

**The Meaning of a Visual Arts Program
For Older Adults in Long-Term Care**

by

Lycia M. Rodrigues
B.A., Universidade Federal de Santa Catarina, 2006

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

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Abstract

This research is focused on the experiences of older adults participating in an innovative visual arts program at a long-term care facility in Victoria, British Columbia. The program offers participants an opportunity to explore their creativity and identity as artists. Conceptually, the study draws from Tornstam's gerotranscendence framework (Tornstam, 2005) and the theory of meaning (Frankl, 1963). A narrative inquiry approach was used with data collected through face-to-face interviews and observations of 10 residents and three staff involved in the visual arts program. Findings indicate that the program fostered a sense of community among participants and enhanced their quality of life. The public exhibition of their artwork at a community-based art exhibit validated the merit of their work and gave meaning and purpose to their participation in the program. Findings contribute to a greater understanding of the importance of arts programs that foster creativity in later life and resonate with Tornstam's (2005) argument that older people living in institutions can experience multiple dimensions of the self through individualized forms of expression. This study concludes by highlighting the need to increase access to arts programs for older people living in residential care.

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Dedication

To Joel Kroeker

For keeping me inspired and filled with wonder.

Your love and support has allowed me to pursue my vision.

You have encouraged me to be in this journey with authenticity and courage.

I could be engaged with creative thoughts and meaningful stories during these past academic years in a foreign country thanks to our partnership my dear husband.

Chapter I. Introduction

Statement of the Problem

Canada's population of older adults is increasing. In 2010, there were 4.8 million seniors, representing 14% of the population. By 2036, this number is projected to reach over 10 million (Statistics Canada, 2011). Advancing age is a predictor of institutionalization, with people aged 80 years and over being six times more likely to move to long-term care than people below 65 years (Ayuso Gutierrez, Pozo Rubio, & Escribano Sotos, 2010). While age is a predisposing factor, chronic disabling conditions and dementia are the key risk factors for institutionalization. Older adults are at higher risk for a transition to residential care if they have one or more of the following: 1) limitations in personal care abilities, 2) multiple chronic health conditions needing management, 3) lack of nearby family or friends who are willing and able to provide support (Guberman et al. 2006). Furthermore, older people living in institutions today are older, have multiple comorbidities, and are more dependent on others as a result of increasing functional impairments than their counterparts were two decades ago (Han, Gill, Jones, & Allore, 2015). Dementia affects more than 50% of residents, which also increases their vulnerability (Estabrooks et al., 2015). In British Columbia, there are about 820,000 seniors, and 30,000 of them (4%) live in residential care (Office of the Seniors Advocate British Columbia, 2016).

A move to residential care, with its rules and routines, where one is dependent on others for care and support, can also have a major impact on a person's ability to retain a sense of identity and express their individuality (Grenade & Boldy, 2008). The loss of opportunity for meaningful interaction with family members, friends, community and social activities can lead to social isolation and a loss of the sense of self (Drageset, Kirkevold, & Espehaug, 2011). Residential care also offers fewer possibilities for engaging in personalized meaningful activity than for the same aged population living in community (Haugan, 2014). This may lead to a reduced sense of

self-esteem and loss of identity. This is particularly common for those with complex, intensive care needs and for those who live alone, without caregiving support (Guberman et al. 2006).

The majority of recreational and arts programming in long-term care settings is not designed to create meaningful activities for older adults. The focus on distraction is related to the conviction that in order to keep residents 'functional' they need to be kept busy (Katz, Holland, Peace, & Taylor 2011) with activity programming. Arts programs in residential care typically focus on meaningless activities, not professionally oriented art instruction. These activities fill time but lack meaning and obscure what is really needed (Theurer et al., 2015). According to Katz et al. (2011), recreational therapy staff are often minimally trained and required to track activity attendance, fostering the notion that simply being at an activity promotes well-being. Little is known about art programs that provide older adults in long-term care with the opportunity for learning and meaningful activity. Wilkinson, MacLeod, Skinner, and Reid (2013) examined one of the few creative art programs for older adults in a long-term care facility in Ontario, Canada. The program was facilitated by professionals in the expressive arts who focused on music and visual arts and sought to improve the well-being of older adults by maximizing their sense of meaning during a creative activity. Findings suggest that there is clearly a need for research and funding in this area. Arts activities in long-term care have been poorly resourced and current practices could be improved by examining the impact of the arts on well-being and quality of life.

Supporting Meaning Making in Later Life

Several scholars have examined the importance of meaning making in later life. Meaning involves a search for a sense of coherence (Haugan, 2014) and serves as a motivational and revitalizing force in human life (Frankl, 1963, 1988). Frankl (1963, 1988) argues that to find

meaning is to feel that life is significant, important, worthwhile, something bigger than yourself, and purposeful.

Creativity can make an activity meaningful because it involves imagination and learning that involves new ideas and approaches (Flood & Phillips, 2007). When an individual is involved in a creative activity, they can enter a mental state known as flow or being in the zone that is characterized by being fully immersed, energized and feeling pleasure in what they are doing (Van Malderen, Mets, De Vriendt, & Gorus, 2013). Creativity infuses everyday life with a sense of meaning by offering opportunities to experience wonder, imagination and a fresh perspective (Cohen, 2005).

Older adults living in institutions have limited opportunities for meaningful experiences (as contrasted with time-filling or necessary activities). They may try to find meaning in their daily activities, interactions with staff, relationships with other residents, or through life review and reminiscence (Cipriani et al. 2010). However, Carr et al. (2015) argue for the “need to explore the variety of options open to older adults ...realizing that there are multiple factors that contribute to a meaningful life” (p.11). Meaning is personalized and varies for individuals. There is a need to offer older adults a choice of diverse activities that reflect lifelong interests and sources of meaning. Similarly, Price and Tinker (2014) argue that accessible and culturally diverse creative activities can support the health and well-being of older adults.

The arts are well-known as a means of personal expression and art therapy has often been used as a mental health intervention with various populations of all ages (Flood & Phillips, 2007). However, the idea of using arts programs to foster meaningful experiences for older adults in residential care is novel. Cohen (2006), a pioneer researcher in the field of creativity and aging, conducted the first national longitudinal study on the impact of arts programs on the

health and well-being of community-dwelling older adults. In particular Cohen (2005) was interested in the impact of professional cultural arts programs that tapped into creative potential (e.g., arts, dance, and music) on the physical health, mental health and social functioning of older adults. His focus was on participatory arts programs rather than the usual “arts and crafts” programs at seniors’ centres. Findings from his study involving 3000 older adults indicated that those participating in community arts programs experienced a higher quality of life and better health compared with their non-participating peers.

A growing body of literature suggests that there is the potential for arts programs to increase well-being and quality of life among older people in residential care as well (Camic, 2008; Macnaughton, White & Stacy, 2005). However, according to Findlay (2003), Macnaughton, White and Stacy (2005), and Roe (2014), there remains a need for research on arts programs to identify the benefits to institutionalized populations. To address this gap in the literature, this research project explores the impact of a visual art-making program in a long-term care facility on the older residents.

The Aberdeen Arts Program (AAP)

Aberdeen Hospital is a residential care facility that provides care to over 100 elderly residents and 25 young adults with complex neurological challenges. This facility includes 125 beds for adults over 55 years. Two specialized complex care programs (see Table 1) are offered: the *Landsdowne Activation Program (30 beds)* and the *Functional Enhancement Program (5 beds)*. Both of these convalescent units identify client goals prior to admission and have an interdisciplinary care team (i.e., physician, nurses, physiotherapist, occupational therapist, social worker, nutritionist, recreation therapist, rehab assistants, and speech and language pathologists).

Table 1. Aberdeen Hospital specialized complex programs

Facility	Landsdowne Activation Program	Functional Enhancement Program
Goal	To provide comprehensive, slow-stream activation program for patients in transition between acute care and home or assisted living	To help client's transition to a lesser level of care, meet the criteria for further rehabilitation or relocate to a residential care facility
Overview	<ul style="list-style-type: none"> • 30 Beds • Interdisciplinary care team includes: physician, nurse, physiotherapist, occupational therapist, social worker, nutritionist, recreation therapist, rehab assistants, speech and language therapists • Length of Stay: 4-8 weeks 	<ul style="list-style-type: none"> • 5 beds • Interdisciplinary services includes: medical coordinator, physiotherapist, occupational therapist, recreational therapist, social worker, speech language therapist, respiratory technician, dietitian, nursing, clinical resource nurse, consulting pharmacist, and volunteer coordinator • Residential care rate applies • Length of stay: 6-36 weeks
Criteria	<ul style="list-style-type: none"> • Referrals made through hospital liaison/case manager • Patient must sign a letter of understanding 	<ul style="list-style-type: none"> • Referral made to Long-Term care facility coordinator • Referral reviewed by FEP team and applicant visited by a team member prior to decision.

The *Aberdeen Arts Program* (AAP) provides professional visual arts making activities and dance classes for 12 Aberdeen Hospital residents in the Activation or Functional Enhancement Programs. Most residents have been involved in the AAP for two years, and they are not engaged with the dance program. The AAP was developed by the full-time recreational therapist at Aberdeen Hospital and is a partnership between the Greater Victoria Eldercare Foundation, the District of Saanich's Art Centre at Cedar Hill, and the Community Arts Council of Greater Victoria. The vision of the recreational therapist was to create a professionally taught arts instruction program that would accomplish therapeutic and rehabilitation goals while also fostering community engagement and a sense of belonging for the participants. The recreational therapist coordinates and facilitates art classes once a week at Aberdeen Hospital for approximately one hour with participants. The program offers instruction in a variety of creative

and expressive techniques that include art collage, watercolour painting, ceramics, and digital photographs. Once a month the participants travel to a local community recreation centre to attend art classes—a rare and anticipated outing from the institutional setting.

Staff and volunteers provide the necessary program support for the participants to create their art. The culminating event at the end of the year is an exhibit featuring the works of the older artists in the Art Gallery at the local community arts centre. This event features a grand opening with an opportunity for the public to converse with the artists and a month long display of the art for the community.

Purpose

The objective of this study is to explore how creative arts programming fosters creativity and meaningful experiences for older people living in a long-term care setting. The research questions are as follows:

- 1) What is the experience of older adults participating in a visual arts program in residential care?
- 2) Does creative expression foster meaning in later life among participating residents in residential care?

A narrative inquiry approach involving interviews, observation and document analysis was used. This approach facilitated an increased understanding of the nature and potential benefits of creative expression through visual arts programs for older adults living in residential care. The results of this research may be useful in informing efforts to improve meaningful recreational programming for older adults residing in complex care facilities.

Chapter II. Literature Review

In this section, I appraise the literature on the search for meaning, focusing specifically on older people living in residential care. I discuss the importance of meaning in later life in relation to the social determinants of health and review studies that describe how creative social activities can enhance the overall health and well-being of older adults (e.g., Greaves & Farbus, 2006; Grenade & Boldy, 2008; Blythe et al., 2010). Finally, I summarize findings from evaluations of arts-based interventions for older persons (Findlay, 2003; Macnaughton et al., 2005; Roe, 2014) that promote meaningful social engagement. I conclude by identifying methodological concerns in assessing the outcomes of arts-based programming for this population.

The Importance of Meaning in Later Life

The search for meaning requires a sense of coherence that is gained through self-reflection and connecting and communicating with others (Dwyer, Nordenfelt, & Ternstedt, 2008). The experience of meaning is essential to humans (Nassif et al., 2010) and is important to well-being, regardless of age (Wallace & O'Shea, 2007). A sense of meaning or purpose is associated with positive health outcomes (Drageset et al., 2009). On the flip side, a lack of meaning has been associated with loneliness and other negative health outcomes (Nassif et al., 2010).

Meaning is an important component of preventing feelings of loneliness. A growing body of literature examines the relationship between older age and loneliness (Coyle & Dugan, 2012; Perissinotto, Cenzer, & Covinsky, 2012; Prieto-Flores et al., 2011; Victor & Bowling, 2012; Yang & Victor, 2011). Loneliness refers to a subjective experience of discomfort due to lack of meaningful interpersonal interactions and significant activities, despite being surrounded by

people. In residential care, older people experience loneliness due to the lack of meaningful experiences or activities, even though there are many people around them.

Most recreational programs offered by residential care facilities are not designed to foster creativity, growth or a sense of purpose. In addition, social interactions in residential care settings are rarely planned to provide opportunities for dialogue, self-reflection and connectedness (Van Malderen, Mets, & Gorus, 2013). As a result, older adults in residential care are at increased risk for loneliness, which can have a significant negative impact on physical and mental health (Theurer et al., 2015). Ideally, recreational activities should be person-centered and be meaningful for the older adult residents to support well-being and quality of life.

Residential Care

In North America “long-term care” refers to a continuum of programs and services in settings that includes: homecare, retirement homes, assisted living, and residential care facilities (Banerjee et al., 2012). The latter includes complex care facilities, which encompasses short-term rehabilitation and long-term residential care for clinically complex patients who require skilled nursing care. In Canada and the United States, the residential care or nursing home population is characterized by advanced age, physical impairment, and high mortality rates (Theurer et al., 2015). The size and design of Canadian residential care facilities make them more hospital-like than home-like (Gnaedinger, 2003). Residential care facilities are distinguished by the high personal care needs of residents with chronic disabling conditions and the availability of 24-hour skilled nursing. They are licensed and regulated by provincial governments (Banerjee et al., 2012). Residential care facilities vary widely in ownership (e.g., private, provincial health authorities), profit status, size, and design (Berta et al., 2006). In general, residential care facilities are large, averaging 96 beds (Statistics Canada, 2011).

The search for meaning poses particular challenges for older individuals in residential care. Having a sense of purpose is fundamental to humans and is a core concept in health promotion that affects well-being (Haugan, 2014; Schulenberg, Drescher, & Baczwaski, 2014). Older adults with chronic disabling conditions living in residential care can find it difficult to develop meaningful friendships or find a purpose to life (Theurer et al., 2015). Older adults in institutional settings report significantly less meaning in their lives compared to their community-dwelling peers (Bondevik & Skogstad, 2000). Daily life in residential care threatens one's sense of independence and privacy, which can heighten feelings of isolation and loneliness. A sense of meaning can buffer an individual's reaction to stressful life experiences by increasing their ability to cope with illness and loneliness (Dwyer et al., 2008).

There is limited research on what kinds of programs can offer meaningful experiences in residential care settings. Some findings on residential care suggest that establishing relationships with other residents can compensate for the shifting and shrinking of social networks, and provide a sense of security and identity (Drageset, Espehaug & Kirkevold, 2012). There is also some evidence suggesting that activities involving the arts and music can help to reduce social isolation, as well as increase self-esteem and a sense of empowerment (Roos & Malan, 2012). Drageset et al. (2012) studied loneliness among people without cognitive impairment living in residential care. The authors suggested that professionals could support residents in developing close friendships with one another by providing valued activities, meaningful emotional support, and facilitating participation in political, cultural, and religious arenas.

Meaningful Activities in Later Life

Social engagement, or more generally the extent to which one is meaningfully involved in the social environment, may provide a greater sense of purpose, a sense of control over one's

life and efficacy regarding one's abilities (Mendes de Leon, Glass, & Berkman, 2003). Social engagement as described in the *Active Aging Framework* (World Health Organization, 2005) encompasses meaningful social participation and empowerment, which contributes to well-being (Walker, 2002). Various studies find that social engagement—through interpersonal relationships and participation in meaningful social activities—promotes physical and emotional well-being (Mendes de Leon et al., 2003). Epidemiological research on aging and disability suggests that an increase in social engagement improves quality of life and overall health, in addition to protecting against depression and chronic disease (Mendes de Leon et al., 2003).

Meaningful social engagement and social participation are recognized as important aspects for those with disabilities (Rosso, Taylor, Tabb & Michael, 2013). Berkman et al. (2000) defined meaningful social engagement as participation in social activities that reinforces meaningful social roles and enables the emergence of social ties in real life activities. Enhancement of social participation is a key element of the World Health Organization's (World Health Organization, 2005) policy framework in response to concerns about population aging. The dimension 'involvement' is usually found in the definitions of social participation (Levasseur, Richard, Gauvin, & Raymond, 2010). According to these definitions, involvement of the person is a critical element of social participation. Raymond et al. (2008) identified four types of definition of social participation in the literature: daily living functioning, social interactions, social networking, and formal involvement.

Older people in residential care have their basic needs met (e.g., food, shelter, security), but they have few opportunities for meaningful relationships (e.g., friendship, love), meaningful social participation, and social inclusion. Maslow proposed a hierarchy of needs in which self-actualization is the ultimate goal (Maslow, 1962). Activities that increase personal choice,

creativity, interpersonal relationships, and sense of control can support a sense of purpose and meaning, which contributes to overall well-being.

Grenade and Boldy (2008) found that structured group activities that are responsive to individuals' preferences promote positive and meaningful engagement in social relationships. Social engagement is associated with reduced levels of depressive symptoms and may be protective against declines in cognitive function (Grenade & Boldy, 2008). These findings suggest that meaningful activities can reduce the risk of loneliness, depression and cognitive decline. In particular, older adults who are interested in and participate in activities involving art, dance and music experience positive health outcomes (Castora-Binkley, Noelker, Prohaska, & Satariano, 2010). Meaningful engagement in later life is dependent on perceptions of past relationships, the degree of social isolation experienced earlier in life (Cloutier-Fisher, Kobayashi, & Smith, 2011), and preferred expressions of engagement. Age, gender, and health status influence the preferences and capacity of older adults to engage in social and arts activities (Zunzunegui et al., 2003). Older women tend to be more socially active than older men (Freysinger & Stanley, 1995).

Malchiodi (1999) suggests that art activities can help people express their feelings. The promotion of creativity through the arts may help older adults optimize and manifest their abilities (Johnson & Sullivan-Marx, 2006). Arts interventions increase quality of life in those with a disability and reduce the decline associated with residential care placement (Blythe et al., 2010). Art therapy has been used in various settings to promote mental health and as an alternative means of communication in older adults with cognitive or speech impairments (Johnson & Sullivan-Marx, 2006). However, art activities in residential care are generally crafts,

which do not foster joy in the process of creating, the satisfaction of completion or a sense of accomplishment from producing something of value (Theurer et al., 2015).

Visual arts programs in residential care facilities have a particularly strong potential to support social engagement and increase the well-being of older people (Macnaughton et al., 2005). While the body of empirical evidence is not extensive, existing research suggests that the arts can play a positive role in healthy aging. Cohen's (2006) research demonstrated that participating in the arts significantly improved the physical and mental health of older adults living in the community. Similarly, a professionally led visual arts program in residential care can allow older adults to realize hidden abilities, to create something of value to others, and spark interesting and more personal conversations. The process of creating art can give the older adult a new sense of identity (i.e., "I am an artist") when few roles are left (Malchiodi, 1999, p. 312).

Three key studies (see the summary of these studies in Appendix B) by Greaves and Farbus (2006); Fraser, Bungay, and Munn-Giddings (2014); and Wilkinson et al. (2012) evaluated the outcomes of creative arts programs for older adults living in the community and in residential care settings. These studies used qualitative and mixed methods. The art programs they evaluated focused on expressive arts beyond therapeutic boundaries and clinical goals. These studies differed in terms of the conceptualization of creative arts and definitions regarding well-being. Findings of these studies showed an increase in meaningful social interactions, sense of empowerment, and well-being of older adults due to the engagement with art activities.

Greaves and Farbus (2006) evaluated a community-based arts program with community-dwelling seniors and residential care for older adults in the United Kingdom. These programs were designed to promote *active* social contact and encourage *creativity* to improve health

outcomes in older, socially isolated, people. The activities engaged individuals in creative and cultural activities that they would find interesting, with an emphasis on social interaction.

Program mentors delivered a series of individually tailored activities. A wide range of creative activities was provided, including painting, print-making, creative writing, reminiscence/living history, pottery and singing.

Greaves and Farbus (2006) collected data using qualitative methods with 26 people aged 65 years and older and quantitative measures with 320 older adults to evaluate the outcomes of the intervention and to identify the range and nature of its impact on participants. The outcomes of their study indicated increases in self-esteem and self-worth due to the sense of achievement imbued in successful completion of creative works. The authors highlighted that “the creative aspect provided a useful and enjoyable way to engage people, as creative activities are very amenable to tailoring to a wide range of individual abilities and interests” (p. 141). This study suggested that creative arts promotes greater meaning and improves psychological well-being for older adults. However, the authors did not provide a clear definition of the concepts that are used within their study, such as well-being and creative arts. Thus, there are many interpretations of the concepts and lack of definition, which interfere with an evaluation of the outcomes of creative activities that older people engage in.

Fraser, Bungay, and Munn-Giddings (2014) explored the value of arts activities in residential care settings to enhance the health and well-being of older people. The authors conducted a systematic review of research conducted “outside the confines of arts-based therapy and those based on medical, neurological or psychiatric outcomes per se” (p. 274). They included screened articles that used mixed-methods to determine the relevance of music, dance, singing and visual arts interventions, and outcomes were evaluated through pre- and post-test

results. Findings indicate that participatory visual arts (i.e., clay modelling and painting) resulted in increased levels of engagement. These activities promoted enhanced levels of social interaction/cohesion and improved bonding between formal caregivers in residential care and those being cared for. Fraser et al. (2014) were the only ones who found specific improvements in the relationships between residential care staff and residents. A limitation of this study is that it fails to examine the relationship between the residents in the creative arts program and the staff who coordinate the activities. The relational aspects of the program are important to understand and consider in assessing the engagement of residents in creative arts programming.

Wilkinson et al. (2012) conducted evaluation research based on expressive arts programming with isolated seniors in rural communities and institutional settings. The authors explored the potential of expressive arts techniques (i.e., visual, writing, movement, music) facilitated by trained volunteers to promote reflection, social engagement and the overall well-being of socially isolated seniors in Ontario. This study used a community-based participatory approach, based on the notion that the arts can be used to communicate emotional and social complexities of vulnerable people in order to inform critical debates using their own voices. To evaluate the program, data were obtained from the leader's field notes, volunteers' weekly logs, photographs of work created by the older adult participants and volunteers, and program evaluation questionnaires completed by the volunteers and participants. Findings from Wilkinson et al. (2012) demonstrated that the expressive arts program provided an opportunity to "learn about the aging process, open doors to new perceptions and increased confidence" (p.234). Wilkinson et al. (2012) did not provide sufficient definitions for the following concepts: 'art,' 'art-based participatory activities,' 'art-making,' 'art-making activities,' 'creative activity,' 'creative arts,' 'creative process' and 'expressive arts.' The significance of their findings is

unclear since they did not clearly identify the multi-modal expressive arts practiced in the project and how, and by which, mechanisms the arts modality in particular could enhance well-being.

Overall, there is increasing recognition that the arts have an important role to play in improving the health and well-being of older individuals. The findings of these studies relate to the value of meaningful and purposeful arts activities to enhance the well-being of older people. The ability to promote self-expression in these activities can help older adults communicate their imagination and creativity. In particular, studies that focus on the outcomes of visual arts activities, as a creative arts modality, indicate increased social engagement, a sense of empowerment, greater attention to nature, and preserved identities (Greer, Fleuriet, & Cantu, 2013).

However, demonstrating the benefits of arts programs has been fraught with challenges. The benefits of creative arts participation is difficult to characterize due to the lack of consistent and clear agreement on the types of programs that should be included and the outcomes that should be measured, included those that go beyond the therapeutic (Leckey, 2011). Similarly, Fraser et al. (2014) argue for the need to go beyond approaches that frame the arts as a mental health or medical “intervention.” There is a paucity of research using qualitative methodologies in this area. This study contributes to this limited body of knowledge by examining the experiences of residential care residents involved in a creative arts program. The proposed narrative inquiry research design aims to capture the unique stories and the complex processes of engaging in specific creative activities in a visual arts program for older people in complex care.

Chapter III. Conceptual Framework

The conceptual framework guiding my study is centred on two theorists: 1) Frankl's (1963) theory of meaning itself; and 2) Tornstam's (1996, 1996, 2005) concept of gerotranscendence.

Frankl's Theory of Meaning

Victor Frankl (1963) has emerged as the leading proponent in psychotherapeutic circles of the centrality of the experience of "meaning" in mental health. He popularized the concept of meaning in psychology literature when he coined the term *will to meaning* (Bellin, 2013). The author stated that the *will to meaning* is his way to speak to the deepest yearning of the human spirit and opens the gateway to the exploration of spirituality and the transcendental realm (Wong, 2014). According to Frankl (1963), this *will to meaning* desire cannot be fully satisfied by pleasure, power and material acquisitions; it can only be satisfied by losing ourselves to serving a higher purpose. In his book "*Man's Search for Meaning*" (1963), he argued that the search for meaning should be a natural, healthy part of life, spurring people to seek out new opportunities and challenges, and fuelling their desire to understand and organize their experiences. He suggested that "searching for meaning is "the primary motivational force in man" and seeking meaning has been thought to express a core psychological need to comprehend one's existence (Frankl, 1963, p.121).

Frankl's ideas about meaning were influenced by his personal experience of surviving the concentration camp Auschwitz during the Second World War (Morgan, 1983). He discovered that man's greatest need is the will to meaning, the need to find meaning for one's own life, from which identity is shaped. He believed that consciousness is fluid and becomes shaped by personality and individual preferences.

Frankl's work has influenced several fields of psychology, such as humanistic, transpersonal, and depth psychology (Morgan, 1983). He believed it was the job of physicians, therapists, and educators to assist people in developing their individual consciousness and finding and fulfilling their unique meanings. He stated that by allowing the individuals to make their own decisions forces one to find their true meaning in life (Frankl, 1963). Frankl received criticism for talking about a primordial and ever-present sense of meaning because it has religious and spiritual connotations.

As I am interested in qualitatively exploring the experience of meaning in later life, Frankl's theorization of meaning guides my research. Frankl focused primarily on how to live a life of significance and purpose, in addition to making sense of life (Wong, 2014). In Wong's (2014, p.177) words "Frankl's meaning-making model challenges us to new territories of research and interventions". Meaning as a major construct shapes the real life experiences of individuals. The approach I emphasize in this research is compatible with Frankl's theorization of meaning. I chose a methodology that allows participants to talk about their meaningful stories, instead of focusing exclusively on their health and physical limitations. Also, the approach that the AAP's coordinator employs in the program reflects Frankl's suggestion about the importance of allowing patients to individually find their true meaning in life (Frankl, 1963). Indeed, in AAP, older adults are engaged in activities that facilitate the expression of their individual stories, which may create an opportunity for enhanced meaning in their lives.

Frankl's *will to meaning* is central to understanding human experience and is a useful concept for guiding my examination of the arts program. Conceptualizing meaning as a continual process of gaining greater self-awareness helped me explore the sense of meaning for participants of AAP. Overall, Frankl's work inspired me to listen more deeply to the stories of

the participants and gain a greater appreciation for the meaning that the AAP generated in their lives.

Gerotranscendence Theory

Gerotranscendence is a psychosocial theory of aging developed by Lars Tornstam, a Swedish Sociology professor. Tornstam's (1997) theory can be defined as a "shift by the older adult in metaperspective from a materialistic and rational view to a more cosmic and transcendent one" (p. 43). Tornstam posits that, as individuals age, they change the way in which they view themselves and the world. There is a feeling of unity with the universe, with one's self, and with mankind. The older adults that can reach gerotranscendence become more altruistic and less self-centered and are able to confront their own selves.

Gerotranscendence examines the subjective life experience from the individual's perspective (Jewell, 2014). Tornstam (1997) argued that previous theories of aging are ethnocentric and biased, coming from a white, middle-class, Western perspective where the values of mid-life are projected onto older populations. Tornstam's thinking (2005) was contrary to the traditional gerontological paradigm in which researchers defined concepts and theories and treat the elderly as research objects in their studies. Tornstam (1997) rejected disengagement and activity theories for their inability to account for the range and diversity of older people's experiences.

The theory of gerotranscendence was developed within a phenomenological metaperspective, in which concepts and connections take their form from the way older people perceive themselves and discern reality. The theory of gerotranscendence assumes that the individual's *self* is gradually changing and developing. Tornstam was influenced by classical psychoanalytical theorists such as Carl Jung (1933) and Erik H. Erikson (1959). The self is partly

dependent on the degree to which we discover the hidden aspects of our personality, what Jung calls the shadow. Gerotranscendence is similar to Erikson's eighth stage of development but moves beyond it to offer a deeper understanding of the unique developmental achievements in late adulthood. Erikson (1959) outlined eight stages of psychosocial human development. At each stage, the individual is faced with a developmental conflict. He believed that throughout the lifespan the individual's unconscious goal is to achieve ego identity.

Tornstam's conceptualization of gerotranscendence is based on intensive interviews with 50 Swedish individuals aged 52–79. It has three dimensions: the cosmic, the self, and social and personal relations. Aging persons “may experience a feeling of cosmic communion with the spirit of the universe, and a redefinition of time, space, life, and death” (Tornstam, 1994, p. 209). To a certain extent, the enclosed self is disaggregated from with a cosmic self” (p. 209). Individuals may experience decreased interest in material things and a greater need for solitary meditation. Positive solitude becomes more important (Tornstam, 2005; Tornstam, 2010) and “the need and search for a positive solitude is not the same as loneliness and disengagement. Rather, it's part of a development where one has become more selective” (Tornstam, 1997, p.152).

People may become more reflective on their past and their childhood. Tornstam (1996) suggests that old age is not simply a continuation of midlife. He argues that old age represents a new understanding of one's self and of others. They may feel oneness with the universe and with nature and report a new perception of time, space, and objects. Thoughts and feelings about death may increase in frequency, but fear of death diminishes. These experiences become transcendent when the individual is able to reconcile past issues, move beyond fear of death, and shift from engagement with big events to subtle experiences. Older individuals may become

more cognizant of others and their thoughts and feelings. Tornstam (2005) acknowledged that the process of transcendence can be accelerated or interrupted by life events such as illness, crises, or when the individual feels in conflict with society's ideals, such as the importance of productivity, health, and independence.

The usefulness of gerotranscendence for this research lies in its holistic portrayal of the factors that influence creative aging and how these factors intersect with the challenges people encounter in older life such as the loss of mobility or anxiety about dying. The theory also guides an exploration of how the coordinators and facilitators of arts program can support individuals in residential care to reflect on past accomplishments but also develop new understanding of themselves and others.

Limitations of Gerotranscendence

Tornstam (2005) described gerotranscendence by using metaphors and parallels, which makes it difficult for others to operationalize his theory; in addition, his data analysis has been criticized for evidencing personal bias and values (Ebel, 2000). Another critique concerns the lack of generalizability of the findings. Most of the studies examining gerotranscendence were conducted in Sweden. Thus, Tornstam's original findings on which he built his theory may not generalize to populations with different cultural backgrounds. Tornstam collected data using a mail questionnaire to ascertain the validity of his theory research findings, which is surprising in the light of his earlier criticism of the quantitative paradigm in gerontological research. This longitudinal study collected data in 1986 and 1990 from 912 non-institutionalized Danish individuals between 64 and 104 years of age (Hauge, 1998). He found that individuals with a high degree of gerotranscendence have a higher degree of life satisfaction, and individuals with a high degree of gerotranscendence have a high degree of self-initiated social activity. He also

found that life crises accelerated the path toward gerotranscendence. Tornstam acknowledge the need to use approaches from phenomenology and anthropology to further elaborate his theory. Yet, as Hauge (1998) points out, this is something Tornstam only did in 1997 when he conducted a sole qualitative study.

There has been continuing debate as to whether Tornstam's findings truly capture age-related changes in a person's life. According to Jewell and Nell (2014), Tornstam's 1990 Danish study of those aged 74–100 revealed no significant age difference in gerotranscendence across the cohort, although the challenges of comparing 'now' with 50 years before may have obfuscated the results. Tornstam himself (1997) accepted that socio-demographic factors such as gender and marital status, together with illness as well as perceived crises, were moderating influences in younger age groups in addition to aging (Jewell & Nell, 2014).

Relevance of Gerotranscendence for this study

Gerotranscendence theory guided the study design and development of interview questions that allowed participants to discuss their engagement with the arts in their own terms. Tornstam theorized on the relationship between social activity and gerotranscendence; he claims that "gerotranscendence correlates positively with social activity at the same time as a greater need for solitary philosophizing' is experienced" (1996, p. 47). Specifically, Tornstam (2005) discussed reminiscence as an essential process for reaching ego integrity in the context of activity engagement. In describing the cosmic dimension of transcendence, he speculated that older people could reminiscence on the basis of different perceptions of time by transcending the boundaries between past, present and future. Reminiscing along this cosmic dimension could evoke the feeling of being one with the universe. This approach offered a way to situate and

understand the participants' current interest in the creative arts as the result of lifelong experiences.

The theoretical perspective of Tornstam also aligns with the approach that the AAP coordinator used in the arts classes. AAP is unique because it goes beyond the kind of arts-and-crafts activities that are meant to keep people busy (Fraser, Bungay, & Munn-Giddings, 2014). By contrast, the AAP encourages participation in professionally led arts activities that encourage creativity, sense of purpose, and social connections among participants. Thus, the AAP resonates with the theoretical perspectives I chose for my thesis.

Chapter IV. Methodology

In this research, I use a narrative inquiry approach to examine how the Aberdeen Arts Program (AAP) fostered meaning in later life among a group of participants in residential care. Narrative inquiry methods are useful to gain an in-depth understanding of individual experiences (Collie, Bottorf, & Long, 2006; Patton, 2014). In the following sub-sections, I discuss the particular aspects of the study's research design.

Narrative methods

Story and *narrative* are words often used interchangeably, but they are analytically different. Narratives come from the analysis of stories by the researcher (Riley & Hawe, 2005). In particular "the researcher's role is to interpret the stories in order to analyze the underlying narrative that the storytellers may not be able to give voice to themselves" (Riley & Hawe, 2005, p.227). The term narrative is used extensively to increase emphasis on reflective practices which give more control to research participants (Riley & Hawe, 2005). As Clandinin (2006) notes, narrative inquirers may begin their inquiries by engaging with participants through telling stories.

I also followed Creswell's (2013) recommendations for qualitative research design: 1) I conducted interviews and *observations in a natural setting*; the environment where AAP participants reside and practice their art work played a key role in data collection as well as interpretation and analysis; 2) I used multiple data sources rather than a single data source, which included inductive and deductive data analysis; 3) I focused on participants' responses and interpreted the meanings of their statements; 4) I employed an emergent design, which included an aspect of reflexivity about how the interviews and observations shaped the study; and 5) I

concentrated on a holistic account of the meaning of AAP for the participants. This holistic approach is consistent with the gerotranscendence theory that I discussed in the previous chapter.

Research Site

I selected the APP at Aberdeen Hospital as it has the explicit objective of fostering meaningful social engagement for seniors with physical disabilities who live in residential care (Arts and Health Network, 2016). The selection of this program was also based on the willingness and interest of the program coordinator, as one of the *gatekeepers* (Creswell, 2013), to conduct a study that could contribute to further capacity building for AAP.

AAP began three years ago and was designed to provide visual arts instruction, both on site and in the community, for complex care residents from Aberdeen Hospital. The recreational therapist, who is also an arts instructor, leads the activities and coordinates the program. Art classes are facilitated once a week with residents in a recreational setting within the complex care facility. Additionally, the residents travel to attend classes in the studio at The Arts Centre' at Cedar Hill Recreation Centre once a month. The arts activities include watercolour art collage, watercolour painting, ceramics and digital photography.

There are fifteen regular participants between the ages of 58 and 102 years: the average age is 70 years. Thirteen participants are female and the two are male. In this program all participants have mobility limitations due to stroke, diabetes and/or other chronic diseases. They all need assistance with three or more activities of daily living (ADLs) including dressing, personal hygiene, mobility, monitoring of medication use and other routine activities of living. In terms of participation in recreational activities, most participants are not regular members in other programs facilitated at Aberdeen Hospital because they of their lack of interest in other

social activities. The majority of participants rarely leave Aberdeen Hospital to attend any social activities.

According to the coordinator of the AAP, most residents of Aberdeen Hospital experience social isolation due to both their physical limitations and stigma regarding their living conditions. This is a common phenomenon reflecting the cumulative impact of multiple losses that have reduced the number of meaningful relationships (Prieto-Flores et al., 2011). These losses include progressive disabling conditions, deaths, and moving away from friends and family making contact less frequent. The primary goal of the AAP is to create opportunities that allow the residents of Aberdeen Hospital to share their voices through arts and to create a sense of community engagement. The AAP participants exhibit their art work once a year in an art gallery and this public event is one of the highlights of the program.

Data collection took place at two different sites where the AAP is facilitated--the local community recreation centre and at Aberdeen Hospital where the residents live. I focused this study on AAP participants from the *Landsdowne Activation* unit and the *Functional Enhancement* unit. According to AAP coordinator and the social worker for both units, none of the participants were cognitively impaired. The study received ethics approval from the Joint Health Research Ethics Board at the University of Victoria and Island Health (see Appendix B).

Recruitment

I met with the recreational therapist who coordinates the AAP during two public events related to older adults health in Victoria six months before starting this project. During these discussions I explored her interest in and support for this research. She agreed that I could invite staff, volunteers and the AAP's participants to contribute to my study.

After receiving ethics approval, I met with AAP's volunteers and staff fifteen minutes before the arts class at Aberdeen Hospital, while staff and volunteers prepared for the session. I discussed the purpose and goals of the study and provided a letter of invitation and a consent form to each of them. That same day I also met with AAP participants at the start of their arts class to explain the purpose and goals of the research project to them and to provide a letter of invitation from me (see the letter of information for participants in Appendix C, and for staff in Appendix D). A consent form (see consent for participants in Appendix E, and for staff in Appendix F) was distributed to potential participants by a social worker in the unit after the arts session at Aberdeen Hospital. The informed consent addressed the following: 1) participation was voluntary; 2) residents could withdraw from the study at any time, 3) participants could refuse to answer any questions without an explanation; 4) confidentiality would be maintained with no identifying information or names disclosed in any written reports; and 5) that risks were minimal although they might experience emotional discomfort or potential fatigue during interviews (Creswell, 2013; Schutt, 2011).

After reviewing the consent form, AAP participants and staff had one week to decide if they would participate in this study. I met with them in the beginning of their arts class and went through the consent form point by point to make sure that they understood everything and I asked if they had any questions. Participants agreed to audio-recording of the in-person individual interviews. They signed the informed consent form in front of me and I signed as a witness. Eleven residents and three staff members agreed to participate in the study. One AAP participant did not consent to being observed or being part of an interview. This individual received a letter to inform him that his privacy would be protected and that I was not going to register any information related to his/her participation in the program. The two volunteers

working with AAP were not invited to participate in the study because they were new to the program and not very familiar with AAP or the participants so they could not offer additional insight.

Methods

Interviews: Each member of the AAP participated in a face-to-face semi-structured interview once during this project. Using an interview guide (see interview guidelines for participants in Appendix G and interview guidelines for staff in Appendix H) I was able to explore particular lines of inquiry in depth and gain additional information regarding the phenomenon under study (Creswell, 2013). Program staff was also interviewed using the same approach.

The in-depth interviews took approximately one hour each and were structured to answer the two research questions for the study. Interview questions allowed time for participants to share personal stories and I analyzed their responses to explore the possibilities for enhanced meaning in later life.

Interviews with AAP participants and program staff were conducted privately in a room located in the Aberdeen Hospital. The interview space was in close proximity to where the AAP is facilitated and is generally used for recreational therapy sessions. This room offered a safe, comfortable and private environment for the interviews. Participants were advised that their confidentiality would be maintained and were made aware of the potential utilization of the data for reports and knowledge dissemination. Removing all names from transcribed interviews and replacing these with identification numbers that were kept separately in a secure and locked location at the University of Victoria secured the participants' confidentiality.

Observations: Field observations were conducted with AAP participants and program staff. In my role as a non-participant observer, AAP participants were aware that I planned to take field

notes from a distance without participating in the actual program (see observation guideline in Appendix I). I attempted to maintain the similar physical distance from participants for the two separate settings where AAP is facilitated. I made maps of both settings and conducted field notes. I did three observation sessions in the complex care facility, one at arts studio in the community arts centre, and one at the public art exhibit at the community arts gallery. Each observation session lasted approximately fifty minutes. I recorded field notes to document observations of the number of tables and chairs, number the informants, and their verbal and non-verbal communication with each other. I documented the exact quotes of conversations and also the participants' reactions to the art-work that was produced during the session and displayed during the arts exhibit. I also decided to take notes of the conversations and social interactions of AAP participants, AAP staff, Aberdeen Hospital staff, and family and community members in the community arts gallery on opening day of the exhibition.

During the sessions, I took notes of my observations that I intended to expand upon later such as the way in which participants described their art-work to other participants, staff and volunteers, and the subjects the participants talked about. Creswell (2013) observes that these types of notes are helpful in forming a rich and dense text. The field notes took a chronological format and described what the participants were doing in addition to their conversations.

Although most of the notes were descriptive I also included my initial interpretation of events.

Documentary Analysis: I analyzed AAP's Facebook page, Island Health newsletters, promotional material of the community art exhibit and two videos from a local TV channel. The AAP's Facebook page was used to gain insight into the variety of art work produced by AAP's participants. One of Island Health's monthly newsletter offered information about the establishment and development of the AAP. I also reviewed other Island Health monthly

newsletters (May 2015-April 2016) to compare what other recreational activities the seniors at Aberdeen Hospital had access to in the facility or in the community (see Island Health Currents Newsletter at Appendix J). Documents were included as data and analyzed alongside field notes and interview transcripts.

Data Management

All data (e.g. audio recordings, documents) were stored on a password protected secure server at the University of Victoria and access was limited to myself. A back up of the research data was kept on a second drive on the same secure server. Each participant's individual data were maintained in a separate file using under a pseudonym. Paper records (consent forms) were kept in a locked office at the University of Victoria (my graduate student office in the Sociology Department) and within a locked filing cabinet. Audio recordings were deleted from the digital voice recorder (Sony 4G) after the interview data was transcribed.

Data Analysis

I used a narrative inquiry approach to analyze the data as described by Riessman (2008). I looked at how meaning was constructed and assigned within the AAP. My aim was to understand how AAP's participants' stories are related to their participation in a professionally led art program and sharing their art in a public art exhibit with the broader community.

All interview data were audio recorded with the permission of the participants and transcribed verbatim. I recorded the interviews on my personal voice recorder and transcribed the interviews myself. A field journal was kept, capturing the observations I made. I carefully documented all of the steps taken in the data collection process. Observation notes were taken in order to document interactions that occur within the program and wherever possible would include the direct quotes of participants. These field notes from participant observation were

written in a digital format immediately after the AAP sessions and arts exhibit to ensure significant events were included and details would not be lost. These field notes were stored with the interview transcripts. The transcripts were compared for accuracy with the actual audio-recorded interviews. The names of the participants, along with any identifying characteristics or details were removed from the data to ensure anonymity.

While conducting the observations during the AAP sessions and the interviews with participants, I planned to simultaneously analyze any new findings as they emerged. I immersed myself in the data by listening and re-listening to audio recorded interviews, even after transcription, reading and re-reading field notes and transcripts, and reviewing initial interpretations. I transcribed the audio-recording using *Dragon Speech Recognition Software*, and verified the transcripts for accuracy. This was a significant aspect of my research process, as I needed to repeat aloud what the participants said in the audio-recording in order to have their words appear on the screen. While I was repeating their words I found that it helped me to have a greater connection with their stories and I recognized personal feelings of my own in relation to their words.

Open Coding

Interviews and notes from the observations were analyzed using open coding. Coding and analysis of qualitative data reveal themes from raw data (Strauss, 1987). Creswell (2013) stated that assigning words and phrases differentiate qualitative codes and themes from their quantitative numerical counterparts. Coding in this research was an inductive process of beginning with specific instances to guide analysis to broad themes. Straus (1987) described coding in qualitative research as not primarily counting how many times a code appears, but to

“fracture” (p. 29) the data and rearrange it into categories that facilitate comparison between things in the same category towards the development of theoretical concepts.

Open coding describes a process in which a researcher identifies initial categories, or codes, by segmenting data. Interviews, observations, memos, and journals constituted raw data that was analyzed initially through open coding. In open coding, codes are not predetermined and are identified by thorough scrutiny. The data was coded into manageable parts and initial impressions and interpretations were recorded. “Codes identify a feature of the data that appears interesting to the analyst” (Braun & Clarke, 2006, p. 88).

The process of coding was an extensive task, and I generated an initial list of ideas about the narratives and field notes in connection with my research questions. I used tables to organize these codes according to their similarities. I completed the coding manually by writing notes on the texts and highlighting patterns identified in the data. During the process I was attentive for the narratives in relation to my own experience of using art as a way to express myself and create meaning in my life. The connection of participant’s stories with my own process of incorporating art in my life to alleviate and transcend physical limitations has helped my analysis. My personal experience provided a deeper understanding about the codes that emerged from data collection and how I decided to label the codes. I want to emphasize that I did not assume that this personal experience was similar for the participants.

Each code labeled the data that allowed me to group into small categories and then group into larger, more comprehensive categories. According to Corbin and Strauss (1990) recommendations, I examined the data and compared them both within and between categories.

The interviews with the AAP participants, AAP staff, and observation of the art classes in the Aberdeen Hospital and in the Cedar Hill Recreation Centre were coded individually to allow

for the analysis of categories within each unique data source. In all, 56 codes were created from interviews with AAP participants, 18 from the interviews with AAP staff, 15 from observations at Aberdeen Hospital and 12 from the Cedar Hill Recreation Centre observations. After the categories were determined for each data source a cross categorical analysis was developed and resulted in five categories and eleven sub-categories that addressed the research questions.

Thematic Analysis

Redundant codes in each text were reduced and overall themes were revealed through the thematic analysis of codes. Thematic analysis helped me to organize, describe, and interpret codes for broad thematic meaning. I used Braun and Clarke's guidelines (2006) to conduct the thematic analysis.

I worked systematically and intuitively to identify the relationship between codes and identifying their combination into emergent themes. I used a software mind-mapping program to visually organize the complex relationships between the themes in a diagram. This third phase of the data analysis was based on the "relationship between codes, between themes, and between different levels of themes" (Braun & Clarke, 2006 p.89).

I recognized that the themes that emerged in this process were influenced by my own work with seniors and values I possess about the process of aging. As a former outreach worker and community developer for seniors, I had intimate knowledge about the benefits of arts programs for frail seniors. This could pre-dispose me to look for data trends in the interviews and observations. Additionally, these themes emerged because of my personal experience with the arts, which allows me to use paintings to create meaning and mediate a spiritual practice that I have focused from Buddhist teachings. I have used this engagement with visual arts since I was fifteen years old after a traumatic health experience. I am aware that my personal experience

with creativity and art, which was associated with physical limitations contributed to a deep involvement with the narratives that I heard from AAP participants and what I noted during the observations.

The last three phases of my thematic analysis consisted of the following: reviewing the mind map diagram, defining the themes according to the data collected and writing the findings for this research. The revision of the mind-mapping was an extensive process that examined contradictory ideas from the data and my own vision about aging in our society. The definition of themes was clearly linked back to the overall purpose of this research and the two questions for this study. The write-up of my findings and further discussion was the longest process of this research. It was a challenge and an invigorating opportunity to re-visit what I was seeking to understand about the potential benefits of creativity and a visual arts program to promote meaning in later life.

Ensuring Validity

As in all qualitative research, the issue of validation is significant. I devoted considerable attention to ensuring the validity of my research findings. For this purpose, I used triangulation to produce a rich data and findings. Triangulation is the combination of data sources, research methods, observers, and theoretical perspectives in the collection and analysis of data (Denzin, 1989). In this research I decided to apply specifically the triangulation of data sources and methods. I obtain diverse sources of information including interviews, observations, and existing documents of AAP program. Mills (2003) demonstrated the need to employ several methods to gather data, not attempting to rely on “any single source of data, interview, observation, or instrument” (p. 52). When a researcher uses qualitative data to achieve depth and richness in the study, Mills pointed out, concerns regarding bias can then be addressed through triangulation.

A key criterion for evaluating rigor in qualitative research is trustworthiness (Houser, 2008). The concept of trustworthiness in this study is associated with the credibility of findings. In qualitative research, the concept of internal validity, which assumes that there is a single tangible reality, is replaced by the term credibility. The “truth value” of the research refers to “how confident the researcher is with the truth of the findings based on the research design, informants, and context” (Krefting, 1991, p. 215). In quantitative research, this is determined by how well threats to internal validity have been managed and how valid the instruments used are for measuring the phenomenon under study. In this research, one of the strategies I focus on to achieve this criteria of trustworthiness involved spending extended periods of time with AAP participants, while observing their AAP classes, the public art exhibit and long conversations during the interview process.

A qualitative researcher’s perspective is naturally influenced by the close association of the researcher with the data, sources, and methods. However, the researcher’s primary goal is to add to knowledge, while keeping in mind that they are active participants in the creation of the data (Bogdan & Biklen, 2003). Rather than trying to eliminate my personal biases, I strove to become more reflective and conscious of how who they shaped and enriched my interpretation of the data. I also kept a personal journal where I reflected the notes from my observations and what I felt during the interviews. The insights from my personal experience, of using the arts as a way to express myself and create meaning after a life crisis, have strengthened my data analysis and interpretations of participants’ experiences. All interpretation was done by me and discussed with my committee.

Chapter V. Findings

These findings address the following two research questions: 1) What is the experience of participating in a visual arts program for older adults in residential care? and 2) Does creative expression foster greater meaning in later life among participating residents in residential care?

The chapter begins with a demographic description of participants. Next, I include information about their experiences within the complex residential care facility. The following section describes their background with arts, including music and visual arts before joining AAP. Then, I provide demographic information on staff members. The next section includes the context of AAP, including the location of the program within a complex care facility as well as within a recreational centre. I provide an overview of the program itself, and present the arts activities participants were engaged with during my observations of these arts classes. In the final section I present the findings regarding AAP's public arts exhibit. I also include a few images that illustrate the artwork participants exhibited at the show. In the thematic analysis section, I discuss the themes according to the research questions. Lastly, participants' recommendations for improvements and continuity (e.g., funding options) of AAP are discussed.

AAP Participants

In-depth interviews were conducted with 10 participants of AAP. The total residents enrolled at AAP were 11, but one declined to participate in this study. Participants of AAP were Anglo-European. The average age was 68. There were one male participant and nine female participants. The highest level of education for the majority of participants was secondary degree, two participants had post-secondary degree, and one of had an elementary degree. All participants had mobility limitations and used either manual or powered wheelchairs. Most of the participants had limited arm and hand functionality associated with brain injury such as stroke.

None were cognitively impaired. One of the participants used a pencil holder strapped to his immobile hand to create drawings.

Most of the AAP participants were widowed and had family members living outside of Victoria. Many participants had relocated from a home they had lived in for many years prior to Aberdeen Hospital, and social connections were disrupted as a result. All participants report learning about AAP from the recreational therapist who coordinates the program. According to most of the participants and staff, the AAP coordinator approached AAP participants within their first weeks of moving to Aberdeen Hospital and encouraged them to participate in the program.

According to the coordinator of AAP, if new residents expressed interest in the program then she assessed them to make sure they had an interest in the arts. When new residents are admitted, she uses a standard recreational therapy form to ascertain their leisure interests. Additionally, she has access to their social history and sometimes that includes relevant information about their involvement with arts. If the residents are willing to attend the program, she explores whether they have painted anything before moving to Aberdeen Hospital. She also shows new participants the artwork from AAP participants that were exhibited in the annual public event. Residents may try a class once before deciding whether to become regular members of AAP. AAP programming was designed to focus on residents living the *Landsdowne Activation Program* and the *Functional Enhancement Program*. These programs were described in Chapter 1.

Experiences within the Complex Care Facility

Most of the participants talked about issues related to their transition to Aberdeen Hospital and the problems associated with their social and psychological circumstances in this complex care facility. I noticed that the participants living there for more than four years had a

different perception than the ones who were newer to the facility. The newer residents were more positive about the overall social context of Aberdeen Hospital. One participant who had been at Aberdeen for approximately eight months had a positive view about her life circumstance. She was also optimistic about the interaction with staff at the programs in which she participated suggesting that, “once I got to the program I knew that was the right place. Because I was beginning to feel some results... My family was very happy.... And it was just a life break.... So everything is coming together” (P3). This participant had progressed in her rehabilitation and gained greater physical mobility since she moved to Aberdeen Hospital. She stated: “I feel like I’m improving.... I also feel like I can do better... And work harder” (P3). She also talked about the wish to return to the regular routine she used to have, which included being able to walk in the community where she used to live: “I love the outdoors.... That’s the very first thing I’m going to do when I walk... Go outside and go for a long walk... And maybe I will not stop” (P3). Overall, this participant was actively involved in various therapeutic programs offered at Aberdeen Hospital such as the weekly dog-therapy sessions and physical exercise programs, which were coordinated by the occupational therapist and physiotherapist.

Another participant also presented a positive view about the facility, and she reported: “I never do anything that is not good for me. I want to participate in many programs...I believe that I need to keep myself busy and eventually one day I’ll get back to home...Once I’m better” (P8). This quote illustrates the need for this participant to keep herself busy in order to see health improvements.

Both participants (P3 and P8) mentioned many times during the interview their wish to go back to their home and engage in the social and physical activities they used to before moving to the Aberdeen Hospital. I also noticed during the observations that these two participants had

weekly visits from family members. Additionally, one of them was able to attend religious services in the community and in the facility.

Other participants had a different experience. One of them said: “There is always so much noise here, they talk too much... Sometimes is hard to relate with people around here... In the arts program it is not so noisy, and I find support there” (P7). This participant expressed frustration regarding the physical and social environment of the complex care facility. However, in her opinion, AAP served as a positive alternative to alleviate the intense noise and lack of meaningful interaction with other people.

One participant living in Aberdeen Hospital for approximately two years talked about the reduced contact with friends from her previous community due to her transition into the complex care facility. She said: “When I was in my home I used to have a party for everybody for Christmas, with people I wanted to invite. But when I moved here I haven’t seen them since... They don’t like to come here I guess” (P10). She talked about the change in her social network due to her friends’ discomfort with the complex care facility environment. In her opinion people do not like to visit her in a hospital environment. She said that goes to coffee shops and shopping malls in the community, but she notices the limited social contact she has currently in comparison to living in the community.

During my interview with the AAP staff, it became apparent that issues of meaninglessness, loneliness, and social isolation were prominent and acknowledged. One AAP staff member said that AAP is designed to promote meaningful engagement among residents. For instance, she said: “They [participants] still exist and are capable of producing material... You know that they are still engaged [with others]... They are still learning... They are not just here [alone]; doing nothing” (S3).

Related to the subject of meaning, participants expressed a hope to eventually transition back into the community, where they find more meaning in their lives. Other participants acknowledged that the complex care environment is a barrier for meaningful social engagement with people from their community, and they also experience a reduced level of social interaction. All participants and staff reported that the AAP programming serves as an alternative to addressing these problems.

Participants' Background in Art

Most of the participants spoke about their previous experience with the arts. Four participants were actively involved and produced visual arts such as acrylics, watercolour, and woodwork before health issues brought them to residential care. One participant said that she first started painting because of her grandmother's encouragement and instruction. She explained: "My grandma introduced me to arts. She was an artist. She was a painter. She brought all the things in the kitchen and we started doing the arts" (P5). This participant expressed emotion during the interview while talking about the interaction with her grandmother. She cried during the interview and said that she feels frustrated by not being able to make the paintings she used to make before due to limited movement in her right hand.

Two participants spoke about the influence of music in their lives and the enjoyment they get from joining a choir at the church they used to attend before moving to Aberdeen Hospital. One of them said: "We all grow up with music... When I was very young my sister and I were piano soloists.... Or singing, singing, singing duets... That's what we did out there in the music festivals... There was a lot of singing, in the family, in the church choir" (P9). Another participant talked about the strong connection she has with the traditional music associated with her Portuguese background.

Participants illustrated their engagement with art from childhood to middle age:

I have always been interested in arts. I actually have a degree in arts architecture...

History... and I've been doing arts since I was a child... That was always my best subject in school...and... It's something I'm always interested to do...it puts me in contact with my soul. (P2)

This participant associated her involvement with arts through personal, academic, and professional stories. Another participant talked about her involvement with art as a child: "I like to sew (pointing at her work)" "I've been doing arts since I was a child" (P6). I had the opportunity to interview this participant in her room and she showed me the various pieces of artwork that represent her involvement with art projects and gardening.

A participant has attended the AAP since for approximately three years, and she talked about the opportunity to be engaged with the stories of adulthood in a "healthy way" (P9) because of her involvement with the AAP. She said: "I was always interested in arts. But I never allowed myself to practice until I moved here. And I did my first painting when I was 61" (P9). She illustrates the development of artistic skill in later life.

One of the participants talked about her interest in doing visual arts after retiring. She said:

Art was not a sort of thing you wanted to do because you didn't get a job or work...I always said I wanted to paint when I retire. So, my three sons and my granddaughter and grandson decided to pay for art lessons. So I was trying but I was not good at it... I didn't like it, and I thought this is not for me.... I mean I liked it...I wasn't good...so I dropped out. (P10)

For this participant, her previous experience with art, which focused on realism, was different than the projects she is now involved with at AAP. She said that she feels surprised to see the artwork she produces today. For her the artwork from AAP is beautiful and allows her to be more creative.

Overall, most of the participants reported how their engagement with arts had provided them with a sense of enjoyment and meaningful engagement with themselves, family members, and their religious community prior to their admission to Aberdeen. They related this enjoyment with the current experience they have with AAP projects, participants and staff.

Staff members

All of the AAP staff members (2 activity workers, 1 coordinator facilitator) were key informants for this study and agreed to participate in the interviews and observations. They were all female, born in Canada, Anglo-European, and worked full time at Aberdeen Hospital.

The activity workers help residents get from their room to the location of AAP and provide assistance in getting to the bus when residents attend the program at Cedar Hill Recreation Centre. They also provide the tools that residents need to hold brushes and other supplies for the art classes. The AAP coordinator/facilitator leads the program. She is a recreational therapist and visual artist. Her role at AAP includes assessing residents and making sure that they are appropriate participants for this group as well as planning the arts projects and facilitating the classes.

Context

One of the advantages of conducting qualitative research is the value placed on understanding the context and environment of study participants. Individuals are not independent of their environment (Polit & Beck, 2008). Individuals are influenced by the physical and social

circumstances of the environment in such a way that it is impossible to take a person out of her or his context and fully understand his or her situation. Therefore, I will begin with a description of the context of the program and the physical and social environment of AAP.

Contexts of arts classes

The AAP is funded by the Greater Victoria Eldercare Foundation, and is facilitated in Aberdeen Hospital and Cedar Hill Recreational Centre from September to March. The recreational therapist facilitates the arts classes on Tuesdays at Aberdeen Hospital, from 10:30am-11:30am. Once a month, participants attend the program at the recreational centre, usually on the last Wednesday of the month at the same time. The coordinator of AAP organizes the AAP public arts exhibit "*Embrace Aging Through the Arts & Community*" through the month of March, which includes a grand opening attended by AAP members, the Eldercare Foundation, Cedar Hill Recreational Centre staff, and community members.

There were two main projects during the time I observed the group. The first was print making (see Figure 1), which involved doing photo transfers of themselves or photographs/images from National Geographic magazine. The project developed over three weeks. This included an initial process where each participant chose her or his preferred image to work with. For those who chose photographs, the arts facilitator took individual pictures of each participant and provided a printed copy to them. The arts facilitator provided instrumental support for the print making and talked with them about the image they chose.

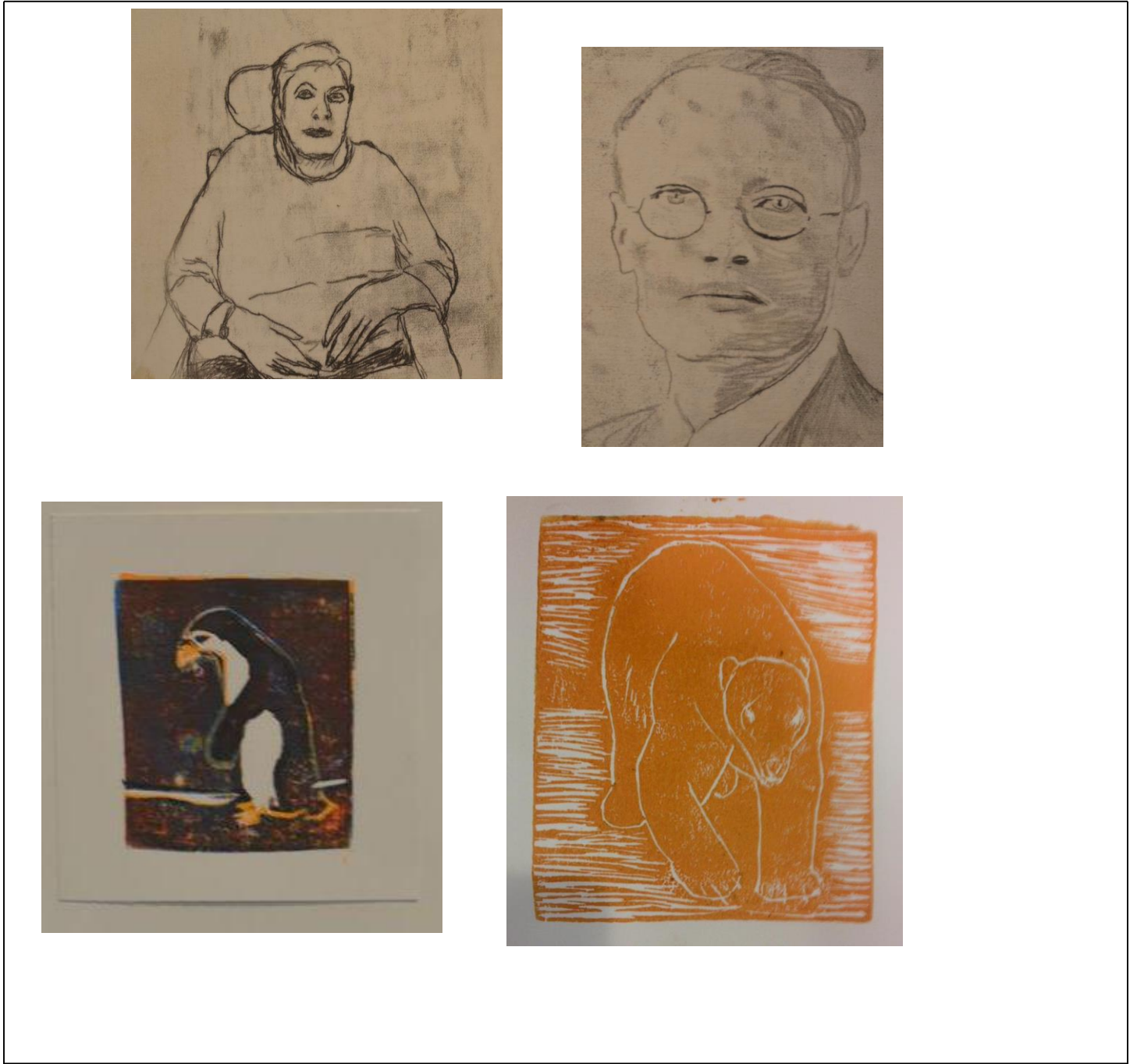


Figure 1. Print making technique by participants

The second project involved the alcohol ink technique (Figure 2), which consisted of a combination of two or more inks for a variety of marbled effects, using cotton long swabs, sponges, alcohol wipes, and toothpicks. The instructor started the sessions by talking about the

technique she was going to focus on and noting the materials and tools needed. Most of the participants were focused on the arts process itself with little verbal interaction with other participants, staff, or volunteers.

I noticed that the approach that the coordinator of AAP uses is very unique because of her background as a visual artist and the expertise she has in diverse techniques. Her ability to offer instruction in different visual arts techniques make AAP more meaningful for participants; they do more than just drawings and glue crafts.

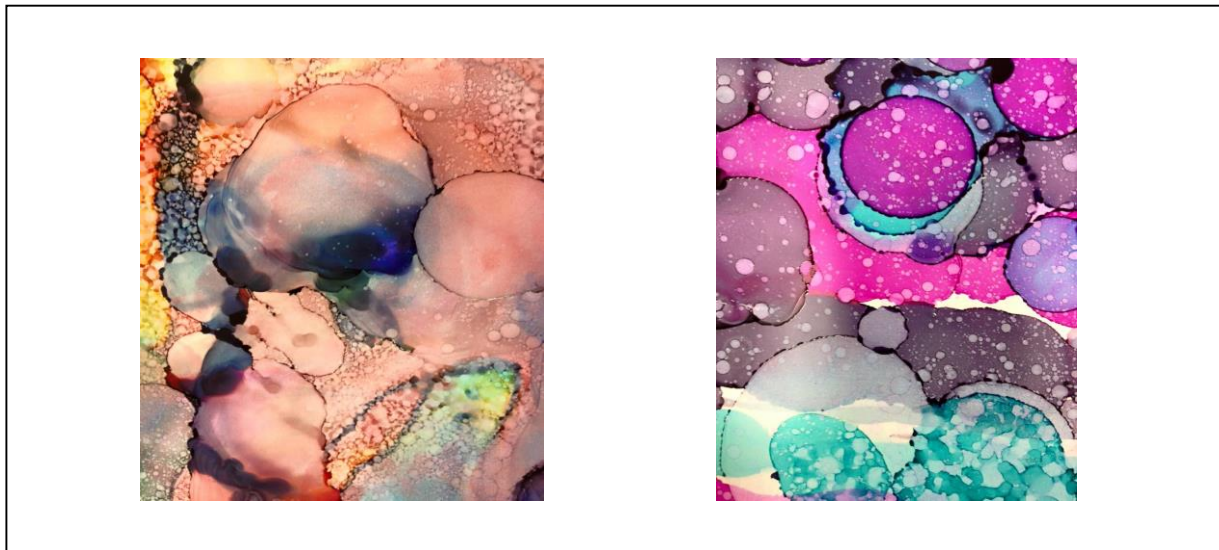


Figure 2. Alcohol ink technique by participants

I conducted three observations of the art classes at Aberdeen Hospital and one observation at the Cedar Hill Recreational Centre art studio. The observations were conducted from January to March 2016. The program at Cedar Hill did not run in its entirety within the time period of my research and thus I was not able to perform an equal number of observations in both facilities. I also performed an observation during the arts exhibit at the art gallery of the Cedar Hill Recreational Centre. I describe each of these settings in the following sub-sections.

Each observation lasted approximately 50 minutes, and approximately three hours in the art exhibit.

Recreational Setting at Aberdeen Hospital

The three weekly AAP sessions that I observed were held in a room on the main floor of Aberdeen Hospital, which is used for recreational purposes. The rectangular room has four windows along the west wall, the entrance is on the opposite east wall. The “Caring Room,” which is intended to promote a level of sensory stimuli, is adjacent to the AAP room. This room is also used for hospital purposes and weekly dog-therapy sessions. There are three offices that face this room. The social worker, occupational therapist, physiotherapist, and recreational therapist use these offices. While AAP participants were doing their artwork, there were only a few moments of social interaction with the staff who randomly observed their participation while they walked toward their offices. The social interactions were limited to the following comments: “good work;” “great to see you here;” and “nice.”

During the observations I conducted, there were three square tables close to the entrance door and the offices, which were large enough to comfortably accommodate eight participants, leaving enough leeway for everyone to create their image. There were two square tables close to the window that provided space for three participants. Volunteers and staff had a table available for the art material, such as coloured papers, magazines for collage, scissors, glue, acrylic paint, paintbrushes, coloured markers, crayons, and watercolours. There was one volunteer providing art materials for participants who made sure that they had what they needed.

Participants were usually seated at the same table location during the sessions I observed. The average number of participants during the observations was twelve. Each week the artwork changed slightly according to the creative activity of the respective week. There was also a small

table with a stereo CD player. The arts facilitator played the music from her own personal CD collection. She asked the participants about their musical preference and if they were enjoying the music that was playing during the arts sessions.

Arts Studio Cedar Hill Recreational Centre

I conducted one observation at the art studio in the Cedar Hill Recreation Centre. This large multi-purpose room overlooks the Cedar Hill Golf Course and its surrounding green space. There was a kitchen and folding tables. The art studio is located in front of the Cedar Hill Preschool. Cedar Hill Recreation Centre has a cafeteria and art gallery that AAP participants visited during breaks in the art sessions.

I decided to arrive 30 minutes before the AAP session to observe participants arriving at the recreation centre. I also had the opportunity to meet a staff member at the Cedar Hill Recreation Centre while she was organizing the tables and chairs. There was a group of six seniors seated around a table in the cafeteria, and another table with three children with a couple of seniors chatting. The cafeteria had landscape paintings that change monthly on the wall of the Greater Victoria region.

One of the AAP's participants arrived 15 minutes before the arts session. This participant said that he was able to go by himself to the Centre when it was not raining. He went to the art gallery and talked with a staff member while he was observing the paintings at the gallery. Other participants also arrived earlier (on their own) without utilizing the Mini-Bus that is available for the program. This participant also visited the art gallery for about five minutes and then went into the arts studio for the AAP session.

Six participants attended the program during my observation. They had the opportunity to decide if they would continue working on their previous work regarding the alcohol ink project,

or if they wanted to start a new project, using the same arts material. Most of them continued working on the same project and decided to try new colours of alcohol ink. The instructor provided guidance about the colours and encouraged participants to try something new. She presented her own painting using the alcohol ink technique, and said: “You guys make me think about what I do...taking a picture is [a] long process; process with so many colours... [that] sometimes we need to step away...there is an experiment here” (S3). The facilitator thanked them for helping her to think more deeply about the arts process.

A participant observed the artwork she had done and the arts facilitator helped her to choose the colors from the alcohol inks. The volunteer who helped participants doing their art at Aberdeen Hospital provided the material participants needed to do their work.

A staff member from the recreation centre joined the participants and said “hi” to them. She used to work at AAP the previous year and knew the names of all participants. She hugged the participants and commented on their artwork, saying that they were doing interesting artwork.

For the most part, the group was silently engaged in the process of creating their art and there was little verbal communication during the process. In the middle of the session, one of the participants went to the cafeteria and stayed there until after the program. She had lunch and met a friend at the cafeteria. At the end of the session, four participants went to the art gallery before boarding the mini-bus, or going back to Aberdeen Hospital on their own. One participant stayed at the art studio while staff and volunteers were cleaning up. This participant waited for the Aberdeen activity worker to transport her back to the mini-bus that was returning to Aberdeen Hospital.

Creativity and the Art Environment: Participants’ Impressions

The staff and participants of AAP talked about their impressions regarding the physical and social environment of the arts classes at Aberdeen Hospital and Cedar Hill Recreational Centre. The following quotes illustrate the features AAP participants described for the two diverse settings of the program:

Certainly the Cedar Hill studio is set up as an arts studio... So they have everything you need there... Here in the activity room you don't have the same...but she [the AAP coordinator] does a pretty good job... In keeping stuff that we need around and access to that... So I can get what I need after hours... I can get stuff when I want to" (P2). "We can work together here, we have material available. It's great I can come here other times usually on the weekends" (P9). "I think it was pretty much the same. Though I would say there is more arts in the centre, and you could see more arts there among ourselves. (P6)

These three participants expressed interest in continuing their art projects in addition to the regular weekly AAP sessions. They were happy to have access to the art material in the recreational setting of Aberdeen Hospital. Participant 9 appreciated the opportunity to make art in an art studio, which she said provided her with a greater sense of inclusion in an artistic environment.

Other participants talked about the enjoyment regarding the opportunity to attend AAP in a community art studio. For example, they said: "You feel good because you are on an outing...it is very nice... it's good to be outside and seeing what other people have done and doing that was very nice" (P3). Two staff talked about a similar aspect regarding the art studio at the recreation centre:

There is a lot of going on in the rec. centre... It can be overwhelming but they really like going to the community... It's a way for them to get out to the community [to] go

outside.... It's a way for them to have normalcy in their daily life.... Something different than their institutional setting.... I feel this is very important for them to be able to be in the community. (S3)

They just love that... They go to the coffee [shop] and they use their own money... They socialize more and they talk about how the class went.... So there is more community involvement there... They really enjoy going there because [it] is sort of more like a normal life...It's nice for them to interact with people that are not in the hospital... And get to see things outside. (S1)

Participants and staff illustrated opportunities for meanings through community inclusion.

According to participants and staff, the AAP allows residents to meet other people in the Cedar Hill recreation centre, and doing activities that they used to perform before moving to an institutional setting, like buying a coffee and having lunch with friends.

One of the staff described the physical assets of the community arts studio and said that this setting has the potential to inspire AAP participants to engage deeply in their art projects.

She said:

There is more light you know it's a beautiful there, more space...if it was easier to get there we would go more often...once a week... but we have issues in terms of transportation...it takes human power... You know it's a lot of work to get people there. It's not for very long. I wish we had all morning there. It always seems like we could stay longer there but then we need to come back...You know it's a beautiful place and we do what we can with what we have. (S3)

One of the main logistical issues in facilitating this program at a recreation centre is transportation. The AAP staff mentioned that ensuring that the AAP has accessible, safe, and

reliable forms of transport is critical to guarantee their participation.

Most of the AAP participants said that they enjoy doing their art work at the community art centre, not only because of their access to an art studio, but also because of the social integration within a setting that is intergenerational and diverse.

Public Arts Exhibit: “Embrace Aging Through the Arts & Community”

The coordinator of the program organized the AAP art show. She promoted the event in the community and within Island Health hospitals and residential care facilities. She used social media such as the Facebook and hard copy posters (see Figure 3) to advertise the event. The following quote of a participant was on the Facebook page:

I feel that I am in search of a certain meaning while creating and making sense of my life and environment. There is so many ways to communicate and it is still the most difficult thing to do, communicate. Expressive communication through the visual arts involves honesty and simplicity. This act crosses the boundaries of language as we have shown in the result of the upcoming art exhibition. (Arts in Community Facebook page, 2016)



Figure 3. Promotional material of AAP arts show

The AAP coordinator organized the exhibit at the Cedar Hill Art Gallery with 30 paintings from 12 participants. Refreshments were available for attendees. The most visible section of the exhibit was the wall “SELFIE” with the canvasses that contained the print making technique with participants’ photographs (see Figure 4). There was a wall with the alcohol ink paintings (see Figure 5) and a parallel wall with the print making images (see Figure 6).



Figure 4. The “Selfie” wall at the exhibit



Figure 5. Alcohol ink paintings at the exhibit



Figure 6. Print making work at the exhibit

Most of the AAP participants arrived at the exhibit approximately 15 minutes before the event by the mini-bus, which was made available for their transportation. Two of the participants arrived by themselves around 30 minutes before the event.

The social worker, occupational therapist, and registered nurses from Aberdeen Hospital were the first individuals attending the event and observing the artwork. One of the staff members brought her children and husband to the event. These community members mainly interacted with AAP participants by asking them questions about the techniques they used and said that they were doing wonderful and amazing work.

The Greater Victoria Elder Care Foundation representative was there, and interacted with AAP participants. Some of the AAP participants talked with the representative about the images and photographs they used to make the print making artwork. This representative observed all the paintings and the related quotes on the wall. She interacted with participants and talked about their paintings with them (re: colours, textures). She also took pictures beside the paintings and with participants.

One of the AAP participants had a daughter and a daughter-in-law attend the event. They specifically came to Victoria to visit this participant during the time of the art show. The daughter-in-law bought her painting and said that her husband (participant's son) would like to have her painting in his home.

A reporter from a local TV news station was there from 1:30-3:40pm and recorded interviews with AAP's coordinator and two participants. I was conducting observations while the reporter was present and I analyzed the footage shown on the news program.

There was a volunteer from the Cedar Hill Recreation Centre with his grandson (approximately 6 years old) who interacted with participants, helping with tea/coffee and transporting their wheelchairs.

The social worker brought two residents from Aberdeen Hospital who saw the paintings and interacted with participants, saying that their art was impressive. One of the AAP

participants interacted with a social work student who was doing her practicum at Aberdeen Hospital. They talked about the paintings he did and the images he chose for printing making. The registered nurse, who used to work with one of the AAP participants, bought his painting and told him that this artwork would be with her in her home.

There were approximately 20 paintings (i.e., printing paper and alcohol ink) for sale during the event. Nine paintings were sold. One of the participants said: “when we were working on the table, the arts don’t look so good as they do here on the wall” (P10). Participants were very expressive about their art, and they all made comments about how surprised they were to see how beautiful their own paintings looked when put into a frame and exhibited publically.

Thematic Analysis

To address the research questions designed for this study, the findings are presented according to themes and sub-themes. Coded units for the respective theme were sorted within the data collected from interviews and observations. This process emerged in my analysis through reflexivity and the systematic organization of the stories I heard from participants and my field notes. Although the questions in my interview guide helped me to formulate the analysis into two main research questions, the analysis focused on participants’ responses. The themes were developed and defined based on recipient responses, field notes and document analysis. In this Chapter I separate the themes into two sections: 1) experience of participation in a visual arts program and 2) supporting meaning and identity through the arts

Participating in the AAP

In this section, the following themes emerged from the analysis of participant narratives and my observations of the process of creativity in the art program: 1) meaningful involvement with

creativity, 2) improving resilience, and 3) feeling useful and alive. These themes are identified in Appendix L. I use “P” to identify for AAP participants’ quotes and “S” for staff’s quotes.

Theme 1: Meaningful Involvement with Creativity

Participant’s narratives of motivations to attend AAP were grouped into three sub-themes: 1) increasing self-expression, 2) enabling spirituality, and 3) reminiscing.

Increasing Self-Expression: In terms of this first sub-theme, I observed the enjoyment (as it was expressed verbally) that often unexpectedly emerged from the images the participants selected for the print making work, and the images that came out of their alcohol-ink works. The following quotes from participants and staff illustrate this sub-theme and the context from which it emerged: “There was a collage, and the theme was hope... This one for me was more about self-expression... Maybe nobody understands but me. What is it that gives hope” (P9)? “I give a little bit of my feelings here” (P7). “Sometimes it is a feeling of relief...because it is difficult” (P6). “More about their history, where they come from...when they were youngsters... It opens them up... And they’re also willing to share with us their history” (S1).

The majority of participants mentioned that the creativity involved in process of making art provided an ongoing opportunity for communicating feelings such as hope. They also had motivation to attend AAP sessions because they had the opportunity to share their stories through the process of creative arts. These stories are embedded in scenarios that are not necessarily subject to the limitations of aging and disability.

One of AAP staff member talked about the process of visual art-making as a tool for meaningful communication and a path for expressing emotions within the residential care setting.

He did a little hidden boat in the corner... And he asks us how many boats can you see

here? And he made us really focused on his arts.... He wanted to make sure that we saw everything that was there.... And what was very little we couldn't see... and we saw one by one... And he was very proud of his artwork... And he lived on an island and he did a lot of arts with boats... That was important for him... That's where his experience came from. (S1)

This AAP participant used the creative process to express his individuality in his art. His art helped staff to understand his cultural background and his previous work and living environment.

Mediating Spirituality: The second sub-theme pertains to the ways participants experienced spirituality through their artwork. Four participants talked about the relationship between spirituality, creativity, and the arts, and reported that cultivating the arts, as a spiritual practice, is a path to freeing their imaginations and developing valuable skills for vital living in the world. As one participant noted, “If I were not doing this, I would be reading or watching TV...these are things from the outside into your brain...and doing arts is like putting something out from inside” (P1). Two participants talked about their spiritual practices in relation to their religious affiliation, and linked the creative arts process to their religious upbringing. As one participant suggested, “I believe what also helps is that I have a faith perspective. And so, life is not just here and now. I was influenced by my faith, and I believe that it brings a big deal about life, and how I approach life” (P5). Another participant talked about the association of the AAP with her particular spiritual practice: “I also got the images from Bhutan, a Buddhist place in Asia that measure their success in happiness... I thought that was the most important reason for a country to be successful, alive. And gives me hope, Bhutan gives me hope” (P9). The same participant added two other aspects of spirituality and the creative process of making art: “The art grounds me” (P3). “It puts me in contact with my soul” (P9).

Reminiscing: Narratives that were grouped into this sub-theme included participants who indicated some aspect of the recollection of memories in relation to the art-making process. Participants often told stories of places and people in times gone by. For example, one of the participants selected photography that brought memories of a family member. For example, she mentioned:

I brought the image of my father because we needed something black and white... I just made connections because I thought about that during this interview... Sometimes just reflecting on the past can be okay... But living in the past no... I don't think it's a good thing... that's not healthy. (P5)

This participant emphasized during the interview that despite the opportunity for reminiscence, she had no nostalgic feelings related to the art-making process. Another participant talked about the opportunity that AAP brought for her to remember how much she enjoyed printmaking during art class in high school. For instance, she said:

And I enjoy the print making because it's a different process... I used to do that in school and I really enjoyed [it]... And the high school we had a very good arts teacher... That introduced us to sculpture, painting, printing making, photographs. (P2)

Similarly, another participant stated that doing art brings memories about her childhood, and the experience of trying to do “new things” (P3).

Most participants reminisced through their selection of images and during discussions they had while doing printmaking. For instance, participant 7 chose images of beaches and lakes, and talked with me about how much she enjoyed walking on the beach, as she grew up close to the sea.

Theme 2: Improving Resilience

Participants emphasized how participating in the AAP allowed them to improve their skills, helped them transcend their physical limitations, and enhanced their sense of aliveness. They specifically talked about how their use of imagination and creativity helped them transcend the pain and suffering they experienced from their disability but also from the effects of being institutionalized in a long-term care facility. Resilience was a key theme with 3 sub-themes: 1) meaningful social engagement, 2) positive rapport with facilitator(s), and 3) overcoming pain and suffering. Improving resilience was related to both their motivation to attend the AAP session and an outcome that they experienced without knowing the AAP could foster resilience.

Meaningful Social Engagement: As observed in the art classes and noted from the interviews, participants expressed appreciation for the relationship formed with each other. Participants and staff noted a deepening connection among AAP members as reflected by this quote from a participant: “I see a very honest communication here” (P6). This participant valued the opportunity to engage in meaningful social interactions with other participants.

Another participant mentioned: “There is some exchange about family, things that we have done, the reasons we are here.... and in the arts program there are things that we want to do.... we talk” (P6). Additionally, another participant expressed her interest to develop this kind of communication with one of the AAP members: “And I’m glad that we met each other... We talk often but maybe I’d like to talk more with her [a specific participant]” (P2). The following participant also illustrates this sub-theme in these two quotes: “I think the environment changes when the group comes together... When everybody is working together... And supporting it all.... You just don’t have this another time” (P9). “But in the arts program you were sitting beside somebody else... Then you have a chance to talk.... You know and they are doing well they are quite happy” (P3). The quotes above highlight the fact that meaningful social

engagement is an important aspect regarding their motivation to be engaged with the AAP art classes.

The staff's narratives also substantiated this sub-theme: "They are very supportive of each other, and they are encouraging, and I think this is more about a meaningful interaction, then a small talk" (S3). Similarly, another staff said: "I've never seen them interacting before the program.... Just after they started the arts program" (S1).

It was apparent through observation and interviews that participants became involved in the AAP to reduce loneliness and engage in meaningful social interactions with other residents and staff. Their involvement with the creative process of making art helped them to develop positive attitudes that helped them better adapt within the complex care environment.

Rapport with the Facilitator: Participants talked about the rapport they had with their program facilitator. All participants mentioned that attending the program stemmed from the first meeting they had with the facilitator and the rapport that they shared during their time together. The following quotes illustrate this sub-theme: "She is very honestly motivated. Sometimes almost too motivated, and sometimes I like her direction more than anything else" (P1). Equally, another participant said: "The individual knowledge is something what shouldn't be wasted.... If the teacher doesn't see that, it's not going to happen" (P1). The staff also provided similar ideas: "As being an artist herself she comes with the skills... An experience that others don't have.... So the program that we have today is not the program that we had previously... Simply because of the experience she has" (S1).

The staff also spoke about the positive rapport the AAP coordinator developed with participants:

I think because she organizes everything and they know her very well... They are likely to go to the programs that she offers to them.... Again I think that they wouldn't join, but because they have such a good rapport with her they might go to the program.... They are able to try different things.... They are able to get out from their comfort zone [and] try new things. (S2)

The following quote from the AAP coordinator in the Island Health monthly newsletter illustrates the rapport that developed with participants, and her approach with AAP: “When they are engaged in creating, there is a sense of stillness...They forget about their condition, pain and troubles. They are in the present moment creating a work of art” (Island Health, March 2016).

Each participant seemed to have a unique relationship with the facilitator. Most of them also expressed the enjoyment they have from following the instructions and from the interactions with the facilitator. The program staff also recognized the positive rapport between the participants and the facilitator. It also became evident that the skills the AAP coordinator has as a visual artist is one of the factors that influenced the positive rapport the participants developed with her. Particularly, the participants who were immersed in arts activities before AAP recognized that the AAP coordinator has the ability to be creative and design arts projects that inspire the expression of individuality for each participant.

In general, participants also seemed to transcend the sadness they felt from being institutionalized at Aberdeen Hospital, as noted by this staff: “I think it's a chance for them to escape...their reality can be very harsh” (S3). The majority of participants expressed an increase in their sense of personal meaning from creating their own artwork. Some participants derived meaning from problem solving and having to think of things in new and different ways, which contrasted with the “harsh” (S3) environment in which they lived.

Theme 3: Feeling Useful and Alive

The theme of feeling alive is tied to participants feeling productive and having a stronger sense of achievement and self-worth. The sub-themes associated in this category are: 1) changing the institutional environment and 2) finding ways to be productive. These sub-themes are related to the opportunities of meaningful involvement with arts despite the issue of loneliness and depressive feelings in the long-term care facility.

Changing the Institutional Environment: Several participants indicated that one of the main reasons they decided to join AAP was related to their need to feel “alive” (P1, P2, P3, P6, P9). They mentioned how the AAP created opportunities to use their imagination and not feel “depressed” (P2). One of them said that the physical environment of Aberdeen Hospital did not enhance the potential for productivity, but that the AAP mediated this situation. She said:

[I] have this to look forward to and having the exhibition is really important... And here it's very easy to get depressed.... Because you are stuck here in four walls... And I can't spend a lot of time on the patio... reading... Getting out is difficult. (P2)

Finding ways to learn and grow: One more participant spoke about the opportunity to be creative and feeling productive: “They encourage you to try different things... It's a wonderful program” (P2). She added: “She [AAP's coordinator] asked me if I could go upstairs to teach some people out there.... how to do that (water colour card)... Which I did.... And couple ladies really enjoyed and wanted to do more” (P2). A participant noticed that AAP created instrumental strategies to promote his involvement with the program: “I didn't do anything of that sort when I first came here... I've improved a lot since when I first came... we figure out how to grip my hand and clip it up” (P1).

This participant also emphasized that the opportunity to attend the arts studio of the Cedar Hill Recreation Centre was one of the highlights of the program, and she appreciated the chance to exhibit her art in a “beautiful and inspiring art studio” (P2).

Another participant talked about how the program at Cedar Hill gave participants an opportunity to be in a community environment “together as a group” (P1). She mentioned:

We don’t have a lot of activity around here.... So to have the arts at least one day of the week it feels like time is in a productive way...and we get together as a group” (P1).

Similarly, another participant said: “It makes my brain work too. My brain gets dust sometimes” (P1).

Several participants spoke of the enjoyment they felt from being in this program: “It makes your day more enjoyable you forget about your problems and you want to do something that’s going to make you feel good (P3). Another participant mentioned: “I feel good.... But the next time you go you can see the mistakes and you want to improve.... So you try to improve all the time” “Feeling depressed and sorry for myself? Okay... I want to live, and I don’t mean just physically be alive” (P6).

Supporting Meaning and Identity through the Arts

This section includes two themes: 1) pride and accomplishment, and 2) artistic membership. These themes emerged from my analysis of participants narratives on their engagement with the art studio and at the public arts exhibit at the Cedar Hill Recreation Centre. In the interviews, all participants mentioned that they were proud and happy to exhibit their art in a community venue. The themes (see Appendix M) also emerged from the analysis of three videos from SHAW TV, available on YouTube, which show the art exhibit and interviews with three participants, the AAP coordinator/facilitator and one staff member.

Theme 4: Pride and Accomplishment

The narratives from participants revealed that the AAP provided participants the opportunity to build new identities and roles for themselves and, that through engagement in meaningful activities, a community of artists within Aberdeen hospital developed. Art was also seen as a bridge creating access to the larger community.

Participants mentioned that exhibiting their artwork gave them a feeling of pride and accomplishment. Additionally families were impressed with what AAP members had accomplished in the art classes, as illustrated by this quote:

I'm very fortunate that people even purchase some of my arts.... That's terribly satisfying... Somebody else likes your work and spends money on that.... And the fact that now they have these arts in their home, their apartment and they're looking at that.

(P2)

Similarly, another participant said: "Very proud and accomplished because it's something that matters" (P9). Additionally, a participant illustrated this sub-theme in the following quote: "It's kind of satisfactory... Outcome... It's surprising.... the frame when it's in the gallery... And other people were looking at.... Amazing... Wow it really is arts" (P2). The staff also noted the pride participants felt from exhibiting their work:

The paintings from the art gallery come here (Aberdeen Hospital) and she (AAP coordinator) puts their arts on the wall... So they're proud to show other staff members what they've done. (S2)

Another staff observed that: "Coming to this program they completely opened up they are so happy so proud.... It's a way for them to get back to normal life... To show that they can do things even though they had a stroke" (S1).

Participants' sense of pride was associated with feelings of increased self-esteem, self-confidence, and personal skill in relation to their involvement in a social group that acknowledges their artistic ability. They felt a sense of mastery as a result of having their art publically exhibited.

Theme 5: Artistic Membership

The reflections of participants in relation to the public arts exhibit suggest that they entered a new social space where they are seen as artists. Exhibition of their artwork conferred membership into the artistic community, thus drawing attention away from aging and physical disability as key markers of their identity. Membership into the artistic community is characterized by the following sub-themes: 1) new identity in the community, and 2) validation of self.

New Identity in the Community: participants revealed during the interviews that the art exhibit provided them with an opportunity to become known in the community as artists instead of solely Aberdeen Hospital residents. The following participants said:

Now the community knows about our arts...what is going on... And not because we are in rehab we are just here seating and vegetating here" (P2). "It also provides opportunity for world, the community to learn about what you're doing here. I feel very lucky to be part of that. The sense of community is here. (P9)

The staff spoke that the main objective of AAP was to promote inclusion into the community:

A lot of them were artists previously, so it's a way for them to be creative again, they are encouraged by family to participate again... get out from their comfort zone a little bit... If they had a stroke they are encouraged to use their hands again.... A way to be creative....

Try something you... A lot of times they want to socialize.... Just make something and be proud of doing something that's different. (S1)

Another staff highlighted the impact of this process on family members: "All the family members are always shocked; one of participant`s son said that he never thought it could be possible... She is 97" (S3).

AAP provided an environment where participants became visible as artists not only in the residential care facility, but also among community members. Participants felt that the community learned about their skills, which they hoped dispelled misconceptions regarding people with disability who live in complex care. The following quotes illustrate this sense of inclusion and meaningful community engagement that participants felt: "I do feel like I talk a lot with people during the exhibition" (P1), and "This year it's been quite a busy [year] actually.... For getting the word out about the program... We had a number of media here.... We had SHAW TV.... promoting the program very well and a lot of people are getting to know about." (P2).

Participant 2 seemed particularly enjoying her interviews with the local TV stations in which she noted how AAP increased her self-esteem and community engagement.

One staff member commented on the meaningful friendship between an active participant of AAP and a community member who was involved with the Cedar Hill Recreation Centre as an artist:

A participant met another artist at the art gallery and they had an interaction. The young lady out there was an artist also...It was like meeting a new friend... And when her exhibit went on the participant went to see hers, so they really developed a connection. (S1)

This staff member recognized that doing arts in the community is also about establishing relationships outside of the complex care facility. She stated that participant 1 was able to develop a meaningful interaction with a community member because he was included in a community rather than separated from the community of artists.

Validation of Self-Expression: for most participants, the AAP enhanced their ability for self-expression with others during the arts exhibit, as illustrated by these quotes from staff: “There is more confidence, one of the residents build tremendous confidence... And just the fact that they’re selling theirs staff is amazing” (S3). “It’s rewarding for them... Being honoured, and they sell... Some of them sold their artwork... So yeah a lot of positive” (S1). Another participant talked about the validation they felt from the public reaction to their art work: “It’s really beautiful to see something that you create be hanging on the wall.... And the public look at it and say wow.... That’s really something... And even more when they say I want that” (P2).

This sense of validation was also reflected in a TV interview one participant gave:

Very often when we’re here, it looks very ordinary...But once it’s framed and hung, it’s quite good actually...well, at least, it looks reasonably acceptable...It’s quite remarkable to see the entirety of it...one piece is okay...but 100 pieces hanging, that’s remarkable. It’s a case of the whole being much greater than the parts (PX, CHEK Media, March 2016).

Participants gained confidence in their identity as artists from seeing their artwork on the wall of an Art Gallery. During the exhibit participants 1, 2, 3, 9 and 10 said repeatedly that they were “surprised” to see “the change (of their artwork) with the frames” and the “paintings on the wall.” This experience also contributed to the validation of participants not only as individual artists, but also as a collective group of people who share their talents within the community.

Recommendations from Participants

The participants offered ideas to improve the AAP within Aberdeen Hospital. In general, they all expressed the need for more arts activities within this residential care setting and more time for AAP sessions during the week, as indicated in this quote:

We need more time...When you start something it takes a while before your mind gets set on what you are doing... And the time just goes by so quickly.... And the time that you are there is almost time to have lunch... So more time would be better. (P3)

Other participants who recognized the benefits of having one-to-one support and greater engagement during the art classes also mentioned the need for more staff and volunteers. For instance, a participant said: “More staff, absolutely...they are doing very well as they are but I think they do need more staff.... And people can have more support doing the arts activities...and there are people that could use more one-to-one basis” (P3).

In terms of the art projects and different techniques, a participant suggested that AAP could also include an option for more realistically based artwork for those who are not interested in abstract arts. She mentioned:

Most of the work we do is abstract... But part of me wants to learn the practical... The practical discipline of arts... Like drawing, for example... Working with animals or people... But these I need to figure out on my own... I prefer art that looks like something recognizable. (P6)

The need for debriefing after the art classes was suggested by one of the participants. She explained that the opportunity to talk about what they created with other participants would be beneficial for her. She said: “I think we could share what we just did...When I watch ourselves

doing this project, I see what image we would like to use, I mean, and certainly it says something” (P9).

The AAP staff spoke about the limited funding for arts programming in residential care and suggested that AAP could have a greater number of art sessions and new arts projects if there was more funding available for this program. One of the staff stated: “I hope the funding continues because I’d like to see it grow.... And I hope it grows because she [AAP’s coordinator] has a lot of positive and good ideas” (S1). Another other staff member said:

I hope it continues because I see so many positives...these arts programs are affecting a lot of people not one or two; it’s affecting a lot of people in a positive way. So I think the people, the group, could be bigger if there was more money and time to accommodate more people. (S2)

Both staff members recognized the limited budget for AAP and stated that there is little funding from the health care system to support arts programs that improve the quality of life for older people in residential care. The key informants suggested that these programs should not be based on grants, but they should have a stable fund to continue creative arts programming indefinitely.

One of the participants suggested that AAP could have a greater number of children and youth interacting with Aberdeen residents during the art sessions. This participant suggested: “Maybe we should have young people here, and take a lesson. And this is what we are missing today. There’s very little contact with different generations. Old times were different, people used to grow up together” (P1). This participant said that younger generation could learn more about aging while interacting with older people involved in creative arts. This participant highlighted the need to increase intergenerational opportunities within AAP sessions.

Overall, participants mentioned the need to increase the number of AAP sessions because they valued the opportunity to be involved in this program. The staff recommended that the health care system should prioritize funding for creative arts programs, so AAP would have a guaranteed continuation independent of the uncertainty regarding grants. Lastly, one of the participants saw the need to include intergenerational initiatives within AAP. This participant believes that the opportunity for exchange between different generations would benefit the community overall in terms of greater understanding about aging, creative arts and the residents living within complex care facilities

Summary of Findings

In this chapter I summarized the setting for the study and the demographics of the participants and staff. The analysis revealed five themes that emerged from interviews with participants and staff involved with AAP, and from the documentary analysis of videos of the art classes and the public exhibit of AAP. In Chapter 6, I provide an interpretation of the findings in the relation to the theoretical framework. Limitations of the study are reviewed, and finally, I describe future options for research and knowledge mobilization about the potential of creative art making to foster and create meaning for older people in residential care.

Chapter VI. Discussion

In my literature review on creative arts programs for older adults and meaning in later life, I did not find a distinction between “process” and “product” in the assessment of creative art-based programming for older people living in residential care. Yet, in writing and re-writing the thematic analysis and revising the narratives of participants, I gained insight into the creative arts as both a process and a product. I call the arts a “process” because it involves developing artistic skills alongside the expression of individual interests and meaning. The “product” refers to the physical painting, which is displayed not only for potential sale but also for an opportunity to generate interactions between the artist and audience. For the purpose of this discussion, I discuss key themes in relation to creative visual arts-making as a both a process and a product.

Transitioning into a Complex Care Facility

Participants talked about the active lifestyles they previously had in the community prior to their admission to Aberdeen Hospital. They mentioned being involved with family members, community and faith organizations. In moving to Aberdeen, they experienced the loss of an active lifestyle, isolation from loved ones, loneliness and the tenuousness of new relationships, and the loss of privacy. Many felt a strong desire to return to their previous community residence, particularly in the early stages of their stay at the hospital.

Participants spoke about how their feelings of loneliness and isolation were amplified by the lack of opportunities to be involved in community activities and being stuck between hospital walls. As Haugan (2014) notes, residential care facilities can deprive older people of a suitable atmosphere for the development of a meaningful sense of self by governing all aspects of their lives and separating them from the outside world. This limited opportunity for meaningful social engagement is also described by Theurer et al. (2015) as a pattern in the spectrum of residential

care, from nursing homes to assisted and retirement living. The authors criticised the current psychosocial services available in these environments to mitigate loneliness as being “task-oriented” and lacking input from participants to make them sensitive to their needs.

Creative Arts as a Process that Fosters Meaning

Bowers (2011) highlights the importance of incorporating activities that foster meaningful human involvement for older people in residential to address the effects of institutionalization. As Wadensten and Carlsson (2003) note, holistic programs facilitate “growth towards wholeness by guiding older people in understanding and finding meaning and purpose in life and supporting them in the ageing process” (p. 108). Similarly, Theurer et al. (2015) recommends “options for developing new programs by and for residents based on what is meaningful to them” (p.206). It is therefore important that recreational activities sustain opportunities for hope and purpose, rather than solely provide entertainment and distraction.

Frankl (1963) describes the quest for meaning as a motivational and vitalizing force in people’ lives. To find meaning is to understand the nature of one’s life and to feel that life is significant, important, worthwhile, or purposeful. Previous research (e.g., Cohen et al, 2006; Flood & Phillips, 2007) has shown that taking part in meaningful and purposeful activities, such as engaging in creative art activities, can increase well-being in later life. Cohen (2005) stated that while many problems certainly accompany aging, “what has been universally denied is the potential. The ultimate expression of potential is creativity” (p.5). Arts programing in residential care has the capacity to enhance such potential among individuals in residential care despite the multitudes of health issues they’re experiencing. Similarly, Wadensten and Carlsson (2003) argue that old age is a time when extensive self-development can occur, given the right environment.

There is therefore a need for a paradigm shift that articulates the idea of seeing older people for their potential rather than their problems. As Malchiodi (1999) and Johnson and Sullivan-Marx (2006) note, engagement in creative arts programs can help older adults to discover new abilities or rediscover existing but latent ones. The findings suggest that the APP did provide participants with an environment where they were given opportunities to construct and pursue greater meaning in their lives. It did so specifically by allowing them to explore creative forms of artistic self-expression, reminisce and reflect on past life events in relation to their current accomplishments, and to develop new connections with the community.

Creative artistic self-expression

Participants identified the AAP as an alternative to the “institutionalized recreation,” which is often designed to entertain and distract, instead of fostering meaningful social engagement (Timonen & O'Dwyer, 2009; Wiersma & Dupuis, 2010). The participants also spoke of a developing an increased sense of self-worth and purpose following their engagement in producing meaningful art work. The AAP's coordinator described her program as seeking to exploit this relationship between self-expression and the development of an artistic self. Specifically, she encouraged participants to explore particular interests and abilities and draw from their own life experience to develop their artistic capabilities. From that perspective, one could argue that the AAP encouraged participants toward a state of gerotranscendence by allowing them to create meaningful personalized art. As a result, participants were able to strengthen their sense of identity as artist, which they continued to grow. Participants also said that participation in the AAP decreased their levels of hopelessness and helped them find new meaning in their transition into Aberdeen Hospital.

Reminiscence

Gerotranscendence theory underlines the importance reminiscence in later life as a process whereby older adults learn to redefine or rediscover the self by coming to terms with meaningful and sometimes difficult memories. In fact, Tornstam (2005) suggests, “reminiscence induced by a crisis is more likely to contribute to identity reorganization and reconstruction than identity preservation” (p.153). Incorporating activities, including the arts, that facilitate reminiscence is thus of vital importance in helping individuals in residential care achieve a balanced and healthy sense of self (Hanna & Perlstein, 2008). Several studies have reported how one’s involvement in creative visual arts programs can induce life review and intense reminiscence (Greaves & Farbus, 2006; Greer, Fleuriet, & Cantu, 2013). Paintner (2007) even describes engaging in the arts as a spiritual practice during which one can transcend and open up new aspects of self and cultivate creative ways of being in the world.

Participants talked about how the APP helped them reminisce about important life events and experiences in their childhood and early adulthood that defined their lives and identity later on. A number of participants described this process in spiritual terms. A few participants even talked about cultivating new meanings that gave them hope whereas others spoke of cultivating new spiritual practices, such mediation, that allowed them to explore transformation of their sense of identity.

Connections with the community

Social connection is a vital component to feelings of self-worth (Avlund, Damsgaard & Holstein, 1998; Cohen, 2006; Fisher & Specht, 2000). Not only is the ability and opportunity to connect with others an important component of self-worth, but social interaction further contributes to personal growth, increased self-esteem, and an increased sense of purpose which are products of the creative process as well. Tornstam’s theorized about the relation between

social activity and gerotranscendence. He claims that “gerotranscendence correlates positively with social activity” at the same time as a greater need for experiencing solitude (Tornstam, 1996, p. 47). He stated that older adults strive for ego-integrity by discarding previous roles and social masks. Instead, they become more selective in their choice of company: “The interest in participating in superficial kinds of socializing fades away” (Tornstam, 2011, p. 172).

The APP offered participants the psychological benefits associated with the development of meaningful relationships and shared identities. The stories of the AAP participants highlighted some of the ways that creative visual art making helped participants build meaningful social connections and contributed to the enhancement of older peoples’ lives. At the interpersonal level, participants said that they valued their interactions with each other over their art and the personal stories they shared in the process. Several participants spoke of becoming involved in the AAP because it provided an opportunity for select meaningful relationships while also allowing them the space they needed to engage in contemplative solitude.

The AAP also fostered connectedness between participants and the wider society. In general, participants felt that their engagement with the AAP helped them to maintain acceptance within the wider world as a person of value, rather than being categorised by age, disability, or living circumstances. In joining the AAP, participants described being motivated by a desire to express their feelings and experience a sense of community and reciprocity. The findings show that the AAP offered residents a forum for genuine social interaction, self-reflection, and connectedness.

The AAP also effectively allowed participants to be themselves by not imposing any goals or relying on therapeutic outcomes to measure the success of their intervention. Participants felt respected as individuals through the recognition and validation of their skills and

stories. A study that examined the benefits of arts programs for older people found that the rapport between facilitator and participants was key to increase the motivation of older adults to attend art programs (Pavlicevic, & Ansdell, 2004). The AAP coordinator engaged in sincere communication with the participants and also acknowledged their skills and preference to make meaningful art projects rather than crafts. She motivated them to learn new skills and explore new ways to create art.

AAP participants expressed an increased level of community inclusion when they talked about the “Embrace Aging through the Arts & Community” art exhibit. They described the art exhibit as helping them transcend the stigma and isolation they felt as residents in a care facility. They also felt a great sense of pride in their accomplishments. These feelings facilitated a realignment of their self-image in relation to others, including family, friends, the local community, and Aberdeen Hospital staff. They thought that people began to see them as having artistic talents and viewed them differently as a result.

The art exhibit and art classes at the Cedar Hill Recreation Centre enabled participants to consolidate their identity as artist within the community. Three participants specifically spoke of the aesthetics of their art and the validating impact of seeing it framed in an art exhibit. During these events, participants felt validated by being able to share their artistic experiences with their families and with community throughout the exhibit. They also reported having had stimulating conversations with Aberdeen Hospital staff who visited the exhibit. An important benefit of exhibiting the AAP artwork is that participants became visible in the community, which in its way contributed to changing our culture’s perception of older adults.

Overall then, the findings revealed that the AAP provided opportunities for promoting meaning not only through the art-making process but also from displaying their artwork in the

community. Interacting with people in the community about their arts allowed participants to see themselves more as artists than as residents of care facility. These discussions with community members were focused on the nature and meaning of their art rather than on their health and physical limitations. The two facets of the AAP—the arts creation (process) and exhibit (product)—thus reflect the principles of gerotranscendence—under the right circumstances, older adults can indeed continue to grow and develop new social identities that provide them with meaning and self-fulfillment in later life.

Chapter VII. Conclusion

The qualitative nature of this study allowed me to hear the voices of the participants through in-depth interviews, where I asked open questions and encouraged them to tell me about their experiences in AAP. The narrative inquiry methodology offered flexibility in my efforts to understand the meanings participants attributed to the AAP and the exhibition of their art work. The AAP played an important role in compensating for some of the negative social and psychological issues associated with aging in an institution. The AAP created opportunities to increase meaning in later life by facilitating meaningful social engagement, increasing resilience, improving feelings of productivity and creating community inclusion.

In this chapter, I consider suggestions for the development and continuity of the AAP. Next, I include the limitations of this study and reflect on the methods that I used for this research. I conclude this last chapter with implications for future research regarding creative arts programs for older people in residential care.

Recommendations for Program Development

The findings of this study demonstrate that the AAP enhanced the participant's well-being by promoting meaningful social interaction and connectedness. However, the AAP participants and staff spoke about the limited number of sessions and hours they needed to sustain a deeper involvement with the art-making process. AAP participants suggested that the creative visual art activities should be listed as one of the main priorities in the rehabilitation programs of Aberdeen Hospital. Most participants expressed interest in having more creative art-making sessions during the week with extended hours. Another recommendation was to increase the number of volunteers so that more one-to-one support could be offered. Additionally, one of the participants recommended that the AAP should implement intergenerational opportunities for

the benefit of younger generations. Most of the participants said that a weekly class of only 45 minutes is not sufficient to allow for a significant immersion in the creative process of making art. Increasing the number of sessions and extending the length of the AAP classes would provide participants an even greater opportunity for achieving transcendence through engagement in creative activities that support self-discovery.

According to Grenade and Boldy (2008), it is important that people in residential care facilities have access to activities that allow them to regain or retain their sense of identity and improve social relationships and developing meaningful lives. The AAP participants spoke about the creative process of making art as an opportunity to improve socialization and foster feelings of psychological well-being. They were aware that these benefits have the potential to create meaning in their lives and compensate for the loneliness of being in a residential care facility. However, in the current economic and social policy climate of residential care, the creative arts are not prioritized in state funding, meaning the benefits of creative activities on health and well-being are not a priority with the current financial constraints. Yet, creative activity has been shown to play an important role in maintaining mental and physical health, self-worth, and social interaction (Price & Tinker, 2014). Thus, creative art programs such as the AAP should be indeed incorporated within the residential care policies to encourage older people to remain active and maintain health and well-being.

Many participants also said that the AAP should have more volunteers available to provide deeper social interaction with the participants and additional instrumental support during the art sessions, particularly to participants who need further assistance due to mobility issues in their hands. One of the AAP participants also mentioned that younger generations could benefit from learning about aging, while developing a social relationship with the AAP participants.

This participant highlighted the need for more intergenerational opportunities within AAP sessions. I believe that intergenerational activities within the AAP would benefit Aberdeen residents and younger generations in Victoria. Intergenerational art projects in other communities have successfully encouraged interaction between the young and the old, with aims to challenge preconceived attitudes, enhance enjoyment, and build ongoing relationships (Hatton-Yeo, 2006). However, these programs require substantial resources in terms of time and talent to facilitate them successfully. There are various models readily available to assist in this process. For instance, the i2i Intergenerational Society of Canada, based in British Columbia, is an organization that directly supports local providers with technical assistance for intergenerational program development.

Research Limitations and Reflections

The majority of participants in the study were white and female and none suffered from significant cognitive impairment. Future research should therefore consider evaluating the benefits of creative visual art making program for older adults with cognitive impairment as well as residents from different ethnic backgrounds as well as comparing the benefits for male and female participants. The study also did not include volunteers in its sample although social interactions with the volunteer at the APP undoubtedly contributed to the success of the program. Future research should therefore include interviews with volunteers to better understand their role in the program. Another concern is that the sample size for this study is small. No doubt future research with a larger sample size in different settings will provide further insights into this phenomenon. Despite these limitations, this study helped clarified the possibilities for promoting meaning in the lives of older institutionalized adults through their engagement in a

creative arts program. Findings from the study may encourage further research on the topic and provide some direction for the development of additional arts programs.

Implications, Future Directions and Final Thoughts

This study suggests that creative activity may be a useful tool to promote greater meaning in later life. However, further research is needed to identify key factors in creative activities that contribute to patterns that improve older people's experiences while living in complex care facilities. Future research should broaden the scope of this study by including the perspectives of staff within residential care, family members, community recreation facilities and the leadership of health authorities. This would enable a deeper understanding of best ways to implement creative art making programs within residential care. Additionally, pilot programs could include opportunities for a process evaluation that illuminate the extent to which creative visual art programs ameliorated the psychosocial challenges identified within residential care settings and foster meaning-making in later life, while encouraging community inclusion, and alleviating loneliness.

As a final personal note, I am very interested in continuing to work on research that nurtures the creativity of older adults and that helps develop strategies of empowerment within the aging process. Due in part to my academic and professional background, I believe that participatory action research methodology (e.g., Freire, 1970; Hall, 1992; Lewin, 1946) is an appropriate approach for further studies concerning creativity and aging. A relevant aspect of this methodology is praxis, which would allow researchers, community members, residents of complex care, family members, and staff to increase creative art programs in the community. These programs would allow the vision of an inclusive process where older people retain active participation in the community as valued members of communities. For instance, by using this

research methodology, creative arts in residential care could highlight the values and ideological messages that oppose hegemonic perspectives while crossing the boundaries of age, disability, and institutionalization.

Exhibiting the art made at the AAP in community arts galleries could break stereotypes as people share personal experiences and acquire new social identities in the community. From this perspective, it could be argued that the opportunity to exhibit art is a “process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2005). Therefore, it is important to assess and encourage ways in which healthcare systems, communities, and families can provide opportunities for older people to remain active.

To conclude, AAP offers a space to for creativity, fun, and meaningful community engagement. But perhaps most importantly, the participants made their own way toward reaching a stage of transcendence in their later life (Tornstan, 2005). The participants of AAP found ways to enhance self-acceptance of their life situation so as to prevent despair and promote greater meaning in later life. The stories of these seniors inspire me to consider how I lead my own life. They helped me understand more about the importance of creativity and how transformative it is as a spiritual practice in developing a more meaningful life.

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Appendices

Appendix A. Key Terms

Loneliness: subjective perception of lack of meaningful social relationships (Drageset, Espehaug & Kirkevold, 2012; Grenade & Boldy, 2008). Loneliness is a negative feeling causing distress to an individual (Savikko et al., 2005). The central term in this definition is *subjective perception*, meaning that “ individuals can live solitary lives and not feel lonely as well as have many social relationships and yet still experience feelings of loneliness” (Coyle & Dugan, 2012, p. 1347).

Meaning: includes a search for a sense of coherence and is important for wellbeing (Haugan, 2014), and a motivational and revitalizing force in human’s lives (Frankl, 1963, 1988). Individuals who experience meaningful lives are able to integrate future and past into the present moment (Haugan, 2014). Older adults living in institutions seek for meaning through engaging in daily activities, anticipated support, interaction with staff, sense of community, reciprocity, life review and reminiscence (Cipriani et al. 2010).

Meaning-Making: this research focus on contemporary meaning making models. Park (2010) defines of meaning-making as part of the subjective sense of the meaning of one’s activity toward a desired goal. Thus, sense of meaning is not only an outcome measure, but also a part of global beliefs. I also used the concept of *will to meaning*, as one of Frankl’s (1963) most influential theoretical contribution for this research. The author stated that the *will to meaning* is his way to speak to the deepest yearning of the human spirit and opens the gateway to the exploration of spirituality and the transcendental realm (Wong, 2014). According to Frankl (1963), this spiritual desire cannot be fully

satisfied by pleasure, power and material acquisitions; it can only be satisfied by losing ourselves to serving a higher purpose.

Creative Activities: creativity is defined as “the use of imagination or original ideas to create something” (Price & Tinker, p.282). Creative activities can “promote social interaction, provide cognitive stimulation and give a sense of self-worth” (p.281). There are several initiatives to engage older people in creative and meaningful activities such as arts-based programs, which may range from visual arts, dance, music, storytelling and elder-clowning (Kontos, 2015).

Transcendence: in the gerotranscendence theory developed by Lars Tornstam (2005), transcendence means a redefinition of the self and relationships with others. He uses this term to describe older people who overcome pains of the body or fear of death and the future, and are able to adapt with a decline in the biopsychosocial aspects of life.

Following Peck’s (1956) concept of transcendence, Tornstam (2005) found aspects of the general process towards gerotranscendence, which encompasses a shift from a materialistic and rational view of the world to a more cosmic with a growing feeling of being part of a larger context.

Spirituality: two dimensions of spirituality are especially relevant for this study regarding the intersection of aging and artistic expression. First, spirituality can be considered a search for meaning in life. Frankl (1963) described the search for meaning in one’s life as the primary motivational force in (maybe “within”) people. Second, spirituality is about transformation, and may challenge individuals to cultivate a way of being intentional about shaping individual and social practices around the meaning and mystery they discover through this commitment (Lancaster & Palframan, 2009).

Resilience: this term has since been applied to systems, communities and individuals.

Resilience has been described in the psychosocial literature as the capacity to maintain or regain well-being during or after adversity (Whitson et al, 2015). In recent decades, a robust literature has framed resilience as a psychological construct, referring to adaptive attitudes and behaviours that allow one to remain psychologically sound, or even thrive, after being exposed to stressful life events (Whitson et al, 2015; Wild, Wiles, & Allen, 2013).

Complex Care: provides transitional care between hospital to residential care or back home. Complex care facilities support individuals' needs in anticipation of a return to a community setting when possible. Complex care is often referred to as extended care, intermediate care, long term care or residential care (Hirdes, Mitchell, Maxwell, & White, 2011). For the purpose of this research, these four references will be used interchangeably.

Older Adults: most developed countries have accepted the chronological age of 65 years as a definition of older adults. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age (WHO, 2016). For this research, I will use 65 years of age and older as the general definition of an older person.

Appendix B. List of studies describing outcomes of visual arts for older people in residential care

Study	Setting	Target Population/ Sample Size	Purpose	Methods	Key Findings
Fraser, Bungay & Munn-Giddings (2014).	Residential care for people with dementia.	65 years and older living in residential care settings.	To evaluate participatory arts-based activities conducted outside the confines of arts-based therapy and those based on medical, neurological or psychiatric outcomes per se.	<ul style="list-style-type: none"> • Systematic literature review • Qualitative, quantitative, mixed and/or multi-method research. 	<ul style="list-style-type: none"> • Arts-based activities of a participatory nature tended to show: <ul style="list-style-type: none"> - Increased levels of engagement and emotional involvement; - Positive effects on mood; - Improvements in memory recall and staff’s impression of well-being; - Enhanced levels of social interaction/cohesion and personal happiness; - Improvements in bonding between former caregiver and residents
Greaves & Farbus (2006).	Community homes and residential care.	<ul style="list-style-type: none"> • Qualitative analysis: <ul style="list-style-type: none"> - Twenty-six participants 65+ - Five family caregivers - Four health care professionals • Quantitative measures: <ul style="list-style-type: none"> - 320 people 65+ • People with no mental or physical health problems that require special nursing care when attending activities. 	To evaluate the outcomes of the “Upstream Healthy Living Centre, a community-based art project (cinema, theatre, concert/live music, museums, art exhibitions and sermons) operating on an outreach basis.	<ul style="list-style-type: none"> • Semi-structured individual interviews; • Focus groups; • Observational study; • Questionnaire-based health and social outcomes assessed at three time points (baseline, 6 months and 12 months). 	<ul style="list-style-type: none"> • Social interaction and creative activity increased the following: <ul style="list-style-type: none"> - Cognitive activity; - Social interaction and mutual support; - Self-esteem and self-worth.

<p>Wilkinson, MacLeod, Skinner, & Reid (2012)</p>	<p>Long-term care facilities and community homes.</p>	<ul style="list-style-type: none"> • Eight older female volunteers (aged 55–75); • Eight cognitively well, isolated seniors (two men and six women aged 65–95); • Six living in their homes (aged 65-95); • Two in long-term care facilities (homes (aged 65-95)). 	<p>To evaluate an expressive arts program that emphasize volunteer-based support designed to contribute to the well-being of socially isolated rural seniors in Ontario, Canada</p>	<ul style="list-style-type: none"> • Field notes; • Weekly logs; • Photographs of work created by the older adult participants and volunteers; • Transcripts of the four volunteer debriefing meetings; • Program evaluation; • Questionnaires completed by the volunteers and participants. 	<ul style="list-style-type: none"> • The comfort, experience, skill level and personal attributes of the volunteer influenced how expressive art was facilitated with their respective participants; • The opportunity to enhance seniors' life-satisfaction through the expressive arts process.
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Appendix C. Certificate of Ethical Approval

	<p>Research and Capacity Building Memorial Pavilion – Main Floor Royal Jubilee Hospital 1952 Bay Street Victoria, BC V8R 1J8</p>
<h3>INSTITUTIONAL APPROVAL TO CONDUCT A RESEARCH PROJECT</h3>	
RESEARCHER:	Lycia Rodrigues
STUDY TITLE:	Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories
VIHA FILE NUMBER:	J2015-101
APPROVAL DATE:	04 DEC 2015

This is to inform you that your research project may now be initiated as of the approval date above, and is approved based upon the following:

1. The Certificate of Approval dated 04 DEC 2015 issued by the Health Research Ethics Board (HREB) for Island Health.
2. All Island Health Operational Review approvals, received by Research and Capacity Building.

The Institutional Approval to Conduct a Research Project will remain in effect as long as the HREB approval is renewed annually and all amendments submitted are approved as required throughout the duration of this project. The Institutional Approval to Conduct a Research Project will expire upon the HREB receipt and acknowledgement of the study closure report.



Digitally signed by Terri Fleming
 DN: cn=Terri Fleming, o=Island Health, ou=Manager, Research Compliance and Ethics, email=terri.fleming@viha.ca, c=CA
 Date: 2015.12.04 15:50:49 -0800





On behalf of
Cindy Trytten
 Director, Research and Capacity Building

Appendix D. Letter of Information- Participants of AAP



RESEARCH STUDY: Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories

Investigators

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Invitation to participate

You are being invited to participate in a research study. Your participation must be free and voluntary. You are free to withdraw from the study anytime.

My name is Lycia and I am a master's candidate enrolled in the Social Dimensions of Health Program at the University of Victoria. My main interest is to understand the experience of older adults who are engaged in arts programs. If you have attended the arts program at Aberdeen Hospital, I would like to have the opportunity to interview you and observe your participation in arts program to learn about your experience of this program. This research will be conducted by myself, and will be supported by thesis co-supervisors Dr. Debra Sheets and Dr. André Smith.

The interview will take about one hour, and will be conducted in the "caring room" located on the main floor of the Aberdeen Hospital. I will also conduct three observations at Aberdeen Hospital and three observations at the Cedar Hill Recreation Centre during the arts program and take notes of your participation during these sessions.

The consent form will be handed out by a neutral party to Aberdeen residents before their arts session. You will have one week to review and reflect on how your participation may impact your lives. After a period of reflection, I will go through the consent form with you point by point and make sure that you understand each point, and ask you if you have any questions.

After questions have been answered, you may sign the following consent form in front of me and I will sign as a witness

Thanks so much for your interest in my project.

Best wishes,
Lycia Rodrigues

Appendix E. Letter of Information- Staff of AAP



RESEARCH STUDY: Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories

Investigators

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Invitation to participate

You are being invited to participate in a research study. Your participation must be free and voluntary. You are free to withdraw from the study anytime.

My name is Lycia and I am a graduate student at the University of Victoria. My main interest is to understand the experience of older adults who are engaged in arts programs. You have been chosen because you are a key informant who has worked with participants of this intervention and might have knowledge about their experience and motivation for art-making. The interview would take about one hour, and will be conducted in the main floor room where the health care team generally meets for informal conversation at the Aberdeen Hospital. I will also conduct observations during the visual arts-making session and take notes of your participation during the sessions

The consent form will be handed out by a neutral party to Aberdeen residents before their arts session. You will have one week to review and reflect on how your participation may impact your lives. After a period of reflection, I will go through the consent form with you point by point and make sure that you understand each point, and ask you if you have any questions.

After questions have been answered, you may sign the following consent form in front of me and I will sign as a witness.

Thanks so much for your interest in my project. Lycia Rodrigues

Appendix F. Informed Consent Form- AAP Participants



RESEARCH STUDY: Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories

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Why is the study being done?

The purpose of this research is to examine the personal experiences of Aberdeen Hospital residents participating in the arts program and their motivations to be engaged in this intervention. Little is understood about the possible results outcomes of this specific intervention for residents of Aberdeen Hospital.

Nature of your participation

If you take part in this study, the researcher will interview you on one occasion for approximately one hour. This interview will take place in the “caring room” at Aberdeen Hospital and will be scheduled at a time that is best for you. The interview will be in the form of a conversation. Everything you say will be audio recorded. The focus of the interview will be your experiences with the visual arts-making program, specifically how you perceive this program and engage with other participants, program staff, volunteers and community members. I will also conduct three observations during the visual arts-making session at the Aberdeen Hospital and the same number of observations in the Cedar Hill Recreation Centre. Each observation will last approximately fifty minutes. I will make notes to about your interaction with staff, volunteers and your arts-making. I

will seek your consent before the interview and I will seek your ongoing consent before conducting any observations.

What are the inconvenience and/or risks of participating in this study?

Participation in this study may cause you some inconvenience as it asks for your time in order to participate. In order to lessen any inconvenience, the interview will be arranged at a time that is most convenient for you because interview may contribute to fatigue. Additionally, if you experience any emotional distress, a social worker in the unit will help you if any psychological support is needed. You can also phone the Vancouver Island Crisis Line (**1-888-494-3888**) for emotional support.

What are the benefits of participating in this study?

Your contribution to this research will add to the body of knowledge about the results of participation in an arts program for Aberdeen Hospital's residents. Also, the interview might be an opportunity to express yourself and have your voice heard.

What are the compensations in participation in this study?

If you take part in this study we want to recognize your contribution by offering you a \$15 gift card from Victoria Art Gallery. This gift card will be offered to you after completing the observations and interview. If you decide to withdraw from the study before the information is collected with you, we will be able to provide you with a gift card.

What about confidentiality and disposal of data?

The information you share will remain strictly confidential except as required or permitted by law. Research data collected in this study will be stored on either a secure server, or in a locked filing cabinet in a locked office at the University of Victoria. This data will only be accessible through the password protected computers of the principle investigator and her thesis committee Debra Sheets and André Smith. In addition to interview audio files, transcripts, documents about the program (eg., newsletter, media videos and articles), and field notes will also be collected during the research project. These materials will include the principal researcher's reflection and initial and unfolding reflections in the process of inquiry with you as the participant. Individual anonymity will be protected by removing all personal identifiers from transcripts and field notes. Number codes will be used instead of your name. Data will be destroyed by double deleting all electronic files (deleting original files and emptying files in the trash folder), and confidentially shredding all paper files. After the study is done, your information from this study will be stored for at least five years. Your confidentiality will be protected within the limits of the law.

What about future use of my information shared?

The stories you share may be used in future reports, articles or presentations. However, only fictitious names will be used and details that could be identifying will be changed to ensure anonymity.

Communication about the results

The results of this study will be shared with others in a variety of formats including presentations at scholarly and practitioner meetings or in published, scholarly journals. Further, the results may be used to inform public policy discussions with health authorities and community-based organizations regarding outcomes of visual-arts making interventions within a residential care facility.

If I chose, how would I withdraw from the study?

You have been chosen to participate in this research because of your interest, knowledge and involvement in the visual arts-making program within Aberdeen Arts Program. Your participation in this research is completely voluntary; you have no obligation to participate in this study. If you do decide to participate you may withdraw from the study at any time without justifying your decision. If you request to stop for any reason, you will be asked if you are willing to leave the interview data and written reflections in the study. You will indicate through written consent your choice to have existing data included or excluded from use in the study. If the data has already been analysed, it may not be possible to remove that information. However, every effort will be made to respect your request. Your signature on this form indicates that you understand the information in this consent form and that you agree to participate.

What are the interview questions in this study?

1. I am interested in knowing about your experience in this visual arts-making program at Aberdeen
 - a) Please, could you tell me if you ever been involved in an arts program before the Aberdeen Arts Program?
 - b) Could you please tell me why you decided to participate in this program?
 - c) What do you think about the program? Probes: What do you like about it? Dislike?
 - d) Could you please tell me about your art-work? What does it mean to you?
 - e) How do you feel during the exhibition of your art-work at the Cedar Hill Recreation Centre?

2. What does this program mean to you?
 - a) Do you find yourself later thinking about the art work you have created? Does it remind you of experiences in your past? Does doing the art or looking at the images change how you think about the present and the past?

3. I would like to hear about how you engage with other people in the program
 - a) What do you talk about and how do you feel during the program?

4. Could you please tell me about your involvement with the arts educator, volunteers and coordinator during the program? Probes: How is your conversation with them? Do you talk about your art-work?
5. I would like to learn about the different places where the program is facilitated.
 - a) Could you please tell me about the visual arts-making activities that are facilitated at Aberdeen Hospital? Probes: Do you observe any difference in your art-work when you attend the program at Cedar Hill Recreational Centre? If yes, how do you feel when you attend the program at Cedar Hill Recreational Centre?
 - b) Do you have opportunity to talk about your art-work with other people at Cedar Hill? If yes, could you please tell me about your conversation with them?
6. Is there anything else you would like to say about the program?

What are the types of observation in this study?

1. Number of participants
2. Number of staff and volunteers
3. Verbal communication between participants
4. Non-verbal communication between participants
5. Verbal communication between participants and program staff
6. Non-verbal communication between participants and program staff
7. Verbal communication between participants and volunteers
8. Non-verbal communication between participants and volunteers
9. What are the manners participants describe their art-work to other participants, staff and volunteers?
10. What are the subjects the participants talk about?

What if you have questions?

If you have any questions or if you want further information about this study, you may contact the principal investigator at any time regarding this study. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Health Research Ethics Office of Island Health (250-370-8620 or researchethics@viha.ca), or the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Title of Study: Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories

Principal Investigator: Lycia Rodrigues

	Yes	No
Have you read and received a copy of the attached Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to leave the study at any time, without having to give a reason?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in this study:		
Signature of Research Participant:	_____	
Printed Name:	_____	
Date:	_____	
Signature of Primary Investigator:	_____	
Date:	_____	

A copy of this consent will be left with you, and a copy will be taken by the researcher

Appendix G. Consent form Staff and Volunteer



RESEARCH STUDY: Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories

Investigators:

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Why is the study being done?

The purpose of this research is to examine the subjective experiences of Aberdeen Hospital residents participating in a visual-arts making intervention and their motivations to be engaged in this intervention. Little is understood about the possible outcomes of this specific intervention for residents of Aberdeen Hospital.

Nature of your participation

If you take part in this study, the researcher will interview you on one occasion for approximately one hour. This interview will take place in the “caring room” at Aberdeen Hospital and will be scheduled at a time that is best for you. The interview will be in the form of a conversation. Everything you say will be audio recorded. The focus of the interview will be your experiences with the visual arts-making program, specifically how you perceive this program and engage with other participants, program staff, volunteers and community members. I will also conduct three observations during the visual arts-making session at the Aberdeen Hospital and the same number of observations in the Cedar Hill Recreation Centre. Each observation will last approximately fifty minutes. I will make notes to about your interaction with participants. I will seek your consent before the interview and I will seek your ongoing consent before conducting any observations.

What are the inconvenience and/or risks of participating in this study?

Participation in this study may cause you some inconvenience as it asks for your time in order to participate. In order to lessen any inconvenience, the interview will be arranged at a time that is most convenient for you because interview may contribute to fatigue.

What are the benefits of participating in this study?

Your contribution to this research will add to the body of knowledge about the outcomes of participation in a visual arts-making program for Aberdeen Hospital's residents. Also, the interview might be an opportunity to express yourself and have your voice heard.

What are the compensations in participating in this study?

If you take part in this study we want to recognize your contribution by offering you a \$15 gift card from Michaels Arts and Crafts. This gift card will be offered to you after completing the observations and interview. If you decide to withdraw from the study before the information is collected with you, we will not be able to provide you with a gift card.

What about confidentiality and disposal of data?

The information you share will remain strictly confidential except as required or permitted by law. Research data collected in this study will be stored on either a secure server, or in a locked filing cabinet in a locked office at the University of Victoria. This data will only be accessible through the password protected computers of the principle investigator and her thesis committee Debra Sheets and André Smith. In addition to interview audio files, transcripts, documents about the program (eg., newsletter, media videos and articles), and field notes will also be collected during the research project. These materials will include the principal researcher's reflection and initial and unfolding reflections in the process of inquiry with you as the participant. Individual anonymity will be protected by removing all personal identifiers from transcripts and field notes. Number codes will be used instead of your name. Data will be destroyed by double deleting all electronic files (deleting original files and emptying files in the trash folder), and confidentially shredding all paper files. After the study is done, your information from this study will be stored for at least five years. Your confidentiality will be protected within the limits of the law.

What about future use of data?

The stories you share may be used in future reports, articles or presentations. However, only fictitious names will be used and details that could be identifying will be changed to ensure anonymity.

Dissemination of the results

The results of this study will be shared with others in a variety of formats including presentations at scholarly and practitioner meetings or in published, scholarly journals. Further, the results may be used to inform public policy discussions with health authorities and community-based organizations regarding outcomes of visual-arts making interventions within a residential care facility.

If I chose, how would I withdraw from the study?

You have been chosen to participate in this research because of your interest, knowledge and involvement in the visual arts-making program within Aberdeen Arts Program. Your participation in this research is completely voluntary; you have no obligation to participate in this study. If you do decide to participate you may withdraw from the study at any time without justifying your decision. If you request to stop for any reason, you will be asked if you are willing to leave the interview data and written reflections in the study. If the data has already been analysed, it may not be possible to remove that information. However, every effort will be made to respect your request. Your signature on this form indicates that you understand the information in this consent form and that you agree to participate.

What are the interview questions in this study?

1. What is your role with the program?
2. I would like to hear your perceptions regarding participant's experiences in the program
 - a. What are the reasons that Aberdeen Hospital residents participate in this program?
 - b. Do you observe participants' involvement with community or family members during the arts exhibition in March? If yes, how would you describe the participants' involvement?
3. I would like to hear your views about participants' social engagement in the program.
 - a. How is their communication during the program? Probe: What do they usually talk about?
4. Could you please tell me about how you, as a program staff member, are involved with participants during the program?
 - a. Do you talk about their art-work and their other interests during the sessions? If yes, can you describe some of your conversations with them?
5. I would like to learn about the different places where the program is facilitated.
 - a. What do you observe regarding participants' social interactions when they attend the program at Cedar Hill Recreational Centre?
6. Is there anything else you would like to say about the program?

What are the types of observation in this study?

1. Number of participants
2. Number of staff and volunteers
3. Verbal communication between participants
4. Non-verbal communication between participants
5. Verbal communication between participants and program staff
6. Non-verbal communication between participants and program staff
7. Verbal communication between participants and volunteers
8. Non-verbal communication between participants and volunteers

9. What are the manners participants describe their art-work to other participants, staff and volunteers?
10. What are the subjects the participants talk about?

What if you have questions?

If you have any questions or if you want further information about this study, you may contact the principal investigator at any time regarding this study. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Health Research Ethics Office of Island Health (250-370-8620 or researchethics@viha.ca. or the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

CONSENT

Title of Study: Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories

Principal Investigator: Lycia Rodrigues

	Yes	No
Have you read and received a copy of the attached Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to leave the study at any time, without having to give a reason and without affecting your employment/volunteering status?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
<p>I agree to take part in this study:</p> <p style="margin-left: 40px;">Signature of Research Participant: _____</p> <p style="margin-left: 80px;">Printed Name: _____</p> <p style="margin-left: 120px;">Date: _____</p> <p style="margin-left: 40px;">Signature of Primary Investigator: _____</p> <p style="margin-left: 80px;">Date: _____</p>		

A copy of this consent will be left with you, and a copy will be taken by the researcher

Appendix H. Sample of Interview Questions for AAP Participants

RESEARCH STUDY: Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories

Participant # _____ Date _____ Time _____

Brief introductory remarks about the interview:

Thank you for agreeing to be part of my study. I would like to have a conversation with you about the visual-arts making program with Aberdeen Arts Program and your participation in this program. I am very interested in your experiences and perceptions. Please remember there is no right or wrong answer. I am interested in your answer. I will be audio-recording our conversation and later transcribing the conversation. When the findings of the study are reported I will use an alias instead of your name in order to protect your identity. Do you have any questions?

1) I am interested in knowing about your experience in this visual arts-making program at Aberdeen

a) Please, could you tell me if you ever been involved in an arts program before the Aberdeen Arts Program?

b) Could you please tell me why you decided to participate in this program?

c) What do you think about the program? Probes: What do you like about it? Dislike?

d) Could you please tell me about your art-work? What does it mean to you?

e) How do you feel during the exhibition of your art-work at the Cedar Hill Recreation Centre?

2) What does this program mean to you?

a) Do you find yourself later thinking about the art work you have created? Does it remind you of experiences in your past? Does doing the art or looking at the images change how you think about the present and the past?

3) I would like to hear about how you engage with other people in the program

a) What do you talk about and how do you feel during the program?

4) Could you please tell me about your involvement with the arts educator, volunteers and coordinator during the program? Probes: How is your conversation with them? Do you talk about your art-work?

5) I would like to learn about the different places where the program is facilitated.

a) Could you please tell me about the visual arts-making activities that are facilitated at Aberdeen Hospital? Probes: Do you observe any difference in your art-work when you attend the program at Cedar Hill Recreational Centre? If yes, how do you feel when you attend the program at Cedar Hill Recreational Centre?

b) Do you have opportunity to talk about your art-work with other people at Cedar Hill? If yes, could you please tell me about your conversation with them?

6) Is there anything else you would like to say about the program?

Appendix I. Sample of Interview Questions for AAP Staff

RESEARCH STUDY: Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories

Participant # _____ Date _____ Time _____

Brief introductory remarks about the interview:

Thank you for agreeing to participate in my study. I would like to ask you about your work at the visual-arts making program with Aberdeen Arts Program. I am very interested in your perceptions of the program and participants. There is, of course, no right or wrong answer. I will be audio-recording and transcribing our conversation. I will be using an alias instead of your name so that your identity is protected when the findings of the study are reported. Do you have any questions?

1. What is your role with the program?
2. I would like to hear your perceptions regarding participant's experiences in the program
 - a. What are the reasons that Aberdeen Hospital residents participate in this program?
 - b. Do you observe participants' involvement with community or family members during the arts exhibition in March? If yes, how would you describe the participants' involvement?
3. I would like to hear your views about participants' social engagement in the program.
 - a. How is their communication during the program? Probe: What do they usually talk about?
4. Could you please tell me about how you, as a program staff member, are involved with participants during the program?
 - a. Do you talk about their art-work and their other interests during the sessions? If yes, can you describe some of your conversations with them?
5. I would like to learn about the different places where the program is facilitated.
 - a. What do you observe regarding participants' social interactions when they attend the program at Cedar Hill Recreational Centre?
6. Is there anything else you would like to say about the program?

Appendix J. Observation Guide

RESEARCH STUDY: Assessing the Outcomes of a Visual Arts-Making Program for Older Adults in a Complex Care Facility: Attention to Voice, Context and Stories

Location: _____

Date: _____ Time _____

1. Number of participants
2. Number of staff and volunteers
3. Verbal communication between participants
4. Non-verbal communication between participants
5. Verbal communication between participants and program staff
6. Non-verbal communication between participants and program staff
7. Verbal communication between participants and volunteers
8. Non-verbal communication between participants and volunteers
9. What are the manners participants describe their art-work to other participants, staff and volunteers?
10. What are the subjects the participants talk about?

Appendix K. Island Health Monthly Newsletter

Currents—April 2015

Page 8

Recreation therapy program helps complex care residents embrace aging through arts

Over the past several months, a small group of complex care residents have thrown themselves into a new challenge and are now celebrating the successes they've worked hard to achieve.

For the second year in a row, a trial art program, spearheaded by Recreation Therapist Johanne Hémond, was offered to residents at Aberdeen Hospital.

Hémond says Therapeutic Recreation is much more than a pastime; it's a process that aims to enable people with physical and cognitive disabilities to acquire and/or maintain the skills, knowledge and behaviours that will allow them to enjoy their leisure time, function independently with the least amount of assistance and participate as fully as possible in society.

Embrace Aging through the Arts and Community provides art instruction to residents of Aberdeen Hospital both onsite and in the community. Enhanced communication with others and opportunities for self-expression and decision-making are all hallmarks of a successful Therapeutic Recreation program. This special program not only accomplishes therapeutic and rehabilitation goals but also creates a sense of belonging and community engagement for the participants.

"As a part-time artist myself, I understand the value of self-expression; this is the reason I am so passionate about this program" says Hémond. She is hopeful that funding will be found to continue the program next fall and her enthusiasm is echoed by the group's participants.

"This art program is the best thing that has ever happened to me!"

says, Marya B. Resident Meg M. noted that the program brought her "a combination of both frustration and accomplishment."

Special thanks go out to the [Eldercare Foundation](#) for facilitating a funding grant from the Ernest and Hazel Kay Fund for Seniors, administered by the Victoria Foundation. Additional thanks to the Community Arts Council of Greater Victoria, District of Saanich, Island Health and Opus Art Supplies for their in-kind contributions to both the program and the exhibition.

Aberdeen Hospital will host an open house to celebrate their resident artists in the Hillside dining room on **Tuesday, May 26 from 1:30-4:30pm**. For additional information regarding Aberdeen's Art Program please visit their [Facebook page](#) or call Johanne at 250-370-5688 x34634. 📌



Creativity and community combine to create a therapeutic experience for residents of Aberdeen Hospital in Victoria.

Below: Program Volunteer Edmir (standing) and resident artists celebrated their gallery debut at Cedar Hill Recreation Centre in March. The works will be installed in the Hillside Dining Room at Aberdeen Hospital beginning Tuesday, May 26.



Appendix L. Meaning-making in the art-making classes

Themes	Sub-Themes	Sample Quotes
Meaningful involvement with creativity	<ul style="list-style-type: none"> • Increasing self-expression • Enabling spirituality • Reminiscence 	<ul style="list-style-type: none"> • “There was a collage, the theme was HOPE, and so we put this on arts...this one for me was more about self-expression... Maybe nobody understand but me. What is that gives hope” (P9) • “And I did one that I used my father’s picture ... Well it looks like my father” (P6) • “Well, if I were not doing this, I would be reading or watching TV...these are things from the outside into your brain...and doing arts is like putting something out from inside” (P1) • “I was influenced by my faith, I believe that it brings a big deal about life, and how I approach life” (P6)
Improving resilience	<ul style="list-style-type: none"> • Meaningful social engagement • Rapport with the facilitator • Overcoming pain and suffering 	<ul style="list-style-type: none"> • “There is some exchange about family, and things that we have done, and the reasons we are here. In the arts program there are things that we want to do....we talk” (P6) • “She (the facilitator) is very honestly motivated. Sometimes almost too motivated, and sometimes I like her direction more than anything else” (P1) • “The individual knowledge is something what shouldn’t be wasted.... If the teacher doesn’t see that, it’s not going to happen” (P1) • “I think the environment changes when the group comes together... When everybody is working together... And supporting it all.... You just don’t have this another time” (P9) • “This is like a release” (P6) • “I think it’s a chance for them to escape... their reality can be very harsh” (S3)
Feeling useful and alive	<ul style="list-style-type: none"> • Changing the institutional environment • Finding ways to be productive 	<ul style="list-style-type: none"> • “We don’t have a lot of activity around here.... So to have the arts at least one day of the week it feels like time is in a productive way...and we get together as a group” (P1) • “Have this to look forward to and having the exhibition is really important...And here it’s very easy to get depressed....Because you are stuck here in four walls... And I can’t spend a lot of time in the patio...reading... Getting out is difficult (P2).

Appendix M. AAP's Exhibit and Community Art Programs

Themes	Sub-Themes	Description of Themes or Sub-Theme
Pride and accomplishment		<ul style="list-style-type: none"> • “I’m very fortunate that people even purchase some of my arts... That’s terribly satisfying... Somebody else likes your work and spends money on that” (P2) • “Very proud and accomplished because it’s something that matters” (P9) • “The paintings on the art gallery come here and she put their arts on the wall... So they’re proud to show other staff members what they’ve done about” (S2)
Artistic membership	<ul style="list-style-type: none"> • New identity in the community. • Validation of self-expression 	<ul style="list-style-type: none"> • “Now the community knows about our arts. And not because we are on rehab we are just here seating and vegetating here” (P2) • “I do feel like I talk a lot with people during the exhibition” (P1) • “These things don’t look like arts...But when you find the frame. It looks like arts” (P10) • “It’s also good to see the arts from other facilities. We were able to see their arts as well” (P2) • “All the family members are always shocked; one of participant’s son said that he never thought it could be possible... She is 97” (S3)