirectionally between the participants and her on a variety of topics (e.g., history, geography, travelling, women's rights, etc.). There remains an opportunity to further intergenerational learning by integrating children and young adults into an art therapy group with seniors. It could include seniors' own children, grandchildren or great-grandchildren who were often joyfully represented in the art and discussions. One participant said that "this was the first time they felt like they belonged to a group since

moving to this home”. This statement demonstrates the value of community artmaking within a relational-cultural context where lost connections are restored to reduce suffering and isolation (Jordan, 2017).

Dignity

The next best rating of the principles was dignity (4.9/5). The UN states that older persons should:

- Be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy;
- have the right to make decisions about their care and the quality of their lives;
- be treated fairly regardless of age, gender, racial or ethnic background, disability, or other status, and;
- be valued independently of their economic contribution (United, 1991, para. 6).

These experiences of dignity are important in counteracting experiences of ageism, as it has been reported as a problem by the UN (World, 2021). Given how art therapy lends itself so well to self-awareness and social change, it would have been helpful to use art to explore thoughts, feelings, and experiences around ageism in the group. As art therapists, dignity for clients starts with our own self-awareness. We must become aware of any unconscious stereotypes or prejudices that we hold and replace them with dignified thoughts. Such thoughts and actions are harmful, undignified, and anti-therapeutic. Ageism only exacerbates discrimination based on other identities such

as ability, economic status, and race. I continued to self-monitor my thoughts and behaviours to reduce the risk of treating an artist differently based on a part of their identity. As facilitators, we must not play favourites but rather share attention and care as equitably as possible based on the needs in the group.

Dignity in art therapy also means using materials and activities suitable for adults rather than children, such as oil pastels rather than crayons. Some participants may find crayons reminiscent of uncomfortable school memories (Hakola, 2006). An activity can be framed as reminiscent of childhood or appealing to our inner child to prevent clients from feeling childish while still welcoming play and silliness. It might be necessary at times to offer different materials to individual seniors depending on their confidence level, desire to get their hands dirty, or for other reasons (Hakola, 2006). Providing each participant with their own sketchbook to bring each week can serve as a symbolic token representing the art therapy experience and the integration of an artist identity with pride. The first artist sketchbook I owned contributed to the shift of my identity as an artist. It also contributed to my sense of belonging in art therapist and artist circles. Like with characters in film, our accessories speak to what we value and who we are. The material culture of the group also impacts participants' experience of dignity. The tables and chairs were intentionally placed in a circular fashion to reduce my areas of privilege and promote equanimity. I also emphasized her role as a facilitator and not an expert art teacher, which some clients called her.

In this study, the only sub-element of dignity that was scored lowest (4/5) was feeling like a valued member of the group. Although an 80% score is not terrible, it is a

little disappointing as one of my purposes in life is to grow the quantity and quality of safe and inclusive spaces that foster belonging and community. The reasons for this lower score could be interpersonal or intrapersonal. Perhaps the participants didn't feel like they were given equal amounts of conversational space, validation, encouragement, or gratitude from the facilitator or their peers. It could also reflect their perception of their own contribution to the group, the value of their art, or their sense of self-worth.

In honour of second-person action research, I telephoned one of the seniors who scored 'feeling valued' as a four to ask about how experiencing dignity could be improved moving forward. They suggested a few great ideas, which include: the facilitator could clarify the expectations of group behaviours in the beginning more explicitly so that no one is laughed at or feels left out; participants could also share something about themselves that others don't know when introducing themselves; and having a theatre activity near the beginning of the program rather than the end so that participants can forget about themselves while pretending to be somebody else. They did not name an experience of themselves feeling personally left out or suspecting it for others. Dignity for her is impacted by the facilitator proactively preventing excluding behaviours, deepening self-disclosures early on, relationship-building more intentionally from the beginning, and reducing self-consciousness through role-playing from the get-go. The emphasis seems to be on the need to invest in building more group trust and safety earlier on.

Finally, additional acts of dignity included asking artists curious follow-up questions about their art and processes, listening with presence, encouraging all efforts,

monitoring conversational turn-taking, respecting session start and end times, reciprocating response art every week, and bringing snacks. The words respect and generosity come up here. Open mindedness and acceptance around the plurality of everyone's beliefs is essential, while naming possible harmful thinking. These are both parts of the facilitator's job. In hindsight, there is always room for improvement. Even with a door sign, there were a few instances of interruptions. A more professional sign could have been made proactively to protect the confidentiality in the space. Monitoring the emotional risk of the questions that are asked in a group is another part of protecting client privacy.

During session three, I could have made extra salt dough for Dogwood who joined the group late, allowing her to create her intention ornament from scratch. This would have been the most dignified approach. However, in an effort to counter perfectionism and prevent compassion fatigue, I made the conscious choice not to make more dough. Instead, I offered her to paint the ornament made by the person whose spot they filled. I find it important to write honestly as a therapy student about my strengths, challenges, and boundaries as a researcher rather than pretend the process was entirely easeful and selfless. Otherwise, this leads to a culture not of excellence, but of unrealistic expectations, pressure, and competition to be superhuman carers and researchers.

Independence

Average experiences of independence ranked third at 4.87/5 (n=5). Artists were offered plenty of choice in art materials and creative processes every week. Prompts for inspiration were presented, but never mandatory to follow. Having demonstrations of the

final art product was helpful in promoting independence as artists could reference them without asking the facilitator for help to move forward. It's helpful to notice which materials are challenging for any clients with motor, sensory, or cognitive challenges. Artists should be invited to try a technique before the therapist uses a third hand approach. This promotes independence and allows a facilitator to evaluate the client's levels of competence and confidence in a specific area while meeting them where they are at. As previously noted, activities should have a desirable level of difficulty to fuel artist independence.

Although the five principles of healthy aging were introduced during the intakes and on the weekly session check-out forms, it could have been beneficial to have more intentional discussions about each pillar at the beginning of each session to support meaning-making through discussion. Individual psychoeducational readings between sessions could have been another valuable way to scaffold the learning and promote information sharing beyond the group.

Feeling safe was rated 5/5 by all participants. The differentiation between physical and psychological safety was not named explicitly in the form. However, this would have made another great opportunity for psychoeducation. Therefore, it is not known how and why the participants felt safe exactly. However, the space was familiar, accessible, private, well lit, and climate controlled which all contribute to feelings of safety. The UN states that to foster independence, older persons should:

- Have access to adequate food, water, shelter, clothing, and health care through the provision of income, family and community support and self-help;
- Have access to appropriate educational and training programs.
- Be able to live in environments that are safe and adaptable to personal preferences and changing capacities (United, 1991, para. 2).

Art therapy is a form of health care, community support, and education that promotes empowerment and self-help. Phinney et al. (2014) demonstrated how community arts for seniors improved the perception of their overall health, experience of pain, and sense of community, which aligns with what the participants experienced in this study: they received psychoeducation about wellness, self-expression, and artistic skills. Neighbours in the retirement home have been described during art therapy as “chosen family”. Therefore, opportunities like group art therapy that deepen connections and promote healthy relationships are needed for strangers to relate like family in retirement communities.

Weekly groups also served as a place for seniors to connect spiritually or energetically with their families by including them in their art and talking about their wins and challenges from the past, present, and future. The information from participant intakes, responsiveness of the therapist, and group norming allowed for the co-creation of an environment that was evaluated as feeling perfectly safe and meeting their needs most of the time.

Care

Overall improvement to clients' holistic well-being from art therapy was rated an average of 4.85/5. This includes spiritual, emotional, mental, and physical health. Each quadrant of the medicine wheel was rated on average 4.8/5 except for spiritual which received a perfect score. Why did group artmaking score so high in spiritual care? Within Jordan's relational-cultural therapy framework, artmaking can provide spiritual care for many reasons (2018). Spiritual care has both relational and cultural dimensions. To be seen deeply and accepted by a therapist and a group of peers creates experiences of love and connection, which are spiritual currency. Also, the weekly cultural experience of group artmaking is elevated from a mundane to a sacred experience through its ritualistic nature. Remembering our connections to nature and All My Relations (First), reminiscing about our past, orienting towards our ancestors and dearly departed, and contemplating hope for the future all contribute to spiritual health (n.d.). Unfortunately, the UN does not name spirituality explicitly as a domain of care. In terms of care, the UN proclaims that older persons should:

- Benefit from family and community care and protection in accordance with each society's system of cultural values.
- Have access to health care to help them to maintain or regain the optimum level of physical, mental, and emotional well-being and to prevent or delay the onset of illness.

- Be able to utilize appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment” (United, 1991, para. 4).

Art therapy is a form of community care, that done right, with respect and open-mindedness, creates space for a variety of value systems to coexist harmoniously. To increase the efficacy of art therapy to improve holistic well-being, facilitators could compare programming to the medicine wheel and proactively identify how each quadrant is being tended to. This speaks to the UN’s point about delaying the onset of illness. Art therapy supported the rehabilitation of one client, who expressed and processed her experience healing from a fall and partial hip replacement. Participants named in their feedback forms how much they appreciated the social and mental stimulation: learning by dialoguing with peers and having to use their brains.

Self-Fulfillment

In the overall program, self-fulfillment was rated lowest on average by artists (4.7/5; 94%). This was an improvement from sessions five (4.33/5; 87%) and six (4.2/5; 84%), and virtually the same for session seven (4.69/5; 94%). It should be noted that this pillar was rated lowest amongst weekly session evaluations as well. Rebalancing our holistic selves with watercolour medicine wheels and processing sorrow by making a collective puzzle and tree of strengths did not lend well to feeling fulfilled. Why is that? I explore the possibilities in this section. With regards to self-fulfillment, the UN states that older persons should:

- Be able to pursue opportunities for the full development of their potential.
- Have access to the educational, cultural, spiritual, and recreational resources of society (United, 1991, para. 3).

Participants developed their potential by acquiring new knowledge, skills, and experiences during art therapy. Some seniors named that their self-awareness was growing, they discovered the medicine wheel, tried new artistic mediums such as looming and script reading, and gained a sense of belonging for the first time since moving to the residence. These benefits are mirrored in Weiss' art therapy study where seniors experienced fulfillment, renewed meaning, and developed ego strength (1984). Art therapy was facilitating a process of gradual growth not only for the individual participants but also for the development and interconnectedness of a new group. It is the relating and cultural practices of artmaking that create a space promoting flourishing (Jordan, 2018). Nutmeg's appreciation collage in week one (Figure 10) is an example of self-fulfillment through rediscovering meaning. Her spontaneous art is reminiscent of a life review process inspired by gratitude that resulted in positive meaning making rather than despair (Erikson, 1950).

In the feedback form question about self-fulfillment, I also asked if seniors felt a renewed sense of purpose from sessions five through seven. The responses were mixed. From the watercolour medicine wheels, one person experienced motivation to get back to their personal calligraphy and painting projects, while another felt they would not improve and had no real purpose except to maybe walk again. The latter artist did name increasing their self-awareness in the following week's feedback even if their self-

confidence was plateauing. After the theatre session in week seven, the same senior wrote it was “True in spades” that she had a renewed sense of purpose. This is a case of self-fulfillment growing during group art therapy with seniors.

The act of creating art is also the development of something new. However, self-fulfillment was not scored equally in all artmaking sessions. It is possible that a lengthier psychoeducational discussion about the meaning and feeling of fulfillment before session five would have helped artists understand and identify fulfillment more readily. The higher self-fulfillment scores in the last two sessions of the program could be explained by familiarity with the concept. Also, perhaps the products created in weeks five and six were not as polished as they could have been, which could lead to a lack of satisfaction, pride, purpose, and thus, fulfillment. Making time for artists to explore a theme in a draft before making their final piece using high-quality materials could be valuable for cultivating self-fulfillment.

What was it about theatre that contributed so well to high scores of self-fulfillment? It is possible that reading about that week’s theme of growth from *Art as Therapy* (De Botton & Armstrong, 2013) primed participants on the related theme of self-fulfillment. One participant wrote in their feedback: “Tapping into myself was an accomplishment - my potential?”. Another client named that the play acting was “growth personified”. The choice I made to use plays about seniors that were also culturally relevant and comedic was part of a relational-cultural approach to therapy (Jordan, 2018). Using just any play without reading it first as a therapist could be inappropriate or even harmful depending on themes addressed.

When surveyed at the end of the eight-week program, the most impactful elements of art therapy groups identified by participants were (in no particular order):

- “Mindfulness & meditation”
- “Listening to others share”
- “Variety of media and experiences”
- “Problem-solving in the art”
- “Feeling comfortable/at ease with people I didn't know”
- “All elements” (one participant made no differentiation between elements)

It is interesting to note that each participant was impacted most by something different than the others. This suggests that group art therapy can meet a variety of participant needs simultaneously.

The response poetry I wrote and performed for the group each week had many effects. Its primary intentions were to strengthen the therapeutic relationships, leave seniors feeling seen, heard, and valued, and foster a space where I could share my creativity to uplift others. There were sounds of exclamation, surprise and appreciation in response to the poems. Positive remarks about the poetry were made in the feedback forms as well. However, I learned in week one that including descriptions of participant's art and stories in my poetry unintentionally led to one artist feeling analyzed. In order to prevent feelings of psychological intrusion or judgement, I apologized, said that wasn't my intention, and that I would do things differently next time. Afterward, I wrote about the theme of the week, allowing for inspiration from seniors' art and discussions without explicitly naming individuals' sharing. I also learned that printing and sharing poems in

written form while reciting them was helpful for participant understanding. The writing contributed to my own meaning-making of the art therapy groups, gave voice to my soul, and gave form to my thoughts and feelings (Knill & Atkins, 2020). Performing contributed to my sense of purpose, connection with participants, and integration of the weekly themes.

Chapter Summary

This chapter looked at how the UN's pillars of healthy aging were fostered during group art therapy for seniors and how they could be better cultivated moving forward. Each pillar was dissected into its sub-characteristics and compared to participants' feedback, my observations of the programming, and art therapy literature. Experiences of participation were ranked highest (98%) while self-fulfillment was ranked lowest, but still with an excellent score (94%). Every senior named a different element from the programming as most impactful. Some were art-based, others social, and one centered on mindfulness. Response poetry contributed to mostly positive experiences for the participants, for me as facilitator, and strengthened the therapeutic relationships. In the next chapter, I conclude with a summary of the research process, findings, and limitations, as well as considerations for future exploration.

Conclusion

This thesis aimed to explore how group expressive arts therapy fosters the United Nation's five pillars of healthy aging: participation, dignity, independence, care, and self-fulfillment (United, 1991) among seniors living in a mixed-needs retirement home. This action research project intended to empower seniors by expanding the expressiveness of their voices through art-making and social justice research. Relational-cultural and expressive art theories played central roles in the research strategy. Participants were recruited through an Indigenous approach of long-term relationship building. Data was collected mostly through qualitative methods such as images of artwork, audio recordings, post-session and post-program feedback forms, researcher response art, and field notes. Weekly data was analyzed using a plan-act-observe-reflect action research approach and a meta reflection was conducted on the five pillars of healthy aging.

The findings demonstrate that seniors in expressive arts group therapy experienced high levels of the UN's five pillars of healthy aging with average scores ranging between 94% and 98% (n=5). From highest rated to lowest were participation, dignity, independence, care, and self-fulfillment. I discussed the phenomena that contributed to fostering these principles including the participant recruitment process, art prompts and materials, studio space arrangement, facilitation techniques, and artist interactions. The discussion also considers ways to improve healthy aging outcomes in group art therapy with seniors.

My thesis contributes to the literature in a few ways. It further validates and builds on previous literature on the benefits of expressive arts group therapy with seniors. This project adds a new interdisciplinary approach to art therapy and geriatric care literature by combining the UN's healthy aging framework with expressive arts therapy groups. The thesis also demonstrates the success and value of expressive arts groups for seniors through the voices of participants themselves. These pages also share approaches and lessons for art therapy with seniors that can inform the work of other art therapists and health care professionals.

Limitations of the research include using data from a small sample group (n=6). Also, the previous therapeutic relationship between myself and five of the participants may have contributed to inflated positive feedback due to their care for me and my research. The indicators of each of the UN's five pillars used in participant feedback forms (see Appendices H & I) were not cross-referenced with evidence-based indicators of the pillars outside the UN's descriptions of them, say from art therapy research. For example, independence was qualified as being able to make one's own choices, feeling safe, and expressing one's needs and having them fulfilled. However, it is possible that other characteristics from art therapy literature better represent experiencing independence, which could be researched further.

Other suggestions for future research include repeating this art therapy program with other groups of seniors from a diversity of identities, especially the most marginalized Black, Indigenous and People of Colour (BIPOC) communities. The programs would need to be adapted in each case to be culturally appropriate. It would also be helpful to

evaluate different expressive arts mediums against each of the five pillars to see which arts contribute most and least to each pillar. This research has surely expanded art therapy literature by documenting how art therapy for seniors supports experiences that specifically meet the five pillars of healthy aging. This paper also contributes to the recentering of the voices of our wise ones in academia and in the community at large.

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Appendix A - Participant Recruitment Poster



Appendix B - Research Consent Form

Research Consent Form

I would like to invite you to be part of a research project, which I am conducting. This project is part of the requirement for a diploma in Art Therapy at the Kutenai Art Therapy Institute.

My name is Renée Michaud and my credentials with Kutenai Art Therapy Institute can be established by calling the Academic Dean at 250-352-2264 or writing to admin@kutenaiarttherapy.com.

The objective of my research project is to explore how intermodal (meaning various art forms) expressive art therapy groups support healthy aging. Art forms may include visual art, writing, music, dance, theatre, and eco-art, depending on the participants' interests.

I would like to use anonymous images of your artwork, descriptors of the art and group dialogue, and if permitted by all participants, anonymized audio recordings of group art therapy sessions which will permit me to listen to participants more fully rather than take copious research notes. Audio recordings themselves would not be published but instead be transcribed into written format and anonymously published in part or in whole in the research.

In addition to submitting my final report to Kutenai Art Therapy Institute in partial fulfillment for a Diploma in Art Therapy, I may also write an article for publication in academic journals using the information I will gather in my research and, possibly, a paper for presentation during class at the Kutenai Art Therapy Institute or for a conference that I will attend.

My research project will consist of one 60-minute individual intake and orientation session and eight (8) 90-minute group art therapy sessions and is foreseen to last 13 hours in total, between February 9 and April 28, 2023. The research question is: How do intermodal expressive art therapy groups support the United Nation's 5 principles for older persons pillars of healthy aging (dignity, independence, participation, self-fulfillment, and care). Each week a different art medium will be used to explore one of the 7 psychological factors of art (appreciation, remembering, hope, sorrow, rebalancing, self-understanding, and growth). You will always have the choice as to whether to respond or not to questions.

Information will be recorded in handwritten format or audio-taped where permission has been granted and, where appropriate, summarized, in anonymous format, in the body of the final report. At no time will any specific comments be attributed to any individual unless specific agreement has been obtained beforehand.

The information will remain confidential; interview results will be kept in a locked cabinet or in a secure, encrypted cloud storage. No one else will have access to raw data or other identifying information. Once the research project is complete, the data (including written interview notes, audiotapes, and copies of email files) will be archived in a secure place for a period of two years from submission of the thesis, after which it will be destroyed. A copy of the final report will be housed at the Kutenai Art Therapy Institute and will be publicly accessible.

Prospective research participants are not compelled to take part in this research project. If an individual does elect to take part, they are free to withdraw without prejudice at any time before the data collection period has ended. If an individual withdraws from the research project, the related data will be kept in a secure place and will be destroyed after the submission of the final thesis.

By signing this letter, the individual gives free and informed consent to participating in this project.

Name: (Please Print): _____

Signed: _____

Telephone: _____

Email: _____

Date: _____

Secondary Use Permission (research shared in class/conference presentation or published in article):

Audio Recording of Interview Permission: _____

Signature of Researcher: _____

Appendix C - Participant Intake Form

Art Therapy Program			
Facility:		Date:	
Name:		Phone:	
Emergency contact name & relation:		Email:	
Emergency contact phone number:			

Background (personal history, culture, family)

Medical Information (diagnoses, operations)

Physical or Sensory Needs

Previous Occupations

Internal Strengths & External Resources (thoughts, feelings, behaviours, people, places, animals, things)

Identity

Age:

Disability:

Religion/Spirituality:

Ethnicity/Culture:

Sex:

Education:

Financial stability:

Nationality:

Gender:

Trauma, Grief, and Loss

Presenting Ailments: Physical, Emotional, Mental/Cognitive & Spiritual

Well-being Goals for 8-week Art Therapy Program

Currently, how would you rate the frequency and quality of experiencing these 5 principles of healthy aging as outlined by the United Nations? 0/10 represents extremely dissatisfied and 10/10 represents extremely satisfied.

/10 Independence

/10 Participation

/10 Care

/10 Self-fulfillment

/10 Dignity

Additional Comments

Summary of the Five (5) United Nations Principles for Older Persons:

1) Independence

Older persons should:

- Have access to health care through the provision of income, family and community support and self-help and have access to appropriate educational and training programs.
- Be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

2) Participation

Older persons should:

- Remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations. Be able to form movements or associations of older persons.

3) Care

Older persons should:

- Benefit from family and community care and protection in accordance with each society's system of cultural values.
- Have access to health care to help them to maintain or regain the optimum level of physical, mental, and emotional well-being and to prevent or delay the onset of illness.
- Be able to utilize appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment.

4) Self-fulfilment

Older persons should:

- Be able to pursue opportunities for the full development of their potential.
- Have access to the educational, cultural, spiritual, and recreational resources of society.

5) Dignity

Older persons should:

- Be able to enjoy human rights and fundamental freedoms when residing in any shelter, care, or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.
- Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability, or other status, and be valued independently of their economic contribution.

Source: <https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons>

Appendix D - Art Mediums Selection Form

With which art mediums would you like to engage most? You do not need prior experience with a medium to select it. Curiosity welcome!

Choose your top 5-10 mediums.

Visual arts

- Drawing (ink)
- Sketching (pencil)
- Calligraphy (ink)
- Colouring
- Pastels (chalk)
- Pastels (oil)
- Painting (acrylic)
- Painting (watercolour)
- Printmaking
- Collage
- Crafts
- Other:_____

Digital Arts

- Photography
- Video/Film
- Design (aesthetics)
- Other:_____

Music

- Singing
- Songwriting
- Drumming
- Other:_____

Sculpting

- Clay sculpting
- Plasticine
- Salt dough
- Paper mâché
- Bricolage
- Whittling soap
- Other:_____

Dance

- Freestyle
- Choreography
- Interpretive
- Partner dance
- Other:_____

Literature

- Poetry
- Short story (fiction)
- Biography or personal essays (non-fiction)
- Playwriting
- Scriptwriting
- Comics
- Other:_____

Performance


- Theatre games
- Acting in a play
- Table reading (script)
- Monologue
- Spoken word
- Improvisation
- Storytelling
- Mime
- Other:_____

Your Name (Print): _____

Date: _____

Appendix E - Pre-session Check-in Form

You're invited to draw a spontaneous image below to express your current moods or the most common moods felt this past week.

A large, empty rectangular box with a thin black border, intended for a spontaneous drawing. It occupies the central portion of the page.

You're welcome to describe your image and its meaning in writing here.

A large, empty rectangular box with a thin black border, intended for writing a description of the drawing. It is positioned below the drawing box.

Appendix F – Excerpts Read Each Week from *Art as Therapy* Book (de Botton & Armstrong, 2013)

Week One: Appreciation

One of our major flaws, and causes of our unhappiness, is that we find it hard to take note of what is always around. We suffer because we lose sight of the value of what is before us and yearn, often unfairly, for the imagined attraction of elsewhere. The problem is partly caused by our skill at getting used to things: our mastery of the art of habituation. Habit is the mechanism whereby behaviour becomes automatic across a range of areas of our functioning. (...) However, habit can just as easily become a cause of misfortune, when it makes us prone to barely registering things that, although familiar, deserve careful engagement. Instead of editing out the lesser things, so that we can concentrate on what is crucial, we end up editing out elements of the world that have much to offer us. (...) One can imagine being absorbed by the task of carefully working on the arrangement - and subtle rearrangement - in search of a particular kind of harmony. (...) If images carry a lot of blame for instilling a sickness in our souls, they can also occasionally be credited for offering us antidotes (p. 53-55).

Week Two: Hope

Pretty pictures are alleged to feed sentimentality. Sentimentality is a symptom of insufficient engagement with complexity, by which one really means problem. (...) Far from taking too rosy and sentimental a view, most of the time we suffer from excessive gloom. We are only too aware of the problems and injustices of the world – it's just that we feel debilitatingly small and weak in the face of them. Cheerfulness is an achievement, and hope is something to celebrate. If optimism is important, it's because many outcomes are determined by nothing more than our sense of what is possible and the energy we can muster to convince others of our due. (...) The more difficult our lives, the more a graceful depiction of a flower might move us. (...) Strategic exaggerations of what is good can perform the critical function of distilling and concentrating the hope we need to chart a path through difficulties in life (pp.12-24).

Week Three: Self-understanding

We are not transparent to ourselves. We have intuitions, suspicions, hunches, vague musings, and strangely mixed emotions, all of which resist simple definition. We have moods, but we don't really know them. Then, from time to time, we encounter works of art that seem to latch on to something we have felt but never recognized before. Alexander Pope identified a central function of poetry as taking thoughts we experience as half-formed and giving them clear expression: what 'was often thought, but ne'er so well expressed'. In other words, a fugitive and elusive part of our own thinking, our own experience, is taken up, edited, and returned to us better than it was before, so that we feel, at last, that we

know ourselves more clearly. It's a strange thought, that personal identity and qualities of mind and character can be discovered not only in people, but also in objects, landscapes, jars, or boxes. (...) when we feel a kinship with an object, it is because the values we sense that it carries are clearer in it than they usually are in our minds. Art builds up self-knowledge and is an excellent way of communicating the resulting fruit to other people (pp. 39-40).

Week Four: Remembering

We begin with memory: we're bad at remembering things. Our minds are troublingly liable to lose important information, of both a factual and a sensory kind. Writing is the obvious response to the consequences of forgetting; art is the second central response. (...) Art helps us accomplish a task that is of central importance in our lives: to hold on to things we love when they are gone. (...) What we're worried about forgetting, however, tends to be quite particular. It isn't just anything about a person or scene that's at stake; we want to remember what really matters, and the people we call good artists are, in part the ones who appear to have made the right choices about what to commemorate and what to leave out. Art is a way of preserving experiences, of which there are many transient and beautiful examples, and that we need help containing. There is an analogy to be made with the task of carrying water and the tool that helps us do it. (...) Art edits down complexity and helps us to focus, albeit briefly, on the most meaningful aspects (pp. 8-12).

Week Five: Rebalancing

A work of art helps return to us the missing portions of our characters (pp. 29-).
(...) Our tastes will depend on what spectrum of our emotional make-up lies in shadow and is hence in need of stimulation and emphasis. Every work of art is imbued with a particular psychological and moral atmosphere: a painting may be either serene or restless, courageous or careful, modest or confident, masculine or feminine, bourgeois or aristocratic, and our preferences for one kind over another reflects our varied psychological gaps. We hunger for artworks that will compensate for our inner fragilities and help return us to a viable mean. We call a work beautiful when it supplies the virtues we are missing, and we dismiss as ugly one that forces on us moods or motifs that we feel either threatened or already overwhelmed by. Art holds out promise of inner wholeness. (...) Art that pays a great deal of attention to the natural world would be prized only when there was some special need for it. As nature begins gradually to vanish from human life as a direct experience, so we see it emerge in the world of the poet as an idea. As life becomes more complex and artificial, as life is lived more indoors, the longing for a compensating natural simplicity gets stronger (pp. 29-32).

Week Six: Sorrow

One of the unexpectedly important things that art can do for us is teach us how to suffer more successfully. Consider Richard Serra's Fernando Pessoa. It is encouraging a profound engagement with sadness. The outward chatter of society is typically cheerful and upbeat – confess a problem to someone and they tend at once to look for a solution and point us in a brighter direction. But Serra's work does not deny our troubles; it doesn't tell us to cheer up. It tells us that sorrow is written into the contract of life. The large scale and overtly monumental character of the work constitute a declaration of the normality of sorrow. (...) Serra's work (...) presents sadness as a grand and ubiquitous emotion. In effect it says, when you feel sad, you are participating in a venerable experience, to which I, this monument, am dedicated. Your sense of loss and disappointment, of frustrated hopes and grief at your own inadequacy, elevate you to serious company. Do not ignore or throw away your grief. (...) In art, sublimation refers to the psychological processes of transformation, in which base and unimpressive experiences are converted into something noble and fine – exactly what happens when sorrow meets art. (...) We need help in finding honour in some of our worst experiences, and art is there to lend them a social expression (pp. 24-25).

Week Seven: Growth

We employ a powerful, erroneous emotional logic: a particular rich person looked down on me, and it was a wounding experience; therefore rich people in general will look down on me; therefore I loathe them; therefore a painting of a rich

person is not for me. Engagement with art is useful because it presents us with powerful examples of the kind of alien material that provokes defensive boredom and fear, and allows us time and privacy to learn to deal more strategically with it. (...) We are socialized never to give voice to ambivalence. (...) The first and crucial step to overcoming defensiveness is to be highly alert to its reality: to be generously aware of how normal it is to harbor strongly negative views about things. The second step is to make oneself more at home with the seemingly alien mindsets of people who created some of the world's most revered works of art. A third step on the path towards resolving defensive responses is to look out for points of connection, however fragile and initially tenuous, between the mindset of the artist and our own. (...) Our usual routines may never awaken the important parts of ourselves; they will remain dormant until prodded, teased and usefully provoked by the world of art. (...) It is when we find points of connection to the foreign that we are able to grow (pp. 45-52).

Appendix G - Post-session Check-out Form

You're invited to draw a spontaneous image below to express your current moods after art therapy.



You're welcome to describe your image and its meaning in writing here.



Appendix H - Post-Session Feedback Form

What worked well in art therapy today?

What could be improved?

What would you like to see for next week?

Anything you would like me to know? Additional comments:

Please rate the following statements using the scale (1-5) below

1: strongly disagree / 2: disagree / 3: neutral / 4: agree / 5: strongly agree

Principle #1: Independence

In art therapy, I was able to make my own choices. 1 2 3 4 5

I felt safe during the session. 1 2 3 4 5

I was able to express my needs and have them fulfilled. 1 2 3 4 5

Appendix I - Program Evaluation Form

Please rate the following statements using the scale (1-5) below

1: strongly disagree / 2: disagree / 3: neutral / 4: agree / 5: strongly agree

Principle #1: Independence

During the art therapy program, I was able to make my own choices. 1 2 3 4 5

I felt safe during the sessions. 1 2 3 4 5

I was able to express my needs and have them fulfilled. 1 2 3 4 5

Principle #2: Participation

The activities were accessible for me, so I could fully participate. 1 2 3 4 5

The facilitator was willing to make changes based on our suggestions. 1 2 3 4 5

I felt like an active participant in the research process. 1 2 3 4 5

Principle #3: Care

Participating in the art therapy program improved my:

- Emotional well-being. 1 2 3 4 5
- Physical well-being. 1 2 3 4 5
- Mental well-being. 1 2 3 4 5
- Spiritual well-being. 1 2 3 4 5

Healthy Aging Principle #4: Dignity

During the art therapy program, I felt like a valued member of the group. 1 2 3 4 5

I was treated fairly by the facilitator. 1 2 3 4 5

My privacy was respected. 1 2 3 4 5

I experienced freedom of choice. 1 2 3 4 5

Principle of Healthy Aging #5: Self-Fulfillment

During the art therapy program, I was able to tap into my potential. 1 2 3 4 5

I felt proud of my efforts in the session. 1 2 3 4 5

I had a meaningful experience. 1 2 3 4 5

I have a renewed sense of purpose. 1 2 3 4 5

What elements from the 8-week art therapy program were most impactful for you?

What could be improved in a future edition of a healthy aging art therapy program?

What was the impact of this program on your relationships with:

- a) Yourself:
- b) People in the group:
- c) People outside the group
- d) Land & plants:
- e) Animals:
- f) Spirit/Creator/God/Universe/Faith/Etc.:

Thinking back to your goals for art therapy, what did you accomplish and what's left to do afterward?

Anything you would like to be included in the research findings?