

## **Introduction**

Mental health challenges such as depression, anxiety, and loneliness are common among older adults, particularly those living in urban settings or with limited social support (Blazer, 2020). Individuals from marginalized communities in general face significant barriers when attempting to access mental health services, including but not limited to financial constraints, lack of insurance coverage, cultural stigma, and shortage of mental health providers in their communities. For older adults, traditional interventions, such as therapy or medication, may be often underutilized by this population due to stigma, access barriers, or personal discomfort (Elshaikh et al., 2023). As an Albert Schweitzer fellow, my goal was to develop and pilot a way to address this problem by creating and piloting a program which, through art activities, would improve anxiety, depression, and feelings of grief and loss. This report provides a comprehensive overview of the project's background, details its implementation process, and presents an analysis of the outcomes observed and measurement of its effectiveness.

The concept of art in the healing process has been extensively researched and the evidence indicates that it can lead to mental health improvement. Using art activities such as painting, drawing and other mediums can provide a safe space and non-verbal outlet for expression of complex emotions and processing of traumatic experiences. My intention was to create a safe space where this could be nurtured, so that individuals could explore and address their mental health concerns. I developed and implemented a six-week expressive art activities program to help older adults reflect on emotions, express themselves, build a sense of connection with the community around them, and feel empowered. The goal was to enhance psychological well-being not through formal diagnosis or treatment, but through openness, creativity, and

human connection. This report provides a comprehensive overview of the project's background, details its implementation process, and presents an analysis of the outcomes observed and measurement of its effectiveness.

### **Project Description: Background Information**

Art therapy has been a tool that was established in the 1940s, and is most commonly used to treat mental illnesses alongside other more traditional therapies, can aid in slowing cognitive decline, and enhances the quality of life (Shukla et al., 2022). The idea behind art therapy is by expressing themselves artistically, a person is able to better understand and delineate emotions, and understand themselves on a deeper level. Although not art therapy, my program and fellowship experience relied on art therapists and their experience and research to help develop art activities that would best be able to support older adults.

I chose to focus on older adults because they are at elevated risk for mental health concerns, often exacerbated by social isolation, grief, and chronic illness. Art activities provide an avenue for seniors to engage with their emotions in a non-threatening, creative way. Many older adults have limited exposure to structured art activities, and even fewer are given permission to create simply for the sake of joy. This goal of this program was to allow participants to enjoy the creating process, and not focus on the product and reminded participants that emotional expression need not be verbal or perfect.

### **Project Details**

Previous literature has validated specific art exercises as tools for assessment and therapeutic benefit. For example, the "Draw-a-Person-in-the-Rain" task has been associated with

psychological vulnerability indicators (Couch, 1997). Similarly, exercises that explore safe spaces, stress mapping, and familial memory have been shown to promote emotional processing and social engagement (Buchalter, 2011; Malchiodi, 2003; Moody & Phinney, 2012). These findings supported the structure and content of this six-week program, designed to be inclusive, culturally sensitive, and emotionally resonant.

## **Project Methods: Specific Objectives, Activities, and Evaluation**

### ***Specific Objectives***

The specific objectives of this project were twofold. First, it aimed to provide isolated older adults with opportunities to address mental health concerns through creative expression and community engagement. By using guided art activities, the program encouraged emotional reflection, reduced feelings of loneliness, and fostered a sense of connection among participants. Second, the project sought to evaluate the impact of participation on mental health by observing levels of engagement, gathering participant feedback, and qualitatively assessing changes in mood, social interaction, and self-expression over time.

### ***Activities***

The activities chosen have been carefully selected to provide a wide range of creative expression, each focused on different aspects of mental wellbeing. Sessions are designed to be 1.5-2 hours long, held once per week for six weeks. Every session started with a meditation to help create a space for everyone to have some time to themselves and process any feelings or experiences they shared that particular day. After a meditation, the session itself will be discussed, along with the goals of the session that day. Socialization will be encouraged throughout the art making process, but will start with a few minutes to think about what they

would like their art to look like. Engagement on an individual and group level was encouraged throughout the process to learn and understand one another and oneself better. Towards the end of the session, sharing of art work was encouraged among participants, creating an environment in which feelings and thoughts are shared, not critiques around the art, lasting about 20-30 minutes. Although encouraged, it was not forced sharing, and participants could opt out if they wished.

### ***Session 1: Draw-a-Person-in-the-Rain***

**Goals.** Assess current state of mental health and encourage senior collaboration and communication;

**Objectives.** Establish a baseline for indicators of mental health and familiarity with the arts; designed to be done in 15-20 minutes.

**Materials**

- Pencil
- 8.5x11” paper

**Prompt.** “Draw a person in the rain.”

**Reference.** Couch, 1997; Kim et al., 2009; Verinis et al., 1974

### ***Session 2: Feeling Stress Drawing***

**Goals.** Focus inward and establish a meditative pattern

**Objectives.** Connect thoughts and feelings to the body, and be able focus the meditative focus on their emotions

**Materials.**

- “8.5x11” paper
- Pencil

**Prompt.** “Where does your stress sit in your body? Draw how the body feels when you feel stress in that spot.”

**Reference.** (Malchiodi, 2003)

### ***Session 3: Safe space watercolor painting***

**Goals.** Enhance socialization, share coping strategies and share their safety net

**Objectives.** Sense of control, sharing coping skills, reminiscence, identity

**Materials.**

- Drawing paper 12” x 18”
- Watercolors

**Prompt.** “Draw a space where you feel you can be yourself. What is your safety space? [Discuss what a safe space is with examples]” – Where do you feel safe and have them imagine what it would feel like? – inside or outside; done through a visualization meditation

**Reference.** (Buchalter, 2011)

#### ***Session 4: Flower Mixed Media Art***

**Goals.** Increase quality of life and well-being, enhance artistic expression, encourage socialization

**Objectives.** Independence, self-expression, self-identity

**Materials.**

- Buttons of different shapes and sizes
- Textured papers, construction paper
- Several fabric choices
- Fabric Glue
- Glue

**Prompt.** “Make a flower based on the buttons you chose. Fill the flower with experiences of how you feel throughout the day.” [Different buttons for different feelings]

**Reference.** (Buchalter, 2011)

#### ***Session 5: Family and Friends Group***

**Goals.** Discuss mental health, self-awareness, familial and friends discussion

**Objectives.** Self-awareness, in-group discussions, self-expression, mindfulness and identity

**Materials.**

- Magic Markers
- Watercolors
- Textured paper
- Fabric

**Prompt.** “Think about your favorite activity with a family member. What makes you happy doing this activity? Draw yourselves together doing this activity.”

**Reference.** (Moody & Phinney, 2012)

#### ***Session 6: Repeat Session 1 assessments***

##### ***Challenges***

The first and last weeks of the program were focused on gathering both qualitative and quantitative data, with individual permission, on participants’ mental health experiences. One

important note I'd like to make is that while this project was rooted in the connection between creativity and emotional well-being, it was not an art therapy program. Art therapy is a specialized field that requires extensive education, clinical training, and certification, and I want to acknowledge that distinction with respect. Instead, this was an art activities program designed with mental health in mind—aiming to foster expression, connection, and reflection among older adults in a safe and supportive space.

Participant turnout was somewhat limited by challenges with Zoom and technology use, which created accessibility barriers for some seniors. Additionally, the creative and open-ended nature of the project made it more conducive to qualitative observations and reflections rather than structured quantitative outcomes. While these factors limited the scope of measurable data, they also highlighted the importance of flexible, person-centered approaches in working with older adult populations.

Quantitative data collection was incomplete, as in some groups, formal BDI/BAI measures were not used. Additionally, the creative and exploratory nature of the program means that changes in scores may not fully capture the emotional and relational benefits participants experienced. While the DAP-R was used as a reflective tool, it should not be interpreted diagnostically or in isolation. Finally, without a control group or long-term follow-up, it is difficult to determine the lasting effects of the intervention.

### ***Evaluation Methods***

To assess my project goals, the usage of qualitative and quantitative data was intentional, aiming to enhance and improve the experiences associated with this program. The Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) were quantitative tests used to assess the current mental health concerns of seniors who participated in the program. These tools

evaluated participants at baseline using a clinical model and self-reported scales. Many studies have used these alongside more qualitative questionnaires to assess changes in mental health after an intervention.

Participants also completed entrance surveys at the beginning of the program. These included questions on past experiences with art, emotional goals, and any concerns about participating. Exit surveys followed each session and asked about enjoyment, engagement, relaxation, and self-expression.

As part of the first session of art activities, participants were invited to take part in the “Draw-A-Person-in-the-Rain” task, a variation of the Draw-A-Person (DAP) assessment. Originally developed as a tool to evaluate cognitive development and emotional well-being, this exercise has often been used to explore how individuals perceive stress, vulnerability, and coping mechanisms. Drawing a person in the rain can symbolically reflect one’s inner emotional state, with elements like posture, size of the figure, and presence of shelter offering insights into perceived resilience or distress (Willis et al., 2010). However, it is important to understand that this tool cannot be used on its own to diagnose or define someone’s emotional state, as emotions are complex and cannot be captured by a single test. While not used diagnostically in this setting, the task provided a meaningful, reflective opportunity for older adults to express themselves nonverbally and engage in discussion about personal challenges and strengths. The assessment helped guide future conversations and created insight into each participant’s coping resources and stress levels (Willis et al., 2010).

## **Analysis of Findings**

Quantitative findings showed a 1–2 point drop in both Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) scores following each session. While this change was modest, it may reflect participants beginning to access new emotional tools to support their mental health. For instance, mindfulness was introduced as a calming practice. Several participants mentioned initial hesitation but ultimately found it relaxing and helpful in managing daily stress (Kabat-Zinn, 2003).

Among the first PHC group, scores were already low at baseline, suggesting a generally positive mental state from the start. In contrast, the second PHC group was unable to complete BDI/BAI assessments due to time and logistical constraints. The Punjabi women's group demonstrated small but notable drops in both anxiety and depression scores, with participants expressing openness to continuing the program even if the same activities were repeated. Their strong religious and cultural identities appeared to serve as protective factors—a pattern noted in previous studies linking spirituality with well-being in older adults (Koenig, 2012).

In the independent living group, while formal BDI/BAI data was not collected, participants were socially engaged from the beginning and even began organizing independent art gatherings after the sessions ended—indicating sustained interest and emotional benefit. Entry and exit surveys consistently showed high levels of enjoyment, engagement, and perceived emotional value.

Across all groups, Draw-A-Person-in-the-Rain (DAP-R) assessments consistently featured figures drawn in the center of the page, often with slightly oversized umbrellas. These drawings symbolically suggest feelings of protection, agency, and some perceived stress. While

not used for diagnostic purposes, the DAP-R served as a nonverbal tool for emotional reflection and opened doors for meaningful conversations around coping and vulnerability.

## **Discussion/Conclusion**

This project has provided valuable insights into the potential of art activities as a tool for addressing mental health concerns in older adults, particularly those at risk for isolation and loneliness. I have learned that art can serve as a powerful, non-verbal form of expression, offering individuals a way to reflect on their emotions, connect with others, and engage in a creative process that fosters a sense of community. The results suggest that incorporating art-based interventions into healthcare settings could be beneficial for improving mental well-being among seniors, especially when traditional therapies may not be fully utilized due to stigma or accessibility barriers.

Moving forward, I hope to continue exploring this approach in my future medical practice, integrating holistic methods like art and mindfulness into patient care, particularly for vulnerable populations. This experience has deepened my understanding of how creative activities can complement medical interventions and has motivated me to consider further research on the impact of art therapies in mental health. On a personal level, engaging in this fellowship has been incredibly rewarding, reaffirming my commitment to working with underserved communities and enhancing my skills in both clinical care and community engagement. The experience has helped me appreciate the importance of addressing emotional and psychological needs in healthcare, particularly as I prepare to enter a career in medicine.

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