

The Ritual of Therapeutic Artmaking in Long-Term Care

“Organized therapeutic artmaking rituals also have the capacity to enhance social connections with other residents.”

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Abstract

The transition to long-term care settings can be difficult for residents and feelings of loneliness, depression, and anxiety are not uncommon in these environments. However, participating in therapeutic artmaking rituals creates opportunities for residents to process their feelings, experience states of flow and mindfulness, engage with others, and focus on their own psychological growth. In long-term care, the physical needs of residents are often prioritized, but psychosocial needs also require attention. For this project, therapeutic artmaking rituals were created at a long-term care facility in three levels of care over 12 months. Older adults engaged with clay, paint, raw fiber, and wood. Reflections and recommendations for artists interested in creating similar programming are discussed. Suggestions for future research on therapeutic artmaking rituals are also included, such as the consideration of artist in residence programs within long-term care settings and assessing how the ritual of engaging in therapeutic artmaking could improve person-centered care and resident and staff dynamics.

Keywords

Therapeutic artmaking, long-term care, gerotranscendence.

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In the U.S., most individuals will live in a long-term care facility at some point in their lives (Favreault & Dey, 2016). These settings are defined as environments that provide services such as medical and personal care for people unable to complete these tasks independently (Centers for Disease Control and Prevention, 2020). In long-term care, physical needs are often prioritized, but the unmet emotional needs and wholistic wellbeing of residents also deserves adequate attention (Woywod & Davenport, 2013). In addition, older adults continue to remain interested in harnessing their creative energy throughout the lifespan, which positively contributes to psychological well-being (Swindells et al., 2013).

Although on site enrichment activities are common in long-term care, activity directors who design and implement them are not required to have formal arts education training (Grabinski, 2014). Consequently, they may be unaware of how to structure therapeutic artmaking rituals and how to appropriately facilitate them. Therapeutic artmaking is provided by trained artists (but not necessarily art therapists) who create and facilitate artmaking opportunities for their therapeutic potential for others (Reynolds et al., 2008). In contrast, art therapy is offered by trained professionals who work with individuals and groups using creativity and artmaking to enhance the wellbeing of others by improving self-esteem and self-understanding, which assist them in coping with emotions and changes (American Art Therapy Association). For this project, we focused on creating and facilitating therapeutic artmaking rituals for residents in a long-term care community with three levels of care (e.g., nursing home, assisted living, and memory care).

Benefits of Therapeutic Artmaking Rituals

While living in long-term care, older adults may be managing changes in their abilities and participating in the ritual of artmaking can provide an outlet for processing their feelings and emotions when coping with these transitions (Curtis et al., 2018) and changes within the self (Ching-Teng et al., 2019). Therapeutic artmaking rituals also promote a state of mindfulness, defined as focused awareness of emotions and thoughts on the present state (American Psychological Association, 2022). Encouraging older adults to focus on their present circumstances may be protective and help promote wellbeing (Mahlo & Windsor, 2021) in long-term care. Therapeutic artmaking also promotes a state of flow, a period of sustained focus and engagement that has been linked to higher levels of well-being (Chilton, 2013). And for individuals living with dementia, engaging in therapeutic artmaking has the potential to decrease agitated behaviors (Hsiao et al., 2020).

Organized therapeutic artmaking rituals also have the capacity to enhance social connections with other residents. For example, older adults who participated in an artmaking program gained social support from other participants who faced similar adjustments or changes in their lives, such as declining health (Chapin Stephenson, 2013). These are important benefits, particularly as individuals residing in long-term care are more likely to suffer from loneliness compared to individuals residing in other environments (Brimelow & Wollin, 2017).

Theoretical Framework

The Gerotranscendence theory is a relatively modern theory that expanded on Erikson's Psychosocial theory, suggesting that a ninth stage of development existed and occurred towards the end of life where older adults shifted their thinking to more cosmic orientations and meditative states (Tornstam, 1989). Tornstam (1989) explained that as older adults see themselves less as an individual and more connected with the wider world, they become more interested in meaningful activities that promote harmony. Older adults who reach the gerotranscendence stage have declining interest in frivolous conversation and material things and are less self-centered (Tornstam, 1989). In some instances, they may withdraw from previously held roles or activities that are no longer aligned with the desire to seek and maintain a state of gerotranscendence. This inward shift could be perceived with concern, however Tornstam (1989) explained it as a natural process when individuals transition to this ninth stage. During this time, older individuals are more internally reflective and contemplative than at other points in the life course (Tornstam, 1989).

The environment and society can also influence the ability of individuals to achieve gerotranscendence (Tornstam, 1989). For individuals residing in long-term care settings, this consideration raises several important questions. To what extent do the offered rituals and opportunities for engagement continue to promote development and a path towards achieving a state of gerotranscendence? Do they encourage deep self-reflection? Creating intentional opportunities for older adults to engage in meaningful ways and continue their own development are needed. We agree with Chapin Stephenson (2013) who explained that therapeutic artmaking offers ample opportunities for individuals to participate in contemplation and reflection as they consider their connection to the larger world, demonstrating meaningful engagement, and promoting gerotranscendence. The purpose of this project was to create therapeutic artmaking rituals for residents in a long-term care community, reflect on the experiences offered, and make recommendations for artists hoping to create opportunities for older adults in long-term care communities.

Methods

Older adults in a continuing care retirement community were given opportunities to participate in therapeutic artmaking rituals over a 12-month time-period. Programming was facilitated by a professor of art at a university in the Midwest and an undergraduate student worked under her guidance to complete an internship. The artists will be referred to as art facilitators throughout this paper. Prior to facilitating the program, the professor conducted extensive research on best practices for implementing art with older adults, including special populations, such as individuals living with dementia. Although the community-based program from the Chapin Stephenson (2013) article was not offered in a long-term care facility, it provided helpful suggestions when designing artmaking rituals for individuals living with dementia. Similarly, Chapin Stephenson (2013) also celebrated the work older adults created with an exhibition. In addition, Richmond-Cullen (2018) described how multiple artists in residence programs created artmaking opportunities at senior centers that helped to reduce feelings of loneliness. The article explained organizations that were partnered with (e.g., arts councils and museums) to help financially facilitate these opportunities. This is especially helpful for artists who may need more financial support in leveraging a program. Finally, Johnson and Sullivan-Marx (2006) offered several specific suggestions on specific types of artmaking and mediums that were useful when

working with older adults in community-based programs. They also explained what mediums could pose potential frustrations with older adults and which mediums allowed room for the most flexibility with creative expression.

Procedure

Participants living in three different living environments in a long-term care community (e.g., assisted living, memory care, and the nursing home) were invited to participate in a series of artmaking rituals. Each therapeutic artmaking experience was designed and tailored to meet the needs of individuals residing in different levels of care. On average, the therapeutic artmaking rituals lasted about 90 minutes per session. At the end of the 12-month period, an art exhibition of resident work was organized at a gallery and residents, staff, and the public were encouraged to see resident work on display.

Results

Residents were invited to participate in therapeutic artmaking rituals where they worked with a variety of mediums including clay, paint, and raw fiber. At times, some residents were hesitant to participate as they perceived artmaking to be like the traditional craft activities offered at the long-term care facility and described themselves as “not crafty.” However, after further discussion on how therapeutic artmaking rituals and crafts differed (e.g., holiday themed craft projects such as painting an Easter bunny versus utilizing memory of place and emotional use of color to paint a landscape), interest in participating in the artmaking rituals increased.

In addition, many of the men perceived that neither the previously offered crafts at the long-term care facility nor therapeutic artmaking rituals were activities suited for them. However, over time many of the men quickly realized that instead of doing holiday themed “craft projects” they were able to utilize skills such as painting, stamping, and molding clay during the therapeutic artmaking rituals that reminded them of prior work experiences. These reflections and memories were often shared with the larger group and promoted connection among the residents. For example, many of the men were retired farmers and spoke about painting and working with different soil types during their farming careers. Although residents in each level of care in the long-term care facility used similar mediums, the specific therapeutic artmaking rituals created for residents differed to be mindful of differences in abilities. Each opportunity is described in more detail below.

Assisted Living

In Assisted Living, residents participated in four different therapeutic artmaking rituals including The Dot Project using acrylic paint, canvas painting, clay, and raw fiber (Table 1).

Table 1
Artmaking in Assisted Living

Projects	Participants	Materials Used	Benefits	Challenges
Canvas Painting	4	Canvas, acrylics, paintbrushes	Using a tool to apply paint to a surface, creating something from imagination or from an image.	Confidence with unfamiliar material, challenge to work with new materials.
Clay	4	Clay, tools	Dexterity, manipulating soft material.	New experience with material, fragileness of material, confidence in trying something new.
Raw Fiber	4	Colored raw wool, needle punch, canvas	Dexterity/ seeing something abstract become recognizable.	Seeing something abstract and finding ways to the end piece.
The Dot Project	5	Aluminum foil, acrylic, paper	Understanding abstraction and creating something just for fun without end goal.	Understanding abstraction and creating something just for fun without end goal.

The Dot Project was based on a story written by Peter H. Reynolds that encouraged students to make their mark on the world by trusting in their creative potential without comparing themselves to others around them (thedotcentral.com). The origin of the Dot Project was explained to residents and the universal theme from the story was discussed. Older adults were encouraged to make their own dot on canvas by using acrylic paint and then continue engaging and imagining their own ideas for the canvas, trusting in their vision and individual creative possibilities. At times, the abstract nature of the project was difficult for residents to grasp and “finishing” the project was a challenge as the end goal was more ambiguous than other organized artmaking rituals (Figure 1).

Figure 1
Canvas painting in Assisted Living



In addition, rituals involving clay were also created for residents. Residents were encouraged to shape and mold the clay as well as use tools to imprint designs on the clay. Working with the clay also provided participants with opportunities to practice the dexterity of their hand muscles.

Some residents were also surprised at the fragileness of the clay when using it to create an object. Lastly, residents also used raw fiber on canvas to create art. Residents enjoyed seeing something abstract become recognizable when the fibers worked together to form an image. For some residents, “ending” their piece was also a challenge. After residents in Assisted Living became more experienced in using fiber as a medium, they wanted to continue using it to engage in artmaking rituals (Figure 2).

Figure 2
Raw Fiber Images Displayed at the Exhibition



Memory Care

Residents in Memory Care also used paint to participate in The Dot Project, canvas painting, clay, and wood during their therapeutic art rituals (Table 2).

Table 2
Artmaking in Memory Care

Projects	Participants	Materials Used	Benefits	Challenges
Canvas Painting	4	Canvas, Acrylics/ Paintbrushes	Bright colors, variety of tools used to create artwork.	One on one or one on two assistance is needed.
Clay (made into ceramic tile display)	4	Clay/ tools	Texture of material, malleability of material.	Remind clients not to consume clay. Clay after overuse became dry.
Raw Fiber	4	Colored raw wool, needle punch, canvas	Texture of material, bright colors.	One on one help is needed due to dexterity needed in needle punch.
The Dot Project	4	Aluminum foil, acrylic, paper	Playfulness of material, immediate results, bring colors, active engaged movements.	Materials are very messy; food safe materials are best.

Wood Sculptures	4	Wood pieces, hot glue, paint	Multiple pieces to construct abstract sculpture.	One-on-one assistance needed with hot glue.
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Engaging in the therapeutic artmaking rituals was popular and residents in this level of care participated in more artmaking opportunities than residents living in assisted living or the nursing home.

Conducting the Dot Project in Memory Care was messy at times and some residents wanted to taste the paint. Therefore, it is recommended that the “paint” is food safe. Relatedly, residents often needed more one-on-one help to reach different paints or mix colors. Overall, residents in Memory Care seemed to be especially interested in using clay during their therapeutic artmaking rituals. The art facilitator showed them various modeling techniques and the residents continued engaging with the medium by pinching, squeezing, and molding it into a variety of different textures. Although the residents enjoyed working the clay in their hands, it did become dry due to overuse. In addition, some residents tried to consume the clay and needed to be reminded not to eat it. Artists may want to consider using other food safe materials for residents who have dementia (Figure 3).

Figure 3

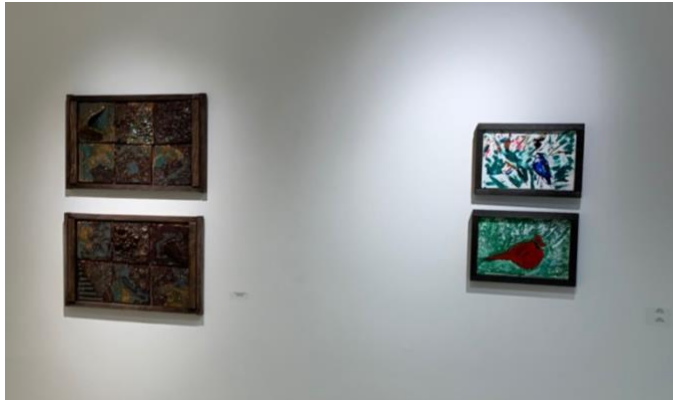
The Dot Painting and Wooden Sculptures Displayed at the Exhibition



The art facilitator also created and assembled a ceramic tile composition using the clay creations that residents made that was hung in the Memory Care unit. The residents enjoyed the tactile experience of exploring the many nooks and crannies of the tiles by rubbing their hands over the smoothed glazed surfaces they helped to create. The installation of the tactile wall also facilitated continued opportunities for residents to engage in tactile rituals with art (Figure 4).

Figure 4

Ceramic Tiles and Acrylic Painting on Canvas Displayed at the Exhibition



Raw wool fiber was also a medium used for therapeutic artmaking rituals in Memory Care. The medium requires that the loose pieces of wool fiber are placed on top of the canvas, and then a barbed needle is used to affix the fiber to the canvas. Residents enjoyed working with the bright colors but lacked the dexterity needed to needle punch the fiber through the canvas. With fiber art and canvas, art facilitators interested in replicating this project may need to offer residents one-on-one help. Residents in Memory Care also took part in creating wooden sculptures. Participants designed the sculptures demonstrating their ability to create abstract sculpture and the art facilitators used hot glue to hold the pieces in place. One-on-one assistance was also needed to safely participate in that artmaking project.

Nursing Home

Residents in the nursing home used paint to participate in The Dot Project and canvas painting as well as clay during therapeutic artmaking rituals (Table 3).

Table 3
Artmaking in the Nursing Home

Projects	Participants	Materials Used	Benefits	Challenges
Canvas Painting	12	Canvas, Acrylics/ Paintbrushes	Bright colors, variety of tools used to create artwork.	Bring in multiple sources of materials for residents to be inspired by.
Clay	12	Clay/ tools	Texture of material, malleability of material.	None noted.
The Dot Project	12	Aluminum foil, acrylic, paper	Playfulness of material, immediate results, bring colors, active engaged movements.	None noted.

Raw fiber artmaking was not conducted in this level of care as many residents lacked the arm strength needed to punch the fiber through the canvas. It is possible that other art facilitators could organize this therapeutic artmaking ritual if enough one-on-one help was available. Alternatively, art facilitators could consider offering wet felting instead. This technique does not require needles or sharp objects. Instead, wet felting is done by adding mild soap and warm water to felt fibers and continuously rubbing them together until the fibers stick together.

Individuals in the nursing home enjoyed The Dot Project, particularly the playfulness and fun of using their movement to create design, move the paint, and create color. Of all the levels of care, residents in the nursing home seemed to enjoy this project the most. Residents were less concerned about their final product when they participated in The Dot Project. When participating in canvas painting, residents benefited from art facilitators providing multiple materials and imagery to use for inspiration. Providing residents with familiar imagery for inspiration was used to elicit memories and experiences from the past that might aid in therapeutic artmaking. The art facilitators brought in items that had been referenced in prior conversations. For example, several residents discussed farming and images of tractors, fields, and crops served as inspiration. Images of birds were also used as several residents explained that they enjoyed watching birds and had several bird feeders outside of their rooms.

Clay and tools to mark the clay were also used in the nursing home. Residents enjoyed the texture of the clay and appreciated when it became more malleable after use. Overall, residents seemed to find it therapeutic to work it in their hands and enjoyed engaging with this medium.

Discussion

The purpose of this project was to create therapeutic artmaking rituals for residents in a long-term care community, reflect on the experiences offered, and make recommendations for artists hoping to create similar experiences for older adults. After implementing the therapeutic artmaking program, the art facilitators reflected on lessons learned. Their reflections and recommendations are noted below.

Reflections and Recommendations

Overall, the abstract nature of some of the projects and art mediums used were challenging for some residents. We noted that some residents preferred projects to be prescriptive rather than completely abstract. However, similar to Chapin Stephensen (2013), the art facilitators were cautious about making the artmaking too regulated or focused on the final outcome or “product” in case residents experienced frustration if their art did not look similar to the provided template. Continual support and encouragement of residents and their abilities is essential during the early stages of therapeutic artmaking rituals. In addition, offering more one-on-one help can also be beneficial, particularly for residents in higher levels of care or who have dementia. Like Ching-Teng et al. (2019), the art facilitators noted that residents were impressed with what they were able to create once they stopped focusing on the final result of the art piece.

The art facilitators also noted that although residents enjoyed working with the clay, some residents needed to be reminded not to eat it. Interestingly, some art programs have focused on

only using food in their therapeutic artmaking with individuals who have cognitive impairment (Lee et al., 2022). Therefore, using food safe items is an important consideration when working with some populations. In addition, at times the clay became dry due to overuse. It is possible that oil-based clay would have worked better.

Choosing which therapeutic artmaking rituals to offer can also be a challenge. It is important to be flexible with offerings and consider adding additional rituals based on resident needs. For example, the wooden sculpture program was offered in Memory Care because several of the men had prior woodwork experience and demonstrated less reluctance for working with this medium compared to other art forms. The hesitancy for participating in therapeutic artmaking rituals from several men in long-term care was somewhat surprising. We did not expect that individuals would carry such strong perceptions of “gender appropriate” activities. However, prior research has also captured these findings. Ruxton (2006) reported that men often perceive both art and craft to be “women’s activities.” It may be beneficial for artists to create therapeutic artmaking rituals that include materials that may be more familiar to men (e.g., clay, wood, metals, etc.). However, the way in which the therapeutic artmaking ritual is presented may also play a role in how it is perceived. For example, the art facilitator noted that men were more engaged when she would print out and show examples of historical art pieces and how they were created, encouraging stimulating conversation and reflection.

There may also be benefit in future art facilitators creating groups in long-term care communities based on interests. Residents interested in similar things (e.g., birds, plants, etc.) could be grouped together so that artmaking rituals could be more tailored to their interests. It would also increase the likelihood that residents remained engaged and interested in the artmaking rituals. In addition, offering artmaking in multiple environments is an additional consideration. Creating opportunities for residents to sit outdoors and take inspiration from the natural world around them could facilitate additional creativity and self-exploration.

Person-Centered Care, Gerotranscendence, and Psychological Growth

Typically, person-centered care focuses on making changes to the physical environment, decreasing staff to resident ratios, scheduling staff to work with the same residents during their shift, and creating opportunities for residents to interact and engage with one another (Brownie & Nancarrow, 2013). However, no research that we are aware of has focused on how therapeutic artmaking rituals can enhance person-centered care and promote psychological growth.

Artmaking encourages a state of flow and likewise promotes psychological growth (Chilton, 2013) and mindfulness (Schwenk, 2021) and should therefore be considered in long-term care settings. Facilitators of therapeutic artmaking can help residents engage in important rituals that encourage residents to feel capable and facilitate their own continued development. In addition, therapeutic artmaking is easily tailored to meet individual needs. This is particularly important for long-term care environments where staff members may struggle to offer meaningful enrichment opportunities for residents who have a wide variety of abilities (Rocha et al., 2013).

We are also curious to what extent therapeutic artmaking could improve resident and staff dynamics. Providing time for residents to focus their creative energy on artmaking creates

positive outlets and demonstrates what residents are still capable of. In addition, in our project, we felt it was important to organize an art exhibition where residents could be seen as more than just their illness, disability, disease and instead focus on what they *were* able to create. This was particularly powerful for the residents, their families, and the long-term care workers. Displaying the art in a gallery where it was professionally installed and hung, just as it would be for any other artist, legitimized and empowered residents.

Likewise, therapeutic artmaking provides an outlet to reflect and engage with the self and enjoy the benefits of “contemplative solitude” (Tornstam, 1997). Working with and through the different mediums allows older adults to actively reflect and contemplate as they are working with the materials and therefore help provide a pathway to reach gerotranscendence. This inner assessment and shift in cosmic flow of energy from “me” to a broader and more transcendental relationship with the universe are indicative of gerotranscendence (Tornstam, 1989).

Overall, encouraging long-term care facilities to support and encourage residents to incorporate therapeutic artmaking rituals into their lives may provide a buffer against some of the psychosocial adjustments many residents encounter in long-term care, ranging from increased agitation, depression, and memory impairment (Sury et al., 2013). Relatedly, residents who were able to maintain a sense of autonomy experienced fewer challenges with adjusting to living in long-term care (Brownie et al., 2014).

Limitations

Researchers did not conduct pre- and post-assessments of residents who engaged in the therapeutic artmaking program. This would have been advantageous and provided context for how the program impacted older adults. Instead, we relied on anecdotal accounts and reflections of how we perceived older adults benefitting from therapeutic artmaking rituals.

Future Directions

Future research should continue to explore the phenomenon, benefits, and challenges of implementing therapeutic artmaking rituals in long-term care. Curtis et al.’s (2018) thorough meta-analysis of art-based programming and activities in long-term care demonstrated that several programs did not find improvements in psychological well-being or behavior symptoms from individuals with dementia. However, we are curious if there might be differences had arts-based programming been facilitated by trained artists.

Relatedly, artist in residence programs may offer solutions to offset some of the challenges associated with demonstrating improvements in therapeutic artmaking and well-being. Artists in residence could provide daily therapeutic artmaking rituals with residents and residents could watch the artist at work in their studio or through a glass partition, viewing the artist work with different mediums and demonstrate various techniques. Infusing additional arts programming into long-term care is increasingly important to consider as it is also estimated that aging Baby Boomers will desire high end and comprehensive healthcare services (Dewey Lambert et al., 2016). This presents important implications for long-term care facilities looking to cater to a significant cohort of older adults.

Overall, this project focused on offering therapeutic artmaking rituals for residents residing in three levels of care. Older adults worked with a variety of mediums including paint, clay, fiber, and wood. Artmaking did need to be tailored to reflect the needs of individual ability levels and men were more hesitant to participate due to perceptions of it being “feminine.” In addition, creating an art exhibition of resident work was inspiring and demonstrated the creative abilities of older adults.

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