A Narrative Approach to Art Therapy for Life Review as a Means to Increase Mood in an Elder Community.

E'lisa Kelley

Indiana University Purdue University-Indianapolis

Herron School of Art and Design

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A Narrative Approach to Art Therapy for Life Review as a Means to Enhance Mood in an Elder Community.

By
E'lisa Kelley
Master of Arts

Herron School of Art and Design
IUPUI
Indiana University

Eileen Misluk, MPS, ATR-BC, LMHC, LPC
Advisor

Juliet King, MA, ATR-BC, LPC
Committee Member

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Professor Valerie Eickmeier
Dean of Herron School of Art and Design

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ABSTRACT

This human-subject study used a quantitative research design to identify if participation in individual art therapy sessions designed to explore life review through a narrative approach would increase mood in older adults. It was hypothesized that elders (ages 65+) who participated in six individual art therapy sessions, once a week, over the course of six weeks, would show an increase in mood. An increase in mood is defined as a decrease in depressive symptomology. The Beck Depression Inventory (BDI-II) provided a baseline measure of depressive symptomologies, rather than a diagnosis of depression. The average difference of individual's pre-and-post BDI-II scores were used to identify if a change in mood occurred as a result of participation in the study. Participants used artmaking and storytelling as a means to engage in a life review process. The use of story stems and collage were the primary means of engaging in the study. The results showed that participants' average BDI-II scores decreased post-study. These findings provide support for the use of a narrative approach to art therapy to explore life review as a means to increase mood in older adults. Future implications of this study include continuing to explore the correlations between art therapy and life review as a means of building ego integrity, a deeper review of the artwork created as a response to the story stem, and additional research on the use of the BDI-II for a measure of increased mood. The study provides quantitative support for the use of a narrative approach to art therapy as a means to increase mood in an aging population.

Keywords: Art therapy, narrative therapy, storytelling, art making, older adults, aging population, life review, ego integrity, mood, reminiscence

DEDICATION

This work is dedication to my cohort: Alex, Erica, Julie, Kaitlin, and Maria. I cannot image having gone on this graduate journey without you all. The strength, support, love, and acceptance that each of you demonstrate daily is truly inspiring. Thank you for listening; thank you for sharing, and thank you for being such a monumental part of this transformative experience.

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INTRODUCTION

Anna Mary Robertson Moses, nicknamed 'Grandma Moses', became a renowned American folk artist after teaching herself to paint at the age of 78. Chang (2006) selected a quote by Grandma Moses to be featured in his book, *Wisdom for the* Soul:

"A strange thing is memory, and hope; one looks backward, and the other forward; one is of today, the other of tomorrow. Memory is history recorded in our brain, memory is a painter, it paints pictures of the past and of the day" (p. 509).

Throughout Grandma Moses' life, she resided in a rural farming community. She was one of 10 children on her parent's farm, until she too became a farmer, wife, and mother of her own. The nostalgia of her early life can be seen through her paintings made in later life. She taught herself to paint as a means of keeping busy after suffering the loss of her husband. Her artwork provided a way to move forward, rather than to become stuck in her grief. Grandma Moses was able to find hope for the future through memories of the past. This process of reminiscence and life review allowed Grandma Moses to redefine her purpose; she found purpose in painting and retelling the story of her life and things past (Grandma Moses biography, 2016; Obituary, 1961).

As Grandma Moses discovered, the second half of life permits more time for introspection and reminiscence on one's life experience. During this time, life review is a healthy and normal process (Harbor, 2006; Hannemann, 2006; Butler, 2002). It provides opportunity to look forward with hope and backward to reminisce; this process could be described as a way of reviewing your life. Erik Erikson (1950) suggests that life review is a way to build ego integrity

in later life. Ego integrity is described as the acceptance of having led an appropriate and meaningful life, and it combats disparity in later life (Erikson, 1950). Ego integrity assists individuals with coming to terms with one's life, finding life meaningful and appropriate; whereas despair leads to feelings of anger, guilt, and/or regret (p.157). Life review provides support for ego integrity and the life review process can offer new insight that fosters acceptance for one's life and its meaning with minimal regrets (Magniant, 2008; Lewis & Butler, 1974; Erikson, 1950).

A narrative approach in art therapy can offer a framework to facilitate a life review process. Art therapy provides structure while also offering the flexibility necessary to meet the various needs of an aging population (Magniant, 2008; Shore, 1997; Riley & Malchiodi, 1994). The art therapist is present to bear witness to the person's narrative and can assist in the life review process by being receptive, compassionate, and providing a safe and supportive environment that is free of judgement (Ehresman, 2013; Magniant, 2008; Riley & Malchiodi, 1994). Art therapy provides a means of symbolic expression and offers distance from personal content (Magniant, 2008; Riley & Malchiodi, 1994). The art therapist offers specific materials to help a person succeed in their artistic expression. The art making process can evoke memories and foster a sense of familiarity. Grandma Moses once stated: "I'll get an inspiration and start painting; then I'll forget everything, everything except how things used to be and how to paint it so people will know how we used to live" (Obituary, 1961). Her paintings provided an outlet of self-expression, as well as a way to reminisce and tell her story (Riley & Malchiodi, 1994).

Narrative, understood as a mental process, provides the necessary structure to allow a person to begin making sense of their life and experience as a whole (Weiner, 1994). According to Cobb and Nash (2010), the primary objective of narrative therapy is to assist people with

forming their story and gaining "flexibility and insight [into] their ability to resolve challenges" (p. 54). Narrative allows for the exploration of alternate stories and idealistic endings. Storytelling, a facet of narrative, has been historically used as a way to teach (Pennebaker & Seagal, 1999; Weiner, 1994). Stories contribute to, evolve out of, and exist within a person's life, therefore, containing a person's most important beliefs, values, and influential life experiences. Existing research suggests that storytelling plays a vital role in a person's wellbeing. "The role of language and narratives in neural integration, memory formation, and self-identity makes them a powerful tool in the creation and maintenance of the self" (Bruner, 1990, as cited in Cozolino, 2010, p.167). Grandma Moses exemplifies how art making can be used to help tell one's story.

The purpose of this thesis is to determine if participation in individual art therapy sessions to explore life review through a narrative approach will show an increase in mood. The study uses a quantitative research design. Participants will receive six individual sessions, once a week for six-weeks that utilizes a narrative framework as a means of building ego integrity. Increasing participants' mood, self-esteem, and pride can help to build ego integrity. Participants will be given the Beck Depression Inventory-II (BDI-II) questionnaire, pre-and post-intervention. Increase in mood is defined by a decrease of depressive symptomologies. The BDI-II provides a baseline measure of depressive symptomologies, rather than a diagnosis of depression. This study utilizes a strengths-based approach by focusing on how the use of narrative with an aging population may increase participants' mood, self-esteem, and pride as a means of building ego integrity. A strengths-based approach aligns with the work of Cohen (2006), who supports depathologizing normal and healthy aspects of the aging process. The difference between the pre-and post BDI-II scores will identify if a change in mood occurred as a result of participation in the study.

Operational Definitions of Terms and Concepts

Aging population: ages 65 and older (Erikson, 1950).

Alternate narratives: provide information on how a person would like to live their life (Pennebaker & Seagal, 1999; Weiner, 1994).

Art therapy: a mental health profession that combines knowledge and understanding of human development and psychological theories and techniques with visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions (The American Art Therapy Association, 2016).

Beck Depression Inventory-II (BDI-II): a brief, 21-item, self-administered questionnaire that assess the intensity of depression. Each question is scored on a scale value from 0-3, higher scores indicate more severe depressive symptoms. Used as the pre-and post-questionnaire. Provides a baseline measure (Beck, et. al., 1996).

Despair: connected to emotions of anger, guilt, and regret (Erikson, 1950).

Ego integrity: the acceptance of having lead an appropriate and meaningful life (Erikson, 1950).

Generalizability: a wide-ranging knowledge or understanding (Magniant, 2008).

Gestalt phrases: provide a metaphor to help a person begin to describe and understand their experiences and perceptions (Magniant, 2008).

Gestalt theory: a way to resolve, evaluate, provide closure, make sense of life experiences, and attend to unfinished business (Magniant, 2008).

Increase in mood: defined by a decrease in number of depressive symptomologies selected on the BDI-II, and lower BDI-II score post-intervention.

Life review: structured and systematic process of evaluating one's life and lived experience (Butler, 2002).

Linear storytelling: telling one's story in logical order

Long term assisted living community: an alternate residence for older adults who are no longer able to carry out essential everyday tasks, a skilled nursing facility.

Narrative therapy: telling and retelling of stories within a therapeutic setting, allows a person to make sense of and/or give meaning to their life by reframing and/or re-authoring their lived experiences, seeks to understand the totality of a person (Carr, 1998; Weiner, 1994; Bruner, 1986).

Personal narrative: personal experience; one's life and lived events (Weiner, 1994).

Quantitative research design: use of objective measurements and the numerical analysis of data collected through pre- and post-questionnaires (Babbie, 2015).

Reminiscence: passive and spontaneous process of reflecting upon one's life and lived experience, central to the life review process (Butler, 1974).

Second half of life: exceeding age 50 (Erikson, 1950).

Story stems: the beginning of a sentence, used to trigger memories and provide a starting point for story development (Magniant, 2008 Weiner, 1997).

Storytelling: a facet of narrative, historically used as a way to teach and impart wisdom (Pennebaker & Seagal, 1999; Weiner, 1994).

Universality: a collective experience, multicultural (Magniant, 2008).

CHAPTER 2

LITERATURE REVEW

According to the U.S. Department of Health and Human services, there were 46.2 million older adults- ages 65 and up living in the United States as of 2014 (Administration on Aging, 2014). The aging population accounts for one in every seven Americans and is predicted to represent 20% of the total U.S. population by 2030, exceeding 98 million older adults by 2060 (Chapin, 2013; Administration on Aging, 2014). It is important to understand the unique psychosocial stages and needs of elders to support healthy aging. Specific needs of later life include mental stimulation in efforts to reduce cognitive decline, developing new skills for cognitive improvement, social interaction/engagement to avoid isolation, maintaining a meaningful life, redefining purpose, building on existing strengths, promoting autonomy and providing developmentally appropriate opportunities (Administration on Aging, 2014). Research has shown that the life review process can offer new insight, and foster acceptance for one's life and its meaning with minimal regrets (Magniant, 2008; Lewis & Butler, 1974; Erikson, 1950).

Developmental Theories of Later Life

Numerous theorists have explored life span and development, although there are few theorists who have focused their developmental theories for later stages of life. Such theorists include Erik Erikson, Robert Peck, and Gene Cohen. These theorists have laid the groundwork for an understanding of the needs of individuals in later stages of life.

Erik Erikson. Erik Erikson (1950) created eight stages of psychosocial development that occur over the span of one's life and charts conflicts and resolutions. The last two stages; generativity versus stagnation, and ego integrity versus despair; correlate with the second half of

life. Each stage involves a fundamental conflict or issue that must be resolved or dealt with before advancing to the next stage. The resolution for generativity versus stagnation is care, showing empathy and concern for others. The resolution for ego integrity versus despair is imparting wisdom, or leaving a legacy. Ego integrity is described as the acceptance of having lead an appropriate and meaningful life. Despair is connected to emotions of anger, guilt, and regret (Erikson, 1950).

Robert G. Peck. Robert Peck (1956) further expanded upon Erikson's work by dividing Erikson's final stage, ego integrity versus despair, into challenges related to mid-life (age 40-65) and old age (age 65 and older). For the purpose of the literature review, only the relevant challenges in old age will be discussed. Peck (1956) theorized that personality development in later life is met with three challenges. The first proposed challenge is ego differentiation versus work-role preoccupation, which considers a person's choice to either remain stuck in how one used to identify themselves or begin to explore new potentials to redefine themselves. Next, body transcendence vs. body preoccupation, discusses a person's ability to cope with the physical changes that accompany aging. Elders may choose to focus on physical pains and restrictions as a reminder of growing old, or accept these changes as part of the normal aging process. This acceptance is accomplished by understanding one's limitations and making appropriate adaptations to their daily routine. Lastly, ego transcendence versus ego preoccupation refers to coming to terms with the end of one's life. The challenge of ego transcendence parallels Erikson's (1950) stage of ego-integrity, both involve coming to terms with one's inevitable death and feeling that they have lived a meaningful life.

Gene Cohen. Gene Cohen (2006), identified four developmental stages for the second half of life, which resemble Erikson's ego integrity versus despair. Cohen's work outlines the

essential plans, actions, and influences of the later developmental stages, prompting a change to what has been considered "normal and inevitable" decline in older age. Cohen (2006) states, "by acknowledging that a problem exists acknowledges the possibility for a solution" (p.7). For example, a person may have to adjust to new physical limitations by modifying their daily routine. It is understood that a person continues to grow and develop throughout their lifespan: reevaluating, discovering, and experimenting within every stage (Cohen, 2006).

Cohen's (2006) four developmental stages of the second half of life include mid-life re-evaluation, liberation, summing up, and encore; these phases are essential in the quality of life in older adults. For the purpose of the literature review, mid-life re-evaluation will not be explored because it applies outside of the focused age range of 65 years and older.

Liberation. Liberation occurs between mid-50s to 70 years old when a person's plans and actions are influenced by their "personal freedom to speak one's mind and do what needs to be done" (Cohen, 2006, p.8). For example, elders may explore a new hobby or a social club to occupy their new free time. Research suggests that people often become static after retirement; they neglect expanding upon or attending to existing interests/skills and equally neglect to discover new ones (Hannemann, 2006). The reason for this neglect is due to changes in social, developmental and financial factors, and not due to the aging process itself (Hannemann, 2006).

Summing up and encore. Summing up occurs between late 60s to 80 years old when plans and actions are influenced by the "desire to find larger meaning to one's life as one looks back, reexamines, and sums up what has happened" (Cohen, 2006, p.9). During this time elders are motivated to share their wisdom and life experience as well as resolve lingering conflict. Lastly, the encore phase may occur any time after the late 70s when plans and actions are influenced by

a “desire to restate and reaffirm major themes in one’s life… [also expand upon those themes] and to further attend to unfinished business and unresolved conflict” (Cohen, 2006, p.9). Cohen (2006) suggests increasing levels of mastery as a way to accomplish the various needs and desires of these life phases; “the experience of a feeling of mastery also leads to increased feelings of empowerment” (Cohen, 2006, p.9) Empowerment offers a sense of control that encourages a person to continue to explore and challenge themselves.

Erikson, Cohen, and Peck’s theories include underlying themes of self-examination and perspective. Peck suggested that a person’s ability to adjust to life’s changes is a determinant of their happiness in later life (Corie, 2010). Erikson, Cohen, and Peck all explored various components pertinent to later life, while expanding on the unique needs and tasks that accompany these life stages. In common was the assentation that reviewing one’s life is fundamental in later life development.

Approaches for Life Review and Reminiscence

As noted by the theorists above, life review and reminiscence are understood to be fundamental in healthy development of later life. As theorists expand upon our understanding of the later stages of life, the need for clinical interventions to help individuals traverse this terrain become necessary. Kerr (2013) and Butler (1975) provide a foundation for clinical approaches that meet the unique needs of the aging population.

Kerr (2013) has a shared understanding that conventional views of aging must be reexamined, she refers to Butler (1975) for support: “We rarely find anyone paying comparable attention to the growth and wisdom in the individual” (p.50). Rather than approaching age

related problems with an intent to correct them, the focus of research should be on understanding the changes in development as healthy and adaptive.

Butler (2002) reflects that 50 years ago, people associated reminiscing with confused thought and understood it to be a precursor to Alzheimer's disease; to reminisce was to be stuck in the past (Butler, 2002). Research done in this era focused on studying older adults living in long-term and assisted living programs. This limited focus led to an inaccurate overgeneralization of older adults, especially those who were not experiencing rapid physical and/or cognitive decline (Butler, 1974). However, once the research expanded to include studying healthy (i.e., cognitively and physically active) older adults, results suggested that reminiscence is a central part of the life review process. Through extensive interaction and observation, Butler (1974) concluded that older adults go through a natural internal process that focuses on the review and evaluation of one's life and lived experience, deeming life review as a "…normal function of the later years and not a pathological condition" (Butler, 2002, p.3). Further stating: "Overall, the life review is a necessary and healthy process and should be recognized in daily life as well as used in the mental health care of older people" (Butler 2002, p.5).

Life review is an "important psychological task" which allows a person to make sense of and come to terms with their life and lived experience (Butler, 2002, p.3). Butler notes that, "the strength of life review lies in its ability to help promote life satisfaction, psychological well-being, and self-esteem" (Butler, 2002, p.5). Reminiscence is essential to this process as it provides an opportunity for people to form new meaning as the end of life approaches. The recollections which make up one's life story are described as "complex, often contradictory, and frequently filled with irony, comedy, and tragedy" (p.5).

Harber (2006) differentiates the terms ‘life review’ and ‘reminiscence’ by defining reminiscence as a “simple…passive and spontaneous process that may be part of a life review but is not synonymous with it” and he further defines life review as a “structured and systematic process deliberately implemented with willing participants” (p. 154). Life review facilitates a ‘meaning making process’ that provides an opportunity for individuals to make sense of how their memories are connected to the meaning of life. Life review typically involves several “life themes” that reflect significant life events as well as meaning, values, and sense of purpose (p. 154).

Serrano, Latorre, Gatz, & Montanes, (2004) examined the efficacy of life review and retrieval of autobiographical memories with older adults diagnosed with depression. The study showed that depressive symptoms significantly reduced when participants recalled more personal and meaningful memories as opposed to less personal and more generic memories (Serrano, et. al., 2004). By reflecting on specific memories, participants experienced improved mood and increased life satisfaction, as well as decreased depressive symptoms and decreased sense of hopelessness (Serrano, et. al., 2004).

Bluck and Habermas (2001) combined life and life span perspectives to develop a basic framework to study autobiographical memory. They understood autobiographical memory as an individual’s recall of memories from their personal past, although, “not all memories of the personal past have the personal significance that makes them truly autobiographical” (p.136). Autobiographical memories are the building blocks which form a person’s autobiography, or life story. Life perspective considers the interconnectedness of specific life events and memories within the context of a person’s whole life, while the life span perspective accounts for the chronological order of which these influential events took place. Autobiographical memories

continue to develop throughout adulthood, Bluck and Habermas (2001) explain, "[a]s new experiences are added to one's past, and as reasoning about life may become more sophisticated, autobiographical memory is constantly updated as life progresses" (p.137). Autobiographical memory plays a vital role in making sense of one's life and lived experience. "Taking a life span perspective allows us to understand age-related gains and losses in autobiographical memory that may be integral to changes in other psychological parameters such as identity, social relationships, and planning" (p.138).

Research has identified life review as an important psychological task and as a way to give meaning and make sense of life experience. Research supports the efficacy of life review, and life review can be facilitated using a narrative approach.

Narrative therapy. In addition to providing a foundation to begin facilitating a life review process, forming stories is another approach that can improve a person's mental and physical health (Pennebaker & Seagal, 1999). Pennebaker & Seagal (1999) state, "the act of constructing stories is a natural human process that helps individuals to understand their experiences and themselves" (p. 1243). Findings indicate that a person can come to terms with the meaning of their life by integrating thoughts and feelings into a constructive narrative (Pennebaker & Seagal, 1999). The process of constructing a personal narrative allows people to "put their emotional upheavals into words", and can result in significant improvement of one's mental and physical health (Pennebaker & Seagal, 1999, p. 1244). Neuroscience research provides additional support for narratives promoting mental and physical health. Research has shown that forming narratives can be an effective way to integrate neural networks and the experience of self. Cozolino (2010) explains, "At the level of experience of self, networks dedicated to sensation, perception and emotion seamlessly integrate into the emergence of conscious experience" (p.151). The brain

requires certain connectivity and balance of neural networks. If these networks are imbalanced, it may lead to mental distress. Therapy becomes the avenue to explore reconnection of these imbalanced systems (Cozolino, 2010). Cozolino (2010) provides a list of important functions that narratives provide including:

> "Grounding our experience in a linear sequential framework; remembering sequences of events and steps in problem solving; serving as blueprints for emotions, behavior, and identity; keeping goals in mind and establishing sequences of goal attainment; providing for affect regulation when under stress; allowing a context for movement to self-definition" (p.163).

Narrative therapy is a unique approach that allows a person to make sense of and/or give meaning to their life by reframing and/or re-authoring their lived experiences. Originated out of the work of Michael White (Carr, 1998), a narrative approach in therapy veers away from labeling people in accordance to their psychiatric diagnoses and separates the person from the problem to understand the totality of a person (Carr, 1998; Weiner, 1994). Narrative provides the structure necessary for an individual to begin making sense of and giving meaning to one's life and lived experience (Weiner, 1994). White (1993) explained,

> "[T]he narrative metaphor proposes that persons live their lives by stories- that these stories are shaping of life, and that they have real, not imagined, effects- and that these stories provide the structure of life" (cited in Weiner, 1994, p. 89).

A narrative approach in therapy offers an outlet to which a person may explore and derive meaning from their life experience as well as explore alternative scenarios. Narratives allow a person to transcend physical barriers or limitations, and explore alternate selves and

outcomes through imagination (Cozolino, 2010). Additionally, narratives provide a way to gain alternate points of view and increase understanding of ourselves and others. Narrative therapy suggests forming alternative narratives in order to better understand the effects of dominating, oppressive narratives, and to begin regaining a sense of control over one's own life. Alternative narratives provide information on how a person would like to live their life and exploring these narratives is essential to the development of therapeutic solutions (Carr, 1998). Within a narrative approach, it is assumed that personal narratives establish identity, thus making the process of re-authoring personal narratives transformative and life-changing (Bruner, 1986). Bruner (1986) considers the innate storyteller that exists within all of us through discussing the two existing modes of human thought and understanding: the paradigmatic mode and the narrative mode.

Story development. The paradigmatic mode is predominately verbal, relies on logic, and seeks truth by empirical evidence. The narrative mode is multisensory, relies on metaphor and seeks a believable truth. These modes are complementary to one another and actively construct stories that create one's subjective reality, and both are required for balanced mental health (Weiner, 1994).

These two interwoven modes lead to the simultaneous construction of two 'landscapes': the landscape of action and the landscape of consciousness. The landscape of action refers to the setting and plot development of the story. It informs the motives, purposes, intentions, hopes, beliefs, and values of the story. Whereas, the landscape of consciousness refers to the internal state of those involved in the story. It develops the meaning of the story (Bruner, 1986).

While the two modes of human thought establish the story's foundation, the constructed landscapes provide the context to the story. Both play a vital role in the development of a story,

and both must work together in forming the story (Bruner, 2004; Weiner, 1994). This interactive creation of narrative can be further understood through gestalt principles. Bruner (1986) argued that constructing stories is an essential human need and can be facilitated through bridging narrative theory with gestalt theory as a way to resolve, evaluate, provide closure, make sense of life experiences, and attend to unfinished business (Mortola, 1999). Central to narrative theory is the process of telling one's story in order to make sense of the human experience (Mortola, 1999). Storytelling embodies the universal human experience and parallels the ongoing process of gestalt formation and closure. Gestalt formation and closure is a process of assessing, meeting, and reevaluating one's needs overtime. This process is also seen through the progression of developmental stages. Storytelling provides a framework to facilitate a life review process in a developmentally appropriate way that utilizes both gestalt and narrative theory principles.

Storytelling. Stories contribute to, evolve out of, and exist within a person's life narrative. Stories provide the necessary distance to allow a person to explore themselves and gain new perspectives. Making changes to a story by experimenting with a variety of emotions and actions allows for a revision of life experience (Cozolino, 2010). Storytelling is a facet of narrative and has been historically used as a way to teach (Pennebaker & Seagal, 1999; Weiner, 1994). Storytelling crosses all cultures and all human experiences, making storytelling an essential part of human being needs. Neuroscience further suggests that, "the evolution of the brain and the development of narratives have gone hand in hand" (Cozolino, 2010, p.163). The human brain evolves alongside the world around it. Therefore, as narratives developed, so did the innate ability for human beings to be storytellers. These stories are understood to promote psychological and emotional stability (Cozolino, 2010).

Storytelling involves universality and generalizability because stories embody archetypal human experiences. Cozolino (2010) suggests, “the evolution of the human brain is inextricably interwoven with the expansion of culture and emergence of language. Thus, it is no coincidence that human beings are story tellers” (p. 163). Historically, storytelling has provided an opportunity for individuals, and traditionally older adults, to share their lived experience with others and impart wisdom to future generations. However, the role of the storyteller has dwindled within the context of modern society. Some argue that this decline may affect the prestige, power, and self-esteem of the storyteller, and consequently older adults in this role (Haber, 2006; Weiner, 1994). Cozolino (2010) stated, “stories connect us to others, prop up our often fragile identities, and keep our brains regulated” (p. 163). Haber (2006) promoted life review as a way to “revive the storytelling role and enhance the mental health of older adults” (p.154). A way to use storytelling to aid the life review process is through the use of story stems.

Story stems. Story stems are used to trigger memories and provide a starting point for story development (Magniant, 2008 Weiner, 1997). The story stems apply generalized knowledge and are reflective of universal sensations and experiences, making the approach multiculturally appropriate. Story stems are similar to gestalt phrases, which provide a foundation that a person can build on and personalize. Gestalt phrases use metaphor to help a person begin to describe and understand their experiences and perceptions (Magniant, 2008). Exploring personal stories through metaphor provides distance and promotes a sense of safety that can assist in the storytelling process. Gestalt theory, like narrative, aims to understand the totality of a person. Storytelling and gestalt principles parallel in providing a means of evaluation, resolution, and closure. Storytelling offers the opportunity to rework and refine lived experience and can assist a person with understanding and giving meaning to life.

Art therapy with older adults

Butler (2002) described late life of older adults as being accompanied with a "…vivid imagination and memory of the past and can recall with sudden and remarkable clarity early life events. They may experience a renewed ability to free-associate and to bring up material from the unconscious" (p.3). Art therapy provides an outlet for older adults to begin to express and explore this unconscious material. Art therapists use artistic media as a tool to foster communication and facilitate the therapeutic process. The art becomes an outlet for self-expression that offers an opportunity for conflict resolution and can assist in the process of life review and storytelling.

Art therapy. The American Art Therapy Association (2016) defines art therapy as:

"an integrative mental health profession that combines knowledge and understanding of human development and psychological theories and techniques with visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions".

Art therapy provides a safe environment and outlet for self-expression that can be adapted to meet the various needs and abilities of older adults (Magniant, 2008; Bergland, 1982; Dewdney, 1973). Art therapy literature supports art making as an effective way of working with older adults, "especially those with cognitive impairments or brain damage that can impede their verbal abilities" (Magniant, 2008, p. 53). The use of art within the therapeutic process provides containment and gives a person distance from a problem, feeling, or memory, by putting it on paper and allowing the metaphor of the artwork to speak (Magniant, 2008; Riley & Malchiodi, 1994; Lewis & Butler, 1974). Art-making is a catalyst for personal growth that can be used at

every stage of life (Ehresman, 2013). When working with older adults, Magniant (2008) reported, “the art would allow them to open up in ways that they could not or would not otherwise” (p. 53).

Art therapy and life review. Magniant (2008) developed an art therapy technique, Lifebooks, to provide a framework to begin a life review process and honor one’s experience. The participants were older adults living in a long-term retirement facility. Some identified benefits of the life review process were: assistance in reevaluating issues, increasing self-esteem, and instilling a sense of pride (Magniant, 2008; Bergland, 1982; Dewdney, 173; Priefer & Gambert, 1984). Participants in the intervention used a spiral-bound drawing pad to illustrate and discuss their life stories. In a case-example, the participant’s Lifebook began with stories of everyday life. The therapist reported, “…bring[ing] up the season or month to see if it triggered any memories”, as well as offering a collage picture, or an image stimulus to help the person get started (p. 60). Gestalt phrases were also used to, “help one go deeper into the metaphor of the page” (pp. 60-61). Gestalt phrases use metaphor by helping to describe one’s own experience and perceptions by personifying the elements of their artwork (Malchiodi, 1998 as cited in Magniant, 2008). The Lifebooks provided mental stimulation, validated the individual life experience, highlighted existing strengths, and honored their stories (Magniant, 2008, p. 58, 67).

Jessica Woolshier Stallings (2010) did a small qualitative case study to explore the use of collage in art therapy as a means to aid reminiscence in older adults with dementia. Participants’ collages were often reflective of current and past life circumstance. Support for reminiscence was seen through the participant’s verbalizations and interactions with the images. The research found collage to be a useful tool for promoting reminiscence, expression, and providing alternate means of communication for elders. In addition, the use of collage provided an achievable

opportunity for elders to engage in an art making process, and explore problem-solving and organizational skills (Woolshier Stallings, 2010).

Bergland (1982) described the life review process as an "…opportunity to integrate thoughts and feelings and consolidate a sense of self" (as cited in Magniant, 2008, p. 121). Similarly, the images created within art therapy sessions may be reminiscent of the past or reflective of the future, promoting integration of life experience (Ehresman, 2013). Life review and art therapy both share common goals: to provide the opportunity for a person to explore, integrate, and give meaning to their life experience (Ehresman, 2013; Magniant, 2008; Haber, 2006).

In 2004, Ravid-Horesh did a qualitative single-study to explore if art therapy would enhance the positive outcomes of life review in older adults. Sessions focused on various developmental themes, extending from childhood to adulthood. By comparing pre-and post-intervention assessment images, the results suggested that the art therapy intervention had a positive impact on the life review process with older adults (Ravid-Horesh, 2004).

Art therapy provides a means to explore, integrate, and give meaning to life experience. Research has shown art therapy to be an effective way to work with older adults because it addresses the various needs of an aging population and provides an outlet to explore life review. Art therapy provides older adults with mental stimulation and an opportunity to gain mastery. Additional positive outcomes of art therapy with older adults include: highlight a person's current strengths and promote new skill development, assist in reevaluating issues, increase self-esteem, and instill a sense of pride (Ehresman, 2013; Magniant, 2008; Haber, 2006).

Narrative Approach in Art Therapy. Narrative approach relies predominately on verbal means, which is limiting to nonverbal individuals. However, a narrative approach to art therapy

could expand the narrative possibilities to those who are unable to communicate details verbally by providing a visual means of expression (Ehresman, 2013; Magniant, 2008; Riley & Malchiodi, 1994). Narrative therapy is the telling and retelling stories within a therapeutic setting. Riley and Malchiodi (2003) describe how art therapy can help facilitate a narrative process: "…it [art therapy] also can evoke a physical sense of how the problem feels and provides the opportunity to make meaning and rework images into new stories" (p. 88).

Common goals of narrative therapy are to build inner resources and problem solving abilities (Riley & Malchiodi, 2003; Carr, 1998; Weiner, 1994). When working with clients, Riley and Malchiodi (1994), suggest that: "the block to success is that of language" (p. 89). Through their clinical experience, Riley and Malchiodi (1994) assert that artistic expression fosters communication, problem solving, and personal understanding of one's own narrative, while also providing the flexibility necessary in creating a cohesive narrative. The benefits of artistic expression in fostering communication, problem solving, and insight continue to be explored and supported in research (Ehresman, 2013; Cobb & Negash, 2010; Magniant, 2008).

Neuroscience offers further support for integrating art-making and storytelling. Research suggests stories "serve as powerful tools for high-level integration" (Rossi, 1993, cited in Cozolino, 2010 p. 164). The interactive process of storytelling and art making may promote the development and maintenance of neural network integration. Cozolino (2010) states:

> "The combination of a linear storyline and visual imagery woven together with verbal and nonverbal expressions of emotion activates and utilizes dedicated circuitry of both left and right hemispheres, cortical and subcortical network, the various regions of the frontal lobes, and the hippocampus and the amygdala" (p. 164).

Through an interactive process of storytelling and art making, a person may begin to consciously integrate their sensations, feelings, and behaviors (Cozolino, 2010). By promoting storytelling and art making within the context of art therapy, a person may begin to safely explore personal narratives and "try on new ways of being" (Cozolino, 2010, p. 165). The exploration of narratives provides an opportunity for a person to begin making sense of their life and lived experience, which is essential in the life review process. Art making and art therapy provide alternate means of self-expression and exploration.

By understanding and acknowledging the specific challenges related to later life, therapists and other healthcare professionals can begin to provide more appropriate care for older adults. Life review is understood to be an essential task for building ego integrity. Ego integrity is essential to the healthy development of older adults. Storytelling lends itself to the facilitation of a life review process. Storytelling offers a means for imparting wisdom and legacy leaving. Art therapy provides a framework where personal narratives can be developed and explored. Artistic expression can stimulate the recall of forgotten of repressed material (Zeiger, 1975, cited in Malchiodi, 2006), offer new perspectives, and provide a means of reviewing one's life and sharing their stories. The combination of verbal and nonverbal expression in art therapy promotes the development and maintenance of neural network integration and assists in the development of a linear storyline (Cozolino, 2010). In the words of Maya Angelou (2014), "There is no greater agony than bearing an untold story inside of you".

CHAPTER III.

METHODS

Design of Study

The purpose of this study was to identify if participation in individual sessions to explore life review through a narrative approach would show an increase in mood. A quantitative research design was used and the difference between pre-and post-Beck Depression Inventory-II (BDI-II) scores were used to identify if a change in mood occurred as a result of participation in the study. It was hypothesized that there would be a decrease in BDI-II scores after the participation in six individual sessions targeted for life review through a narrative therapy approach.

Location and Time Period of Study

Community for elders in a wealthy Midwestern suburb. March 2017- April 2017: The study participants engaged in individual art therapy sessions for six weeks.

Recruitment and Enrollment Information

Participants were older adults living at a long-term assisted living community in an affluent Midwestern town. There were 24 potential subjects. All 24 individuals were invited to participate, and those who declined participation in the study were still given access to art therapy services. The study anticipated the participation of 4-12 elders, age range from 65-98, with 75% female and 25% male, and 100% Caucasian. Socioeconomic information was not made available. Sessions were conducted individually to accommodate the needs of all elders

who may have had challenges with mobility or needed modifications and/or accommodations in order to participate in art therapy sessions.

The art therapist initially met with each of the 24 available older adults to gauge their interest in participating in the study. Within the initial meeting, the art therapist provided informed consent and reviewed the criteria for the study. Once participation was agreed upon, the BDI-II was administered as a baseline measure.

Investigational Methods and Procedures

The Beck Depression Inventory-II (BDI-II) was given as a pre-and post-questionnaire; the difference between pre-and post-scores were used to identify an increase in mood as a result of this study. The BDI-II is a brief, 21-item, self-administered questionnaire that assess the intensity of depression. Each question is scored on a scale value from 0-3; higher scores indicate more severe depressive symptoms (Beck, et. al., 1996). For this study, an increase in mood is defined by a decrease in depressive symptomologies. Segal, Coolidge, Cahill, and Riley (2008) examined the psychometric properties of the BDI-II as a self-administered screening tool for depressive symptomologies. They found internal reliability to be good among older adults, as well as evidence for convergent and discriminant validity. Their overall findings suggest "solid psychometric properties" of the BDI-II with an aging population (Segal et. al., 2008, p. 17). These findings were congruent with a previous study in a Korean elderly population that found the BDI-II to have "good internal consistency, test-retest reliability, and convergent validity" (Jo, Park, Jo, Ryu, and Han 2007, as cited in Segal et. al., 2008, p. 16). Segal et. al. (2008) further suggest, "[The BDI-II] may provide helpful data to be used in psychotherapeutic treatment planning and in the monitoring of progress" (p.17). In the present study, the BDI-II was used as a pre-and post-measure, that provided a baseline in mood, and identified change in post study

participation. A decrease in post- BDI-II scores identified an increase in mood post study. The difference is found by subtracting the post BDI-II scores from the pre-BDI-II scores.

Informed Consent

The research maintained confidentiality of the participants by assigning participant numbers on the data collection forms. These forms included: chosen story stems, material choices, and amount of time used in the session. Content pertaining to the individual sessions and stories were held confidential, and participants were able to leave the study at any time for whatever reason. To ensure participant's understanding, the rules and parameters of the study were reviewed at the beginning of each session.

Procedure and Data Collection

At the beginning of each session, the researcher briefly reviewed the informed consent and confirmed that the participants were still interested in participating in the study. The participants were reminded that they could exit the study at any time and continue receiving art therapy services regardless of participation. To maximize participation, the researcher offered a flexible schedule to meet the needs of the participants. Each participant was approached up to two times each week to accommodate individual scheduling needs.

Once the participant agreed, they were given the following instructions: "Today we are working on narratives and generating ideas for stories. I have 3 story stems for you to choose from: e.g., 1. The most magical day, 2., I cried a lot, or 3., I fell in love. Or you may choose your own story stem. Create an image that tells that story". Once the image was completed, the researcher asked, "Please tell me your story. What would the title of this story be?" The researcher listened and bared witness to the process. Post session, the researcher documented the

story stem, materials chosen and amount of session time. During the final session, participants created a book that contained the images made in previous sessions. Participants concluded the session by creating a cover page and title for their books.

The story stems used in this study were a combination of gestalt phrases and dialogue used in case-examples provided by Magniant (2008). Much like the use of an image stimulus, the story stems were meant to trigger a memory and provide a starting point for a person to begin their image and story. The following phrases influenced the construction of the story stems: *I am, I want, I will, I feel, I need, I wish, I secretly want; never told anyone before, the place you'd most like to be, longing for, dreamed of, came to visit* (Magniant, 2008, pp. 61-63). The additional story stems were developed for the purpose of this study. The story stems applied generalized knowledge and were reflective of universal sensations and experiences such as sensory experiences rituals, traditions, and weather, they were not culture specific in order to span and connect with a variety of cultures.

Table 1. *Weekly Procedures and Story Stems*

Week/Date	**Story Stem Choices:**
Week 1: 2/6/2017- 2/10/2017	1. The most magical day 2. I cried a lot 3. I fell in love Or option to create your own
Week 2: 2/13/2017- 2/17/2017	1. I was nervous 2. What a sight it was 3. I felt safe Or option to create your own
Week 3: 2/20/2017- 2/24/2017	1. I was afraid 2. I went on vacation 3. I had a dream that Or option to create your own
Week 4: 2/27/2017- 3/3/2017	1. I was so proud 2. I worked all day and all night 3. I was embarrassed Or option to create your own
Week 5:	1. I was all alone 2. I couldn't stop laughing

3/6/2017- 3/10/2017	3. I went for a walk Or option to create your own
Week 6: 3/13/2017- 3/17/2017	Closing Session: Create book; put art/stories from previous sessions into book; create title page for book

Possible Risks and Management of Risks

Possible risks included participant's feeling uncomfortable with generating stories, concerns around confidentiality, and/or the assessment process. The researcher believed that there was minimal risks and discomforts to subjects. The following efforts were made to control for possible risks. Loss of confidentiality was managed by providing: each participant a unique number that does not coincide with a current medical coding used by the facility and was only be held by the researcher for the duration of the study. The BDI-II scores, artwork, and data forms were kept in a locked, secure area and information was not be discussed with the clinical team. The participants were given the option to complete the BDI-II questionnaire alone or with the assistance of the researcher, and were given the option to skip any questions that they were uncomfortable answering. Sessions occurred in the participant's room or a private meeting space, and participants had the option to leave the study at any time. The participants were allowed to leave and/or discuss any discomfort with the researcher at any time during the sessions. Efforts to minimize any perceived pressure to participate in the study were made by continuing to offer art therapy services to those who did not choose to participate in the study.

Limitations and Delimitations

The limitations of this study included circumstantial influences that could affect the pre- and post-questionnaire scores. The small sample size does not allow the findings to be broadly generalized. The study only encompassed one hour per week of the participant's time. External

factors and challenges could have affected mood and accounted for a change in mood that did not result in the participation of the study. Medical records and history of medications were not included in this study; medications and dosage could have accounted for mood change. In addition, the lack of diversity among participants due to the homogeneous population posed as a limitation.

Delimitations of this study included: a small sample size and homogenous group; a single facility to perform the research study and the circumstantial nature of living in an assisted living facility where services are directly received. In addition, the time of day sessions took place varied amongst participants, which may have posed inconsistencies in engagement. In order to account for the fluidity of time and accommodate for variations in energy levels, individuals were given two opportunities per week to complete their individual session to maximize potential participation.

CHAPTER IV.

RESULTS

Quantitative Results

It was hypothesized that elders who participated in six individual art therapy sessions, once a week, over the course of six weeks, would show an increase in mood. The Beck Depression Inventory (BDI-II) provided a baseline measure of depressive symptomologies. The average difference of individual's pre-and-post BDI-II scores were used to identify if a change in mood occurred as a result of participation in the study. Participants used art making and storytelling as a means of engaging in a life review process. The use of story stems and collage were the primary means of engagement. The results showed that participants' average BDI-II scores decreased post-study (see Figure 1). These findings meet the original hypothesis and provide support for the use of a narrative approach to art therapy to explore life review as a means to increase mood in older adults.

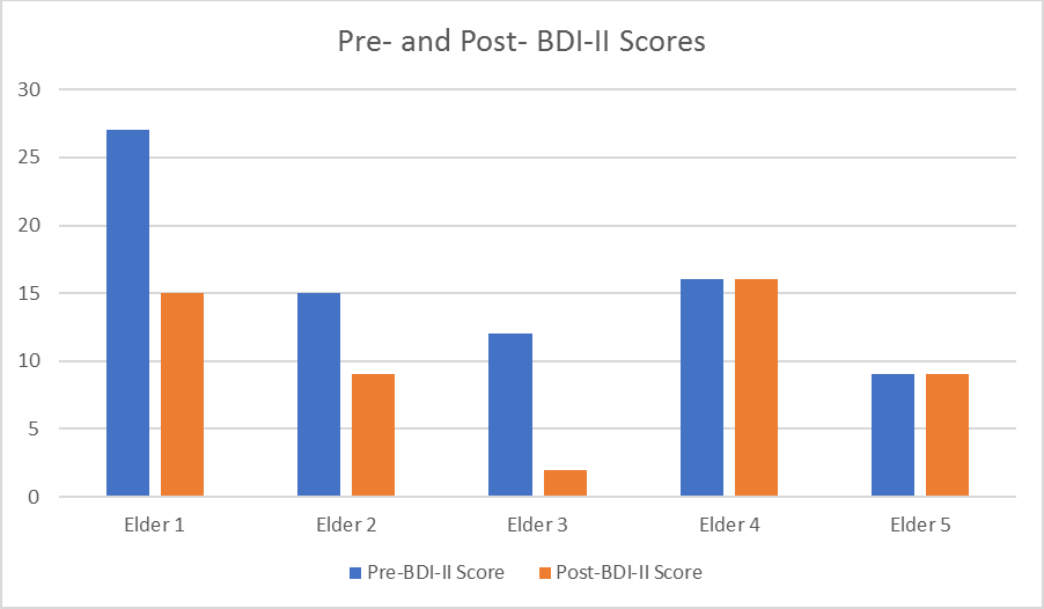

Figure 1. Participants' pre-and-post BDI-II scores.

Prior to beginning the recruitment process, three of the anticipated 24 potential subjects had moved out of the skilled nursing facility, and 6 had passed away. There were 15 elders invited to participate in the study: 10 declined and 5 accepted. The 10 elders who declined participation in the study were still given access to art therapy services, however, they declined further encouragement to engage in art therapy. The study anticipated the participation of 4-12 elders; 5 elders agreed to participate in the study. Participants' ages ranged from 65-80; 100% Caucasian; 100% female. Sessions were conducted individually and accommodations were made for all elders who experienced challenges with mobility or needed modifications and/or accommodations in order to participate in art therapy sessions. Participants will be referred to by their assigned number and corresponding pseudonym: 1. Ann, 2. Betty, 3. Cecile, 4. Donna, 5. Ellen.

Once participation was agreed upon, the BDI-II was administered as a baseline measure. The BDI-II took approximately 10 minutes to complete. Of the 5 elders, Cecile was the only participant who chose complete the pre-and-post questionnaire without the researcher's assistance in reading the questions aloud. The difference in pre-and post BDI-II scores showed an increase in mood for participants 1, 2, and 3, while participants 4 and 5 showed no change in the overall total BDI-II score (see Figure 1). The average pre-and post BDI-II scores show a decrease in feelings of sadness, pessimism, past failure, loss of pleasure, guilty feelings, self-dislike, self-criticalness, crying, worthlessness, loss of energy, irritability, and changes in sleep pattern (see Figure 2). Results also show an increase in changes in appetite and concentration difficulty. There was no change seen in scores of punishment feelings, suicidal thoughts or wishes, agitation, indecisiveness, tiredness and fatigue, and loss of interest in sex post-study. The most significant change was seen in loss of energy (-4) and change in sleeping patterns (-5). It

was verbalized by the participants that the researcher provided “entertainment” and the study participants “something to do”. The study provided a mentally stimulating activity during a time that may have previously been spent on watching television or taking a nap. Cecile reported that the sessions “bring me back to life”.

Table 2. *The Average Difference Between Pre-and-Post BDI-II Scores per Question*

BDI-II Scores			
Topic	**Pre-Score**	**Post-Score**	**Difference**
Sadness	2	0	-2
Pessimism	1	0	-1
Past Failure	3	1	-2
Loss of Pleasure	6	3	-3
Guilty Feelings	2	0	-2
Punishment Feelings	1	1	0
Self-Dislike	5	2	-3
Self-Criticalness	4	2	-2
Suicidal Thoughts or Wishes	0	0	0
Crying	4	2	-2
Agitation	1	1	0
Loss of Interest	4	3	-1
Indecisiveness	1	1	0
Worthlessness	6	5	-1
Loss of Energy	10	6	-4
Changes in Sleeping Pattern	9	4	-5
Irritability	2	1	-1
Changes in Appetite	2	3	+1
Concentration Difficulty	2	4	+2
Tiredness or Fatigue	5	5	0
Loss of Interest in Sex	9	9	0

The average use of materials was found by averaging the number of times a material was used throughout the 25 total sessions (see Figure 3). Participants were not limited to one material per session, therefore if multiple materials were used in a single session, both materials would be recorded as data. The results show that collage was most often selected, followed by markers, colored pencils, chalk pastel, and oil pastels were used the least.

Table 3. *The Average Use of Materials*

Material	# of times used in session	Percent
Collage	15	60%
Markers	6	24%
Colored Pencil	5	20%
Chalk Pastel	3	12%
Oil Pastel	1	4%

The average time spent in session per week was found by averaging individual times is session each week (see Figure 4). The first week, each session ran the full 60 minutes. The lowest average time in session occurred during the third week; the half way point of the study.

Table 4. *The Average Time Spend in Session per Week*

Week	Avg. Time in Session
1	60 minutes
2	54 minutes
3	45 minutes
4	51 minutes
5	54 minutes

The chosen story stems were tracked weekly (see Figure 5). The data identified week 5, the final week of art making, as the only unanimous choice of story stem: “I went for a walk”. Story stems that were not chosen were “I fell in love”, “I was afraid”, “I worked all day and all night”, “I was all alone”, and “I couldn’t stop laughing”.

Table 5. *The Average Use of Materials*

Week	Story Stem Choices	# of Times Chosen
Week 1	The most magical day	3
	I cried a lot	1
	I fell in love	0
	Create your own	1

Week 2	I was nervous	2
	What a sight it was	2
	I felt safe	1
	Create your own	0
Week 3	I was afraid	0
	I went on vacation	2
	I had a dream that	2
	Create your own	1
Week 4	I was so proud	3
	I worked all day and all night	0
	I was embarrassed	1
	Create your own	0
Week 5	I was all alone	0
	I couldn't stop laughing	0
	I went for a walk	5
	Create your own	0

Individual Results

The following section discusses the individual results of each participant. Participant's pre, post, and overall change in BDI-II scores are provided, and specific depressive symptomologies that changed post study are noted. Lastly, an overview of the individual data collected per session is shared: weekly chosen story stem, material used, and time in session (see Table 6-10).

Elder 1: Ann. Ann's BDI-II score decreased 12 points post study. She scored 27 on the pre-BDI-II and 15 on the post-BDI-II. Ann's BDI-II scores decreased in the following depressive symptoms: past failures, loss of pleasure, self-dislike, self-criticalness, crying, loss of interest, loss of energy and change in sleeping patterns. Her scores increased on irritability, concentration difficulty, and tiredness and fatigue. Ann's average time spend in session was 51 minutes. Her choice of material was 80% collage, 20% chalk pastel, and 20% marker. Her chosen story stems,

in order of session, were: “The most magical day”, “I felt safe”, “I went on vacation”, “Create your own: This is how it worked out”, and “I went for a walk”.

Table 6. *Elder 1: Ann, Data Collection per Week*

Elder 1: Ann			
Week	Story Stem	Material	Time in Session
1	“The most magical day”	Collage	60 minutes
2	“I felt safe”	Collage	60 minutes
3	“I went on vacation”	Chalk pastel	30 minutes
4	Create your own- Favorite things	Collage	45 minutes
5	“I went for a walk”	Marker and collage	60 minutes

Elder 2: Betty. Betty’s BDI-II score decreased 6 points post study. She scored 15 on the pre-BDI-II and 9 on the post-BDI-II. Betty’s BDI-II scores decreased in the following depressive symptoms: past failures, guilty feelings, loss of interest, loss of energy, change in sleeping patterns, irritability, and tiredness and fatigue. Her score increased on ‘punishment feeling’. Betty’s average time spend in session was 36 minutes. Her choice of material was 40% marker and 30% colored pencil. Her chosen story stems, in order of session, were: “I cried a lot”, “What a sight it was”, “I had a dream that”, “I was so proud”, and “I went for a walk”. Betty spent the lowest average amount of time in sessions.

Table 7. *Elder 2: Betty, Data Collection per Week*

Elder 2: Betty			
Week	Story Stem	Material	Time in Session
1	“I cried a lot”	Marker and colored pencil	60 minutes
2	“What a sight it was”	Marker and colored pencil	30 minutes
3	“I had a dream that”	Colored pencil	30 minutes
4	“I was so proud”	Marker	30 minutes
5	“I went for a walk”	Marker	30 minutes

Elder 3: Cecile. Cecile’s BDI-II score decreased 10 points post study. She scored 12 on the pre-BDI-II and 2 on the post-BDI-II. Cecile BDI-II scores decreased in the following depressive symptoms: sadness, pessimism, loss of pleasure, guilty feelings, punishment feelings,

self-dislike, self-criticalness, loss of energy, change in sleeping patterns, and concentration difficulty. Her score increased on crying. Cecile's average time spent in session was 57 minutes. Her choice of material was 80% collage and 20% oil pastel. Her chosen story stems, in order of session, were: "Create your own- The eyes are upon you", "I felt nervous", "I went on vacation", "I was so proud", and "I went for a walk".

Table 8. *Elder 3: Cecile, Data Collection per Week*

Elder 3: Cecile			
Week	Story Stem	Material	Time in Session
1	Create your own- Exploration	Collage	60 minutes
2	"I felt nervous"	Oil pastel	60 minutes
3	"I went on vacation"	Collage	45 minutes
4	"I was so proud"	Collage	60 minutes
5	"I went for a walk"	Collage	60 minutes

Elder 4: Donna. Donna's overall BDI-II score of 16 remained the same post study. Her BDI-II scores decreased in the following depressive symptoms: sadness, worthlessness, loss of energy, and irritability. Her scores increased on self-dislike, loss of interest, change in appetite, and tiredness and fatigue. Donna's average time spend in session was 60 minutes. Her choice of material was 60% collage, 40% chalk pastel, 20% colored pencil, and 20% marker. Her chosen story stems, in order of session, were: "The most magical day", "What a sight it was", "Create your own- Feeling frustrated/loss of control", "I was so proud", and "I went for a walk".

Table 9. *Elder 4: Donna, Data Collection per Week*

Elder 4: Donna			
Week	Story Stem	Material	Time in Session
1	"The most magical day"	Collage and Chalk pastel	60 minutes
2	"What a sight it was"	Collage	60 minutes
3	Create your own- Anger	Marker	60 minutes
4	"I was so proud"	Collage and colored pencil	60 minutes
5	"I went for a walk"	Chalk pastel	60 minutes

Elder 5: Ellen. Ellen's overall BDI-II score of 9 remained the same post study. Her BDI-II scores decreased in the following depressive symptoms: changes in sleeping pattern, tiredness and fatigue, and changes in appetite. Ellen's scores increased on loss of interest and loss of energy. Her average time spend in session was 60 minutes. Her choice of material was 100% modified collage and 20% colored pencil. Her chosen story stems, in order of session, were: "The most magical day", "I was nervous", "I had a dream that", "I was embarrassed", and "I went for a walk".

Table 10. *Elder 5: Ellen, Data Collection per Week*

Elder 5: Ellen			
Week	Story Stem	Material	Time in Session
1	"The most magical day"	Paper collage	60 minutes
2	"I was nervous"	Paper collage	60 minutes
3	"I had a dream that"	Paper/fabric collage	60 minutes
4	"I was embarrassed"	Paper collage	60 minutes
5	"I went for a walk"	Colored pencil	60 minutes

CHAPTER V.

DISCUSSION

Major Findings

The BDI-II provided a time efficient pre-and-post measure of depressive symptomologies. The researcher was able to assist participants, upon request, by reading the questionnaire aloud. There were no overt inconsistencies between the participants' self-report and the researcher observations. Participants' verbalizations indicated that the final question regarding a loss of interest in sex may not be relevant for this group. The elders responded to the question by stating their age in amusement, "I'm 79 years old?! I don't think about that anymore…I've lost all interest". Interestingly, Donna and Ellen's overall BDI-II score did not change post-study. It is worth noting that these two elders had a preexisting therapeutic relationship with the researcher and regularly engaged in art therapy sessions for approximately seven months prior to agreeing to participate in the study.

The researcher's observations of the participants throughout the process were congruent with the study's overall findings; the elders who participated in individual art therapy sessions over the course of 6-weeks seemed to experience an increase in mood. The individual results of participants' post-study scores varied in reported increased and decreased depressive symptomologies. As noted in the limitations of this study, there are many factors which may have influenced participants' change in mood, whether environmental stressors or health related issues, variance in mood was expected and is inevitable. However, throughout the duration of the study, the researcher observed an increase in participants' engagement with the researcher and materials, improvements in problem-solving, organizational skills, decision-making, and overall

self-esteem. In addition, all participants expressed feelings of accomplishment post study, they reported feelings “proud”, “surprised”, and/or “happy” for being able to “create”, “contribute”, and “complete” something new. These findings are congruent with aforementioned research that support the use of art therapy with older adults as a means to provide mental stimulation, an opportunity to gain mastery, highlight current strengths, promote new skill development, assist in reevaluating issues, increased self-esteem, and instill a sense of pride (Ehresman, 2013; Magniant, 2008; Haber, 2006).

Most of the elders were initially hesitant to participate due to lack of confidence in their ability to create art. However, throughout the study all participants presented a consistent willingness to engage, regardless of physical limitations (e.g., experiencing chronic pain; limited range of motion; uncomfortable sitting position) or setbacks (e.g., sickness, appointments/time conflicts). These findings were congruent with Cozolino’s (2010) work which states that narratives allow a person to transcend physical barriers or limitations, and explore alternate selves and outcomes through imagination. The interactive process of storytelling and art making did appear to provide a way to gain alternate points of view and increase understanding of ourselves and others (Cozolino, 2010). In addition, all participants reported the presence and interaction with the researcher to be a valued and favored component of the study. Participants expressed that participating and engaging in the study provided them with “something to do”, and that the researcher provided “support”, “patience”, and “entertainment”.

Participants primarily chose to use pre-cut collage images 60% of the time (see Figure 3). The story stems provide a verbal/audio stimulus and the collage images provided a visual stimulus, engaging multiple neurological processes. The combination of verbal and nonverbal stimuli is understood to promote the integration of neural networks and foster creative expression

(Cozolino, 2010). Anne, Cecile, and Donna reported the collage images to be especially helpful in the process of reminiscence. These findings are congruent with Woolshier Stallings' (2010) research, which found collage to be a useful tool for promoting reminiscence and expression, as well as an achievable opportunity for elders to engage in an art making process, and explore problem-solving and organizational skills. The present study provides further evidence that pre-cut collage images do trigger memory as identified through verbalizations and interactions with the images. It was observed that the collage images assisted in the development of a more linear storytelling process; the specific images helped to guide the progression of one's story in an orderly fashion. For example, while sorting through the initial images, Anne often did not remember the pervious images selected; she would choose an image (e.g., a lake), make a verbal association (e.g., "That reminds me of Lake Michigan."), set aside the image, and continue sorting until she found another image that evoked a similar response (e.g., choosing an image of lawn chairs and stating: "That reminds me of going to Lake Michigan."). Half way through the sessions, she would begin to remember choosing the individual images and integrate them into a cohesive piece that provided a visual guide to align with her verbal narrative.

The collage images further assisted in telling stories of complex emotional experiences. As previously noted by Butler (2005), the stories which make up one's life are "complex, often contradictory, and frequently filled with irony, comedy, and tragedy" (p. 5). Cecile expressed that the collage images provided a starting point from which she could begin to develop a story. The images provided a metaphor which alternative outcomes could safely be explored, as well as a means of emotional expression. Making changes to a story by experimenting with a variety of emotions and actions allowed for a revision of life experience (Cozolino, 2010). Working through metaphor allowed Cecile the emotional distance necessary to begin exploring her stories

and the feelings they evoked. As supported by aforementioned research, the use of art within the therapeutic process provides containment and gives a person distance from a problem, feeling, or memory, by putting it on paper and allowing the metaphor of the artwork to speak (Magniant, 2008; Riley & Malchiodi, 1994; Lewis & Butler, 1974).

Individual Sessions

Elder 1: Ann. Before agreeing to participate in this study, Ann had regularly declined art therapy services. Participation was encouraged weekly, but Ann elected not to participate. Per past decline of participation, Ann's agreement to participate in the study was unexpected. Ann preferred to work from her recliner, where she was comfortable with a wider range of movement to engage with materials. Ann began most sessions with a heavy sign. When prompted to make decisions, she often responded in a tired explanation, "Oh dear…". She primarily used pre-cut collage images aside from the third session. Anne reported that the use of pre-cut images evoked specific memories or associations and provide a sense of familiarity. During Ann's third session, she was laying upright in her bed. Although modifications were made to increase level of comfort, Ann reported feeling tired and expressed little interest in art making. Yet, she still wished to participate in the session and share her story. She chose the story stem, "I went on vacation", and revisited memories at a lake house in Michigan. She discussed feelings of "peace" and "relaxation" during her family's regular vacations, however her current physical state inhibited her ability to engage in the art making process. As a result, the researcher introduced a soundboard as a means of recreating the sounds Ann described from her vacation. Ann combined the sounds of waves, wind, and birds to create a "familiar" and "peaceful" tune. This modification allowed Ann to engage in the creative process, and recreate her auditory experience, with minimal physical effort. Ann's stories involved themes of family, tradition,

ritual, and religion. Ann's engagement with the researcher and materials appeared to increase throughout the sessions. She became more deliberate in her art making and more linear in her storytelling; she specifically chose images to help guide the progression of her story in an orderly fashion. Ann's progression aligned with Magniant's (2008) findings when working with older adults, "The art would allow them to open up in ways that they could not or would not otherwise" (p. 53). For Ann's final artwork, she used marker to make her first independent mark on paper. This was unexpected of Ann, and seemed to reflect her increase in self-esteem as noted in her post-BDI-II scores. Throughout the six-weeks, Ann became more visually, verbally, and artistically expressive. On the final session, Ann reflected on her experience participating in the study in stating, "I feel proud that I could actually do it. I feel like I'm still good for something." Prior to completing the post-BDI-II, Ann had developed a cough, which she shared was pneumonia. The pneumonia diagnosis may have contributed to the increase scores of irritability, concentration difficulty, and tiredness and fatigue.

Elder 2: Betty. Betty had not received art therapy sessions prior to agreeing to participate in the study. She spoke with a fast-paced monotone voice and displayed flat affect. Betty approached the sessions with a sense of eagerness. She was quick to engage, tell her story, and create art. Betty developed a routine throughout the study; she preferred to sit upright on the edge of her bed, write the chosen story stem at the top of the page, draw her story, and label the images. Betty did not spend much time on her art, which is reflected in her average time spent in session. Her drawings were rendered with minimal use of line, shapes, and color. She used descriptive words to label the images. She used marker and colored pencil throughout the study. Betty told highly detailed intergenerational stories that although may have been fundamental in her understanding of self, were not directly linked to personal experience. However, on the final

art making session, Betty chose the story stem “I went for a walk” and reminisced on her walk to school as a child. This story was different from the rest because it reflected Betty’s ability to recall personal lived experience, or autobiographical memories (Serrano, et. al., 2004; Bluck & Habermas, 2001), rather than a reflection of stories passed down generationally. Betty’s decreased feelings of past failures and guilt provides additional support for Serrano’s (2004) work which found that reflecting on specific memories lead to improved mood and decreased depressive symptoms in participants (Serrano, et. al., 2004). Her stories involved themes of death, family values, religion, devotion, and honor. Throughout the six-weeks, Betty seemed to become more open to discussing her personal experience and emotional responses. Since Betty had not engaged with the researcher prior to participation in the study, her increased openness could be due to rapport building and comfort with the researcher.

Elder 3: Cecile. Cecile had engaged in art therapy sessions for approximately one month prior to agreeing to participate in the study. Cecile preferred to either sit in her chair or on her bed. Cecile is the most mobile of the participants; she still actively engages in exercise and goes on dates with her husband. During the first session, Cecile elected to create her own story stem. She reported no interest in the provided options and chose to sort through the pre-cut collage images for further inspiration. Cecile’s storytelling and art making processes differed from the other participants; she shared stories of complex emotional experiences and depicted them through arranging/organizing eclectic pre-cut collage images. She primarily used pre-cut collage images, aside from the second session. During the second session, Cecile chose the story stem “I felt nervous”. She chose oil pastels to help describe her experience of transitioning from home, into her new/current living environment. This discussion was pivotal in allowing Cecile to begin exploring the changes in roles and identity that occurs over the lifespan. Cecile seemed to be in

Peck's (1956) first proposed challenge of ego differentiation vs. work-role preoccupation, which considers a person's choice to either remain stuck in how one used to identify themselves or begin to explore new potential to redefine themselves. Cecile's increase of mood post-study is congruent with Peck's (1956) suggestion that a person's ability to adjust to life's changes is a determinant of their happiness in later life (Corie, 2010). Cecile's stories consistently involved themes of transitions, identity, isolation, world travel, and defining beauty. Cecile's artwork provided a means of exploration, while developing stories provided the structure necessary for her to begin making sense of and giving meaning to her life and lived experience (Weiner, 1994). As noted by Cozolino (2010), a narrative approach to therapy offers an outlet to which a person may explore and derive meaning from their life experience as well as explore alternative scenarios. Creating artwork and sharing related stories provided a way for her to experiment with certain scenarios. Cecile's comfortability with herself and her living situation seemed to grow throughout the duration of the study. Cecile showed improvements in emotional regulation and expression, as well as organizational and decision-making skills. In the beginning of the study, Cecile would often become tearful during sessions and comment, "There's no reason for this! I shouldn't be doing this" or "I should be like this". Her tears seemed to evoke a sense of anger and she would engage in negative self-talk, or mildly scold herself. Cecile's pre-BDI-II scores indicated "I feel sad much of the time" and "I don't cry any more than I used to"; her post-BDI-II scores indicate "I do not feel sad" and "I cry more than I used to". Cecile's sporadic tearfulness seemed to be incongruent with her initial self-report of "I don't cry any more than I used to". However, as Cecile began to express and explore her emotional experiences more openly, she expressed less judgement and more acceptance and understanding towards herself. Cecile began to name her emotions and exhibit empathy for herself through validating her

experiences, rather than becoming angry at herself. This observed increase in self-confidence is congruent with her decreased feelings of guilt, punishment, self-dislike, and self-criticism as identified on her post-study BDI-II. Throughout the study, Cecile relied less on the assistance and/or approval of the researcher and worked to build autonomy and gain mastery.

Elder 4: Donna. Donna had engaged in art therapy sessions for approximately eight months prior to agreeing to participate in the study. Donna had the most diversity in material choice. Her flexibility in material choice may have been a result of exploring material use in art therapy sessions prior to participating in the study. Donna has limited mobility and experiences chronic pain which occasionally interfered in her art making process. She began each session with a brief verbal report of her pain level to inform the researcher of any adjustments that needed to be made in order to promote a successful art making experience. She preferred to sit in her recliner; a pillow was placed on her lap as a modification to widen her range of movement to engage with materials. Donna's art making and storytelling often occurred simultaneously. She would often begin her art making process by sorting through pre-cut collage images and sharing verbal associations and memories brought up by the images. Donna would then use other materials (e.g., chalk and oil pastels) to provide an environment for the images and create a finished piece. Donna provides an example of the benefit to having the story stem option: "Create your own". During the third session, Donna was tearful and voiced feelings of anger and frustration in regards to an interpersonal conflict and lack of control. She discussed that these emotions were "not normal" for her, and was angry by their increased frequency. The researcher invited Donna to engage in an art making process in order to regain a sense of control and explore her anger. Offering her the option to express her current feelings through a creative process gave her the necessary distance to begin to understand the complexity of her emotional

experiences. The art provided a metaphor which Donna could narrate and begin to understand the process of her anger, while the process of constructing a narrative allowed Donna to "put (her) emotional upheavals into words" (Pennebaker & Seagal, 1999, p. 1244). Donna provides an example that although the study may not have provided a concrete solution to the issues presented in later life, it did offer a therapeutic relationship that allowed these feelings of "sadness" and "worthlessness" to be expressed, acknowledged, explored, and validated.

Elder 5: Ellen. Ellen had engaged in approximately eight months of art therapy sessions prior to agreeing to participate in the study. Ellen is blind and required additional adaptations in material choice. She preferred to work from her recliner. The researcher and Ellen engaged in a collaborative art making process that allowed her mental imagery to be put on paper through layering and organizing various textured paper shapes. Once Ellen choice her initial story stem, she would share her story with the researcher and describe what she would like her image to resemble. Through Ellen's descriptive word choice and the researcher's assistance, she was able to create a tangible representation of her story. Although Ellen was able to tell her stories without the need for visual aid, she found creating art work to be an effective way to continue sharing her stories outside the context of the study. She reported feeling "heard" and "understood" throughout the collaborative efforts of creating a visual/tangible representation of her ideas and lived experience. Ellen provides an example of using life review and storytelling as an outlet for legacy leaving (Erikson, 1950; Bulter, 2002). Themes in Ellen's stories reflected personal growth, love of family, and moral conflicts. Ellen showed improvements in emotional expression, as well as organizational and decision-making skills. Throughout the study, Ellen relied less on the assistance and/or approval of the researcher and worked to build autonomy and gain mastery. For Ellen's final artwork, she chose to used colored pencil to make her first

independent marks on paper. She chose to write a letter to deceased loved ones. This was unexpected of Ellen, since her work was typically made with an intention to be shared with others. Ellen provides an example of Bluck and Habermas' (2001) research that states autobiographical memories continue to develop throughout adulthood, and "new experiences are added to one's past, and as reasoning about life may become more sophisticated, autobiographical memory is constantly updated as life progresses" (p.137). The study offered new insights and experiences which allowed Ellen to achieve a sense of resolution, as well as honor her past experience.

Clinical Application

The application of this research has the potential to affect other residents living in skilled nursing facilities as well as older adults adjusting to the aging process. With growing statistics for the future aging population, it is essential to provide cost effective interventions that address the relevant developmental needs associated with the aging process and later life. The study provides a developmentally appropriate intervention that within this small study was effective with this aging population. The promising quantitative results of this human-subject study offer support for using integrative therapeutic interventions with older adults as a means to increase mood.

Like the present research facility, most skilled nursing facilities place emphasis on meeting elders' basic physical needs which can no longer be met independently (e.g., feedings, bathing, using the restroom). There is a lack of available opportunities that are meaningful, engaging, and life enriching for an aging population. The present study offers a cost-effective intervention that can be helpful for older adults and the greater society in terms of providing health care and effective interventions that are meaningful and promote ego integrity.

Our western culture fails to place value in the unique wisdom that accompanies old age, which leads to pathologizing aspects of the normal aging process and isolating elders into small communities away from the rest of the world. This creates a problem when looking at building ego integrity versus despair in later life. Erikson (1950) acknowledges that these essential needs cannot be done in isolation, without the piece of community or contact with others. One cannot build ego integrity without engaging with others: to be alone and isolated is despair. So, in order to promote appropriate movement through the developmental stages, it is essential that we continue to support a community of inclusion as opposed to a community of isolation.

This research highlights the historical importance of the older adult's role of 'the storyteller'. Storytelling crosses all cultures and all human experiences, making storytelling an essential part of human being needs. Storytelling allows the opportunity for older adults to share their lived experience with others and impart wisdom to future generations. However, the role of the storyteller has dwindled within the context of modern society (Haber, 2006; Weiner, 1994). Advances in modern neuroscience help to expand our understanding of the storyteller role in an aging population. "The evolution of the brain and the development of narratives have gone hand in hand" (Cozolino, 2010, p.163). The human brain evolves alongside the world around it, as narratives developed so did the innate ability for human beings to be storytellers. These stories are understood to promote psychological and emotional stability (Cozolino, 2010). "Stories connect us to others, prop up our often fragile identities, and keep our brains regulated" (p. 163). The findings of this study are congruent with the work of Haber (2006), who suggested life review as a way to "revive the storytelling role and enhance the mental health of older adults" (Haber, 2006, p.154).

CHAPTER VI.
CONCLUSIONS AND RECOMMENDATIONS

Grandma Moses taught herself to paint as a way to redefine her sense of purpose; artwork provided a way to move forward, rather than to become stuck in her grief. She was able to find hope for the future through memories of the past. This process of reminiscence and life review allowed Grandma Moses to redefine her purpose; she found purpose in painting and retelling the story of her life and things past. This process was similar for the participants in the study: creating art, telling stories, reminiscing, and imparting wisdom helped to redefine their purpose.

The study supported the work of Erik Erikson (1950), which suggested that life review is a way to build ego integrity in later life. Ego integrity is described as the acceptance of having led an appropriate and meaningful life, and it combats disparity in later life (Erikson, 1950). Ego integrity assists individuals with coming to terms with one's life, finding life meaningful and appropriate; whereas despair leads to feelings of anger, guilt, and/or regret (p.157). Through art making and storytelling participants were able to engage in a life review process; creative expression fostered new insights and understanding of one's life. Participants acknowledged decreased feelings of sadness, pessimism, past failure, loss of pleasure, guilty feelings, self-dislike, self-criticalness, crying, worthlessness, loss of energy, irritability, and changes in sleep pattern post-study. Participants increased mood, self-esteem, and pride can be understood as building ego integrity.

The study also highlighted the importance of a therapeutic relationship within the context of a skilled nursing facility. Butler (1975) states, "We rarely find anyone paying comparable attention to the growth and wisdom in the individual" (p.50); rather than approaching age related problems with an intent to correct them, the focus of research should be on understanding the

changes in development as healthy and adaptive. Although the elders have regular human contact, these interactions are often brief and impersonal, rather than engaging or life enhancing. The presence of the researcher was reported to be a key factor to the participants' engagement in the study, as supported through verbalizations. The researcher's role primarily consisted of being a present and objective listener to bear witness to the participants' stories and lived experience.

A narrative approach in therapy veers away from labeling people in accordance to their psychiatric diagnoses and separates the person from the problem to understand the totality of a person (Carr, 1998; Weiner, 1994). The researcher observed that a typical response to an elders' change in mood often involved pharmacological intervention rather than therapeutic intervention. Providing therapeutic intervention allows elders the opportunity to acknowledge and explore emotional upheavals. Cohen (2006) stated, "by acknowledging that a problem exists acknowledges the possibility for a solution" (p.7); by providing therapeutic interventions that involve narrative and art therapy provide opportunities to honor a person's whole experience, rather than pathologizing mood and emphasizing medication as the mode of intervention.

The present study offers an effective art therapy intervention that is grounded in empirical evidence-based practices, to provide a low-cost alternative to addressing the various needs of an aging population. Cohen's (2001) work supports creative arts therapies as a cost-efficient means of intervention for an aging population, showing a decrease in medications once there was an increase in therapy- especially creative arts therapy. "Neurological research shows that making art can improve cognitive functions by producing both new neural pathways and thicker, stronger dendrites" (Bagan, 2015).

Recommendations

It is recommended that for future research, this study would benefit from an inclusion of an in-depth review of the participant's art work; continuing to explore the correlations between art therapy and life review as a means of building ego integrity through the integration of additional theoretical frameworks such as Maslow's hierarchy of needs (1943); and additional research on the use of the BDI-II for a measure of increased mood. Lastly, verbal feedback was not included in the data collection for this study, however the elders provided valuable qualitative data that could add value to the results. In future research, the inclusion of a qualitative component in the methodology for data collection could be beneficial. A topic for future research is to study the benefits of providing therapeutic interventions in addition to regular pharmacological interventions with an aging population residing in a long term skilled nursing facility.

Recommendations for the professionals interested in working throughout life space, would be to engage in trainings that are specific to understanding the complex biopsychosocial needs and unique challenges faced in later life, in order to promote quality of life and build ego integrity. Current statistics estimate the aging population will soon exceed the younger generations, it is critical to research affordable clinical solutions that address the various needs of older adults by well trained professionals.

In conclusion, this human-subject study design demonstrated that the participation in individual art therapy sessions to explore life review through a narrative approach can increase mood in older adults living in a skilled nursing facility. Through art making and storytelling participants could begin to give meaning to and make sense of their lives and lived experiences.

This process of reminiscence and life review allowed the elders to retell their stories; their artwork provided a way to find hope for the future through memories of the past.

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APPENDIX A

Informed consent

INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR

A Narrative Approach to Art Therapy for Life Review as a Means to Enhance Mood in an Elder Community.
IUPUI 1612525915

You are invited to participate in a research study that uses storytelling along with art making in art therapy to explore a life review process through a narrative approach to art therapy. You were selected as a possible subject because you currently participate in individual art therapy at the Green House Cottages of Carmel. Please read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by E'lisa Kelley, candidate for Master's Degree in Art Therapy, at Herron School of Art and Design, IUPUI.

STUDY PURPOSE

The purpose of this study is to identity if participation in individual art therapy sessions designed to explore life review through a narrative approach would increase mood Participants will use storytelling along with art making to engage in a life review process. This quantitative research design uses a pre-and post-Beck Depression Inventory-II (BDI-II) to see if there is a change in mood as a result of the study. Storytelling is used because it provides a way to review our life. It is hypothesized that participants who receive six individual art therapy sessions, once a week for six-weeks, where they are telling stories and creating art will show an increase in mood. The pre-and post BDI-II will be compared to see if participants show an increase in mood. Increase of mood, as a result of participation in the study, will be identified though comparing pre-and post BDI-II scores.

NUMBER OF PEOPLE TAKING PART IN THE STUDY

If you agree to participate, you will be one of potentially 24 subjects who will be participating in this research.

PROCEDURES FOR THE STUDY

If the individual agrees to participate, they will do the following:

- Complete a pre- and post-Beck's Depression Scale Inventory (BDI-II)
    - The BDI-II is a brief questionnaire that consists of 21 questions.
    - A paper copy will be provided and completed at the end of the initial interview session, and at the end of the final art therapy session.
    - Expected to take approximately 10 minutes to complete

- Participate in 6 individual, 1-hour, art therapy sessions over 6 weeks
    - Each session will begin with the participant choosing a story stem. The story stem provides the beginning to a sentence which the participant will complete (e.g., "the most beautiful day..."). Subjects will be offered the choice of 3 potential story stems, or have the option to create their own.

  - Subjects will be given a sheet of 9 x 12 drawing paper, and material choice of: colored pencils, markers, oil pastels, or chalk pastels.
  - Next, they will create an image to tell their story, based off the chosen story stem.
  - Last, participants will share their story with the researcher. The researcher will collect the images until the final session. During the final session, all previous images will be consolidated into a cohesive book for the subjects to keep.

- Data collection includes: subject's assigned participant number, chosen story stems, material choices, and amount of time used in the session

RISKS OF TAKING PART IN THE STUDY

1. Loss of confidentiaty: each participant will be given a unique number that does not coincide with a current medical coding used by the facility and will only be held by the researcher for the duration of the study.
2. Loss of artwork: BDI-II scores, artwork, and data forms will be kept in a locked area at The Green House Cottages, and information will not be discussed with a clinical team.
3. Discomfort in answering questions on the Beck Depression Scale Inventory: participants will be given the option to complete the BDI-II questionnaire alone or with the assistance of the researcher. If a participant becomes uncomfortable at any point while taking the questionnaire, they may choose not to answer the particular question.
4. Discomfort in sharing personal stories and/or engaging in the art making process: sessions will occur in the participant's room or a private meeting space, and participants have the ability to leave the study at any time.
5. Shift in perception of the therapeutic relationship or feeling pressured to participate due to existing therapeutic relationship: participants are allowed to leave and/or discuss any discomfort with the researcher at any time during the sessions. Efforts to minimize any perceived pressure to participate in the study have been made by still offering/maintaining art therapy services to those who do not choose to participate in the study.

BENEFITS OF TAKING PART IN THE STUDY

There are no direct benefits; however, we hope to contribute to the field of art therapy by providing evidence of an effective intervention for working with older adults. The intervention is modifiable to a variety of other populations and may provide a foundation from which continued research may stem.

ALTERNATIVES TO TAKING PART IN THE STUDY

Individuals who decline participation in the study will have the option to resume individual art therapy sessions.

CONFIDENTIALITY

The research will maintain confidentiality of the participants by assignment of participant numbers on the data collection forms which includes: the chosen story stem, material choice, and amount of time used in the session. Content pertaining to the individual sessions and stories will be held confidential, and participants have the right to leave the study at any time for whatever reason. To ensure participant's understanding, the rules and perimeters of the study will be reviewed upon the beginning of each session.

Although efforts will be made to keep your personal information confidential, we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity

will be held in confidence in reports in which the study may be published. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and her research associates, the Indiana University Institutional Review Board or its designees, and the study sponsor Herron School of Art and Design, Indiana University Purdue University of Indianapolis faculty.

PAYMENT

You will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, contact the researcher, E'lisa Kelley, at 765-480-1201.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or offer input, contact the IU Human Subjects Office at 317-278-3458 or by e-mail at irb@iu.edu.

VOLUNTARY NATURE OF THIS STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with E'lisa Kelley, and/or Green House Cottages of Carmel. Risks to withdraw are minimal and will not affect the continuation of art therapy services.

SUBJECT'S CONSENT

In consideration of all of the above, I give my consent to participate in this research study.

I will be given a copy of this informed consent document to keep for my records. I agree to take part in this study.

Subject's Printed Name:_____

Subject's Signature:_____**Date**:_____

Printed Name of Person Obtaining Consent:_____

Signature of Person Obtaining Consent:_____**Date**:_____

APPENDIX B

Recruitment script

Recruitment Script

*As clarification: I, E'lisa Kelley, will be the only person facilitating the recruitment/interview process and individual sessions.

Hello,

My name's E'lisa, I'm a second-year graduate student at Herron School of Art and Design (IUPUI), working towards my Master's Degree in Art Therapy. I am conducting a research study that I spent the previous semester developing, and I would like to invite you to participate. The study explores a life review process through a narrative approach to art therapy. I will be asking you to share stories and life experience with me through art making and storytelling. If you choose to participate, the study will consist of 6 individual 1 hour sessions, over 6 weeks. You will also be asked to complete and pre-and post-questionnaire.

You were selected as a possible subject for this research because you currently participate in individual art therapy at the Green House Cottages of Carmel. However, you may choose not to participate in the study. You may continue receiving regular art therapy services regardless if you choose to participate in the study or not. Or, you may decline any further art therapy services.

If you *are* interested in participating, I will provide you with an informed consent form that we can go over together, and I can answer any questions you may have.

Would you like to participate in the study?

*If yes- provide an informed consent and administer the BDI-II

*If no- thank the individual for their time and resume regular art therapy services (unless the individual requests no further services).

APPENDIX C

Beck Depression Inventory-II

Roche

V 0477

Beck Depression Inventory

CRTN: _____ CRF number: _____

Baseline

Page 14 patient inits: _____

The BDI-II contains 21 questions, each answer being scored on a scale value of 0 to 3. The cutoffs used differ from the original: 0–13: minimal depression; 14–19: mild depression; 20–28: moderate depression; and 29–63: severe depression. Higher total scores indicate more severe depressive symptoms.

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

0 I do not feel sad.
1 I feel sad much of the time.
2 I am sad all the time.
3 I am so sad or unhappy that I can't stand it.

2. Pessimism

0 I am not discouraged about my future.
1 I feel more discouraged about my future than I used to be.
2 I do not expect things to work out for me.
3 I feel my future is hopeless and will only get worse.

3. Past Failure

0 I do not feel like a failure.
1 I have failed more than I should have.
2 As I look back, I see a lot of failures.
3 I feel I am a total failure as a person.

4. Loss of Pleasure

0 I get as much pleasure as I ever did from the things I enjoy.
1 I don't enjoy things as much as I used to.
2 I get very little pleasure from the things I used to enjoy.
3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

0 I don't feel particularly guilty.
1 I feel guilty over many things I have done or should have done.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6. Punishment Feelings

0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. Self-Dislike

0 I feel the same about myself as ever.
1 I have lost confidence in myself.
2 I am disappointed in myself.
3 I dislike myself.

8. Self-Criticalness

0 I don't criticize or blame myself more than usual.
1 I am more critical of myself than I used to be.
2 I criticize myself for all of my faults.
3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10. Crying

0 I don't cry anymore than I used to.
1 I cry more than I used to.
2 I cry over every little thing.
3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

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Roche

V 0477

Beck Depression Inventory

CRTN: _____ CRF number: _____

Baseline

Page 15 patient inits: _____

11. Agitation

0 I am no more restless or wound up than usual.
1 I feel more restless or wound up than usual.
2 I am so restless or agitated that it's hard to stay still.
3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

0 I have not lost interest in other people or activities.
1 I am less interested in other people or things than before.
2 I have lost most of my interest in other people or things.
3 It's hard to get interested in anything.

13. Indecisiveness

0 I make decisions about as well as ever.
1 I find it more difficult to make decisions than usual.
2 I have much greater difficulty in making decisions than I used to.
3 I have trouble making any decisions.

14. Worthlessness

0 I do not feel I am worthless.
1 I don't consider myself as worthwhile and useful as I used to.
2 I feel more worthless as compared to other people.
3 I feel utterly worthless.

15. Loss of Energy

0 I have as much energy as ever.
1 I have less energy than I used to have.
2 I don't have enough energy to do very much.
3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

0 I have not experienced any change in my sleeping pattern.
1a I sleep somewhat more than usual.
1b I sleep somewhat less than usual.
2a I sleep a lot more than usual.
2b I sleep a lot less than usual.
3a I sleep most of the day.
3b I wake up 1–2 hours early and can't get back to sleep.

17. Irritability

0 I am no more irritable than usual.
1 I am more irritable than usual.
2 I am much more irritable than usual.
3 I am irritable all the time.

18. Changes in Appetite

0 I have not experienced any change in my appetite.
1a My appetite is somewhat less than usual.
1b My appetite is somewhat greater than usual.
2a My appetite is much less than before.
2b My appetite is much greater than usual.
3a I have no appetite at all.
3b I crave food all the time.

19. Concentration Difficulty

0 I can concentrate as well as ever.
1 I can't concentrate as well as usual.
2 It's hard to keep my mind on anything for very long.
3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

0 I am no more tired or fatigued than usual.
1 I get more tired or fatigued more easily than usual.
2 I am too tired or fatigued to do a lot of the things I used to do.
3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

3456789 10 11 12 ABCDE

Subtotal Page 2

Subtotal Page 1

Total Score

NR15645

APPENDIX D

In-session Data Collection Sheet

Data Collection Sheet

Participant's Assigned Number: _____

Chosen Story Stem: _____

Material Choice: _____

Time in Session: _____