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Art Therapy and the Person-Centered Approach:

A Method for Breaking Down Creative Resistance with Dementia Patients

Capstone Thesis

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Abstract

This Capstone explores the use of art therapy with a geriatric population on a psychiatric unit of a small, rural southern hospital. Most of the patients experience symptoms of dementia and are over the age of 55. Many patients presented with resistance to creative pursuits and this researcher utilized the person-centered approach to counter this “creative resistance”. In other words, the patients were met where they were at and accepted unconditionally, through empathy and congruence. The materials that were offered to this population were explored through the creative resistance as well, and a simple number two pencil produced successful results in breaking down the creative resistance. Utilizing the Kinetic House Tree Person art assessment also aided in seeing a drop in the resistance of the geriatric patient. The success of breaking down the creative resistance through a person-centered therapy approach, and careful, thoughtful selection of materials, suggests that these offerings would do well to be studied further for other populations in other areas of our United States.

Key words: art therapy, geriatrics, dementia, creative resistance, Kinetic House Tree Person Assessment, psychiatric hospitalization, person centered

Art Therapy and the Person-Centered Approach:

A Method for Breaking Down Creative Resistance with Dementia Patients

Art therapy is extremely effective and beneficial when working with the geriatric population, and in particular those that are suffering with Dementia or Alzheimer's disease (Buchalter, 2011; Camic et al., 2014; Chapin, 2013 & 2014; Couch, 1997; Hinz, 2009; Kamar, 1997; Kahn-Denis, 1997; Malchiodi, 2012; Rubin, 2010; Sauer et al., 2016; Stewart, 2004). It is an excellent coping strategy for this population who are typically experiencing depression and or anxiety, and it also helps by stimulating the patients cognitively (Buchalter, 2011; Camic et al., 2014; Chapin, 2013 & 2014; Hinz, 2009; Kamar, 1997; Kahn-Denis, 1997; Malchiodi, 2012; Rubin, 2010; Sauer et al., 2016; Stewart, 2004). Helping this population to keep their minds active and engaged is beneficial not only to the patients themselves, but to their caregivers both at home and within units of geriatric care as well (Buchalter, 2011; Camic et al., 2014; Chapin, 2013 & 2014; Couch, 1997; Kamar, 1997; Kahn-Denis, 1997; Malchiodi, 2012; Sauer et al., 2016; Stewart, 2004). Because of advances in health care, our elderly population is growing and so is our population of those who suffer with dementia (Kahn-Denis, 1997), "therefore ways to assist with diagnosis, supportive treatment, and interventions for this health concern are greatly needed" (p. 194). Kahn-Denis (1997) states the following:

"Art therapy has been effective in serving this population by: (a) assisting with diagnosis and evaluation of cognitive status; (b) providing a vehicle for reminiscing; (d) enabling sensory exploration and stimulation; and (e) providing a self-reflective activity that results in a tangible end product (the artwork itself)" (p. 194).

The possibility for an increase in self-esteem, self-awareness and gaining new stress reducing coping techniques for this population through art therapy (Buchalter, 2011) pushed this researcher to introduce this population to the creative arts therapeutically.

When working with this population in a small rural southern county— very often a resistance, a “creative resistance,” to art therapy was experienced during an initial therapeutic session time with them. The introduction of an Art Therapist seemed to initiate a negative reaction where they rejected any such creative interactions; often citing, “I’m no artist.” This writer hoped to learn what happened to creative resistance with an elderly population experiencing dementia when a person-centered approach was offered first.

Furthermore, throughout the study an interesting theory developed and a new question was asked. Would offering more familiar art materials bring less resistance? And finally, as the study continued and more opportunities to engage with this population were presented, this writer began to inquire if creating artwork with them or for them might reduce their creative resistance?

Literature Review

This literature review looks at a broad array of topics pertaining to working creatively with patients who have dementia; the positive effect it can have on them, the success of bringing a person-centered approach to working with the elderly, and how more familiar art materials can aid in breaking down creative resistance. There is much research on art therapy with the geriatric population and specifically with patients experiencing dementia or Alzheimer’s disease (Buchalter, 2011; Camic, Tischler & Perman, 2014; Chapin-Stephenson, 2013, Couch, 1997; Hinz, 2009; Kamar, 1997; Rubin, 2010; Sauer, et al, 2016; Stewart, 2004; Malchiodi, 2012; Kahn-Denis, 1997). The person-centered approach, fathered by Carl Rogers, is also well researched and provides much documentation (Malchiodi, 2012; Rubin, 2010; Zimring, F.M. & Raskin, N.J., 1992). The term “creative resistance” did not produce any results when researched; however, some of the literature does reference “resistance,” in general (to therapy and or art

therapy) and offers explanations and suggestions so as to approach it cautiously and hopefully overcome it successfully.

Starting with the DSM-5

The American Psychiatric Association (2013) classifies dementia into the categories of Major and Mild Neurocognitive Disorders. The diagnostic criteria is listed as “evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains,” where the decline now interferes “with independence in everyday activities” and does “not occur exclusively in the context of a delirium” (e.g., short interval), and the cognitive decline is “not better explained by another mental disorder (e.g., major depressive disorder, schizophrenia),” (American Psychiatric Association, 2013, p. 602-603). The American Psychiatric Association (2013) requires a formal diagnosis to specify whether it is due to other complications, such as most commonly Alzheimer’s disease (Broderick & Blewitt, 2015), or vascular disease, which ranks as “the second most common cause of NCD (neurocognitive disorders),” (American Psychiatric Association, 2013, p. 622).

When looking at the brain and cognitive changes as one gets older, Broderick and Blewitt (2015) note that the frontal lobe portion of our brains are the last to mature, and in older adults the areas of the brain that matured last are typically the most vulnerable to decompensate from such issues as vascular problems and atrophy. Dementia is a decline or loss of cognitive functions in the frontal lobe where executive functioning occurs such as memory and reasoning, a loss of independence can be experienced with normal daily activities being affected as well (American Psychiatric Association, 2013; Broderick & Blewitt, 2015; Kahn-Denis, 1997). Therefore, our executive functioning, which is controlled by the frontal lobes, will begin to show a decline as an early indicator of cognitive changes related to aging (Broderick & Blewitt, 2015).

This decline of executive functioning is a strong indicator that one is experiencing early symptoms of dementia or Alzheimer's disease.

Art Therapy Benefits with the Elderly Experiencing Symptoms of Dementia

Buchalter (2011) states, "many older adults are in need of psychological care due to anxiety and stress, fear of aging, loss, change in status and lifestyle, the economic crisis and concerns about the safety of our unpredictable world," (p. 13). Chapin Stephenson (2013) asserts that "with a rapidly aging population, it will be increasingly important to help make it possible for older adults to achieve a quality of life that maintains health and is meaningful to them," (p. 151). Because of this, art therapy is a natural fit for them as the techniques used can offer new ways of coping, reduce their stress and anxiety levels, raise their self-esteem, gain new socialization skills, and strengthen areas of their emotional well-being (Buchalter, 2011; Chapin Stevenson 2013; Couch, 1997). In addition to these benefits art therapy can also assist the geriatric population by helping them to think more abstractly and less concretely, enhance their communication skills, diminish their negative behaviors and ruminations, experience a reduction of feelings surrounding guilt, and gain satisfaction in goal setting and achieving those goals (Buchalter, 2011; Chapin Stevenson, 2013 & 2014; Couch, 1997).

Physical Benefits. Couch (1997) reported that art therapy with dementia patients can "provide an avenue for nonverbal expression of thoughts and feelings by opening pathways into undamaged areas of the brain," (p. 187). Sauer, Fopma-Loy, Kinney and Lokon (2016) also discussed the potential physical benefits of the therapeutic creative arts; "neurophysiological research suggests that engagement in creative work results in hypothalamic stimulation, parasympathetic arousal and the release of endorphins and other neurotransmitters (p. 897). In other words making art naturally stimulates our brains in ways that are positive and enjoyable to our bodies. For example, if our hypothalamus is being stimulated by art making, it can help us to

adapt better to our surroundings by regulating our stress or anxiety and it might even reduce our blood pressure (Broderick & Blewitt, 2015). And if our parasympathetic system is being aroused, it can balance arousals like our fight or flight instinct that our sympathetic nervous system might have created (Broderick & Blewitt, 2015). During similar stressful events when our autonomic nervous system engages, our natural ability to fight off infection is compromised as well, so balancing stressors as quickly as possible for the elderly is important to keeping their immune system strong (Broderick & Blewitt, 2015).

Sauer et al. (2016) asserted that new dendrites are stimulated into development in the brain when activities involving creative expression are cognitively challenging the typical dementia patient. Dendrites are like tiny branches that receive information from other neurons in the brain and these can cease growth or die off in elderly people who experience symptoms of dementia or Alzheimer's disease (Broderick & Blewitt, 2015).

Rubin (2010) went a step further when she cited Gene Cohen, who suggested that dementia "frees the capacity to create," (p. 188). Rubin then provided the example of William de Kooning who "became even more productive as an artist when he developed Alzheimer's disease," (p. 188). Rubin (2010) cites "outsider art" and speculates that those artists are creating art due to a "compelling urge" rather than a desire to "sell or exhibit" (p. 188). This indicates that if elderly people experiencing symptoms of dementia or Alzheimer's disease are exposed to art making, they just might become prolific artists.

Camic, Tischler and Pearman (2014) showed that cognitive improvement was a surprise theme that arose when they studied art interventions with this population. Buchalter (2011) agreed with this and added, "every time they (the elderly population) work in a creative manner they are gaining knowledge," (p. 20). The goal for Camic et al. (2014) was to further explore something they'd studied previously, but they added to and altered the format to expand on it

further. The study by Camic et al. (2014) also showed that not only did those that suffer with dementia symptoms note the benefits of their boosted cognitive capacity, but their caregivers noted it as well. Additionally, it was reported that these improvements also positively affected the study participants' quality of life (Camic, Tischler & Pearman, 2014).

Increase of Self-Esteem and Self-Efficacy. Cortina and Fazel (2015) conducted an action-based quantitative research study on students with emotional and behavioral difficulties. The study did not have a hypothesis, instead it attempted to evaluate the program's effectiveness of its own goal, "to increase children's well-being, self-confidence, independence, and life skills and help each child to reengage successfully in school," (Cortina & Fazel, 2015, p. 36). Their study showed an 87.5% improvement in the student's depressive feelings and low self-esteem through the art therapy program. Rankanen's (2016) study on client's experiences of art therapy groups also found an increase in a similar category; on their self-report portion of the study they found 49% of participants felt a considerable increase of self-acceptance whereby they acknowledged "I began to increasingly accept myself" (p. 105) as a result of their experience in an art therapy group. As many elderly people experience symptoms of depression and low self-esteem, these findings will likely translate if similar interventions are offered, resulting in positive effects when working with the arts and the geriatric population.

Reduction in Stress. One of the many benefits to working with older adults with art therapy is stress reduction. This stress reduction can come in many forms such as experiencing the pleasure of creating, having an increase in one's positive outlook, improvement in quality of life, and experiencing a general sense of wellbeing (Buchalter, 2015; Camic et al., 2014; Chapin, 2013 & 2014; Couch, 1997; Hinz, 2009; Rubin, 2010; Sauer et al., 2016; Malchiodi, 2012; Kahn-Denis, 1997). Buchalter (2011) states the elderly person can "acquire healthy creative outlets for intense feelings," and that they can "reduce stress and learn creative stress-

management techniques,” (p. 19). Many art therapy interventions can offer the older adult coping skills, meditative techniques, and activities or projects that can ultimately boost one’s self esteem. Identifying stressors and working through them cathartically to reach a state of relaxation is possible for the elderly (Buchalter, 2011).

Gaining Insights. Rankanen’s (2016) qualitative study gained new insights and found being understood was a common theme. Cortina and Fazel’s (2015) study showed similar results regarding insight, as students reported an 87.5% improvement when speaking of mood and feelings. Students’ teachers in Cortina and Fazel’s (2015) study noted a “statistically significant reduction in students’ emotional problems, hyperactivity, problems with peers, and total difficulties,” (p. 39) thereby further indicating there was a remarkable increase of insight in order to experience these positive reductions. When considering gaining insight through art therapy with the geriatric population, Buchalter (2011) agrees that insight can be gained through the use of art therapy; “unconscious feelings may be made conscious through the work,” and “it helps seniors identify stressors and explore coping skills,” (p. 19-20). In working with the elderly population through art therapy, and specifically by utilizing the person-centered approach, one can see how gaining new insights for this population may occur. Through feeling safe, heard, and unconditionally accepted, these patients might be more fully present to explore aspects of themselves that they haven’t before through traditional talk therapy.

Person-Centered Approach in Therapy with the Geriatric Population

Rubin (2010) stated that although Carl Rogers was the originator of the person-centered approach, it was his daughter, Natalie who brought “art along with movement, music, and drama in what she called Person-Centered Expressive Therapy,” (p. 100). Within the basic tenets of the person-centered approach, Rubin (2010) shared a success story in which one elderly client experienced a “new beginning, in which [Rubin’s] nonjudgmental acceptance of her and pleasure

in her timid steps toward self-definition—which included trying art materials—enabled her to grow, at a point in her life where she had almost lost hope,” (p. 186).

When reviewing a study with dementia patients who worked therapeutically through the arts within a person-centered program called Opening Minds through Art, Sauer, Fopma-Loy, Kinney and Lokon (2016) cited the importance of a humanistic approach when they quoted Kitwood, “the primary task of dementia care...is to maintain personhood in the face of failing of mental powers,” (p. 896). Sauer et al. (2016) went on to quote Basting and Killick when they discussed non-pharmacological approaches that may “enhance the personhood and quality of life for those living with dementia,” when they discussed the “creative expression activities, also referred to as cultural arts interventions (e.g. music, visual arts, storytelling/theater, and dance),” (p. 897). Sauer et al. (2016) pressed the importance of the opportunity to experience creative expression for elderly people with symptoms of dementia and Alzheimer’s disease, as other ways for one to express them selves are quickly diminishing due to the dementia patient’s cognitive impairments. Ultimately this study was to compare the Opening Minds through Art program (a person-centered art therapy program for dementia patients) to a traditional program that offered art and crafts as an activity. The results that Sauer et al. (2016) reported were that the Opening Minds through Art program produced “many more opportunities to express behaviors of well-being (e.g. social interest, engagement, and pleasure),” (p. 908) over the traditional arts offerings.

In keeping with some of the tenets that ring true with Carl Rogers and his approach, Zimring and Raskin (1992) quote his hypothesis, “if the therapist accepts, recognizes, and clarifies the feelings expressed by the client, there will be movement from negative feelings to positive ones, followed by insight and positive actions which are initiated by the client,” (p. 630). These potential outcomes are in alignment with previously mentioned benefits of working in art therapy with this geriatric population. More aspects of the person centered approach that Rogers

promoted were focusing on the client's feelings rather than what they are stating, and in addition to this, to accept those feelings whether they are good, or negative, or even ambivalent (Zimring & Raskin, 1992). This goal of the person-centered approach translates well to therapeutic art interventions, being that art therapy is non-verbal.

Reminiscing. The person-centered approach with the elderly is exemplified in the act of reminiscing with them as well. Buchalter (2011) stated that reminiscing helps us to remember who we are; it defines our identity. Reminiscing can bring us happiness, as well as sadness, as we re-experience our life through story telling (Buchalter, 2011). The act of reminiscing can boost our self-esteem by having us focus on our successes and accomplishments, our strengths, our talents, our uniqueness and our special traits (Buchalter, 2011). "Reminiscing is our legacy, an unwritten book of our life," (Buchalter, 2011). The basic tenets of the person-centered approach are at play when engaging in reminiscing with the elderly; shared journey, unconditional positive regard, congruence, empathy, acceptance, non-judgment, and overall focusing on the person and not their problems or symptoms.

Klorer (2014) deeply explored storytelling through creative expression; hers as well as those she subsequently inspired. Through the author's efforts, untold numbers of people were impacted by her work and the work of others. Camic, Tischler and Pearman's (2014) study had a similar element of art being made in response to stimuli where people with dementia, as well as their caregivers, participated in a study of creating artwork in response to numerous gallery visits. Both of these concepts support how reminiscing (story telling/being inspired by others' stories) with the elderly in a person-centered environment can be supportive to them (Buchalter, 2011). Both of these studies inform us that the artwork and storytelling that dementia patients might produce could inspire other patients, other staff members, their own family and support systems, and even this researcher.

Creative Resistance

Kamar (1997) conducted a case study that provided insight when working with this population creatively and experiencing challenges in engaging them. Kamar (1997) cited Cohen and Abramovitch and noted that an Alzheimer's patient's ability at initiating complex activities declines as the disease progresses, and pressing patients into activities or continued interaction with an activity once interest is lost is not advised. That being said, Kamar (1997) discovered with a particular patient that his consistency in being present and offering him art materials, seemed to hold the patient's interest; although initially he made no art. However, eventually, and with assistance from Kamar (1997), the patient began making art. Stewart's (2004) research concurs that "constant reminders" and with a "goal of enjoying" themselves, and the emphasis being on "process and not product" may break down the resistant dementia patient as well (p. 150). This writer understands from this study that pushing a resistant patient will not work, but making a connection with them and being consistent just might begin to break down that resistance.

Buchalter (2011) addresses the resistant elderly client and proposes they may be coming from a place of fear, "I am afraid; I don't know if I can do this," (p. 13). Sometimes one's creativity may have been challenged by an unsupportive art teacher during their school years (Buchalter, 2011; Stewart, 2004), and therefore may have "vowed to never draw again," (Buchalter, 2011, p. 15). Stewart (2004) suggested that sometimes an invitation to watch others making art, or to just keep an art group company is enough to see a resistant dementia patient join in.

Malchiodi (2012) states that adults may be resistant to art making in therapy because it may be perceived as childlike and not real therapy. Malchiodi (2012) believed that by explaining how art therapy works, especially in the most simple of terms, we might be able to help the adult

understand the benefits of art therapy in treatment. Additionally, Malchiodi (2012) emphasizes putting the adult client at ease by ensuring that the goal is not to have an aesthetically pleasing piece of art, but to instead learn something about them selves through the process; therein lies the therapeutic value.

Materials

Pesso-Aviv, Regev, and Guttman (2014) asserted, “every material has its own personality, and therapists can use this to shape the intervention to the specific patient’s needs,” furthermore, “the choice of the material serves as an additional diagnostic-projection tool,” (p. 293). Hinz (2009) asserts that not only do different materials used evoke “decidedly different therapeutic experiences” (p. 4) but so do the approaches used by the therapist in conjunction with those materials. Hinz (2009) offers a theoretical framework in her Expressive Therapies Continuum that is intended to guide the art therapist’s direction “about what media to use, under what circumstances, and with which particular clients,” (p. 4). The continuum is broken down into two sections with one side working with the left hemisphere of the brain, and the other using the right side of the brain. The left side works in areas such as the kinesthetic, perceptual, and cognitive components. The right side works with the sensory, affective, and symbolic components. At the top of the continuum is the ultimate achievement of the “Creative Level” (Hinz, 2009, p. 5). In particular the kinesthetic component is excellent when working with the elderly as kinesthetic movements and memories are stored “in the limbic system or old brain,” and are typically preverbal (Hinz, 2009, p. 39). Therefore working with the arts therapeutically with the elderly in a kinesthetic fashion can “reconstitute memory functioning” for them (Hinz, 2009, p. 41). Similarly utilizing the sensory component of the continuum with the elderly is beneficial as well; being that exciting one’s senses through art making is a goal (Hinz, 2009). Art making along the cognitive component is a useful tool as it can assist in heightening an

elderly person's mental functioning (Hinz, 2009).

The distinctive nature of art materials is often discussed as having psychological properties and is known to possess either regressive or fluid characteristics, or resistive or controlled characteristics (Pesso-Aviv, Regev, & Guttman, 2014; Hinz, 2009; Malchiodi, 2012). Dry materials are more controlled and therefore they are not typically anxiety producing or evocative of emotions; conversely wet materials are less controlled and are considered regressive, as they can be difficult to manipulate and therefore might become anxiety producing or "can evoke affect" (Hinz, 2009, p. 32), (Pesso-Aviv et al., 2014; Hinz, 2009; Malchiodi, 2012). Many dementia patients present with acute symptoms of depression or agitation, and they need stabilization; they need to return to their baseline behavior as quickly as possible. Offering them more fluid materials that would induce an effective response would not be helpful to them in this state.

In addition to the expressive nature materials have the potential to evoke, Hinz (2009) also finds materials to have other properties; such as boundaries and quantities that are determined, mediators (or tools) that influence the materials potential for expression, and reflective distance which "refers to an individual's ability to think about or reflect upon the expressive experience," (p. 33). Hinz (2009) also asserts that different materials can help facilitate movement along the expressive continuum, such as moving someone from a more cognitive component where they are functioning, to a more symbolic level of functioning. The expressive continuum is described by Hinz (2009) as a, "means to classify interactions with art media or other experiential activities in order to process information and form images," (p. 4). Hinz (2009) has categorized the continuum by four levels of varying processing, three with an equal and opposite component that are based in a hierarchical fashion. On the left side of the brain we have the simple kinesthetic component and moving up the continuum we have the

cognitive level, with the ultimate goal of pure creative expression at the very top. The right side of the brain has the sensory component at the bottom and the symbolic component at the top, just under the creative level as well (Hinz, 2009).

As an elderly person's executive functioning skills diminish, their ability to think abstractly is challenged (Buchalter, 2011; Couch, 1997), therefore carefully selected materials and interventions can help move them away from the more concrete, or right brain, thinking through creative expression along the continuum (Hinz, 2009). However, recognizing the healing functions of the expressive therapies continuum components and offering materials and interventions in alignment with them, can be of benefit as well. For instance, Hinz (2009) suggests that within the perceptual component one can see the "pleasing arrangement of external stimuli" and how it "can be translated into a satisfying internal state," by a creative intervention such as coloring in a mandala and notes how it can reduce one's anxiety (p. 82).

Buchalter (2011) and Stewart (2004) disagree about the use of what might be considered a regressive material—the crayon. Buchalter (2011) felt that crayons conjure up memories of Kindergarten, and can make the geriatric crowd feel childish; additionally, the material itself can be challenging for an elderly person with arthritis to handle. Instead Buchalter (2011) suggested using an oil pastel as they have benefits of both the crayon and a pastel and are typically easier to blend. Buchalter (2011) actually recommended instead that vibrantly colored markers (a resistive and controlled art material) resulted in highly attentive art therapy participants when working with the elderly population, as they are beautifully brilliant with little effort and the results are very aesthetically pleasing. Conversely, Stewart (2004) felt that due to "cognitive loss, decrease in manual dexterity, and increased importance of the tactile sense," crayons work well for the patient with dementia (p. 150). It is clear from this discord that each individual situation should be analyzed and a decision be made to best suit the client's needs.

Buchalter (2011) also discussed the more fluid nature of paints and how challenging or anxiety producing they can be for the elderly population, but that “watercolors appear to be the least threatening for clients,” (p. 16). Additionally, Buchalter (2011) posits that the patient suffering with dementia will typically prefer the more concrete imagery and stay away from abstract images. Working in clay can be too regressive for this population Buchalter asserts (2011), as did multiple other options including homemade mixtures; instead model magic seemed to be best suited, albeit expensive. Buchalter (2011) continued with a recommendation of working in collage as an optimal medium for the geriatric population, as “the client cannot fail; all attempts are triumphant,” (p. 17).

Buchalter (2011) and Couch (1997) agree about dementia patients when it comes to offering them something structured, something that has a beginning already; “seniors seem lost when offered an empty piece of paper and asked to draw something. They frequently require an outline, even if it is just a circle or a square and they are asked to draw something within it,” (2011, p. 18). Couch (1997) argued that offering a mandala to draw within, the dementia patients saw it as stimuli to making art that they were able to tolerate, no matter what their level of cognitive functioning was.

Pesso-Aviv, Regev and Guttman (2014) addressed the use of the pencil as an art material and noted the pencil constitutes “a safe material, enabling creativity without emotional depth,” (p. 294). Pesso-Aviv et al. goes on to quote Wadeson who “declares that the use of pencils is customary when the therapist’s aim is to preserve the patient’s existing defenses rather than dismantle them,” (2014, p. 294). Pesso-Aviv et al. asserted that the use of the pencil is calming and anxiety reducing as working with it takes time, devotion, and concentration which in turn makes the creative experience meditative and can therefore increase one’s self-esteem (2014). Use of the pencil can make one feel protected, and can make one “feel that his existing

defenses are maintained, and in general to experience a sense of safety,” (Pesso-Aviv, Regev & Guttman, 2014, p. 298).

Art Therapy Assessments

Art assessments were born out of therapist findings that a client’s drawings are often indicative of their current state of functioning (Brooke, 2004). When considering the use of art therapy assessments one can look to Cruz and Feders’ (2013) stance on what the basic functions of an assessment are: “to ascertain the problems and needs of a person, a program, or an institution, to predict future behavior, to monitor change, to learn how to improve treatment methods or techniques, and to know when to stop or discontinue treatment,” (p. 5). Ultimately, according to Cruz & Feders (2013), assessments provide us a method to collect information whereby we can then make informed decisions that will guide us and direct us in creating a treatment plan. When working with the elderly, gaining this type of information quickly from an art assessment can be very helpful in getting the patient the care they need.

Most art assessments are considered to be projective in nature. Brooke (2004) cites Anastasi where he “defined projective techniques as tests in which the client is given a relatively unstructured task that permits wide latitude in its solution,” (p. 6). Brooke (2004) goes on to state that a clinician can make the assumption that the client will “project his or her characteristic modes of response into such a task,” (p. 6). Because of the symptoms that dementia patients often exhibit, specifically with their decline in cognitive functioning, these projective art therapy assessments can assist in determining how to best provide care for them.

Kinetic House Tree Person. The Kinetic House Tree Person (KHTP) projective art assessment was born out of the limitations of the non-kinetic Draw a Person, and non-kinetic House Tree Person assessments (Brooke, 2004). Burns (1987) shares how he and Kaufman developed the Kinetic Family Drawing and cited its popularity at the time. With the KHTP the

simple instructions are to provide a piece of 8.5 x 11 paper horizontally and ask the client to “draw a house, a tree and a whole person on this piece of paper with some kind of action. Try to draw a whole person, not a cartoon or a stick person,” (Burns, 1987, p. 5). Once complete Burns (1997) offers an exhaustive array of questions to get the client describing what they have drawn for the clinician. Brooke (2004) ultimately feels that “the KHTP assessment was devised to tell a story; to create a visual metaphor about self,” (p. 83).

Brookes (2004) states the following:

“Burns linked the KHTP to a developmental model, Maslow’s Hierarchy of Needs, to qualitatively measure the results of this assessment. The first five levels of Maslow’s Hierarchy were used to interpret the developmental stages of the person, tree, and house images. Essentially, the house represented the physical aspects of the client’s life, the tree indicated life energy and direction, and the person symbolized the client.” (p. 83)

For a more detailed understanding from the KHTP’s developer, Burns (1987) believes “the most frequent and universal metaphor for depicting human development is the tree,” as when drawing a tree, “the drawer reflects his or her individual transformation process,” (p. 3). “In creating a person, the drawer reflects the self or ego functions interacting with the tree to create a larger metaphor,” while the “house reflects the physical aspects of the drama,” (Burns, 1987, p. 3). Burns (1987) then sees the “interaction and relationship between the house, the tree and the person” as a visual metaphor “free from the limiting world of words,” (p. 3).

Brooks (2004) discusses Burn’s overall evaluation process, but also shares how he warns against an over interpretation of symbols within the artwork. Brooks (2004) also cites that many had argued against validity of the assessment without the client’s input of their own work. Cruz & Feders (2013) discuss the many researchers who argued against the assessment in that “very little experimental data can be marshaled in support of interpretations offered,” with suggestions

of using it instead as a “non-threatening opener before more formal testing,” (p. 178). In light of these comments, this researcher felt the KHTP would make an excellent creative bridge for the dementia patients who resisted making art initially. Researching how the KHTP’s measuring of results pose such challenges—relying on the client to interpret their own work, seemed yet another way to learn more about them and to build rapport.

Much of the research presented in this literature review was based on implementing various art therapy programs with various populations, and various levels of foci or topics. The methods utilized for data collection were varied as well, ranging from pre, and post screening questionnaires, to online surveys, to real time observations as well as observing interventions that were captured on video, and a number of them were case studies examining specific topics.

The person-centered approach, and art therapy with the geriatric population—along with its benefits, is the foci of this research topic. The research on the physical benefits, increase of self-esteem and wellbeing, and gains in insight, all provided direction in working with this population therapeutically and creatively. Maintaining that sense of personhood is key when working with this dementia population, as their cognitive and physical limitations can be daunting to them; therefore the research on the person-centered approach is appropriate for this population. Learning through the research that resistance may be coming from a place of fear was helpful in the development of the method, as potentially intimidating the patient could be detrimental to them and the therapeutic intervention. Materials research provided great insight in working with this population, and it helped the method to change course quickly to act accordingly and provide the best materials for the elderly patient. Similarly the KHTP art assessment guided the development of the method as well, adding an interesting and thought-provoking element to the session.

Methods

This researcher worked with dementia patients at a geriatric psychiatric unit in a small rural southern hospital. Over a short period of time, a common observation that was later considered to be “creative resistance” to interventions was noted from direct client contact interactions. Often upon entering a patient’s room with an introduction from this researcher, a typical comment was “I’m not an artist,” or “I can’t do art.” Many questions as to why there was creative resistance, why some had it and others didn’t, how to overcome it, and what methods might work best were explored.

Once creative resistance to initial art therapy interventions was present, it was hypothesized that offering talk therapy in a person-centered approach might build a therapeutic alliance and rapport with the patients. Once this rapport was established, this researcher then offered art making again with a variety of materials as options. Because resistance often continued once a variety of materials were offered, working with different media with this population was explored. Eventually, a number two pencil and 8 ½” x 11” paper on a clipboard was offered. Throughout the development of this method, the invitation to make art evolved into the asking of the participants to provide a “favor.” This was done after rapport had been established, after this writer sensed resistance would more than likely have shifted after the person-centered talk therapy session. The method evolved further to incorporate the Kinetic House Tree Person (KHTP) assessment when participants didn’t know what to draw. Once participants accepted the paper and pencil, they were asked, “Would you draw me a house, and a tree and a whole person, all doing something or interacting in some way?” Sometimes, if resistance persisted, this researcher backed off from the suggestion of making art as research suggested to not push this population when resistance is encountered.

This researcher wanted to know, when using the expressive arts therapeutically with patients suffering from dementia, if creative resistance would decrease when a person-centered approach was offered first. Furthermore, what happens to the creative resistance when more familiar art materials are offered. And finally, this researcher wanted to know if creating artwork with patients who have dementia would engage them and see a reduction in creative resistance.

Participant Recruitment and Sample

Dementia patients in a geriatric psychiatric unit who demonstrated creative resistance to expressive arts interventions were qualified to participate in this study. Whether the creative resistance was experienced in an individual session time, or during group art therapy, it qualified the patient to be recruited for an exploration of this method. However, if a patient was open to creative exploration through art therapy, if a patient expressed a previous experience with art therapy, or if the patient shared that they possessed creative abilities, they were not considered for participation in this study. This researcher worked with eighteen individuals who fit the criteria.

Data Collection & Analysis

Once a participant became eligible by exhibiting creative resistance, the method was then implemented and the experience was observed and then analyzed. After each session when the method was implemented, notes were taken on how the patient interacted once a person-centered approach in the therapy was offered. Notes from observing the art making that occurred post talk therapy were taken as well. On occasion artwork was created by this writer, in response to the experience of the interaction.

Results

Out of the eighteen participants that initially presented with creative resistance, sixteen were willing to make art as a result of the method being implemented. Eleven of the participants

remarked how engaging in art making had either reduced their stress level at that moment, and or that they had felt a reduction of their anxiety. Six participants requested information or to be educated on where they could find similar art materials to purchase on their own. Most of the participants engaged in art making during group time on the unit at least once if not multiple times once the creative resistance had been diminished. During this group art making time, it was evident that participant's self-esteem was boosted from the act of creating as well as engaging in conversation with others on the unit. Many were proud of what they'd done and were pleased to have their work be hung in their rooms. All participants thanked this writer at the end of any session times spent making art, at the end of group art making activities, and when they left the unit.

A surprising result to note would be how the creatively resistant patient would react when this reporter applied the method of engaging in a person-centered talk therapy session after resistance was presented; this often produced a bewildered patient. Being present with the participants throughout a full session, allowing them to direct the conversation, offering unconditional positive regard with empathy and acceptance, seemed to melt away the creative resistance the participants initially showed. Additionally, the request of "will you do me a favor? Would you please draw me something?" was acquiesced each time when asked after a person centered talk therapy session had occurred.

Initially many of the patients who presented with a drop in creative resistance and were willing to entertain the request to make art, didn't know what to make; citing often "I'm not very creative," or "I'm not a very good artist," or "I don't know what to draw." This result pushed the method to evolve by proposing to the patients that they draw a house, a tree and a person-all doing something (KHTP). Not only were the participants willing to engage in the art making at this point of the method, but now there was a very acceptable direction for them to go in as well.

At this point of the study, not one patient denied or refused the request of the KHTP. Many of the participants took the clipboard and the pencil into their own hands and answered that they would “try.” The participants all made their best attempts and were often critical of their work, worrying that it “wasn’t good enough” or that it “was wrong,” but they also seemed proud to have assisted this writer in providing what was needed. The fact that they did draw a KHTP seemed to break down the resistance to the point where they were not only willing to make more art, but they actively sought it out while on the unit after their first encounter with art therapy. While visiting around the unit on a particularly busy evening with many new patients in community areas, this reporter sat with numerous patients for the first time to get to know them. With clipboard and pencil in hand, and after a brief introduction and short conversation, they were invited to “draw something, draw anything”. Every time, the patients accepted the paper on the clipboard, accepted the pencil, and made art. Interestingly, four out of five times the patients instinctively drew a person, a tree, or a house.

Individual Results. Individually, there were a number of observations that were remarkable. One observation to note was with a patient with Alzheimer’s disease who could not participate in standard cognitive assessments. This reporter tried to engage the patient in art making, but he was not receptive. A variety of materials were offered, but none engaged him. However, when this writer made a connection that we were both originally from Michigan, a new path seemed possible. Instead of suggesting to him to draw, this writer began drawing for him and this kept him engaged. First it was animals that he liked, and even a sunset over mountains made him smile (see Figure 1), but when



Figure 1

a quick and crude drawing of the state of Michigan was rendered with hearts representing the cities of each of our birthplaces (see Figure 2), the patient was then receptive to my requests of “making something pretty,” as he often called it. At this writer’s request for him to write his name, he took the pencil and did his best. These marks were nothing close to letters, nothing

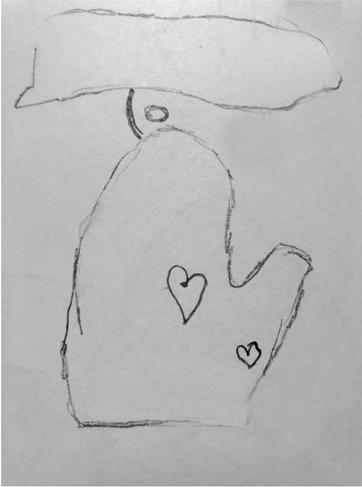


Figure 2

even close to anything recognizable—however; he kept at it. He kept trying and he did not give up. After a while he stopped and he proudly said that he was finished. Being that this is a man who cannot feed himself, to see that glimmer of pride was remarkable indeed.

Another result that provided insight from engaging in art making happened with an elderly woman who was suicidal on the unit. She’d been there a few days before this writer could visit with

her. She quickly became a qualifying participant of the study when she presented with creative resistance early in our session. Once person centered talk therapy was offered, and once she responded favorably to the request of drawing a KHTP, her observations of her own drawing provided great insight for her. This particular patient came to realize how unhappy she’d become in an emotionally abusive marriage for over 30 years. She was able to verbalize it when discussing why her house that she drew was not the house she’d lived in for three decades. Instead it was one she dreamed of for herself, one of a peaceful place she envisioned for herself where she and a new little dog might be happy. As Rankanen (2016) Cortina and Fazel’s (2015) and Butchalter (2011) all agreed, gaining new insights and being understood through art therapy with this geriatric population was a common thread in their research.

Another woman with advanced stages of dementia, who was unable to participate in many of the typical milieu activities of the unit, accepted an offer to join art therapy group one

day and benefited from a boost of self-esteem as a result. When presented with blank pieces of paper, and sheets with a large circle drawn in the center of them, this particular patient selected the circle. She then proceeded to take one red colored pencil and color in the entire circle solid red. Earlier that evening in a sharing activity during dinner, she had shared with the group that her favorite color was red. She seemed proud to be able to show this creatively to her peers that evening, and worked very hard at coloring in the entire mandala. She was very careful to not go out of the lines, and when prompted to do more, she felt it was complete, verbalized she was done, and she was satisfied with her work. Pride in completing a creative project is supported in the research when working with this elderly population (Buchalter, 2011; Camic et al., 2014; Chapin, 2013 & 2014; Couch, 1997; Kahn-Denis, 1997; Sauer et al., 2016; Stewart, 2004).

Another patient on the unit was experiencing symptoms of mania from her Bi-Polar disorder and was unable to regulate herself; she was hyper-verbal. She was becoming visibly distressed and her mood was escalating negatively in response to staff not being able to provide her with what she wanted in the moment. This writer engaged the patient in coloring in a page from a book of zentangle artwork, informing the patient that the activity should be taken slowly and that it was to be enjoyed. At first the patient scratched and scribbled at the printed page, impulsively and without care. But as a person-centered conversation began, eventually the patient began to slow herself down a bit. She was able to regulate herself and after about an hour she reported having felt much more relaxed and at ease from engaging in the art making. Moments of silence were sat in and enjoyed by both this writer and the patient. Anxiety reduction is part of the benefits in working with the geriatric population in art therapy, and these results coincide with the research (Buchalter, 2015; Camic et al., 2014; Chapin, 2013 & 2014; Couch, 1997; Hinz, 2009; Rubin, 2010; Sauer et al., 2016; Malchiodi, 2012; Kahn-Denis, 1997).

Paying attention to participant's early education and upbringing became important; many of the participants were lucky to have graduated high school in the southern rural farming area where this study was based. Therefore, many of the participants in this study were not exposed to the arts in a historical way nor were they encouraged to express themselves creatively. Instead, labor was prioritized over creative endeavors in these poverty-ridden areas. This writer noted how this lack of exposure to the arts fed into the resistance that was present for this population. This would inform the direction of the method when the creative resistance presented itself; additional support or encouragement was often necessary in such a case. On five occasions this researcher needed to provide spelling assistance to participants who wanted to write on their KHTP drawings.

Discussion

In working with dementia patients in a Geriatric Psychiatric Unit and applying a person-centered approach to art therapy when creative resistance was noted, the results discussed above reflect this writer's experiences and perceptions over an 8-month time frame. The literature supports how beneficial the arts can be for the geriatric population, as well as many of what the limitations may be. From the physical benefits mentioned by Couch (1997) and Sauer, Fopma-Loy, Kinney and Lokon (2016), to the likely increase of self-esteem discussed by Cortina and Fazel (2015) and Rankanen (2016), to a potential for a reduction of stress brought up by Salzano, Lindemann and Tronsky, (2013), to a gain in insight (Buchalter, 2011; Chapin, 2013, 2014; Cortina and Fazel, 2015; Rankanen, 2016), art therapy can assist the geriatric population in many ways.

When analyzing the data that was collected throughout this study, a number of topics became clear when thinking about the elderly population suffering from dementia that were selected for participation. First and foremost it was understood that creative resistance could be

overcome. Furthermore, throughout the process of implementing the method, the patients became more and more open to creative endeavors. Although many initially presented as rigid when it came to trying new things, the method was effective in moving them beyond their creative resistance.

The art materials presented to these elderly patients also provided rich data. Research guided this writer when thinking about which materials would meet with the least resistance in order to move the method forward successfully. Additionally, the materials research provided direction for successful group art therapy interventions with this population as well.

Familiarity of subject material was of particular note as a result of this research as well. When the patients were asked to draw without a prompt, they often drew a house, a tree, and or a person. This writer learned that not only can a familiar material meet less resistance in art therapy, but familiar subject matter that brings comfort to the patient can as well. We draw what we know, what brings us joy. This can be a house that provides warmth, shelter, and independence. This can be a friendly face of someone that makes us feel loved and safe. This can be a tree like one that was planted by a beloved spouse, now long gone. This writer learned how powerfully comforting these drawings, made with a simple number-two pencil, can be for these patients who suffer with dementia.

Throughout the process of the method being implemented the art materials being offered became a clear issue. Because of the general lack of exposure to the creative arts, many of the participants were intimidated by the standard art materials offered by an art therapist. Many had never seen oil or chalk pastels before, and many were not familiar with using even a simple school grade watercolor set. Because of this, it was observed that these unfamiliar materials added to the initial creative resistance patients presented with; it seemed to fuel it—they appeared intimidated. Therefore, in an effort to ease the creatively resistant patient into art making,

offering a simple number two pencil was met with less intimidation, less resistance. Offering such a tool not only presented them with a familiar writing implement, but it also allowed the patient to express themselves in a very controlled manner. This coincides with Pessó-Aviv, Regev and Guttmann's (2014) stance on the pencil as not only being a very safe art material, and one that can be anxiety reducing but one that can even offer a boost to one's self esteem through its controlled nature. The patients took to this familiar object without hesitation once rapport had been established through the person-centered talk therapy session.

It was disheartening to experience the lack of exposure to the arts for the patients seen on the geriatric psychiatric unit in this small rural southern area. These patients would have had their primary and secondary educations in the 1950s-60s. Ganzel (2007) states that "educational attainment in mid-20th century America was the exception rather than the rule," (para. 2). In 1960, 66% of rural students did not finish high school, and educations that ended after the 8th grade was commonplace (Ganzel, 2007). Of those rural students that did complete high school, only 5.1% went on to gain college degrees (Ganzel, 2007). It is shocking that a middle school education was the norm, and high school diplomas were the rarity. Farm work and factory work took the lead for survival needs in this small rural southern poverty ridden county, not higher education and certainly not exposing the youth to the creative arts. Farmland needed strong hands and backs, and animals needed tending to. The area also had a large textile industry that employed the majority of the population round the clock. This profile was fairly consistent for the participants of this study. As the arts in education are continually being cut across the nation, this lack of exposure to the arts could become more and more prevalent as time goes on.

There is a movement towards "art activity" that is being pushed on this geriatric crowd with the intent exclusively to keep them busy. This writer has witnessed art activities offered as simply a way to "occupy them" or "give them something to do." Stewart's (2004) research states

that the emphasis should be on “process and not product” (p. 150) and therefore supports that this type of activity may not actually be therapeutic. When pushed with a “product” to complete, often patients offer even more creative resistance, and then sadly can easily become frustrated and disappointed from unfavorable results. It is likely that these activities are offered by certified nurses aids, not trained art therapists, who are tasked with providing group activities throughout the day for the patients. Perhaps training the staff to provide simple activities for the geriatric population, which are also creatively therapeutic, would be beneficial above and beyond the simple art activity.

This writer learned, that the elderly need to feel heard first and foremost, and they need to feel a connection to their new environment in order to succeed in the geriatric psychiatric unit. Many participants voiced their gratitude for our time spent together, and new insights that they had learned. A handful of participants were also eager to learn more about art materials, creative techniques, and different ways to express themselves.

In working through the development of this method, many new discoveries and surprises guided this researcher along the way. The method evolved out of a variety of challenges and difficulties that were encountered, and each one presented with a new opportunity to learn more about working creatively with this elderly population. Inevitably one topic of discovery would feed into another and therefore the research drove the creation of the method.

Amassing this research and data has led this writer to see how beneficial clinical, and creative, presence can be for this population. Being in an acute psychiatric setting, and often against their will, the geriatric population need time to talk and to explore their feelings with the appropriate staff members. Chapin Stephenson (2013) asserts, “therapists also can provide services that promote health and prevent or prolong the need for medical intervention,” (p. 151). It was often witnessed by this writer, that elevated moods, escalated situations, agitated states,

and unregulated emotions were positively affected by a creative and therapeutic presence on the unit.

This research guides the work of art therapists with this geriatric population who are experiencing symptoms of dementia. More research should be conducted on “creative resistance” across all populations to uncover its meaning, and hopefully discover new ways to break it down and see its grip loosen. Conducting a similar study in varying socioeconomic areas, as well as varying regions of the United States would be beneficial in working with the geriatric population experiencing symptoms of dementia as well. This population deserves our therapeutic care and they deserve the efforts it may take to meet them where they are, even when resistance is present and needs to be overcome.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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