



Research article

Art therapy in art museums: Promoting social connectedness and psychological well-being of older adults



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ABSTRACT

This study aimed to identify the therapeutic benefits of utilizing the art museum, in art therapy programs, with older adults. Eight older adults participated in docent tours with an art making component at the [BLINDED FOR REVIEW] Museum in California. This study explored the phenomenological perspective of the older adults visiting the museum and aimed to understand how the experience may have impacted their well-being and sense of social support. Participant's art, journals, and researcher's observations were analyzed along with measures of psychological well-being, social connectedness and support. Emergent themes in the art and writing were aligned with De Botton and Armstrong's (2013) seven functions of art. Results indicated the opportunity to explore emotions, thoughts, and memories safely within a group increased participant's well-being and allowed for social connections. Furthermore, the art created reflected the seven functions of art, suggesting these may be useful for the layperson when visiting museums. This study supports previous research, recommending museum visits and art therapy with older adults.

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1. Introduction

Art museums have become an increasingly important setting for art therapists (Treadon, Rosal, & Thompson, 2006) and museum educators (Colbert, Cooke, Camic, & Springham, 2013; Froggett, Farrier, & Poursanidou, 2011) as an alternative venue for mental health support amongst a variety of populations, including older adults (Goulding, 2012). Museums as a setting for art therapy provides alternative ways of engaging clients (Treadon et al., 2006), while the museum itself plays a metaphorical role such as *co-leader*, *group*, *self*, and *environment* (Salom, 2011). They can provide opportunities for self-development, spiritual and artistic growth, and social connection (Roberson, 2011). Furthermore, museums offer potential for life review, non-verbal expression, choice-making, and inspire reflections upon the past and present. The museum offers potential therapeutic opportunities such as a safe place, acceptance of uniqueness and celebration of differences, imparting of information, and installation of hope (Salom, 2008).

Popular authors and philosophers de Botton and Armstrong (2013) support art therapist's assertions that art museums offer a therapeutic context (Peacock, 2012) and propose art "can help guide, exhort and console its viewers, enabling them to become better versions of themselves" (p. 5). In simple, accessible language for the non-academic reader, they propose art museums provide an opportunity to be self-reflective and address psychological needs. While reminiscence has demonstrated efficacy for engaging elders (Chiang et al., 2010; O'Rourke, Cappeliez, & Claxton, 2011), de Botton and Armstrong (2013) propose seven therapeutic functions of viewing art: remembering, hope, sorrow, rebalancing, self-understanding, growth, and appreciation. This study proposes that art therapy in a museum setting can help older adults reduce loneliness as well as support reminiscence and other psychological needs. The authors ask if the functions of art proposed by de Botton and Armstrong (2013) are reflected in the art of older adults visiting a museum with an art therapist.

2. Literature review

Art therapy has been shown to foster a sense of competence in older adults, which can help them navigate physical, psychological, and psychosocial changes, that come with aging (De Guzman et al., 2011). The older adult population, people 65 and older, makes

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up 12.9% of the U.S. population and by 2030, the population is expected to grow to 19% ([Federal Interagency Forum on Aging-Related Statistics, 2012](#)). Often in the aging process, life concerns such as depression, frustration, regression, loss of intellect, memory, speech, social well-being, and/or physical abilities prompt a move towards assisted living; and these life transitions can be explored and processed through art therapy ([Doric-Henry, 1997](#); [Ferguson & Goosman, 1991](#)).

Social isolation leading to loneliness in older adults stems from lack of intimate relationships, multiple losses, diminished communication, loss of function, physical disability, and separation from family ([Ailshire & Crimmins, 2011](#); [Cornwell & Waite, 2009](#); [Hodges, Keeley, & Grier, 2001](#); [Tak, Hong, & Kennedy, 2007](#)). Institutional living may feel restrictive to their independence and personal identity due to lack of control over rules, procedures, and regulations ([Bourret, Bernick, Cott, & Kontos, 2002](#)) as they transition into the stage of ego integrity versus despair ([Afonso, Bueno, Loureiro, & Pereira, 2011](#)).

Art therapy has been observed to produce more benefits than other recreational activities within the same amount of time in those with dementia ([Stephenson, 2006](#)). Art can provide a “visual link by which the individual may explore past and present experiences” ([Stephenson, 2006](#); p. 24). This is particularly important because activation of autobiographical memories has been linked to well-being ([O'Rourke et al., 2011](#)). Reminiscence has been successful in improving psychological well-being and integrity in elders ([Afonso et al., 2011](#)) and is associated with health, security, and feelings of belongingness ([Chiang et al., 2010](#)).

Art therapy and art education, inclusive of painting, sculpture, drawing, and aesthetic analysis improves cognition in older adults by providing a “dynamic learning opportunity” for elders to engage their cognitive, motor, and social abilities ([Alders, 2011](#)). Additionally, cultural and age-specific psychosocial needs can be met through art materials and methods ([Alders, 2011](#)). Old age is not a single life stage, and the variation observed in art likely reflects differences in cognition, affect and physical ability ([Spaniol, 1997](#)). Furthermore, visiting an art museum allows for recollection of memories, improvement in mood, normalcy, and structure, and creates a feeling of belongingness for people with dementia ([Eekelarr, Camic, & Springham, 2012](#)).

Art of a variety of subject matters and styles can elicit cognitive and affective responses in viewers ([Kemp & Cupchik, 2007](#); [Roald, 2008](#); [Tschacher et al., 2012](#)). Type of art preferred by viewers has been linked to personality traits ([Mastandrea, Bartoli, & Bove, 2009](#)). Because viewing art provides a unique intra-psychic experience, art therapy in a museum offers opportunities to address health and well-being for older adults including: Alzheimer's, dementia ([Mittleman & Epstein, 2009](#)), lifelong learning for older adults ([Alders, 2011](#); [Goulding, 2012](#)), and mental health problems ([Colbert et al., 2013](#)). Art museums also engage public awareness and discourse about mental illness to reduce stigma ([Blanton, 2013](#)).

3. Method

This phenomenological research queried how viewing art in a museum, coupled with discussion, journaling, and art making, could increase self-awareness and promote social connectedness in older adults. Qualitative data included artwork, journals, researcher observations and session notes. The primary author worked with the American with Disabilities Act (ADA) coordinator of the museum to gain expert assistance with the selection of art. To inspire recollection of memories, facilitate novel cognitions, and incite an emotional connection we identified art with the subject matter of food, transportation, romanticism, and relationships.

We also specifically wondered how viewing art in the museum would increase psychological well-being and social support. To understand these variables, participants were administered three assessments pre- and post-museum study: Control, Autonomy, Self-Realization and Pleasure (CASP-19) quality-of-life measure ([Ryff & Keyes, 1995](#)), developed and validated for use with older adults ([Hyde, Wiggins, Higgs, & Blane, 2003](#)); Lubben Social Network Scale 18 (LSNS-18), measuring perceived social support and isolation, widely used with older adults in a variety of settings ([Lubben & Gironde, 2003, 2004](#)); and the Social Provisions Scale (SPS) assessing social relationships, validated with older adults ([Cultrona & Russell, 1987](#)).

Eight older adults from an assisted living facility in Northern California volunteered to participate. Inclusion criteria was: self-reported feelings of loneliness or wish to increase social connections, physical ability to travel, and willing and able to make art. See [Table 1](#) for detailed demographic information. The group met four times with a registered art therapist employed at the facility and an art therapy MA student. Sessions were held at the assisted living facility and in the galleries and private rooms at the [MUSEUM BLINDED FOR REVIEW]. Prior to the groups, all participants gave informed consent and completed assessment measures related to well-being and social support. This project was approved by the IRB of our affiliated institution and we followed APA guidelines regarding the research including informed consent procedures and proper storage of data.

The data analysis consisted of qualitative inquiry into phenomenological experience of the participants via examination of the artwork, journals, researcher observations and session notes. Phenomenology studies consciousness and experiences from the point of view of the person being studied ([Roald, 2008](#); [Woodruff, 2009](#)). The artwork made by participants was reviewed by the first and second author, and by five graduate art therapy students of advanced standing. The participants' art was grouped by each session. The theme was explained to the reviewers and images of the paintings viewed and discussed by the research participants were displayed. One graduate art student recorded reviewers open discussion of perceived emotional tones, themes, and content of the participants' artwork and logged it into a chart. Next, these descriptions and the other data were coded in order to group and compare similar or related information, which were then organized into categories.

Because qualitative inquiry benefits from additional strategies to examine the results ([Morse, Barrett, Mayan, Olson, & Spiers, 2002](#)), after the previous analysis, we compared the categories to the model developed by [de Botton and Armstrong \(2013\)](#), which describes the seven functions of viewing art: remembering, hope, sorrow, rebalancing, self-understanding, growth, and appreciation, and then merged the appropriate categories with each function. De Botton and Armstrong's seven functions of art encapsulate the emergent categories, as shown in [Table 2](#). Finally, the assessment measures were summarized to understand the impact on psychological well-being and social support.

3.1. Procedures

Participants met for the first session at the assisted living facility with the goal of familiarizing and preparing participants for the museum experience and to create group cohesion through reminiscence and discussion of art. Participants viewed images of four master's artworks depicting food. Each participant was given 8 × 10 printed copies of the master's art for reference. There was adequate lighting and time for discussion about the art, which centered on evoking emotions, cognitions, and recollection of memories.

In the second and third sessions, participants were given docent-led tours through the galleries in the museum and emphasis

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