**Therapeutic Artmaking in Long-Term Care**

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**Abstract**

The transition to long-term care settings can be difficult for residents and feelings of loneliness, depression, and anxiety are not uncommon in these environments. However, participating in therapeutic artmaking creates opportunities for residents to process their feelings, experience a state of flow, engage with others, and focus on their own psychological growth. In long-term care, the physical needs of residents are often prioritized, but psychosocial needs also require attention. For this project, therapeutic artmaking was offered at a long-term care facility in three levels of care over 12 months. Older adults engaged with clay, paint, raw fiber, and wood. Reflections and recommendations for artists interested in creating similar programming are discussed. Suggestions for future research on therapeutic artmaking opportunities are also included, such as the consideration of artist in residence programs within long-term care settings and assessing how therapeutic artmaking could improve person-centered care and resident and staff dynamics.

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**Therapeutic Artmaking in Long-Term Care**

Most individuals in the U.S. will need to live in a long-term care facility at some point in their lives (Favreault & Dey, 2016). Long-term care settings are defined as environments that provide services such as medical and personal care for individuals who are unable to complete these tasks independently (Centers for Disease Control and Prevention, 2020). In these environments physical needs are often prioritized, but the unmet emotional needs and wellbeing of residents also deserve adequate attention (Woywod & Davenport, 2013). In addition, older adults may be managing changes in their abilities and functioning and participating in artmaking can provide them with an outlet for processing their feelings and emotions when coping with these adjustments (Curtis et al., 2018). Although on site enrichment activities are common in long-term care, activity directors who implement them often lack formal arts education training (Grabinski, 2014) and may be unaware of therapeutic artmaking and how to appropriately facilitate it.

Therapeutic artmaking is provided by trained artists (but not necessarily art therapists) who create and facilitate artmaking opportunities for their therapeutic potential for others (Reynolds et al., 2008). In contrast, art therapy is offered by trained professionals who work with individuals and groups using creativity and artmaking to enhance the wellbeing of others by improving self-esteem and self-understanding and helping them to cope with emotions and changes (American Art Therapy Association). For this project, we focused on creating and facilitating therapeutic artmaking opportunities for residents in a long-term care community with three levels of care (e.g., nursing home, assisted living, and memory care).

**Benefits of Therapeutic Artmaking**

Artmaking provides an outlet for understanding changes (e.g., emotional and physical) within the self and encourages social interaction (Ching-Teng et al., 2019). In addition, it also offers benefits for individuals with cognitive impairment who may struggle with connecting to the world and conveying their thoughts and feelings verbally. Hsiao et al. (2020) reported that older adults with dementia who participated in art therapy experienced a reduction in agitated behaviors compared to individuals who had participated in programming focused only on reminiscence. It is likely that artmaking allowed individuals with forms of dementia to continue expressing themselves when other abilities (e.g., speech) may have declined. Providing experiences for individuals to continue interacting with their environments is particularly important when other functioning and abilities may have declined.

Participating in therapeutic artmaking may also increase the state of flow among residents. For example, Chilton (2013) explained that artmaking creates opportunities for residents to experience a state of flow, a period of sustained focus and engagement that has been linked to higher levels of well-being. In addition, Chapin Stephenson (2013) noted that older adults who participated in an artmaking program often gained support from other participants who experienced similar adjustments and changes in their lives (e.g., declining health). Artmaking with others also offers increased opportunities for socialization among residents as they work on projects and share their work with one another (Hsiao et al., 2020). These are important benefits, particularly as individuals residing in long-term care are more likely to suffer from loneliness compared to individuals residing in other environments (Brimelow & Wollin, 2017). Therefore, the built in collaborative and cooperative opportunities found within therapeutic artmaking serve as protective buffers against loneliness (Richmond-Cullen, 2018).

**Theoretical Framework**

The Gerotransendence theory is a relatively modern theory and expanded on Erikson’s Psychosocial theory, suggesting that a ninth stage of development existed and occurred towards the end of life where older adults shifted their thinking to more cosmic orientations and meditative states (Tornstam, 1989). Tornstam (1989) explained that as older adults see themselves less as an individual and more connected with the wider world, they become more interested in meaningful activities that promote harmony. Older adults who reach the gerotranscendence stage have declining interest in frivolous conversation and material things and are less self-centered (Tornstam, 1989). In some instances, older adults may withdraw from previously held roles or activities that are no longer aligned with the desire to seek and maintain a state of gerotranscendence. This inward shift could be perceived with concern, however Tornstam (1989) explained it as a natural process when individuals transition to this ninth stage. During this time, older individuals are more internally reflective and contemplative than at other points in the life course (Tornstam, 1989).

The environment and society can also influence the ability of individuals to achieve gerotranscendence (Tornstam,1989). For individuals residing in long-term care settings, this consideration raises a number of important questions. To what extent do the offered opportunities for engagement continue to promote development and a path towards achieving a state of gerotranscendence? Do they encourage deep self-reflection and meditation? Creating intentional opportunities for older adults to engage in meaningful ways and continue their own development are needed. We agree with Chapin Stephenson (2013) who explained that therapeutic artmaking offers ample opportunities for individuals to engage in contemplation and reflection as they consider their connection to the larger world, demonstrating meaningful engagement and promoting gerotranscendence.

The purpose of this project was to provide therapeutic artmaking opportunities to residents in a long-term care community, reflect on the experiences offered, and make recommendations for artists hoping to create similar artmaking programs for older adults.

**Methods**

Older adults in a continuing care retirement community were given opportunities to participate in therapeutic artmaking over a 12-month time-period. Programming was facilitated by a professor of art at a university in the Midwest and an undergraduate student worked under her guidance to complete an internship. The artists will be referred to as art facilitators throughout this paper. Prior to facilitating the program, the professor conducted extensive research on best practices for implementing art with older adults, including special populations, such as individuals with memory impairments.

**Procedure**

Participants living in three different living environments in a long-term care community (e.g., assisted living, memory care, and the nursing home) were invited to participate in a series of artmaking opportunities. Each therapeutic artmaking experience was designed and tailored to meet the needs of individuals residing in different levels of care. On average, the therapeutic artmaking experiences lasted about 90 minutes per session. At the end of the 12 month period, an art exhibition of resident work was organized at a gallery and residents, staff, and the public were invited to see resident work on display.

**Results**

Residents were invited to participate in therapeutic artmaking opportunities working with a variety of mediums including clay, paint, and raw fiber. At times some residents were hesitant to participate in therapeutic artmaking. They perceived artmaking to be like the traditional craft activities offered at the long-term care facility and deemed themselves as “not crafty.” However, after further discussion on how therapeutic artmaking and crafts differed (e.g., holiday themed craft projects such as painting an Easter bunny versus utilizing memory of place and emotional use of color to paint a landscape), participation in artmaking increased. In addition, many of the men perceived that neither the previously offered crafts at the long-term care facility nor therapeutic artmaking were activities suited for them. However over time, many of the men quickly realized that instead of doing holiday themed “craft projects” they were able to utilize skills such as painting, stamping, and molding clay during therapeutic artmaking that would bring up prior work experiences and memories to share as a group. For example, many of the men were retired farmers and spoke about painting and working with different soil types while farming.

**Assisted Living**

In Assisted Living, residents participated in four different therapeutic artmaking projects including The Dot Project using acrylic paint, canvas painting, clay, and raw fiber (Table 1). The Dot Project originated from a story written by Peter H. Reynolds that encouraged students to make their mark on the world and not to compare themselves to others around them (The Dot Central). The Dot Project was discussed with residents and the universal theme from the story was discussed. At times, the abstract nature of the Dot Project was difficult for residents to grasp. “Finishing” the project was a challenge as the end goal was more ambiguous than other artmaking opportunities. Residents also used acrylic paint on canvas to create different images.

Residents also used clay and tools to help shape, mold, and imprint designs on the clay. Working with the clay encouraged residents to practice the dexterity of their hand muscles. Some residents were surprised at the fragileness of the clay when using it to create an object. Lastly, residents also used raw fiber on canvas to create pieces. Residents enjoyed seeing something abstract become recognizable when the fibers worked together to form an image. For some residents, ending their piece was also a challenge. Once the residents gained confidence in using fiber as a medium, they wanted to continue working with it.

**Memory Care**

Residents in Memory Care used paint to participate in The Dot Project and canvas painting as well as clay during their therapeutic art sessions (Table 2). Conducting the Dot Project in Memory Care was messy at times and some residents wanted to taste the paint. Therefore, it is best if the “paint” is food safe or the materials being used for paint are food items. Relatedly, residents benefited from one-on-one assistance with the canvas painting. At times residents requested help with mixing colors and it was challenging to ensure that all residents who desired help received it.

Residents also used clay and would pinch, squeeze, and mold it into a variety of different textures. The art facilitator showed them various modeling techniques and the residents continued working with the project. The clay creations that residents made were later assembled into a ceramic tile composition by the art facilitator and hung in the Memory Care unit. Residents enjoyed exploring the many nooks and crannies of the tiles by rubbing their hands over the smoothed glazed surfaces they helped to create. Although the residents enjoyed working the clay in their hands, it did become dry due to overuse. In addition, some residents tried to consume the clay and needed to be reminded not to eat it. Artists may want to consider using other food safe materials for residents with cognitive impairment.

Raw fiber was also a medium used for therapeutic artmaking in Memory Care. Residents enjoyed working with the bright colors but lacked the dexterity needed to needle punch the fiber through the canvas. One-on-one help for residents in this level of care was required. Due to the popularity of therapeutic artmaking, residents in Memory Care also participated in creating wooden sculptures. Residents designed the sculptures demonstrating their ability to design abstract sculpture and the professor and student used hot glue to hold the pieces in place. One-on-one assistance was also needed to safely participate in that artmaking project.

**Nursing Home**

Residents in the nursing home used paint to participate in The Dot Project and canvas painting as well as clay during therapeutic artmaking sessions (Table 3). Raw fiber artmaking was not conducted in this level of care as many residents lacked the arm strength needed to punch the fiber through the canvas. It is possible that this could be facilitated in the future with enough one-on-one help.

Individuals in the nursing home enjoyed The Dot Project, particularly the playfulness and fun of using their movement to create design, move the paint, and create color. Of all the levels of care, residents in the nursing home seemed to enjoy this project the most. When participating in canvas painting, residents benefited from the artist providing multiple materials and imagery to be inspired by. At times some residents were hesitant to dive into the process whereas the playfulness of engaging with The Dot Project was more beneficial for residents in this environment. Residents were less concerned about their final product when they participated in The Dot Project. Clay and tools to mark the clay were also used in the nursing home. Residents enjoyed the texture of the clay and working it in their hands. Overall, once the clay became more malleable, residents seemed to become even more engaged with it.

**Discussion**

The purpose of this project was to provide therapeutic artmaking opportunities to residents in a long-term care community, reflect on the experiences offered, and make recommendations for artists hoping to create similar artmaking programs for older adults. After implementing the therapeutic artmaking program, the art facilitators reflected on lessons learned. Their reflections and recommendations are noted below.

**Reflections and Recommendations**

Overall, the abstract nature of some of the projects and art mediums used were challenging for some residents. We noted that residents preferred projects to be more prescriptive rather than completely abstract. However, similar to Chapin Stephensen (2013), the art facilitators were cautious about making the artmaking too prescriptive or focused on the final outcome or “product.” Relatedly, the art facilitators were also hesitant to provide templates as they thought residents could become frustrated if their artmaking did not look similar to the template. Continual support and encouragement of residents and their abilities is essential during the early stages of therapeutic artmaking. In addition, offering more one-on-one help can also be beneficial, particularly for residents in higher levels of care or who have cognitive impairments. Like Ching-Teng et al. (2019), the art facilitators noted that residents were impressed with what they were able to create once they stopped focusing on the final result of the art piece.

The art facilitators also noted that although residents enjoyed working with the clay, some residents needed to be reminded not to eat the clay. Interestingly, some art programs have focused on only using food in their therapeutic artmaking with individuals who have cognitive impairment (Lee et al., 2022). Therefore, using food safe is an important consideration when working with some populations. In addition, at times the clay became dry due to overuse. It is possible that oil-based clay would have worked better.

Choosing which therapeutic artmaking programs to offer can also be a challenge. It is important to be flexible with offerings and consider adding additional types of programming based on resident needs. For example, the wooden sculpture program was offered in Memory Care because several of the men had prior woodwork experience and demonstrated less reluctance for working with this medium compared to other art forms. The hesitancy for participating in therapeutic artmaking from several men in long-term care was somewhat surprising. We did not expect that individuals would carry such strong perceptions of “gender appropriate” activities. However, prior research has also captured these findings. Ruxton (2006) reported that men often perceive both art and craft to be “women’s activities.” It may be beneficial for artists to create therapeutic artmaking opportunities that include materials that may be more familiar to men (e.g., clay, wood, metals, etc.). However, the way in the which the therapeutic artmaking is presented may also play a role in how it is perceived. For example, the art facilitator noted that men were more engaged when she would print out and show examples of historical art pieces and how they were created, encouraging stimulating conversation and promoting lifelong learning.

In addition, Ching-Teng et al. (2019) explained the importance of practicing the artmaking implementation before conducting any assessments of artmaking interventions and the art facilitators agree. Piloting the project before implementing any programming is essential and allows artist facilitators to practice their teaching skills and discuss any potential challenges they foresee older adults having with artmaking.

**Person-Centered Care and Psychological Growth**

Typically, person-centered care focuses on making changes to the physical environment, decreasing staff to resident ratios, scheduling staff to work with the same residents during their shift, and creating opportunities for residents to interact and engage with one another (Brownie & Nancarrow, 2013). However, no research that we are aware of focuses on how therapeutic artmaking can enhance person-centered care and promote psychological growth.

Artmaking encourages a state of flow and likewise promotes psychological growth (Chilton, 2013) and should therefore be promoted and encouraged in long-term care settings. Too often these settings are focused on deficits and what residents are no longer capable of completing. Instead, facilitators of therapeutic artmaking can create experiences for residents to feel capable and facilitate their own growth. In addition, therapeutic artmaking is easily tailored to meet individual needs. This is particularly important for long-term care environments where staff members may struggle to offer meaningful enrichment opportunities for residents who have a wide variety of needs (Rocha et al., 2013).

We are also curious to what extent therapeutic artmaking could improve resident and staff dynamics. Providing time for residents to focus their creative energy on artmaking creates positive outlets and demonstrates what the resident is still capable of. In addition, in our project we felt it was important to organize an art exhibition where residents could be seen as more than just their illness, disability, disease and instead focus on what they *were* able to create. This was particularly powerful for the residents, their families, and the long-term care workers. Displaying the art in a gallery where it was professionally installed and hung, just as it would be for any other artist, legitimized and empowered resident abilities.

**Limitations**

 Researchers did not conduct pre- and post-assessments of residents who engaged in the therapeutic artmaking program. This would have been advantageous and provided context for how the program impacted older adults. Instead, we relied on anecdotal accounts and reflections of how we perceived older adults to benefit from engaging in artmaking.

**Future Directions**

Future research should continue to explore the phenomenon, benefits, and challenges of implementing therapeutic artmaking in long-term care. Curtis et al.’s (2018) thorough meta-analysis of art-based programming and activities in long-term care demonstrated that several programs did not find improvements in psychological well-being or behavior symptoms from individuals with dementia. However, we are curious if there might be differences had arts-based programming been facilitated by trained artists.

Relatedly, artist in residence programs may offer solutions to offset some of the challenges associated with demonstrating improvements in therapeutic artmaking and well-being. If artists in residence resided within a long-term care community, they could provide daily therapeutic artmaking experiences with residents and residents could watch the artist at work in their studio or through a glass partition, viewing the artist work with different mediums and demonstrate various techniques. Infusing additional arts programming into long-term care is increasingly important to consider as it is also estimated that aging Baby Boomers will desire high end and comprehensive healthcare services (Dewey Lambert et al., 2016). This presents important implications for long-term care facilities looking to cater to a significant cohort of older adults.

Overall, this project focused on offering therapeutic artmaking opportunities for residents residing in three levels of care. Older adults worked with a variety of mediums including paint, clay, fiber, and wood. Artmaking did need to be tailored to reflect the needs of individual ability levels and men were more hesitant to participate due to perceptions of it being “feminine.” In addition, creating an art exhibition of resident work was inspiring and demonstrated the creative abilities of older adults.

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| **Table 1***Artmaking in Assisted Living* |
| Projects | Participants  | Materials Used | Benefits  | Challenges  |
| Canvas Painting | 4 | Canvas, acrylics, paintbrushes | Using a tool to apply paint to a surface, creating something from imagination or from an image. | Confidence with unfamiliar material, challenge to work with new materials. |
| Clay  | 4 | Clay, tools | Dexterity, manipulating soft material. | New experience with material, fragileness of material, confidence in trying something new. |
| Raw Fiber | 4 | Colored raw wool, needle punch, canvas | Dexterity/ seeing something abstract become recognizable. | Seeing something abstract and finding ways to the end piece. |
| The Dot Project  | 5 | Aluminum foil, acrylic, paper | Understanding abstraction and creating something just for fun without end goal. | Understanding abstraction and creating something just for fun without end goal. |

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| **Table 2***Artmaking in Memory Care* |
| Projects | Participants | Materials Used | Benefits  | Challenges  |
| Canvas Painting | 4 | Canvas, Acrylics/ Paintbrushes | Bright colors, variety of tools used to create artwork. | One on one or one on two assistance is needed.  |
| Clay (made into ceramic title display) | 4 | Clay/ tools | Texture of material, malleability of material. | Remind clients not to consume clay. Clay after overuse became dry.  |
| Raw Fiber | 4 | Colored raw wool, needle punch, canvas | Texture of material, bright colors. | One on one help is needed due to dexterity needed in needle punch. |
| The Dot Project  | 4 | Aluminum foil, acrylic, paper | Playfulness of material, immediate results, bring colors, active engaged movements. | Materials are very messy; food safe materials are best. |
| Wood Sculptures | 4 | Wood pieces, hot glue, paint | Multiple pieces to construct abstract sculpture.  | One-on-one assistance needed with hot glue. |

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| **Table 3***Artmaking in the Nursing Home* |
| Projects | Participants | Materials Used | Benefits  | Challenges  |
| Canvas Painting | 12 | Canvas, Acrylics/ Paintbrushes | Bright colors, variety of tools used to create artwork. | Bring in multiple sources of materials for residents to be inspired by. |
| Clay  | 12 | Clay/ tools | Texture of material, malleability of material. | None noted. |
| The Dot Project  | 12 | Aluminum foil, acrylic, paper | Playfulness of material, immediate results, bring colors, active engaged movements. | None noted. |

**Figure 1**

*Canvas painting in Assisted Living*



**Figure 2**

*Raw Fiber Images Displayed at the Exhibition*



**Figure 3**

*The Dot Painting and Wooden Sculptures Displayed at the Exhibition*



**Figure 4**

*Ceramic Tiles and Acrylic Painting on Canvas Displayed at the Exhibition*

