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The Arts and Aging Well: Professional Artists Working in Long Term Care

Sally A. Gradle Ed. D.

Southern Illinois University, gradle@siu.edu

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Mary Lou was an art student, but she was no more usual—or unusual—than any other senior. Each individual faced his or her unique challenges. Like many, she was confined to a wheelchair, and was pushed wherever she was supposed to go. Her soft whisper of a voice rarely indicated a preference as to whether she wished to sit in the hallway, go back to her room, or rest in the activity room where an artist came to teach painting once a week. Mary Lou had never painted, to anyone’s knowledge. The first time an aide wheeled her into the art class and then left, one of the seniors remarked to the artist, “You’d better watch her! She’ll have everything pulled on the floor in a minute.”

Under the watchful eye of a recruited aide, Mary Lou began making vertical lines, slowly and cautiously, her mouth open in concentration in the way that young children do when they focus on learning a new skill. Upon completion, the aide wanted to know what the painting was. “What did you paint? Is it that bag over there with the stripes? Is that what you’ve been painting, Mary Lou?” Mary Lou nodded slowly, aware that she was being addressed.

“Look!” the aide called out to the instructor. “Look what Mary Lou did! Mary Lou painted that bag over there!”

Whether she cognitively recognized the bag across the room and decided to use it as her painting’s inspiration was unclear, but the effect of the aide’s comments and the subsequent engagement with the painting instructor changed Mary Lou’s involvement in the painting class after that.

Yet, not all aides in this large facility knew about Mary Lou’s sudden interest in painting. On one occasion, an aide wheeled her out of the room into the hall when the painting session began. The art instructor noticed this, and went out to find her sitting in the hallway, a tear trickling down her cheek. When he bent down beside her to ask what was wrong, Mary Lou whispered, “I want to paint.”



Figure 1. Mary Lou's first painting

I begin with this story because it encapsulates the caring and attention of an art instructor as well as illustrating the glimmer of self-direction that surfaced in Mary Lou's quiet resolve to attend class. Mary Lou benefitted from the art teacher's recognition that she had ability that was worth cultivation (Figure 1). In the following section, I explore some of the literature related to senior health and the arts. While the authors cited are not always in the arts, their viewpoints extend our vision of what might happen if the arts had a more substantial foothold in senior care. Following this, I discuss the common characteristics of effective teaching that emerged in two artists I studied, and suggest how similar instruction for the elderly might contribute to a picture of creative aging.

Background

Gene Cohen, Gerontologist and Director of the Center for Aging, Health and Humanities at George Washington University, has studied aging and the human brain for several decades.

After interviewing thousands between the ages of 50-100 (Cohen, 2005), and implementing a large-scale study comparing a control group that pursued occasional leisure time activities with other seniors who attended regular art sessions, he concluded that creative growth was essential for continued physical and psychological health. For example, activities that stimulated the mind such as regularly singing in a choir reduced stress and promoted a physical response that decreased pain associated with chronic infections. He noted a faster recovery response to injury and an increased probability of lifelong learning, as cited in exit questionnaires.

Teaching and Elder-Arts

In community arts education, knowledge about teaching a senior population has been a slowly developing field (Barrett, 1993; Hoffman, Greenberg & Fitzner, 1980; La Porte, 2004). Arts education in the form of community college course work, Elderhostel, crafts, drama, and dance experiences have confirmed that continual creative growth in the latter decades of life is not only possible but desirable (Blandy, 1991; La Porte, Callison, & Walters, 2009; Schmid, 2005; Weisberg & Wilder, 2001). What some arts educators bring to this expanding field of research is their knowledge about how adults learn (Brookfield, 1994; Knowles, 1989; Koch, 1978). In addition, other professionals at elder assisted-care facilities often have very useful program goals embedded in the arts they offer. For example, a greater range of motion might be encouraged through manipulation of materials; cognitive recall could be a goal of an art lesson continued over several sessions, and so on.

The Arts and Aging Organization (2007) provides clear evidence that the upcoming generation of Baby Boomers will live longer and have the potential to lead active, productive lives in their final decades. The current demographics suggest that aging Americans appear to be more educated and diverse than ever before in history. Research is needed, however, that will generate ways of teaching elders, particularly in the arts, so that they can continue to create in the face of challenging life circumstances.

The Research Design for this Study

This inquiry was designed to examine how professional artists teach their content areas within the confines of two facilities for long-term care. Arts courses (salsa and painting) were developed by the artists to meet the challenges of a disabled and older population with health restrictions, a limited range of motion that frequently included wheelchairs, and differing degrees of cognitive impairment. Each of twelve class sessions for salsa and also for painting lasted for

one hour, and occurred over a four-month time period. The artists were selected because of their prior interest and experience working with disabled populations and for their ability to creatively use the materials at hand—qualities that appear essential in artists who teach (Bresler, DeStefano, & Feldman, 2000).¹

When informed about the courses through posters and the daily activity calendars, residents and family members attended voluntarily. Sometimes the number exceeded 20 participants in salsa, but more frequently the class size was between 10 and 20 in each class session. While originally in the research design I hoped for consistency and commitment from the residents regarding attendance, given their health issues this was not possible. Instead, new attendees joined the groups periodically and the instructors reviewed content and strategies as needed for absentees.

Methods and Analysis

Twice weekly at each location, the data collection included: observational notes and video footage that detailed instruction; still photographs of the residents' artwork and sometimes their dancing; and taped interviews with the two instructors following their teaching sessions. At the end of the courses, exit questionnaires were given to family members, residents, and caregivers to better understand how the artists' instruction had altered the quality of life for the seniors. The analysis of the data noted any changes in teaching throughout the courses, (attitudes toward students, reflective practices, beliefs about their ability to teach) as well as the perceived impact of the classes on the residents' overall quality of life. Findings were coded according to the emerging themes.

While each residency had its own particular flavor, spiced by its caregivers and residents, my research focus was not a site comparison, since their differences varied widely (e.g.: population size, management style, availability of help). Rather, I concentrated instead on the artists' instruction and the effect it had on the residents. In this way, I could clearly attend to how they addressed the uniqueness of each situation with ingenuity and compassion, and sometimes also with frustration and/or fatigue.

Themes Emerging in Instruction

One of the themes that emerged very early in both courses was the clear distinction each professional artist made that their sessions were meant to be learning opportunities rather than entertainment. The salsa instructor stressed participation and encouraged those in wheelchairs to

move “in whatever way is comfortable,” even if it was just “in their minds,” he wanted them to engage actively with each dance (Figure 2). He emphasized that the residents would learn to differentiate between rhythms, to recognize a few simple steps, and to gain knowledge about Latino culture that he shared with them. Repetition, asking questions for recall, and praise for the effort of participating were all evident in his teaching. In painting, the artist encouraged all participants to create despite their hesitancy about a lack of experience or their qualms about their ability. “Put two colors on the paper—then we have something to talk about,” he would say frequently. It was a challenge to change lifelong impressions in some (residents, caregivers, and family members) who expressed their inadequacy in either art form. However, part of effective instruction seemed to involve how the artists engaged the participation of personnel and family members who became a vital part of the effectiveness in the learning environment.



Figure 2. Salsa instructor, Julio Barrenzuela dances with a resident.

As the course progressed, each instructor became aware that goals for the participants needed to change if learning was to occur. In salsa instruction, the challenge became one of modifying delivery to accommodate a big group. His strategy was to teach the personnel to dance so that residents would receive more individual instruction. In painting, the significant goal-changing moment occurred when the instructor realized that he had to “let go” of his expectations regarding outcomes. Each subsequent session became more relaxed as residents experimented with a language of expression that they could master with acrylic paint. Sometimes this meant that an aide worked with the residents and suggested ideas the artist did not (coloring books, painting inside outlines). Over time, this level of comfort with actions outside of his control in the course appeared to encourage residents to apply their growing skills in expansive ways (Figure 3).



Figure 3. Art instructor, Steve Fessler, advises a resident on her painting.

Another observable characteristic in each artist's teaching included the ability to joke with the residents in an easy back-and-forth bantering. Their ability to mentor with empathy and humor often transformed a serious group into one that enjoyed—and richly remarked—on their own foibles. Further analysis of the data revealed several common qualities in both instructors: respect for the individuals and their innate capacity to learn; flexible goal setting that was site specific; a consistency in the artistic ideas they presented in the course; and the ability to learn from their own reflections. Wilcox (2009) shared that learning about how to teach only develops through a critical blend of questioning one's self as a teacher, the values and beliefs that become exposed, and the expectations in the teaching situation. This leads to a shift in perception about teaching and interacting with students. Sarason (1999) explored the role of the teacher as a messy one: a performer who must coach, manage the environment, and cope with the unprecedented, unexpected outcomes. The teacher, as the performing artist, attempts to “instruct and move an audience” (p. 48)—and this includes the mysterious way that a professional has of uniting the student's sense of self with subject matter. In this case, both artists found that by adapting what they set out as instructional goals, the art form became the vehicle for strong, positive relationships. In Wilcox's (2009) analysis, she describes the transformative process as “cognitive and rational, but it may also incorporate imagination, intuition, affect and soul-work.” It is accomplished in dialogue, but is also “self-directed and voluntary” (p. 124).

Affective Gains as Indicated by Seniors and their Caregivers

Survey results among residents were favorable for both arts courses. When asked if the experiences were beneficial, 80% responded yes, and indicated that they would apply what they had learned in future exercise classes or other crafts courses that used similar skills. The fact that the seniors were already envisioning future applications of their skills, either painting or moving, was extremely encouraging. Perceiving the salsa dancing as an art form was challenging for many. The seniors recorded that they valued salsa for the exercise and the entertainment, whether they felt able to do the dances or not. The key ideas expressed about painting were the delight in self-expression and learning how to mix color.

Among caregivers and family members, the responses indicated that they valued this opportunity for the residents because it offered the chance to improve their range of motion, brought joy and creativity into everyone's lives, relaxation, physical therapy, personal exploration and other health benefits. When asked to comment on the potential that this kind of

programming can have for long term care centers, the caregivers indicated that the residents seemed to come out more and participate for these courses, and that the classes enticed them to move, even use their upper extremities with a greater range of motion. More courses like these would encourage greater mind-body health. One individual commented that the “reaction of the participants made her feel great that such positive programs could be offered in rehab.” She also noted that residents discussed the courses throughout the week. A family member commented happily that “it made the residents feel important—that they can still do things they enjoy,” which is a vital part of aging well.

Several caregivers responded that future funding was critical to keep new programs going. The benefits they saw in having funding specific for long term care were that something could be tailored that was “age appropriate for the setting” and would be “something very special to look forward to weekly.” One caregiver cited the *New England Journal of Medicine*, eloquently stating that a NEJM study found that “dancing can reduce the risk of Alzheimer’s and other forms of dementia in the elderly, dancing can also increase the blood flow to the brain, and the social aspect of activity leads to less stress, depression, and loneliness,” all factors confirmed in Cohen’s (2000, 2005) research on the arts and healthy aging. The same caregiver also commented that painting has the capacity “to change your life by giving you confidence you didn’t know you possessed, as well as a greater awareness of the world around you.”

The Future of Research for Arts and Aging

Even though the exit surveys were indicative of some successes, modifications for future inquiries with artists and long-term care residents are implied. First, course designs seem more effective when there is a limit on group size. The interpersonal nature of teaching and learning is greatly aided when instructors can recall names and personal stories of their students. Second, caregivers—who are a vital part of the success of an educational endeavor—would benefit from a brief introduction to the courses, the potential gains of learning an art form, and knowledge about what the artist will do. The fact that neither of the artists considered the courses as entertainment was a viewpoint that caregivers and families did not always notice, or share. An introduction regarding the benefits of arts inclusion in long-term settings could create greater advocacy within the long-term care setting. When artists are able to contribute their time to developing strong courses, their programs seem to engender a sense of vibrancy and anticipation, one that is healing and empowering. In rehabilitation settings, it is essential to be cognizant that

the effects of mental and physical illness that may prohibit or slow the ability for the elders to be proactive about their health needs. Caregivers, families, and arts instructors therefore need to advocate for the inclusion of mentally and physically interesting challenges for elders in all stages of long-term care. Elders can have the resiliency to bounce back and become engaged in life through the arts. There is a growing segment of the population who expects and anticipates that life is—and will be—rewarding.

Wexler (2009) states in *Art and Disability* that we are fragile beings, and the arts help create a survival program so that all individuals can make sense of their experiences. Isolation and social marginalization do not readily create opportunities to explore the sensory or community dimensions of our lives. When a person's world is limited in choices, or by a disability, the things that unfold in experience seem out of one's control—they just happen. When the ability to rely on one's body diminishes, so does balance, physically and psychically. Making art or participating in an art form such as dance can restore one's relationship to the world.

Wexler (2009) says:

When art is made under compelling conditions, it strengthens the structure of self and creates a world, if only for a moment, outside the reach of external forces that thwart personal development. Self and environment are interdependent and each must be recognized as intrinsic and holistically dealt with in art making (p. 17).

If an arts program is to be sustainable in long-term care facilities for seniors, the individual feeling of accomplishment, supportive social relationships, and creative opportunities with option that each person can control need to be part of education in the arts.

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