Social Art Activities in a Nursing Home: A Pilot Study in Indonesia

R. Roswiyani, Radboud University, The Netherlands, Tarumanagara University, Indonesia
Monty P. Satiadarma, Tarumanagara University, Indonesia
Jan Spijker, Radboud University, Trimbos Institute, The Netherlands
Cilia L.M. Witteman, Radboud University, The Netherlands

Abstract
This pilot study investigates the feasibility, acceptability and the effectiveness of social art activities for reducing symptoms of depression of Indonesian elderly people who live in a nursing home. Sixteen depressed elderly people with ages ranging from 65 to 85 years old were selected randomly in a nursing home to join 12 sessions of a-90 minute of activities twice a week. There were two groups, one was a social art group (AG, N=12) and another was a daily regular activities/control group (CG, N=4). The sessions were held from October 1st, 2013 to January 29th, 2014. The participants completed pre and post measures of symptoms of depression (Geriatric Depression Scale 15-item), well-being (The Satisfaction with Life Scale), and cognitive functioning (the Mini-Mental State Examination). To explore the feasibility and acceptability, we conducted observations during the activities and interviews afterwards. Repeated measures revealed no significant between-group differences regarding depressive symptoms, well-being and cognitive function. The AG tended to have a decrease in the depressive scores and an increase in well-being scores from pre- to posttest, whereas CG scores remained the same. There were no changes in the scores of cognitive function in both groups. The observations and interviews showed that the participants were interested in the activities and there were positive changes in their emotional expression, liveliness, cooperation, and communication with the group members. They were willing to be involved in the next social art activities. We conclude that these activities can be considered feasible and acceptable for depressed elderly people who live in a nursing home in Indonesia.

Keywords: elderly people, depression, social art activity, nursing home

iafor

Introduction

Depression is one of the most common mental disorders among elderly people (Cloosterman, Laan, & Van Alphen, 2013; Neufeld, Freeman, Joling & Hirdes, 2014). Approximately 54% elderly people suffer from depression especially those who live in a nursing home (Arifianto, 2006; Borza, et.al., 2015; Lampert & Rosso, 2015), because living in a nursing home substantiates the feeling of being neglected by the family (Natan, 2008). It can decrease their health status, daily living ability, quality of life, and lead to a reduction in cognitive abilities and an increase in mortality (Mansbach, Mace & Clark, 2015; Meeks, Van Haitsma, Schoenbachler & Looney, 2015). In this case, women are more affected than men (Tsang, Cheung, & Lak, 2002).

Research findings describe that the risk factors for depression in nursing home residents are older age, poor physical health, cognitive impairment, lower income, lack of care from the nursing home staff, lack of social support and loneliness (Barca, Engedal, Laks & Selbaek, 2010; Jongenelis et al., 2004). Depression in the nursing home is often underdiagnosed and undertreated (Mansbach et al., 2015). The symptoms that are usually observed are sleeping and eating disturbances, less or too much talking, difficulties in concentrating and decision-making (Lampert & Rosso, 2015; Niu & Arean, 2015). In order to improve the physical, psychosocial and well-being of elderly residents, it is important to implement productive activities such as art therapy.

Art therapy is a clinical intervention that is suitable for elderly people who have difficulties in expressing their thoughts and feelings. Art therapy is used as a non-verbal communication that helps elderly people to express their emotions in a safe way (Johnson & Sullivan-Marx, 2006). Involvement in art activities during old age contributes to well-being through the act of developing and maintaining problem-solving skills that are significant to reduce depression (Stephenson, 2013). Joining art activities in a social context gives advantages to elderly people to preserve social interaction in the nursing home and to increase their social and communication skills (Schrade, Tronsky, & Kaiser, 2011). Social relationships have proven to have profound effects on health (Hoyer & Roodin, 2009). Through participation in social activities, elderly people may remain engaged with peers and their communities and then become motivated to stay active in their daily lives (Stephenson, 2013).

The use of art activities in a social context has been found to have a positive impact on the well-being of elderly people in a nursing home (Maujean, Pepping & Kendall, 2014; Wang, et al., 2013). Social art activities are defined as activities that introduce art to stimulate social interaction between group members (Kim, Kim & Ki, 2014). The stages of social art activities consist of a beginning (the initial step is striving to explore personal feelings, often experienced as futile), artistic immersion (unearthing of previously hidden feelings and facing up to reality), interpersonal sharing, closure and termination (Moon, 2010). Social interactions during art activities provide opportunities for a depressed elderly person to form meaningful relationships with others, reduce feelings of isolation, share experiences, and resolve distressing emotional conflicts (Kim, et al., 2014; Rankanen, 2014). Social art activities with duration of 60-75 minutes are effective to reduce negative feelings about one self and

others, to construct a positive self-image, and serve as a distraction from negative feelings about living in the nursing home (Im & Lee, 2014; Kim, 2013).

Since most of art therapy studies were conducted in Western countries, it is not clear whether art therapy is effective in Asian countries (Ando, Imamura, Kira, & Nagasaka, 2013), especially in Indonesia. We want to test the hypotheses whether depressed elderly people in a nursing home can engage in social art activities (feasible) and accept social art activities as one of the activities in the nursing home (acceptable). Moreover, we hypothesize that the elderly people in the social art group improve their well-being more than elderly people in the control group. Thus, this study addresses the following research questions: Are social art activities feasible and acceptable for elderly people with depressive symptoms who live in a nursing home in Indonesia? Do the social art activities have an effect on depression symptoms?

Theoretical background

One aspect of successful aging is to maintain adequate levels of subjective well-being (SWB), which is defined as positive evaluation of one's life associated with good feelings (Pinquart & Sörensen, 2000). SWB of elderly people is threatened when they experience health problems and depressive symptoms (Strawbridge, Wallhagen, & Cohen, 2002).

Depressive symptoms in later life have had low priority in clinical research of psychotherapeutic treatment (Munk, 2007), yet they contribute to a deterioration of physical and functional health (Choi, Ransom & Wyllie, 2008), and are prevalent in nursing homes (Meeks, et.al., 2015). Depression in nursing home residents has been found to be related to decrease in cognitive functions and to result in an increased burden for both residents and staff attempting to provide care (Cody & Drysdale, 2013; Pike, 2013).

The essential care for achieving healthy aging and promoting physical and SWB are through social interaction and productive activity (Friedman, 2012; Zunzunegui, Alvardo, Del Ser, & Otero, 2003). The benefit of social interaction is to slow the functional decline, increase the quality of life, which resulting in fewer depressive symptoms and a risk of cognitive impairment (Park, 2009). Productive activity such as art activities with geriatric depressed people should be on portraying past and current strengths, as well as integrating life experiences. Recalling past experiences through art media can improve cognitive and perceptual skills by the body sense stimulation in the art activity process (Buchalter, 2004).

Some studies have reported that joining art therapy in a group can engage depressed elderly people in social activities (Papalia, Sterns, Feldman, & Camp, 2007). Doric-Henry (1997) conducted research on pottery as an art therapy with elderly nursing home residents. This study showed that an art therapy intervention with 40 elderly people (art therapy group= 20; control group= 20) significantly improved self-esteem and reduced depression. Pike (2013) also conducted research on the effect of art therapy on cognitive performance among ethnically diverse older adults. At 10-week art therapy intervention with a total sample size of 91 (experimental group = 54; control group = 37) significantly improved cognitive performance of older adults. Im and Lee (2014) examined the effect of art and music therapy on depression and

cognitive functioning. At the end of 12 weeks with a weekly 60-minute session, the results confirmed that the art and music therapy were effective in reducing depression but showed no effect on cognitive abilities. Jones, Waren & McElroy (2006) displayed that art activity was effective in reducing the degree of depression, relieving the sense of despair, improving happiness, peacefulness, satisfaction, and calmness. Gleibs, et.al., (2011) also found that social engagement in a nursing home increased the sense of social identification with others, and that higher levels of life satisfaction and reduced symptoms of depression and anxiety were reported. Therefore, the social art activities are useful to reduce depression, and to increase well-being and cognitive functions of elderly people.

Methods

Participants and setting

Sixteen elderly people from a nursing home in Jakarta, Indonesia participated in this study. Inclusion criteria were that the participants had to be 65 years old or older, with a Geriatric Depression Scale score of more than 5 (see below: outcome measures), and cognitively capable of participating in an interview. The participants must have stayed in the nursing home for at least three months; had a healthy physical condition; and had no severe hearing or speech impairment that might interfere in the interview. Participants gave consent to randomization and follow-up. The exclusion criteria were severe cognitive impairment or dementia, experiencing psychotic disorders, severe physical disorder and alcohol/drug misuse, and communication problems.

  The setting for the social art activities was in an auditorium in the nursing home that was designed like an art studio. It had worktables, art materials such as white paper, origami paper, crepe paper, crayons, markers, pastels, pencils, scissors, glue sticks, and picture cutouts from magazines. While in the control group, the setting was in a room in the nursing home with chairs and sofas, a dining table with newspapers, books and a television. The studies were performed for four months (October 1st, 2013 until January 29th, 2014), and were guided by the first author and assisted by qualified graduate clinical psychology students who were in an internship program. They were in the last semester of the program, have passed the case study exams, and considered as clinical psychology candidates, with GPA of A.

Measurements

The primary outcome measure

Outcome measurements were conducted before starting the activities and after the 12 sessions of the activities, using the same measurements. The measurements included the *Geriatric Depression Scale* 15-item (GDS) developed by Sheikh and Yesavage (1986). It consists of 15 questions with a YES or NO answer, for example "Have you dropped many of your activities and interests?". Ten questions indicate the presence of depression when answered positively (YES), while the rest of the questions (question numbers 1, 5, 7, 11, 13) indicate a depression when answered negatively (NO). Scores of 0-4 are considered normal; scores of 5-8 indicate mild depression; scores of 9-11 indicate moderate depression; and scores of 12-15 indicate severe depression. Sheikh and Yesavage (1986) reported a reliability of the GDS-15 of r = .84, p < .001.

The secondary outcome measures

Well-being was measured by *The Satisfaction with Life Scale* (SWLS) developed by Diener, Emmons, Larsen and Griffin (1985). The SWLS consists of five statements that the participants can either agree or disagree with a scale of 1 – 7, where 1 represents strongly disagree and 7 represents strongly agree with the statement. A score of 31-35 indicates extremely satisfied; a score between 26 and 30 indicates satisfied; a score between 21 and 25 indicates slightly satisfied; a score of 20 is neutral; a score between 15 and 19 indicates slightly dissatisfied, a score between 10 and 14 indicates dissatisfied, and a score between 5 and 9 indicates extremely dissatisfied. The SWLS has a strong internal reliability and a moderate temporal stability. Diener, et al., (1985) reported a Cronbach's alpha of 0.87 for the scale and a test–retest stability coefficient of 0.82.

Cognitive functioning was assessed by *the Mini-Mental State Examination (MMSE)* (Folstein, Folstein, & McHugh, 1975), a brief indicator of cognitive status with 11 questions measuring five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. An example of a question for orientation is "What is the (year) (season) (date) (day) (month)?". The maximum score is 30. A score of 23 or lower indicates cognitive impairment. Test retest reliability for MMSE is .98. (Folstein, et.al., 1975).

Furthermore, the first author conducted observations during the activities, to assess feasibility of the activities. The observations were carried out in each session using an observation form that contained eight points of evaluation, they were comprehension, co-operation, communication and involvement in the activities, facial expressions toward the activities (before, during and after the activities), emotional state, liveliness and their impression of the activities. It is important to observe their facial expressions thoroughly because they can give further clues, additional information and meaning over the points of observation.

The first author also performed follow-up interviews to assess acceptability. The researcher asked an open-ended question about how the participants felt after they followed the social art activities.

Procedures

The participants were randomly assigned either to the social art group (AG), or the control group (CG), using sealed-envelopes which contained a card labeled with information about the intervention group, the number of sessions, the time period of the intervention, and a space for their signature to indicate that they were willing to follow the intervention. When the participants knew their group, they were interviewed to obtain demographic information and data regarding the reason for staying in the nursing home. Recruitment and enrollment of the participants are described in the participants' flow diagram in Figure 1.
 Participants who met the inclusion criteria were evaluated before the intervention (pretest) using the outcome measurements (GDS, SWLS, and MMSE). Then, we started the social art activities for the intervention group, and participants in the control condition went to the control room. During the art activities, we conducted

observations in each session using the observation form. Participants discussed their art project with each other at the end of each session. After the 12 sessions of social art group and the same number of meetings in the control group, we evaluated participants in both groups using the same outcome measurements as in the pretest (posttest). The first author also performed follow-up interviews with an open-ended question after the completion of all activities.
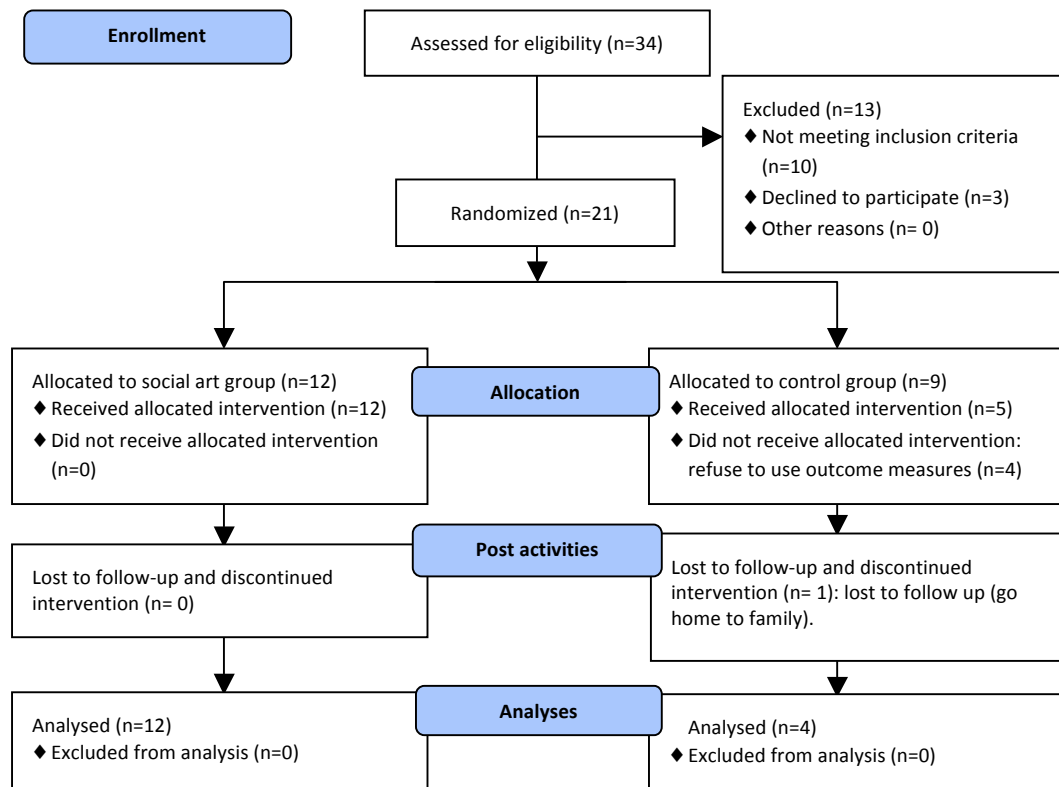

Figure 1. Participants flow diagram.

Activities Protocol

The social art group (AG) was performed in 12 sessions, each session lasts for 90 minutes, twice a week. The first 60 minutes of the session were devoted to drawing or collage activity and the last 30 minutes was intended for a discussion. The sessions were conducted in a group with 4 people each. The participants were directed to work on their own art and to discuss their drawings or collages with their group members. After completing their art activities, participants discussed their art projects with their group members. If the participants did not have any idea what to discuss, then a research assistant would encourage them to say what they thought of the art project they had made. In such a small group, every participant could easily interact and relate with their peers. Information about the content of each session is presented in Table 1.

Participants in the control group (CG) engaged in daily regular activities such as praying, watching television, or reading for 90 minutes. These were regular and

ongoing activities in nursing homes; participants did not receive any therapeutic interventions as above.

Table 1. Social Art Activities Protocol

Session	Theme	Activities	Intervention goals
1	Pretest Hand contour	Each group member creates a contour drawing, writes their names on it, and decorates the words and uses only a black marker or a crayon.	Self-expression and the exploration of feelings.
2	Flowers	Drawing: draw flowers and color them. Collage: Arrange picture cutouts of flowers and then color them.	Self-expression and the exploration of feelings.
3	In pairs	The participants look at their partner. Drawing: Draw their partner's portrait. Collage: choose suitable clothes for their partner from a magazine and picture cutouts of clothes.	Learning to realize how self perceives others
4	Own clothes	Drawing: draw their own clothes without looking. Collage: choose their own clothes from picture cutouts from magazine and arrange them on a white paper with a glue stick.	Self-realization and self-perception
5	Family	Drawing: draw their own family and color it. Collage: arrange in white paper of own family from picture cutouts from magazine.	Recall childhood memories
6	Pleasant experience	Drawing: draw pleasant experience in life. Collage: Choose some design/shape/anything that reflects pleasant experience in life.	Recall past memories
7	Emotions	Drawing: draw present emotions and color them. Collage: Arrange some design/shape/ anything that reflects present emotion.	Expression of emotions
8	What is in the box	Drawing: draw a box together; add color, design/ object. Collage: make a box together and decorate it using color and other found objects.	Building self-empathy
9	Who are you	Regarding a box. Drawing: draw objects that represents values, family or friends that are important for them. Collage: Arrange objects that represent values, family/friends that are important for them.	Concretizing changing role and identity
10	A picnic scene	Discuss a theme for wonderful picnic with group members. Drawing: draw alternately the object for a wonderful picnic and color. Collage: Choose picture cutouts from magazines to arrange a wonderful picnic on a sheet of paper.	Problem solving
11	Mural	Drawing: draw what older people all over the world have in common and use colors. Collage: Choose picture cutouts from magazines to arrange together what older people all over the world have in common.	Identifying universal problems
12	Termination Posttest	Each group member looks at their drawing and shares their experience. Discussion.	Self-Evaluation

The first session started with an ice breaking, in which participants were directed to draw a hand contour drawing, write their name on it and decorate the words using a black marker or a crayon. Afterwards, the participants were allowed to talk about their emotion related to their first art projects. In the second session, the participants drew or arranged cutout pictures of flowers. They could color it with crayons and added other objects as they liked. After participants completed their art project, they discussed their impressions of the art project within their group. The goal of the second session was to explore and express themselves.

The third session was focused on self-expression by drawing and completing a picture in pairs. Participants looked at their partners and drew their partners' portraits. They could also draw their pair's cloth. In collage making, they could dress up their pairs' (pay attention to the color, design, details such as buttons, colors, belts, etc). In this session, they learned to realize how other people perceived themselves. After the

activity, they were encouraged to give comments about their drawing/collage of their peers.

The fourth session was focused on self-realization and self-perception. The participants were directed to draw their own clothes without looking it over. They were allowed to use colors. They could also choose suitable clothes for themselves using picture cutouts that were available on their table, and arranged them on a piece of white paper, and sticking them using a glue stick. The research assistant guided participants to discuss how they saw themselves, and what they thought about their drawing/collage.

The fifth session emphasized on recalling childhood memories. This session helped participants to put their childhood memories into a concrete form and it gave opportunity to remember the experiences they had gone through in their lives. It would strengthen self-identification and self-esteem. The participants were directed to draw their own family and coloring it with crayons. In collage making, they could arrange their own family in a piece of white paper, using available picture cutouts, magazines and a glue stick. The research assistant led the group members into discussions that stimulated further recall.

The sixth session concentrated on recalling pleasant memories from the past. Helping participants to retrieve pleasant memories would make them realize and revalue the positive aspects of their lives. Participants drew their pleasant experiences or they could arrange designs/shapes or anything that reflects a pleasant experience. Discussion was held after they finished their artwork, focusing on how they felt about their artwork.

The seventh session focused on expression of emotions. This session gave a chance to develop the ability to express and feel the feeling of here and present time, in order to help them realizing their current emotional condition. The participants were directed to draw their present emotions using color and pencil on a piece of white paper. In the discussion, they explained their impressions and feelings toward the process of art making.

The theme of the eighth and ninth sessions was about a box. The box is symbolic to one self in which the outside of the box reflects how you or other see yourself from the outside; and the inside of the box is the feelings or emotions that they tend to hold/hide inside. In the eighth session, participants drew or made a box and decorated the outside of the box using colors or designs. This activity is intended to build self-empathy. Participants were encouraged to discuss their impressions and feelings about the art project.

In the ninth session, the theme was "the inside of the box", the participants were directed to draw objects that represent their value, family or friends that were important to them. They were allowed to use colors. The purpose was to concretize the changing roles and identities. It helped participants to understand their roles might change by age but their identity would exist even without work.

The tenth session was focused on problem solving. The participants in the group were directed to alternately draw an object of a wonderful picnic theme on a sheet of white

paper. At first, they discussed the theme. They could use colors as they liked. In collage making, they arranged a wonderful picnic together on a sheet of white paper. They could choose picture cutouts from magazines. The eleventh session was focused on identifying universal problems of elderly people. Participants were directed to draw what older people all over the world had in common on one piece of white paper. The last session was self-evaluation. Participants looked at their drawing and shared their experiences during social art activities.

Statistical Analysis

No power analysis and sample size calculation were performed. Data from the GDS, SWLS, and MMSE were analyzed with 2x2 repeated-measures ANOVA to see the interaction between groups and t-test to look for the differences between the groups. Data from the interview and the observation were analyzed using content analysis.

Results

Demographics

We initially recruited 34 participants, 21 people met the inclusion and exclusion criteria, but only 17 participants completed the pre-test measures. During the activities, one further participant left and submitted incomplete data. In the end, 16 participants remained (N=12 in AG; N=4 in CG), and only data of these 16 participants were analyzed and reported. The participants' ages ranged from 65 to 85 with a mean age of 77 (SD=6,94); 87,5% females and 12,5% male. Table 2 shows data frequencies of gender, ethnicity, marital status, the length of stay and the reason for living in the nursing home.

Table 2. *Descriptive statistic of the participants*

Demographic		Social Art Activities Group (n=12)		Control Group (n=4)		Total (n=16)	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Gender	Male	1	8,3	1	25	2	12,5
	Female	11	91,7	3	75	14	87,5
Ethnicity	Chinese	5	41,7	1	25	6	37,5
	Javanese	7	58,3	1	25	8	50
	Other	0	0	2	50	2	12,5
Marital status	Married	4	33,3	3	75	7	43,8
	Single	8	66,7	1	25	9	56,3
Length of stay in NH	3-6 m	2	16,7	0	0	2	12,5
	7-12 m	1	8,3	0	0	1	6,3
	1-5 y	6	50	2	50	8	50
	6-10 y	2	16,7	2	50	4	25
	>10 y	1	8,3	0	0	1	6,3
Reason for living in NH	Lonely	8	66,7	3	75	11	68,8
	Less family care	1	8,3	0	0	1	6,3
	No support income	2	16,7	1	25	3	18,8
	Other	1	8,3	0	0	1	6,3

Depression symptoms

The results on GDS pre and post measurements based on 2x2 repeated-measures ANOVA showed that there was no significant interaction between time of measurement (pre and post) and group (AG vs. CG) with $F(1, 14) = 1.76, p > .05$, $\eta_p^2 = .122$. The results indicated no significant between-group differences in scores

pre and post measure of GDS with t (14) = 1.32, p=.205. Seven out of 12 participants experienced that their depression symptoms decreased after AG, as well as 2 out of 4 in CG.

Well-being and Cognitive Functioning

Repeated measures on well-being using SWLS revealed that there was no significant interaction between time of measurement (pre and post) and group (AG vs. CG) with F (1, 14) = .093, $p > .05$, η_p^2= .007. The scores differences between group in pre and post measure showed that the well-being more increased in AG compared to CG with t (14)=.305, p=.765.

The same analyses on cognitive functioning (pre and post) reported that there was no statistically significant result on the interactions between time and group (AG vs. CG) with F (1, 13) = .02, $p > .05$, η_p^2= .002. The t-test presented that the score of cognitive status in both groups remained the same with t (13) = .147, p = .088.

Interviews

The interview results on 12 participants of AG indicate that they considered the social art activities as useful instruments to express their feelings. When they were questioned about the activities, they said they realized they were able to perform the activities and increase their social interactions. These activities influenced their emotional state. Some illustrative answers from the interviews are mentioned below:

- *I'm happy because I can draw something that is on my mind, I am satisfied with the results of my drawing and I want to do it again. (Participant # 5).*
- *I don't want to draw because I can't draw and my drawing is poor...but after I tried to draw, I feel happy and satisfied that my drawing turned out fine. (Participants #2)*
- *I think the activity is useful for me and other people; it's beneficial to train us to cooperate. I can collaborate with other residents and do the activities..... I'm happy that I can draw a beautiful flower. (Participant #6).*
- *At first I didn't know what to do, but I'm happy and satisfied to see my art project. .....I like to do this activity because it's easy and fun. ....I'm blessed that I'm still able to create something.....I feel relaxed that I can express something that burdens me. (Participants #10)*

Observations

Observations in each session used eight points of evaluation. The responses of each participant were recorded on the observation form, and then content analysis was conducted to determine the occurrence of certain responses that related to the points of observation. Their responses were analyzed and similar responses were in every session. Consequently, the responses were divided into 3 phases of therapeutic change (see table 3).

The analysis revealed that participants' conditions changed into a positive direction. In the first phase (1-5 sessions), participants displayed their understanding toward the activities. They could follow the instruction of the art activity. The participants

showed their cooperation by focusing on the process of art making. In contrast, they tend to be more passive, submissive and feel unsatisfied with the results. Even though they could finish the project, they had an impression that the activity was useless. In the second phase (6-8 sessions), the participants were interested in the activity and they started to initiate communication. They began to support their group members to start the activity. In the third phase (9-12 sessions) of the activity, the participants became more enthusiastic in doing the art activities and they shared their experiences during the process. They actively talked and discussed their art project between one another.

Table 3. Phases of therapeutic change

| No | Variable | | Phase | | |
			1 (Session 1-5)	2 (Session 6-8)	3 (Session 9-12)
1	Comprehension		Good, able to understand the instructions		
2	Cooperation		Passive and submissive, self-focused, impatient	Support other group members	Share experience and give help
3	Communication		Passive, limited and or refused to communicate, introvert	Initiate to communicate, tell the experiences	Ask and give opinions, make an interaction, make humor
4	Involvement		Passive and need support to participate: refused and was not interested in the activities	Display interest in participating and initiating activities	Active participation: responsive, enthusiastic in the activities
5	Expression	Before	Flat, disoriented, not confident, unmotivated, was unable to do the activities	Show interest, initiative seriousness, concentration and passion in doing the activities	Show enthusiasm and happiness through their smiles
		During	Focused, serious and looked enjoyable	show interest and happiness	Enthusiastic to finish the activities
		After	Unsatisfied with the result, unhappy	show happiness and satisfaction that can be seen from their smiles	Happy, look satisfied, relieved with smiles on the face
6	Emotional state		Unhappy, unsatisfied and flat	Satisfied, happy, and proud of the results	Competent, and grateful
7	Liveliness		Passive, feel enforced to do the activities	Focused and active in completing the activities and less talking	Active in talking and discussing the activities with others
8	Impression		Useless activities	Feel the benefit of the activities	Competent and energetic

Discussion

The purpose of this pilot study was to explore the feasibility, acceptability and the effectiveness of social art activities for Indonesian elderly people living in a nursing home. The results showed that the social art activities are feasible and acceptable. The activities are feasible, which means that the elderly people were interested in the activities and they showed positive changes in their emotional expression, liveliness, cooperation and communication with others. The social art activities are acceptable which means that the elderly were willing to be involved in the next social art activities. Statistical analysis revealed that there were no significant differences in depressive symptoms and well being after the art activities. Nevertheless in 7 out of 12 participants in AG had decreased their depressive symptoms compared to CG (2 out of 4); and all participants in AG had a greater increase in well-being than CG. The cognitive functions remained the same in both groups.

Our findings on depressive symptoms were in contrast with previous studies that used similar methods (see Doric-Henry, 1997; Im & Li, 2014; Jones, et al., 2006). A

number of factors could explain the differences of the results. The increase of the depressive symptoms experienced by some of the participants could be associated with the increased age, lower income, poor physical health, physical disability, cognitive impairment, lack of care from the nursing home staff, lack social support and loneliness (Barca, et.al., 2010; Jongenelis, et al., 2004). Our finding about well-being is similar to the previous research that social interaction during the art activities improved happiness and satisfaction; and reduced emotional stress (Jones, et al., 2006; Kim, et al., 2014). The result on cognitive measure indicated that 12 sessions of social art activities is not enough to improve cognitive functioning. This result is different from earlier research (see Pike, 2013).

The small size of our study sample might offer another explanation for the ineffectiveness of social art activities. Only one out of seven private nursing homes in Jakarta-Indonesia agreed to participate in this pilot study. They refused to participate because they already had different activities. Moreover, we found only 16 out of 34 eligible people who met the criteria for our studies. Despite, the small number of participants had advantages for therapists during therapeutic session on establishing rapport, and conducting interviews and observations (Himawan, Risnawati & Wirawan, 2014). The randomization of 16 people to the two groups was not equal, with 12 people in AG and 4 people in CG. The small sample size might have prevented us to detect any significant differences between the groups (Schulz & Grimes, 2002). We should have taken into account that participants might drop out from the study and engaged more participants for the study. In future, the use of the measurement of depression (GDS) might not be sensitive to detect small changes in depressive symptoms. The suggestion for a future study is to consider to use the Beck Depression Inventory (BDI) as one of the measurements to asses depressive symptoms in elderly people.

 Instead, we did find a therapeutic change in AG that is consistent with the theory (Moon, 2010). The social art activity created changes on participants. Based on observation their responses were similar in every session. They tended to understand more about themselves and the emotional distress that they experienced. The positive change displayed at each session occurs gradually from the first session to the end of the activity.

The 12-session program was not conducted continuously even though it was planned to be completed within three months. During the implementation of the program, a number of sessions were missed when the participants returned to their families (December 18th, 2013 until January 16th, 2014) for holiday. Therefore, they had to postpone the activity for a month. This temporary termination in the middle of the program could have prevented the participants to gain benefit from the activities. In line with the theory proposed by Csikszentmihalyi (2014), if the participant could not engage in an activity as planned, the motivation would decrease. When they have low motivation to engage in the activities, they do not perform optimally as evaluated at the end of the program. This situation was considered as a form of inconsistency. Continuous process is necessary for the participants to remain in the activities in order to obtain the benefit of the program.

Conclusion

Social art activities can be considered feasible, acceptable and (possibly) effective for elderly people with depressive symptoms in nursing homes in Indonesia. Some of the elderly people experienced a decrease in their depressive symptoms while their well-being increased after participating in AG compared to CG, even though their cognitive functions remained the same. The differences in scores of the pre and post measurements were not significant, yet the qualitative evidence supports the notion that participants' conditions changed into a positive direction and they start to share experiences during the activities in a social context. Therefore, we suggest that these activities have a positive impact on reducing feelings of depression and improving well-being. We hope that this research is a launching point for future research to increase the well-being of elderly people, since there is little information on the effects of social art activities on depressed elderly people in nursing homes in Indonesia.

References

Ando, M., Imamura, Y., Kira, H., & Nagasaka, T. (2013). Feasibility and efficacy of art therapy for Japanese cancer patients: A pilot study. *The Arts in Psychotherapy, 40,* 130–133. doi:10.1016/j.aip.2012.12.007

Arifianto, A. (March, 2006). *Public policy towards the elderly in Indonesia: Current policy and future directions*. Jakarta: SMERU Research Institute.

Barca, M.L., Engedal, K., Laks, J., & Selbaek, G. (2010). A 12 months follow-up study of depression among nursing-home patients in Norway. *Journal of Affective Disorders*, *120*, 141–148. doi:10.1016/j.jad.2009.04.028.

Borza, T., Engedal, K., Bergh, S., Barca, m.L., Benth, J.S., & Selbæk, G. (2015). Research report: The course of depressive symptoms as measured by the Cornell scale for depression in dementia over 74 months in 1158 nursing home residents. *Journal of Affective Disorders*, *175*, 209–216. doi: 10.1016/j.jad.2014.12.053.

Buchalter, S. I. (2004). *A practical art therapy*. Pentonville Road, London: Jessica Kingsley Publishers.
Choi, N.G., Ransom, S., & Wyllie, R. J. (2008). Depression in older nursing home residents: The influence of nursing home environmental stressors, coping, and acceptance of group and individual therapy. *Aging & Mental Health*, *12:5*, 536-547. doi:10.1080/13607860802343001.

Cloosterman, N.H.M., Laan, A. J., & Alphen, B.P.J.V. (2013). Characteristics of psychotherapeutic integration for depression in older adults: A delphi study. *Clinical Gerontologist*, *36:5*, 395-410. doi: 10.1080/07317115.2013.816815.

Cody, R. A., & Drysdale, K. (2013). The effects of psychotherapy on reducing depression in residential aged care: A meta-analytic review. *Clinical Gerontologist*, *36:1*, 46-69. doi:10.1080/07317115.2012.731474.

Csikszentmihalyi, M. (2014). *Flow and the foundations of positive psychology*. London: Springer. doi: 10.1007/978-94-017-9088-8.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.

Doric-Henry, L. (1997). Pottery as art therapy with elderly nursing home residents. *Journal of the American Art Therapy Association*, *14:3*, 163-171. doi: 10.1080/07421656.1987.10759277.

Folstein, M.F., Folstein, S.E., & McHugh, P.R. (1975). Mini-mental state: A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research*, *12: 3*, 189–198. doi: 10.1016/0022-3956(75)90026-6.

Friedman, E.M. (2012). *The Oxford handbook of psychoneuroimmunology*. In Suzanne C. Segerstrom (Ed.). doi: 10.1093/oxfordhb/9780195394399.013.0003.

Gleibs, I.H., Haslam, C., Jones, J.M., Haslam, S.A., McNeill, J., & Connolly, H. (2011). No country for old men? The role of a 'Gentlemen's Club' in promoting social engagement and psychological well-being in residential care. *Aging & Mental Health, 15:4*, 456-466. doi: 10.1080/13607863.2010.536137.

Himawan, K.K., Risnawaty, W., & Wirawan, H.E. (2014). Effect of reminiscence group therapy on depressive symptoms of the nursing home elderly residents in Tangerang, Indonesia: A pilot study. *The Guidance Journal*, XL11, 1,1. http://www.researchgate.net/publication /274899699

Hoyer, W. J., & Roodin, P. A. (2009). *Adult development and aging (6th edition).* Boston: McGraw-Hill.

Im, M.L., & Lee, J. I. (2014). Effects of the art and music therapy on the depression and cognitive function of elderly. *Technology and Health Care*, 1–6. doi: 10.3233/THC-140803.

Johnson, C. M., & Sullivan-Marx, E. M. (2006). Art therapy: Using the creative process for healing and hope among african american older adults. *Geriatric Nursing, 27* (5), 309-316. doi: http://dx.doi.org/10.1016/j.gerinurse.2006.08.010.

Jones, F., Warren, A., & McElroy, S. (2006). Home-based art therapy for older adults with mental health needs: Views of clients and caregivers. *Art Therapy, 23* (2), 52-58. doi: 10.1080/07421656.2006.10129640.

Jongenelis, K., Pot, A. M., Eisses, A. M., Beekman, A. T., Kluiter, H., & Ribbe, M. W. (2004). Prevalence and risk indicators of depression in elderly nursing home patients: The aged study. *Journal of Affective Disorders, 83* (2-3), 135-142. doi: 10.1016/j.jad.2004.06.001.

Kim, S. K. (2013). A randomized controlled study of the effects of art therapy on older Korean-Americans' healthy aging. *The Arts in Psychotherapy*, *40*: 158–164. doi:10.1016/j.aip.2012.11.002.

Kim, S., Kim, G., & Ki, J. (2014). Effects of group art therapy combined with breath meditation on the subjective well-being of depressed and anxious adolescents. *The Arts in Psychotherapy, 41*, 519–526. doi: 10.1016/j.aip.2014.10.002.

Lampert, M. A., & Rosso, A. L. P. (2015). Depression in elderly women resident in a long-stay nursing home. *Dementia & Neuropsychologia, 9*(1), 76-80.

Mansbach, W. E., Mace, R. A., & Clark, K. M. (2015). The brief anxiety and depression scale (bads): A new instrument for detecting anxiety and depression in long-term care residents. *International Psychogeriatrics, 27*(4), 673-681. doi: 10.1017/S1041610214002397.

Maujean, A., Pepping, C.A., & Kendall, E. (2014). A systematic review of randomized controlled studies of art therapy. *Art Therapy: Journal of the American Art Therapy Association, 31*(1) pp. 37–44. doi: 10.1080/07421656.2014.873696.

Meeks, S., Van Haitsma, K., Schoenbachler, B., & Looney, S. W. (2015). Be-activ for depression in nursing homes: Primary outcomes of a randomized clinical trial. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 70* (1), 13-23. doi: 10.1093/geronb/gbu026.

Moon, B.L. (2010). *Art-based group therapy: Theory and practice*. Springfield, Illinois 62704: Charles C Thomas Publisher, Ltd.

Munk, K. (2007). Late-life depression. *Nordic Psychology*, *59:1*, 27-44. doi:10.1027/1901-2276.59.1.27

Natan, B. M. (2008). Perceptions of nurses, families, and residents in nursing homes concerning residents' needs. *International Journal of Nursing Practice*, *14: 195–199.* doi:10.1111/j.1440-172X.2008.00687.x.

Neufeld, E., Freeman, S., Joling, K., & Hirdes, J.P. (2014) "When the golden years are blue": Changes in depressive symptoms over time among older adults newly admitted to long-term care facilities. *Clinical Gerontologist*, 37:3, 298-315. doi:10.1080/07317115.2014.885919.

Niu, G. C., & Arean, P. A. (2015). Refining evidence-based treatments for late-life depression. *GeroPsych, 28* (2), 67-76. doi: 10.1024/1662-9647/a000127.

Papalia, D.E., Sterns, H.L., Feldman, R.D., & Camp, C.J. (2007). *Adult development and aging (3rd edition)*. Boston: McGraw-Hill.

Park, N. S. (2009). The relationship of social engagement to psychological well-being of older adults in assisted living facilities. *Journal of Applied Gerontology, 28*, 4, 461-481. doi: 10.1177/0733464808328606.

Pike, A.A. (2013). The effect of art therapy on cognitive performance amongEthnically diverse older adults. *Art Therapy: Journal of the American Art Therapy Association, 30:4, 159-168*. doi:10.1080/07421656.2014.847049.

Pinquart, M., & Sörensen, S. (2000). Influences of socioeconomic status, social network, and competence on subjective well-being in later life: A meta-analysis. *Psychology and Aging, 15* (2), 187. doi: 10.1037/0882-7974.15.2.187.

Rankanen, M. (2014). Clients' positive and negative experiences of experiential art therapy group process. *The Arts in Psychotherapy*, *41*, 193–204. doi: 10.1016/j.aip.2014.02.006.

Schrade, C., Tronsky, L., & Kaiser, D. H. (2011). Physiological effects of mandala making in adults with intellectual disability. *The Arts in Psychotherapy, 38* (2), 109-113.

Schulz, K. F., & Grimes, D. A. (2002). Unequal group sizes in randomised trials: Guarding against guessing. *The Lancet, 359* (9310), 966-970. doi: 10.1016/S0140-6736(02)08029-7.

Sheikh, J.I., & Yesavage, J.A. (1986). Geriatric Depression Scale (GDS) recent evidence and development of a shorter version. In: Brink TL, editor. *Clinical Gerontology: A Guide to Assessment and Intervention.* New York: The Haworth Press, pp. 165–173.

Stephenson, R. C. (2013). Promoting well-being and gerotranscendence in an art therapy program for older adults. *Art Therapy: Journal of the American Art Therapy AssociationAssociation, 30* (4), 151-158. doi: 10.1080/07421656.2014.846206.

Strawbridge, W. J., Wallhagen, M. I., & Cohen, R. D. (2002). Successful aging and well-being: self-rated compared with Rowe and Kahn. *Gerontologist, 42*(6), 727–733.

Tsang, H. W., Cheung, L., & Lak, D. C. (2002). Qigong as a psychosocial intervention for depressed elderly with chronic physical illnesses. *International Journal of Geriatric Psychiatry, 17* (12), 1146-1154. doi: 10.1002/gps.739.

Wang, F., Man, J. K., Lee, E. K., Wu, T., Benson, H., Fricchione, G. L., . . . Yeung, A. (2013). The effects of qigong on anxiety, depression, and psychological well-being: A systematic review and meta-analysis. *Evidence-based Complementary and Alternative Medicine, 2013*. doi: 10.1155/2013/152738.

Zunzunegui, M.-V., Alvarado, B. E., Del Ser, T., & Otero, A. (2003). Social networks, social integration, and social engagement determine cognitive decline in community-dwelling Spanish older adults. *Journal of Gerontology, 58B* (2), S93–S100. doi: 10.1093/geronb/58.2.S93.

Contact email: R.Roswiyani
p.roswiyani@psych.ru.nl; roswiyani@fpsi.untar.ac.id