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Collage Therapy with Elders: Group Socialization and Communication Beyond Words

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Collage Therapy with Elders: Group Socialization and Communication Beyond Words

Development of a Method

Capstone Thesis

Lesley University

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Expressive Arts Therapy

Meg Chang

Abstract

Dementia is a cognitive disease which impacts a person's ability to verbally communicate and to emotionally socialize due to degeneration of the brain. Nonpharmacological approaches to dementia care have become more common as we look for more holistic approaches to caring for the entire person, and not just the brain functions and limitations. A new focus on the social and emotional needs of individuals with dementia has led to the use of expressive arts therapies, as therapeutic interventions in dementia care, in many nursing homes and senior centers. Collage therapy is particularly accessible, as an arts-based intervention, as the already existing images allow the individuals to engage in the arts process with less confusion. The low-stakes/high-success intervention creates an atmosphere of socialization and conversation connection as individuals share images and emotions with one another.

Keywords: collage, dementia, communication, non-verbal communication, social connection

Collage Therapy with Elders: Group Socialization and Communication Beyond Words

Introduction

For my second internship experience I worked at an assisted living facility with individuals living with dementia symptoms. The elders and I explored the use of collage therapy as a form of personal expression and facilitator of group socialization. This topic is relevant to the field of expressive arts therapy and personally important to me as a budding counselor. When I began my internship experience at an assisted living facility, I walked around the secured memory floor for elders, living with dementia symptoms, and I saw either one of two things; either I saw individuals being engaged by a lively and loud staff member who was continuously engaging and reengaging the elders, or I saw seemingly blank faces staring back at more seemingly blank faces. When I then sat with the elder dementia residents and quietly and casually struck up conversations about their family members and their life experiences, I was greeted with beaming smiles and the natural back and forth ebb and flow of social conversations. I observed that for a social experience to happen, a caregiver or staff member needed to initiate and engage the individual who was impacted by dementia.

The conversational dynamics suggested that the elders were people still craving the connection of social conversations and interactions, yet I wondered why these conversations were not happening naturally and organically between the elders themselves. This wondering led me to explore collage therapy and the use of collage materials as conversation catalysts. If there are concrete descriptive image materials for elders to hold, will this be stimulus enough for them to share moments of socialization without the facilitator creating the conversation? Will a collage therapy intervention cultivate community among elders?

For this capstone thesis of developing a method, I will explore how collage therapy can be used as an intervention with elders living with dementia symptoms as a means of fostering community and sparking socialization among elders. I have chosen to write a methods proposal for my capstone thesis paper. The learning experiences my internship provided has allowed the expressive therapies exploration you will see throughout this paper. I will be exploring my relationship, reactions, and responses as an expressive arts therapist in training. A methods proposal is the most appropriate capstone option for this topic, as there is still a great need for literature to be written about elders with dementia symptoms engaging in collage therapy. My purpose of writing a methods proposal is to highlight a need for further research on a specific therapeutic intervention. I will explore and write about my impressions, thoughts, and feelings of the intervention.

Literature Review

The American Psychiatric Association defines neurocognitive disorder due to Alzheimer's disease as the presence of criteria met for major or mild cognitive disorder, the gradual onset and progression of impairment to one or more cognitive domain, and criteria met for Alzheimer's or possible Alzheimer's disease (2013). Neurocognitive disorder due to Alzheimer's disease is still commonly referred to as dementia, as the precursory 2000 Diagnostic Statistical Manual labeled the symptomology (American Psychiatric Association, 2013). Dementia is still a widely understood term and used by the field when talking to people and families who are diagnosed with neurocognitive disorder due to Alzheimer's disease. For this reason, I will continue to refer to this specific neurocognitive disorder as dementia and/or dementia related symptomology.

Expressive Arts Therapy for Dementia

Traditional talk therapy between clinician and client might not be the most impactful and beneficial option for people who are living with dementia to express themselves. The cognitive impairments and limited verbal abilities that dementia causes for a person creates a barrier to accessing the emphasis of verbal communication that traditional talk therapy provides (Woolhiser Stallings, 2010, p. 136). The understanding that clients living with dementia will struggle to verbally connect to traditional therapeutic models has informed the choice to explore how collage therapy can be of benefit for elders.

For an intervention to be understood as being expressive arts therapy, there needs to be an understanding of creativity. The concept of creativity has been understood by Hannemann as “spontaneity and originality” (2006, p. 59). Creativity is important to keep in the forefront of our minds when working with elders living with dementia symptoms because “creative research supports the idea that social and creative deprivation can actually impair brain function” (Hannemann, 2006, p. 61). Knowing that people living with dementia are already living with deficits in brain functioning, it is important to include creativity and opportunities for social interactions in their daily lives to prevent further impairments.

Two teams of researchers, Sauer, Fopma, Kinney, and Lokon, as well as Phillips and Conn, have written about how the use of expressive arts interventions, including visual arts, is representative of a cutting edge nonpharmacological approach to how we view the treatment and care of people living with the symptoms of dementia (Phillips & Conn, 2009) (Sauer et al., 2016). This is relevant to the field of working with elders, because pharmacological interventions have “shown small beneficial effects on cognitive functioning but inconsistent effects on behavior and quality of life” (Phillips & Conn, 2009, p. 151). If we are to look

holistically at the person, and not simply at the Alzheimer's disease, we must look towards interventions that impact the person's ability to communicate, socialize, find joy, etc.

Collage Therapy

When looking at the history of collage, it is known that collage has been used as a therapeutic intervention and written about in scholarly journals both here in the United States as well as in Japan. The journal articles detailing the use of collage in Japan were unavailable in English language translation. In a United States based article written in English, authors Meguro, Ishizaki, and Meguro, state that "In Japan, the collage technique was introduced as a psychotherapeutic 'collage therapy' in the late 1980's" (2009, p. 299). From this it is known that collage as a therapeutic intervention is being used in different countries with different peoples and cultures. Beyond the work being done in Japan, collage therapy for elders with dementia symptoms is happening and being written about here in the United States (Meguro, Ishizaki, & Meguro, 2009; Woolhiser Stallings, 2010). Though the literature on the use of collage therapy for elders living with dementia symptoms is sparse and there is a need for continued research, the research that does exist suggests positive implications for the use of collage as a therapeutic intervention.

For this method proposal, collage therapy was chosen because "a major characteristic of collage therapy is that anyone can use its incredibly simple methodology" (Yoshifumi, 2016, p. 86). For elders living with dementia symptoms this is crucial because of the cognitive limitations they face. The fact that collage uses "ready-made materials" of images out in the world that have already been created means that "collage may be applied easily in any situation" (Moritani, 2016, p. 86). Both Yoshifumi and Hannemann agree that collage therapy is appropriate for the elder population, and more specifically, for elders living with dementia

symptoms (2016 & 2006). Hannemann supports this, stating that “patients with Alzheimer’s disease wake up and communicate through collage work” (Hannemann, 2006, p. 62). The collage becomes a means of communication beyond verbal language expression.

Woolhiser Stallings conducted an expressive arts study looking at the use of collage with elders with dementia and found that all three participants engaged in verbalizations of reminiscence in conversational dialogue with the researcher about the images each client selected in the collage process (Woolhiser Stallings, 2010, p. 136). “Findings support the hypothesis that collage allows older adults with dementia an opportunity to convey information they might not be fully capable of verbalizing” (Woolhiser Stallings, 2010, p. 136).

Socialization

“We can raise the quality of life in the elderly by bringing them in contact with human beings, involving them in events like dancing, singing, etc., and experiencing nature” (Hannemann, 2006, p. 62). Engaging in an expressive arts therapy intervention of collage therapy addresses socialization of participants. Hannemann found that “creative activity has been shown to reduce depression and isolation” as well as “offer a new way of communication and accessibility” (2006, p. 62). The act of coming together and engaging in the creative expression impacts the socialization of elders.

In a study looking at how a visual arts program impacts people with dementia, Windle, Joling, Howson-Griffiths, Woods, Jones, van de Ven, Newman, and Parinson looked at how a visual arts program comprised of viewing art pieces and creating visual art pieces impacted the quality of life, communication, and well-being of people living with dementia (2018). Windle et al. found that their arts program was “equally beneficial regardless of the setting and the level of

impairment” (2018, p. 419). This finding speaks to the accessibility of engaging in art interventions with elders with dementia. Often, groups of elders will have individuals at varying stages of dementia symptoms, and it can be challenging to equally engage all people in the intervention. The findings of Windle et al. pertain to my thesis topic as they showed a significant increase in communication and social behaviors with their intervention. This finding supports the use of arts-based group interventions to increase socialization among elders with dementia.

In a study which looks at depression, loneliness, and sociability in elders, Singh and Misra discussed how “depression or the occurrence of depressive symptomology is a prominent condition amongst older people” (2009, p. 1). Studies of longitudinal design “demonstrate that increased depressive symptoms are significantly associated with increased difficulties with activities of daily living” (Singh, & Misra, 2009, p. 1). The act of aging brings with it an increased likelihood for experiencing depressive symptoms.

Loneliness is “one of the three main factors leading to depression” and it is the “presence of perceived loneliness [that] contributes strongly to the effect of depression on mortality” (Singh, & Misra, 2009, p. 2). Knowing that loneliness contributes to depression, Singh and Misra studied a sample of 55 elderly persons and found that “the health and well-being of older adults is affected by the level of social activity and the mood states” (Singh, & Misra, 2009, p. 3). This finding informs the idea that sociability is important for elders, and that elders would benefit from group activities that help foster social experiences.

The cognitive state of most people living with dementia places limits on their social and communication skills, and this is where directed group activities become ever more important. In a qualitative study conducted by Trude Gjernes, the significance of social participation for

people with dementia symptoms was studied by looking at the interactions of several woman participating in a knitting group at a day center for elders (2017). Gjernes found, through observation, that the act of sitting together and respectively working on their knitting projects provided the women with participatory and social identities, and in this atmosphere they found meaningful conversation (2017). The experience of belonging laid the foundation for the participants to socially connect with one another and feel as though they were a community.

The loss of one's memory, in addition to the loss of other cognitive functions and physical abilities as a result of the impact of dementia "can often lead to apathy and depression," yet "these effects could be reduced if people with dementia remain active" (Gjernes, 2017, p. 2234). Therefore, the symptoms of dementia can be an isolating experience for a person living with dementia, and the likely depressive symptoms need to be addressed by care staff and or care takers to ensure better quality of life for people living with dementia. To address the likely apathy and depression, Gjernes states that "sociability and communicative contact with others are...essential to the well-being and cognitive functioning of people with dementia" (2017, p. 2233).

Gjernes found that "an activity group serves as a social setting; thus, participation renders group members part of a social community and provides them with social identities that are unrelated to their dementia" (2017, p. 2242). The act of sitting with one another and creating alongside peers helps to foster an atmosphere for community and connection. This finding has informed the use of collage with elders with dementia due to the structural similarities between Gjernes' study and the thesis method proposed below. Gjernes found that "knitting generates meaningful conversation among the members of the group and provides them with participation status and social identities" (2017, p. 2233). For the proposed method of this thesis paper, it will

be the collage materials that provoke purposeful conversations among participants, thus further establishing socialization in the community. The physical collage making materials will be the socialization catalyst just as the “interaction between the knitters in the parlor was influenced by their core activity of knitting” (Gjernes, 2017, p. 2237).

The above stated research studies pertain to the topic of my thesis as they have informed the need for socialization among elders with dementia, the need to reduce depression, isolation, and loneliness, as well as the concept of using the collage materials as the spark for socialization exchanges (Gjernes, 2017; Hannemann, 2006; Singh, & Misra, 2009). The scholarly work of Gjernes, Hannemann, and Singh and Misra support the construction of the method used for my thesis.

Communication beyond Words

An expressive arts therapy intervention such as collage is appropriate because expressing oneself through creative means allows for the “expression of their unspeakable emotions” (Hannemann, 2006, p. 60). This means that collage as an expressive form can give voice to an otherwise silent emotional experience. Additionally, Phillips and Conn state that “in the care of individuals with dementia, creative expression activities offer the opportunity for self-expression, social interaction, communication, sensory stimulation, and emotional relief in a failure free environment” (2009, p. 151). These researchers have found that when dementia symptoms limit the communication abilities of individuals, there are creative alternatives which give voice to a group of people who are otherwise quiet.

Meguro, Ishizaki, and Meguro conducted an arts-based research study to better understand how individuals with dementia symptoms express themselves via the artistic method

of collage making by observing their non-verbal communication and by extracting expressive themes from the collages created (2009). For one participant Meguro, Ishizaki, and Meguro found that “the collage images clearly showed her inner change” (2009, p. 301). This information supports the concept that individuals are non-verbally communicating through the images selected. If we are not looking for these alternative communication styles, are we largely ignoring a population of people looking to express themselves and communicate with others?

Consistency in communication was also observed while conducting research by understanding the artwork created. Meguro, Ishizaki, and Meguro stated that they “frequently found consistent expression of the same theme in the serial collage articles” (2009, p. 301). There were themes identified that were “expressed repeatedly only through collage articles” (Meguro, Ishizaki, & Meguro, 2009, p. 301). This arts-based study supports continued research into communication abilities for individuals with dementia symptoms. In this arts-based research study, repetitive thematic expression was found to only be explored via the collage making format. The arts-based study conducted by Meguro, Ishizaki, and Meguro informs the framework through which I view my thesis work.

Why Create Collages in Response to Client Art?

Arts-based research is a form of qualitative research which can lend itself well to expressive art therapy research. In an arts-based research study, Chilton and Scotti found the use of collage to be an appropriate expressive medium for arts-based research exploration (2014). One of the primary reasons to conduct arts-based research is that the process of creation can “further observations, questions, and conversations” (Chilton, & Scotti, 2014, p. 164). Understanding a therapeutic art intervention from a creative arts-based research format can help to further the understanding of the process and benefit the intervention by creating more dialog.

Chilton and Scotti chose collage because “embodied cognition in the form of collage generates new metaphors and may be one of the particular ways that art making serves as a tool of discovery” (2014, p. 169). Collage making furthers the understanding of the thesis exploration by creating space for metaphors to be explored. For these reasons, I have chosen to use collage to synthesize and report back on this thesis method.

At its core, collage is “transforming bits and pieces into new forms” (Chilton, & Scotti, 2014, p. 163). Chilton and Scotti used collage making to explore the effectiveness of collage use in arts-based research studies and found that “collage as a method of inquiry was a means to intertwine layers of knowledge” (Chilton, & Scotti, 2014, p. 166). I have achieved a layering of knowledge by creating collage based self-reflections in relationship to the collage making experience I shared with the elders at my internship. By exploring their experience via my own collage making process, I have gained a further understanding of the use of collage work with elders living with dementia symptoms. The arts-based study conducted by Chilton and Scotti informs how I relay my thesis findings in a way which is congruent to the physical artwork created by the elders living with dementia. This study pertains to my thesis topic as support for using my own collage making processes to further understand the work created by the elders at my internship site.

Method

The purpose of this thesis inquiry is to observe the socialization of elders living with dementia symptoms to see if there is an increase in instances of socialization and connection between the elders, when they engage in the expressive arts intervention of collage making. I had an underlying assumption that the elders living at this site had a desire for social connection, which was not always being met with all activities they engaged in. I anticipated that I would

experience an increased sense of socialization and community among the group of elders who participated in groups. In using collage as a form of communication, I anticipated elders sharing common themes or images over the course of time as they became comfortable using the collage medium to tell me about themselves.

To implement this method, I conducted weekly expressive art therapy groups with elders in the secured memory care unit of the assisted living facility where I interned. The collage group was scheduled to meet for one-hour sessions, each Wednesday at 2pm for 20 weeks in a small art nook on the secured floor of the memory unit. The space can comfortably accommodate eight to ten participants, as well as myself as the facilitator. There were some outside factors that impacted the group's ability to meet in the designated art nook space for the intended 20 weeks- which I will explain in greater detail in the results section of this thesis. Ultimately, the collage therapy group met for a total of 16 consecutive weeks in a variety of different locations. The final four intended group sessions were unable to take place in the assisted living facility, and the method was prematurely terminated.

Prior to collage therapy group, I prepared pre-cut images from a variety of different magazines. The images were pre-cut intentionally, so that the only stimulus presented was the image, void of the written narrative portion of the magazine. I chose to pre-cut images to prevent the elders from becoming confused by the magazines and thinking that they needed to read the written content. I selected a wide variety of images, including images with and without people, animals, and scenic locations. To prevent possible confusion, and a sense of being overwhelmed, a small selection of pre-cut images was placed in front of each person. The images were changed out for new images several times throughout the duration of the group to allow for a variety of images to select from. Participants were offered scissors to further cut the

images how they liked. The participants were given large purple glue sticks for pasting images onto the collage. The glue sticks were easier for participants to grip, and the purple colored glue gave participants a visual cue of where and how the glue covered their images.

Participation in the expressive therapies collage group was always voluntary. Participants were invited to join and could leave when and if they chose to do so. Once gathered, I opened the group with an introduction of the activity of collage making with the knowledge that some participants remembered last week's group, some did not, and some were participating for the first time. The group members were prompted to spend time sifting and sorting through images and find an image that they liked or one that provoked a memory for them in some way. After about five minutes of looking at images, I approached each participant individually to add an image they found to a group created collage piece. While I went from participant to participant, I kept note of all social interactions between them. I looked to see who was making connections with whom and how often this was happening. The collage became the means of communication and self-expression. The hypothesis here was that the relational quality of the images would create space for participants to connect, share, and reminisce with one another.

To balance the observations of the collage group, I also observed relaxed settings where the elders were in each other's presence in an unstructured nature, such as meal times and during times of transition. Observing how they engaged socially during meals and comparing this to how they engaged socially during the collage group gave the opportunity to discern if it was the collage intervention that fostered the increased instances of socialization during the collage group sessions.

To process what I have observed, I kept a journal through the entire process verbally and artistically documenting the experience of collage making. With the inability to interview the

elders and obtain their personal experiences, it was imperative that I continuously artistically and verbally processed what I did, saw, heard, felt, and experienced, because this was the data support for the use of collage as therapy for elders with dementia symptoms. I journaled about my experience after each collage therapy session I led, writing down my thoughts. I then created artistic reflections, in the form of collage making, in response to three of the sessions I led. I created individual collages in reflection to the first, middle, and last groups that I led. Due to the inability to have the final four sessions of the collage group, my final collage is a reflection of the experience, as a facilitator, of abruptly terminating the group in an unplanned way. This change in the method is directly reflective of the facilitator experience and sheds light on another facet of the termination process with elders living with dementia symptoms. This method has ensured that I documented and reflected upon the entire process from start to finish. I then created one culmination collage of the entire lived experience of working with the elders on collage therapy.

Results

To report the results of my research method I created artistic inquiry-based collages to reflect my observations and experiences of four different snapshot moments of the collage therapy intervention. First, I explored a beginning session; second, I explored a session from the middle of conducting the method; third, I explored my observations of the early termination experience; and last, I explored the entire process as a unified collective. The intention is that these four snapshots of the method exploration showcase the impact of the method over time and overall. There were several outside factors which affected the implementation of the method. The results of the methods were affected by a major cosmetic renovation to the space, resulting in frequent location changes, as well as by a health crisis which resulted in an unplanned early

Across each of the below collage reflections one constant remained in my observations of the elders, and that is their social interactions while engaging in the method as compared to their social interactions during non-structured times of the day. I witnessed greater instances of both verbal and non-verbal communication between elders while they engaged in the collage therapy method. I witnessed far less communicative engagement while the elders were eating meals, as well as during times of activity transitions. This observation of difference in socialization and communication remained consistent across the sixteen weeks of method implementation. This observation suggested that the method did impact the elders' sense of community and their ability to communicate with one another.

A Spectrum of 'Possible'

Conversation

85 YEARS

Transforming Communications of Inequality

Stay

KEEPING SCORE

Stay

After introducing the collage therapy intervention to the elders, I reflected upon how the first few sessions went. I explored my own observations, thoughts, and feelings about the work that was done. Mostly I found that the act of creating collages was a foreign concept for the participants, and therefore, much of the first few sessions was filled with participants questioning themselves and asking if what they had done was correct and/or what was expected of them. I found myself feeling surprised when this mostly subsided after several sessions had passed. In my own collage exploration, I found myself using light bulb and double helix images. I was observing what I understood to be new thoughts and a possible felt sense of bodily remembrance of the experience of creating collages. The idea that the questions of correctness subsided led me to wonder if the participants who repeatedly participated were in some way or another remembering or feeling comfort in the familiarity of the experience.

A challenge I quickly faced in implementing the collage method was the fact that the memory care unit of the assisted living facility underwent a renovation. This renovation impacted the implementation of the method, as the space where we met to collage each week changed three different times over 16 weeks. This renovation allowed me to observe the importance of a safe and contained space for participants to come and go as they desire. While we were relocated for the renovation, we spent time outside of the safety of the secured floor, and a greater amount of my energy was displaced to ensuring that participants stayed with the group out of necessity for collective and individual safety.

The location changes found a place in my artistic reflection in the words “stay,” in the words “keeping score,” in the image of the woman sitting in the wheelchair unable to move independently, as well as in the representation of the chairs. Unable to come and go at leisure, the collage experience became a potential source of anxiety and discomfort for individuals who

wanted to leave the group before it had ended. This experience also became a source of anxiety for me, as I was taxed with the task of facilitating a multilayered group experience while also making sure that no participants walked away from the space. Most of my energy was spent ensuring the safety of six to ten elders while also facilitating the group. This meant that occasionally, with my focus away from the social group experience taking place, I could not observe all of the instances of socialization that occurred between participants. The felt sense of socialization among participants during this time may not be truly reflective of the experience. I felt a collective sense of chaos and a deep need for the safety of our previous contained space. Once we were able to move back into our original space the felt sense of safety was back to what I originally observed.

Collaged Observations of the Middle of Method Implementation



The scope of this thesis capstone originally focused only on the catalyst of collage materials to initiate verbal conversations between two or more people. The intention was that the image of the magazine cutout would be the visual stimulus needed to spark a memory between synapses and create conversational pathways for people seeking social connections. What I did not anticipate was the importance the images played in creating non-verbal social connections between people. Several of the members who participated in the collage group were living at a stage in their dementia progression where verbal language was even more inaccessible for them than others. Yet I observed group members (mostly non-verbal in ability) selecting images, and I watched as their faces lit up with emotion as they looked longingly at images of babies, puppies, and people seemingly in love. These members would turn to their peers and share these images, as well as the emotions the images evoked. This speaks volumes. Even in the face of the limitations dementia symptoms can cause, group members still sought connection and still wanted to share the emotions they were experiencing. We are social beings, and more research needs to be conducted to better understand how to support people in their social needs.

These observations and feelings found their way into my collage in the window-like image of the rock and water, as well as in the words “discover the hello”. With the window-like image of the rock and water, I felt very much as though the nonverbal interactions were a conversational window into the words that were trapped in their minds. I watched participants smile at the person next to them, nod their head towards another person, share an image with the person next to them, and then smile again. I had a felt sense of what they were communicating, and I felt as though the two people sharing the nonverbal conversation knew as well. I watched participants find communication and social connection without words, and the images played an important role in this ability to connect and share. Another facet of the artistic inquiry collage

that I feel speaks to this observation is the inclusion of the words “discover the hello.” The variety of communication abilities and social nuances became more important for me as I observed the social interactions between participants. When initially implementing the method, I was solely looking for and attuning to verbal interactions and looking for a verbal “hello” or other form of interaction starter, and because of this I was missing out on other forms of “hello.” When I was able to step back and discover other ways of initiating interaction, I was able to observe a richer and fuller array of social interactions. Due to this discovery, I question if exposure to the method over time resulted in a greater instance of social interactions between elders or if over time and exposure to my own method, I was able to open my eyes to a variety of social interactions that had in fact always been there.

Collaged Observations of the Ending of Method Implementation



The implementation of this method was abruptly cut short due to health concerns regarding the outbreak of the Covid-19 pandemic. With the health threats facing the elder population being too present and too likely, the collage group stopped meeting when both in-person and remote telehealth services were no longer safe options. This abrupt end to weekly collage therapy group meetings was ultimately not unlike the way termination had been planned for. I planned to keep the termination of group to one session, as most of my group participants were at a cognitive stage in their dementia progression where they would likely not remember the group after a short period of time had passed. Therefore, the group was not planned to experience a specific culmination and termination experience. The biggest impact this change had was arguably on me as the method implementer and group observer.

This abrupt and unplanned ending left me as the facilitator with many questions. I wonder if I would have observed anything further from the last four planned sessions. I wonder if any of the group participants were left with an experience of loss and/or abandonment with the lack of clear group termination. I wonder if I would feel drastically different had I been able to facilitate those last four planned collage group sessions, or if I would feel different yet equal feelings of loss due to the group ending.

These questions and thoughts present themselves in the collage I created in the words, “Now What?!?” and “So What’s Next?” as well as in the half face of the woman on the right of the collage, which is the only color image. These words and phrases are highly representative of the questions and feelings of confusion I was left with due to the abrupt ending. The half face of the woman feels representative of myself through the process of abruptly ending the method four weeks early; I very much felt half in and half out of the experience. The choice to end the method was entirely out of my control, and out of the control of the participants. For a thesis

which explored the use of collage to increase instances of socialization and communication, the termination of the thesis work was void of both. This leaves me, as the facilitator, wondering what is next for this work. The answer that has come forward thus far is that the next step is further research. I felt the impact of using expressive arts therapy with elders. More literature about the impacts and usages of collage therapy for elders with dementia needs to be explored and recorded.

Collaged Observations of the overall experience



My experience as a facilitator of my collage therapy method was highly informative. In creating the final artistic inquiry collage for my method, I was surprised by the amount of new information and fresh perspectives gained by creating a culmination collage. Throughout the process I felt as though my original three collages covered a vast array of the information I

observed and felt while witnessing the elders co-creating and communicating. After creating the collage of the overall experience, I have discovered more about what it felt like to facilitate this method. This observation speaks to the importance and contributing capabilities of artistic inquiry as a medium of relaying information for a qualitative study.

In this final culmination collage, I reflected upon the potential themes I observed over the duration of the sixteen collage therapy sessions I facilitated. Again and again I observed people tending towards, finding comfort in, finding happiness in, and sharing with peers, images that contained children, animals, two or more people together, and/or places they had visited. This presents itself in my collage through the images of people, animals, and scenery.

In addition to previously identified themes, this final collage illustrated what I felt as a facilitator of a group of six to ten elders with dementia symptoms. I often felt stretched thin, needed in multiple locations, and I felt that it would have been so helpful to have multiple heads observing multiple things at once. The method was positively impactful, and the elders were experiencing increased instances of socialization and communication, both verbally and nonverbally. However, a limitation I felt was that there was only one of me and multiple of them. I could not possibly observe all of the interactions happening, and ultimately, I am aware that I was unable to notice the full impact of the method. This feeling of being stretched thin is shown in the image of the hamster running on a rodent wheel, the woman in the center with the words “Now What?!?” across her body, and in the words “Little Helpers.” I often felt as though I could have been gathering more information and experiencing a deeper felt sense of the method if I had been able to have a smaller group of elders participate, or if I had been able to have additional people observing who I could later confer with.

Discussion

There were holes in the method that would need to be further accounted for in future studies of the use of collage therapy with elders with dementia. Because the method was implemented in one singular assisted living facility it did not allow for versatility of site culture, staff influence, or group sizing. Conducting this method within one site culture also means that there were few to no differences in culture, socioeconomic status, race, gender, sexual orientation/identity, etc. This method is reflective of the individuals who participated. However, my observations of the impact the method created for each participant suggests a need for further research, as I observed an increase in socialization and nonverbal communication with the implementation of the method. If repeated, it would be ideal to conduct this method with a larger and far more diverse sample of elders.

The implementation of this method was affected by several limiting factors. The building renovation quickly impacted the structure and safety of the group. Needing to yield to the changing locations of collage group did affect the rapport that was built. After several sessions of creating a felt sense of group safety and containment in the original art nook location, our group location was then moved several times. The change in location impacted the safety of the group space. As a facilitator, I felt this in my own body and experience, as well as feeling and seeing this similar experiencing playing out in the bodies and experiences of the group participants.

Another limiting factor of the method was that as the sole facilitator, I could not focus on the collective group as a whole, while also focusing on all individual experiences and interactions. This feels like a significant disadvantage as I am not able to compare my experiences with additional observers, as well as the fact that many instances of socialization

could have been occurring while my observational attention was on different group members. This could have been mitigated by involving more than one facilitator or observer and by controlling for a smaller group size which could have been more easily observed at all times.

Additionally, the method was impacted by a global health crisis which prevented my ability to be present at the internship site for the ending four sessions of the method implementation. With no warning or preparation, the method was cut short, and the weekly collage therapy groups for the elders stopped meeting.

This thesis exploration has highlighted a need for further research of the use of collage therapy as an intervention for elders living with dementia who are experiencing isolation. As the facilitator of this collage therapy method intervention, I found myself seeing, witnessing, and truly feeling the positive impact the proposed method had upon those who participated. I saw elders communicating with one another, both verbally and nonverbally. I saw elders experiencing moments of reminiscence as they held images which reminded them of memories of having children, pets, and friendships. I witnessed a difference in social connections during times of leisure with their peers, versus times of interaction with the collage materials with their peers. My observations alone do not tell me that the above proposed method is the cause of the observed increase in social connections. This observation is reason for continued exploration and research into the accessible and nonpharmacological approach of using the expressive arts therapies with elders with dementia.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Chilton, G., & Scotti, V. (2014). Snipping, gluing, writing: The properties of collage as an arts-based research practice in art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 31(4), 163–171. Retrieved from <https://search-ebscohost-com.ezproxyles.flo.org/login.aspx?direct=true&db=eric&AN=EJ1048595&site=eds-live&scope=site>
- Gjernes, T. (2017). Knitters in a Day Center: The Significance of Social Participation for People With Mild to Moderate Dementia. *Qualitative health research*, 27(14), 2233–2243. <https://doi-org.ezproxyles.flo.org/10.1177/1049732317723890>
- Hannemann, B. T. (2006). Creativity with dementia patients: Can creativity and art stimulate dementia patients positively? *Gerontology*, 52(1), 59–65. <https://doi-org.ezproxyles.flo.org/10.1159/000089827>
- Meguro, M., Ishizaki, J., & Meguro, K. (2009). Collage technique may provide new perspectives for Alzheimer patients by exploring messages from their inner world. *Dementia & Neuropsychologia*, 3(4), 299–302. <https://doi-org.ezproxyles.flo.org/10.1590/S1980-57642009DN30400006>
- Moritani, H. (2016). The potentiality of Collage therapy-The beginning and development of Collage therapy in Japan. *International journal of psychology*, 51, 86. Retrieved from <https://search-ebscohost->

com.ezproxyles.flo.org/login.aspx?direct=true&db=edswss&AN=000413720401032&site=eds-live&scope=site

Phillips, L. J., & Conn, V. S. (2009). The relevance of creative expression interventions to person-centered care. *Research In Gerontological Nursing*, 2(3), 151–152. <https://doi-org.ezproxyles.flo.org/10.3928/19404921-20090527-03>

Sauer, P. E., Fopma-Loy, J., Kinney, J. M., & Lokon, E. (2016). “It makes me feel like myself”: Person-centered versus traditional visual arts activities for people with dementia. *Dementia: The International Journal of Social Research and Practice*, 15(5), 895–912. <https://doi-org.ezproxyles.flo.org/10.1177/147130121454395>

Singh, A., & Misra, N. (2009). Loneliness, depression and sociability in old age. *Industrial Psychiatry Journal*, (1), 51. <https://doi-org.ezproxyles.flo.org/10.4103/0972-6748.57861>

Windle, G., Joling, K. J., Howson-Griffiths, T., Woods, B., Jones, C. H., van de Ven, P. M., Newman, A., Parkinson, C. (2018). The impact of a visual arts program on quality of life, communication, and well-being of people living with dementia: a mixed-methods longitudinal investigation. *International Psychogeriatrics*, 30(3), 409–423. <https://doi.org/10.1017/S1041610217002162>

Woolhiser Stallings, J. (2010). Collage as a therapeutic modality for reminiscence in patients with dementia. *Art Therapy: Journal of the American Art Therapy Association*, 27(3), 136–140. Retrieved from <https://search-ebscohost-com.ezproxyles.flo.org/login.aspx?direct=true&db=eric&AN=EJ901219&site=eds-live&scope=site>

Yoshifumi, N. (2016). The developmental characteristics of the collage expression. *International journal of psychology*, 51, 86. Retrieved from <https://search-ebscohost-com.ezproxy.flo.org/login.aspx?direct=true&db=edswss&AN=000413720401033&site=eds-live&scope=site>

THESIS APPROVAL FORM

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Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA**

Student's Name: Cassandra Knowles-True

Type of Project: Thesis: Development of a Method

Title: Collage Therapy with Elders: Group Socialization and Communication Beyond Words

Date of Graduation: May 16th, 2020

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

Thesis

Advisor: _____

Meg Chang