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## INFORMAL ART THERAPY GROUP AMONG MINORITY SENIORS IN INDEPENDENT LIVING COMMUNITIES

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INFORMAL ART THERAPY GROUP AMONG MINORITY SENIORS  
IN INDEPENDENT LIVING COMMUNITIES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Jennifer Lee Rodriguez

June 2018

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## ABSTRACT

The elderly population have developed some resistance toward accepting community-based social services. Such resistance could be detrimental to the well-being of low-income seniors by hindering their chance of accessing services intended for them in the first place. Art therapy is seen as a promising intervention against client resistance. This study evaluated the effectiveness of art therapy on reducing resistance to services among low-income seniors living in independent living communities. Through a pre-experimental design, this study analyzed administrative data for a sample of 37 participants from a social service agency in Southern California. Results from two non-parametric tests (Wilcoxon-Signed-Rank and Mann-Whitney-U) revealed that art therapy is very effective in reducing resistance among seniors. Implications for gerontology and social services providers were discussed.

Key words: Art therapy, elderly population, low-income seniors, nonparametric test, pre-experimental design, service resistance

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## DEDICATION

To my parents, who migrated to the United States to provide a better opportunity for us and gave me the privilege of being the first in my family to receive a Master's degree. All that I am and hope to be I owe to both of you.



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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

America has faced a dramatic rise in poor and low-income older adults. Under the auspices of the Henry Kaiser Family Foundation, a study by Cubanski, Orgera, Damico and Neuman (2018) found that, in 2016, the number of poor and low-income people ages 65 and older reached five million (9.3%) and 15 million (30.4%), respectively. According to U.S. Census Bureau (2009) and Scharlach (2012), the number of older Americans living in poverty will continue to grow steadily until 2050.

The growth in number among the elderly population comes with new challenges for gerontology stakeholders. In fact, approximately half of the elderly population in the United States (US) do not have enough financial resources to meet their own needs (Scharlach, 2012; Wider Opportunities for Women, 2009). For example, almost 9 million elders dealt with hunger in the fiscal year 2012 (National Conference of State Legislatures, 2014). Other needs include, but are not limited to, affordable housing, healthcare, transportation, employment, and assets (National Council on Aging, 2018). Economically fragile elders, therefore, would need some form of support from their communities, whether at a federal, state, or local level. There are a broad range of services and benefits that target the well-being of low-income seniors. These seniors, however, have

demonstrated resistance toward seeking and accepting some types of services intended for their welfare in the first place. Service resistance has been particularly observed among seniors with minority backgrounds. Cultural factors and language barriers are found to be associated with resistance to services among Hispanic seniors (Barrio, et al., 2003; Barrio, et al. 2008; Boston, 2005; Lau & Gallagher-Thompson, 2002).

### The Purpose of the Study

The purpose of this study is to evaluate the effectiveness of art therapy on reducing resistance to services among low-income seniors in independent living communities. Providing community-based social services in their living communities is essential for seniors who lack both informal and formal support and are faced with a fixed income that is insufficient for allowing them to age in place. Understanding the reasons why minority seniors are reluctant to request and accept social services is essential in knowing how to apply proper interventions within agencies that provide assistance to them. This study seeks to determine whether art therapy would improve seniors' participation in social services. The ultimate goal is to find out whether art therapy is evidence-based and thus should be used by agencies to augment the comfort level of low-income older adults who have shown reluctance to community services.

## The Significance of the Project for Social Work

This research is significant for several reasons. First, it is worth studying the growing number of low-income elderly populations in America. As mentioned above, this population is fast growing and reached 15 million in 2016. Such rapid growth in the number of low-income seniors is associated with a multiplicity of needs to be met. However, even with existence and availability of resources there is no guarantee that elders, especially minority seniors, will be open to social services. This study is a quest for ways to break down resistance to service. Additionally, this study is significant for geriatric social workers. In fact, according to the Center for Health Workforce Studies (2006), there is a lack of geriatric social workers; in fact only 4% of Licensed Clinical Social Workers served older adults in 2004. This study raises awareness about the need for more social workers in the gerontological arena. This study seeks to provide social workers with a platform on how to overcome resistance among seniors through the use of art therapy.

Finally, this study arguably makes a significant contribution to the literature on art therapy and gerontology by proposing (a) solutions to a current problem (service underuse) and (b) directions for future research.

## CHAPTER TWO

### LITERATURE REVIEW

#### Overview

Some people believe that art therapy has existed since 40,000 years ago. However, the development of art therapy into a therapeutic model started in the 1940s (Art Therapy Journal.org, n.d.). The American Art Therapy Association (n.d., p. 1) defines this framework as “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship”. Art Therapy Journal.org (n. d.) extended this definition as follows:

...the use of art creation as a form of psychotherapy for people experiencing trauma or illness, seeking personal development, or struggling to deal with the day-to-day act of living. Through the act of creating art and thinking about the process and medium, people are able to develop skills that increase cognitive ability, increase awareness of self and others, and help them cope with the distressing symptoms or limitations imposed by disability or disease. The primary purpose of art therapy is to help patients heal their mental and emotional wounds as much as they can (p.1).

Art therapy has shown some effectiveness in helping a broad range of clients cope with various issues (Slayton, D'Archer, & Kaplan, 2010), including post-traumatic stress disorder (Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Spiegel, Malchiodi, Backos, & Collie, 2006). Over the past two decades, art therapy has been used across all ages and in both empirical and non-empirical settings (Slayton, et al., 2010). In reviewing 17 empirical studies, Reynolds, Nabors, and Quinlan (2000) found that art therapy generated relatively positive outcomes among people from various backgrounds.

### Rapport Building

Rapport building is the first step to any type of therapeutic relationship. Mejo (1989, p. 20) stated the importance of building rapport and a therapeutic alliance: "There are many reasons why practitioners should be encouraged to develop strong therapeutic relationships with their clients. On the whole, building and maintaining patient rapport leads to positive client outcomes". A well-established relationship between social workers and their clients can breed positive outcomes explained by an increase service cooperation (Leach, 2005). In a study conducted by Gelman (2004), Latino participants stressed the importance of relationship building. One respondent stated, "The relationship is more important, the way you treat them, than the technique" (Gelman, 2004, p. 64). This increase in client satisfaction is a reflection of the social worker's behavior, communication style, and similarities in culture and language that can produce a substantial impact on the social worker/client relationship. According



to Gelman, for example, if a social worker shares the same language and culture as their clients, this can create an instantaneous connection between them, and developing client rapport in the first meeting builds client trust. Rapport building is essential in building trust with a client by allowing them, in the long run, to self-determine what their needs are.

### Self-expression

Self-expression in a therapeutic setting, such as art therapy groups, allows participants the ability to build trust and the ability to self-express with the facilitator and peers. “Making art can have a significant effect on an older adult’s mental health and self-esteem” (Stephenson, 2006, p. 24). According to Kim (2013, p. 158), “art therapy contributes to healthy aging in older adults by promoting well-being and a better quality of life”. Zeiger (1976, p. 47) stated that “when promoting healthy aging in the older population it is important to create a balance between the art-maker, the art materials, and the art therapist”, while Kim (2013, p. 159) found that “the sensitive use of art activities stimulates the memory of forgotten or repressed life experiences and, thereby, promotes new understandings during the life review process”. The goal of art therapy is to aid seniors in identifying their strengths (Stephenson, 2006). Self-expression is an important outcome of art therapy. Self-expression gives seniors the ability to be able to talk about anything that is held within them. Lonkon (2008, p. 1) wrote about opening minds through art, a program designed for support staff and volunteers to “promote: social engagement, autonomy, and dignity of people”.

The development of the opening minds through art was a great way for staff and clients to build rapport and develop interpersonal relationship. This activity utilized a person-centered approach along with art as a form of self-expression and social engagement.

### Art Therapy Intervention and Self-Expression

Group interventions like art therapy are a successful type of intervention that have been assisting seniors in obtaining confidence and the ability to self-express with facilitators and peers in their groups. Stephenson (2006) emphasized the importance of art therapy in establishing coping skills for seniors who have experienced loss as a modality for self-expression:

Older adults face a staggering number of life changes associated with loss: They may lose family, friends, homes, and cognitive and physical capacities. Art therapy can help the older adult cope with, adjust to, and adapt to age-related changes. (pp. 14)

Art therapy benefits seniors who practice it by offering relaxation, expression, activity, and community by identified repeated tasks, such as painting (Cable News Network [CNN], 2015). Seniors that participate in art therapy groups can make connections with both other seniors and the facilitators, while they share their work, and learn to feel comfortable discussing things openly (CNN, 2015).

The patterns found in these studies show identifiable relationships between building self-esteem and confidence, and the senior clients who

participated in an art therapy group. This is fundamentally important for the study because art therapy groups that are facilitated in senior communities can increase seniors' confidence and help them build rapport with their social worker; thus allowing them to feel more comfortable asking for social services.

Thongnopnua (2013) emphasized the importance of art therapy for the senior population: "Arts participation is not only fast becoming accepted for its benefits to seniors' health and morale, but it also paves the way for social well-being by building meaningful connection among individual seniors, their families, and our communities (p.2)."

Thongnopnua, Villeneuve, Barrett, Gussak, and Van (2015, p. 2), state that art therapy "has earned a place transforming the experience of being old into healthier, productive, meaningful, and purposeful aging". Art therapy can become a new way to non-verbally connect with senior clients and help empower them to build confidence, increase their comfort level with their social worker, and to request and accept social services.

According to La Porta's (2004) research on intergenerational connection, activities involving art among two generations breed positive responses between both participants of young and old. La Porta's study examined ways to bridge the social and communication gap between young and old with the utilization of art education. The results were a positive significant outcome on "social and psychological benefits of intergenerational activities, which promoted elevated self-esteem and a sense of autonomy among seniors and improved attitudes of

each age cohort towards each other” (La Porta, p.161). Art therapy is also effective for seniors who experience mental health issues (Bygren, et al., 2013).

### Theories Guiding Conceptualization

A broad range of theoretical perspectives can be associated with the purpose of this research, including Maslow’s Hierarchy of Needs, existential theory, activity theory, and community disengagement theory. Each of these perspectives is described below.

#### Maslow’s Hierarchy of Needs

The main theory used to conceptualize the ideas in this study was Maslow’s Hierarchy of Needs, which outlines how human basic needs are essential for sustaining life and that an individual need to survive to reach self-actualization can differ from person to person (Maslow, 1943). This “hierarchy of needs includes five motivational needs, often depicted as hierarchical levels within a pyramid” (McLeod, 2007, p.2). According to McLeod (2007, p. 2-3), the first need of the model is a person’s basic “biological and physiological needs” which include: “air, food, drink, shelter, warmth, sex, and sleep”. When “these needs are met an individual could then ascend up the pyramid to the next set of needs” which is safety. The second need of the pyramid includes safety needs: “protection from elements, security, order, law, limits, stability, freedom from fear”. After these needs are met once again an individual can move to the third need of the pyramid which is social needs: “belongingness, affection and love, -

from work group, family, friends, romantic relationships”. Then, after this section is completed an individual can reach the fourth need which is esteem. Esteem includes: “achievements, mastery, independence, status, dominance, prestige, self-respect, respect from others”. Once the section of the pyramid is complete an individual may feel content, many people never reach the top fifth need of the pyramid which is self-actualization. Some go back and forth through the pyramid depending on life’s interactions. An individual never just stays in one section of the pyramid once their needs are met, and nobody reaches self-actualization and says that their life is complete; this is because everyone has different goals of self-actualization, not everyone has the same goals or wants to reach said goals (McLeod, 2007). “Self-actualization needs: realizing personal potential, self-fulfillment, seeking personal growth and peak experiences” (McLeod, 2007, p.3). This theory is relevant to the current study as elders need to move through stages before reaching the comfort level to request services.

### Existential Theory

Another theoretical approach that is relevant to this research is a more creative modality with the utilization of art through existential therapy or expressive therapy. According to Hoffmann, et al. (2016, p. 197), “Art therapy is a form of psycho-corrective interaction, using different artistic means to facilitate a patient to express emotions”. Under this paradigm, Hoffmann, et al. described art therapy as a method to:

Meet the emotional needs, build self-acceptance, increase self-esteem, reduce anxiety, meet the cognitive needs and develop social skills. Art therapy develops imagination and creativity, empathy, forms pro-social attitude, and what is important, shows artistic abilities do not play any role in the process of creation (p.197).

Art therapy's main purpose can be depicted within three prongs: (1) recreational, (2) educational, and (3) corrective (Hoffmann, et al.). The recreation element is to offer the participant detachment from their problems, relaxation, and socialization among the group. Socialization is an important factor when using art as a modality; this allows clients to share with others in a safe place and not feel alone in their situation. The next prong of art therapy offers exploration of self-awareness through information that assists with self-reflection, purpose, meaning, and the ability to self-disclose needed information (Hoffmann, 2016). This offers the client the ability to express their art and let go of needed emotions through their art work in a tactile form. The last prong offers corrective function which renovates one's cognitive distortions, harmful self-perception, and interpersonal relationships, into positive ones (Hoffmann, 2016). Self-expression through art therapy essentially allows participants to liberate their negative emotions and allows the new growth of healthy coping mechanisms. Corrective function is the ability to change negative coping mechanisms into healthy coping mechanisms that can offer future assistance to participants (Hoffmann, 2016).

Fundamentally, self-expression through art therapy is a great outlet for clients and a great modality for facilitators to utilize. Art therapy allows participants the ability to express emotions through the medium of art. This essentially creates healthy coping skills that could assist participants in the future. Self-expression through art not only offers expression but it allows one to feel safe in their environment, offers relaxation, and provides detachment from reality when one is exposed to this intervention. Art therapy is a modality that can assist every population and offer people the ability to enhance their self-esteem, purpose, and social relationships.

#### Activity Theory

Activity Theory postulates that physical and mental activities are essential for people to age well. Therefore, seniors who engage in volunteer or any form of activity would be more prepared to cope with aged-related challenges than their inactive counterparts (Papalia, Feldman, & Martorell, 2012). Participation in regular art therapy sessions would, therefore, provide older adults with an opportunity to age in a productive manner.

#### Disengagement Theory

Disengagement Theory, coined by Cumming and Henry in the early 1960s, asserts that older people tend to experience a gradual withdrawal from functions they previously occupied (Cumming & Henry, 1961). With respect to the community, the withdrawal of the elderly population can occur both ways: the community cutting the ties with elders, or the elders cutting ties with the

community (Atchley, 1983). Hence, the community disengagement theory can explain some of the reasons why seniors might not be interested in seeking social services.



## CHAPTER THREE

### METHODS

#### Introduction

This chapter covers the following sections: study design, sampling, data collection and instruments, procedures, protection of human subjects, hypothesis, and data analysis.

#### Study Design

This study fell under the quantitative research paradigm. More specifically, this was pre-experimental research carried under a One Group Pre-Test - Post-Test design which can be summarized as follows:  $O_1 X O_2$ . In this formula,  $O_1$  represents the pretest observation,  $X$  the treatment (art therapy), and  $O_2$  the posttest observation. Hence, the same participants were measured twice, before and after the implementation of the intervention.

#### Sampling

This study utilized a non-random sample from two independent living communities of minority seniors residing in the Inland Empire. These senior residents were from Riverside and San Bernardino County, and lived in affordable housing programs. A total of 37 seniors, (55 years and older), participated in art therapy group sessions conducted from June 2016 to June 2017. Table 1 highlights the participant demographic characteristics in a raw stage at baseline.

Table 1  
Participant Demographic Characteristics at Baseline

<b>Variable</b>	<b>%</b>	<b>Variable</b>	<b>%</b>
<b>Age</b>	<b>100</b>	<b>Gender</b>	<b>100</b>
Young-old	56.7	Female	100
Old-old	43.3	Male	0
<b>Race/Ethnicity</b>	<b>100</b>	<b>Marital Status</b>	<b>100</b>
White	37.8	Married	10.8
Latino	56.8	Single	51.4
African American	2.7	Divorced	10.8
Multiracial/Other	2.7	Widowed	27.0
<b>Primary Language</b>	<b>100</b>	<b>Presence of Disability</b>	<b>100</b>
English Only	43.2	Disabled	54.1
Bilingual	16.2	Non-Disabled	45.9
Spanish Only	40.5	<b>Monthly Income</b>	<b>100</b>
<b>Education</b>	<b>100</b>	Less than 1000 dollars	43.24
Less than High school	18.9	More than 1000 dollars	56.76
High school	40.5	<b>Agency Location</b>	<b>100</b>
Some College	27.0	San Bernardino site	45.9
College Degree	13.5	Riverside site	54.1

As seen in Table 1, the variable of age was categorized in two age groups: young-old and old-old. The young-old category was 56.7% of the participants as opposed to the old-old category being at 43.3%. The race and ethnicity variable displayed 37.8% White, 56.8% Latino, 2.7% African American, and 2.7% Multiracial participants. The participants had three language groups: English only (43.2 percent), bilingual (16.2 percent), and Spanish only (40.5 percent). The educational variable was originally displayed into four categories: less than high school, high school or General Education Development (GED), some college, and college graduate. The participants' educational history showed 18.9% completing less than high school, 40.5% obtaining a high school

or GED, 27% completing some college, and 13.5% obtaining a college degree. All participants were female (100 percent). The marital status variable was categorized in four sections: married (10.8%), single (51.4%), widowed (10.8%), and divorced (27%). Disability status was categorized as a presence of disabled (54.1%) and non-disabled (45.9%). The monthly household income was recoded in a binary way. Lastly, agency location was recorded in two locations: agency 1 located in San Bernardino County (45.9%) and agency 2 in Riverside County (54.1%). Please see frequency distribution section in Table 2 for a more refined version of the variables.

#### Data Collection and Instruments

Administrative data was collected from two aforementioned social service agencies. Only information that pertained to the purpose of the study was extracted from the participants' records. The outcome variable in this study was senior resistance level before and after the implementation of art therapy. A level of resistance scale was created with 1 to 3 defining the different levels of resistance participants found themselves in before and after the intervention (See Appendix D). This variable was coded as 1=non-resistant to services, 2=somewhat resistant to services, and 3=resistant to services. Confounding variables of interest were limited to age, gender, race/ethnicity, education, marital status, monthly household income, primary language, and disability. All these variables were recoded into a binary manner (See Appendix E). Please refer to Results section for more details about the coding mechanisms of the variables.

## Procedure

An excel-spread-sheet was created to extract administrative data from the agency databases. Art therapy group participation information was extracted from agency databases. The goal of the art therapy group was for senior participants to learn painting skills and group-socialize with each other and the facilitator. Art therapy group activities were facilitated in the community room of the apartment complex in senior affordable housing communities. The participants came in voluntary and receive a monthly calendar to remind them of the event. The group's purpose was to provide insight regarding the improvement of confidence, self-expression, and comfort among members of the art therapy groups. Each art therapy focus group lasted approximately one hour, with three to seven participants per group session. Once participants arrived, each was asked to sign-in for photo release purposes. Participants were given supplies that were used in art therapy classes. The facilitator taught the seniors step-by-step instructions how to paint and do other creative activities. As the community-based social worker, the facilitator also offered case management and linkage services to the participants.

## Protection of Human Subjects

Approval to conduct this research was obtained from the California State University San Bernardino Institutional Review Board (IRB), as can be seen in Appendix A. Two social service agencies (one in San Bernardino County and the other in Riverside County) also granted approval to analyze the database of

seniors who participated in the art therapy group sessions between June 2016 and June 2017. Approval letters from the management department at the San Bernardino site and the Riverside side were obtained on January 29, 2018 and on May 19, 2017, respectively. The IRB approval (number #SW1765) was obtained on January 30, 2018. These aforementioned dates are consistent with the retrospective nature of the study. The confidentiality of the participants was protected by disguising all identifiable information and keeping data in a password-protected laptop. No one had access to the data, except the researcher and the research advisor. One year after the completion of the study, all data collected will be destroyed.

### Data Analysis

Due to the small sample size ( $N=37$ ) and the ordinal level of measurement, non-parametric data analysis methods were appropriate. In other words, because this study did not assume normal distribution, non-parametric testing was the best option. In particular, the Wilcoxon-Signed-Rank test was the correct procedure for this one-sample study design. This test looks for difference in mean ranks before and after an intervention. The hypotheses for the Wilcoxon-Signed-Rank test can be summarized as follows:

Null Hypothesis ( $H_0$ ): There is no difference in senior resistance level before and after the implementation of art therapy.

Alternative Hypothesis ( $H_1$ ): There is a difference in senior resistance level as a result of the implementation of art therapy.

In addition, Mann-Whitney-U-test was used to determine whether education, disability status, income level, race, and service location impact the level of resistance to services among seniors. Contrary to the Wilcoxon Signed Rank test, the Mann-Whitney U test is a two-sample procedure. Analysis of the data was conducted using IBM SPSS, version 24.

## CHAPTER FOUR

### RESULTS

Before reporting the findings from this study which are displayed in Tables 2 through 8, it is important to present the frequency distributions of the variables. Table 2 highlights the study frequency distributions, including the mean and standard deviation for each variable.

Table 2

Frequency Distribution of Variables

<b>Variable</b>	<b>N</b>	<b>Mean</b>	<b>Std. D*</b>	<b>Variable</b>	<b>N</b>	<b>Mean</b>	<b>Std. D*</b>
<b>Race/Ethnicity</b>	<b>37</b>	<b>1.62</b>	<b>.492</b>	<b>Level of Resistance</b>	<b>37</b>	<b>2.54</b>	<b>.605</b>
White	14	-	-	Before Services	35	-	-
Non-White	23	-	-	After Services	2	-	-
<b>Agency Location</b>	<b>37</b>	<b>1.54</b>	<b>.492</b>	<b>Presence of Disability</b>	<b>37</b>	<b>1.46</b>	<b>.505</b>
San Bernardino	17	-	-	Disabled	20	-	-
Riverside	20	-	-	Non-disabled	17	-	-
<b>Education</b>	<b>37</b>	<b>1.41</b>	<b>.498</b>	<b>Monthly Income</b>	<b>37</b>	<b>1.43</b>	<b>.502</b>
Less than High school	22	-	-	More than 1000 dollars	21	-	-
More than High school	15	-	-	Less than 1000 dollars	16	-	-

As seen in Table 2, race and ethnicity had a mean of 1.62 and a standard deviation of .492. More participants identified themselves as minority (n=23) than White (n=4). Almost all participants (35) were resistant at baseline with a mean of 2.54 and a standard deviation of .605. Slightly over half of the participants (n=22) did not complete high school. The rest of the sample (n=15) had high school diploma and beyond. Approximately half of the sample (n=17) came from the San Bernardino County site, while the remaining participants (n=20) originated from the Riverside County site.

A similar percentage applied to disability status, with 20 participants reporting some form of disability. Finally, monthly household income (mean=1.43, standard deviation=.502) more than half of the participants (n=21) reported earnings of more than \$ 1,000 per month. Table 2 also displays the resistance level after the intervention, with 35 out of the 37 participants reporting progress.

Table 3 reports findings for the Wilcoxon Signed Ranks test. As can be seen, there was a statistically significant difference in resistance level from before art therapy to after the service. In fact, senior resistance level was much lower after attending art therapy (Mean Rank=18.00; Median=1.00) than before attending art therapy (Mean Rank=.00; Median=3.00);  $Z = -5.331$ ,  $p = .000$ . This was a large effect size,  $r = .62$ .

Therefore, this study rejected the null hypothesis that there was no difference in seniors' resistance level to social services from the pretest observation to the posttest observation.



Table 3

Wilcoxon Signed Ranks Test Results for Art Therapy Among Minority Seniors in Independent Living Communities

Descriptive Statistics								
Resistance Before Art Therapy	37	2.54	.605	1	3	2.00	3.00	4.00
Resistance after Art Therapy	37	1.05	.229	1	2	1.00	1.00	1.00
Ranks								
	Ranks	N	Mean Rank	Sum of Ranks				
Level of Resistance after services / Level of Resistance before services	Negative Ranks	35	18.00	630.00				
	Positive Ranks	0	.00	.00				
	Ties	2						
	Total	37						
Test Statistics								
Resistance level before and after service								
Z					-5.331			
Asymp. Sig. (2-tailed)					.000			

Results for the Mann Whitney U test can be seen in Tables 4 through 8. Table 4 provides results for senior resistance level as a function of race. As can be seen, there was no statistically significant difference in resistance level between seniors who are White (Mean Rank=19.32; Median =1.00) and those who were non-White (Mean Rank =18.80; Median=2.00);  $Z=-.360$ ,  $p=.719$ . Therefore, the study failed to reject the null hypothesis that race does not influence seniors' level of resistance among minority seniors.

Table 4

Mann Whitney U Test for Seniors Participants Resistance Level as a Function of Race

<b>Descriptive Statistics</b>								
Variables	N	Mean	SD	Min	Max	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
Resistance after Art Therapy	37	1.05	.229	1	2	1.00	1.00	1.00
Race of Participants	37	1.62	.492	1	2	1.00	2.00	2.00

  

<b>Ranks</b>				
Level of Resistance after services	Race of Participants	N	Mean Rank	Sum of Ranks
	White	14	19.32	270.50
	Non-White	23	18.80	432.50
	Total	37		

  

<b>Test Statistics</b>	
	Resistance level after service
Mann-Whitney U	156.500
Wilcoxon	432.500
Z	-.360
Asymp. Sig. (2-tailed)	.719

Table 5, showing the Mann Whitney U test results for education, indicated no statistically significant difference in resistance level between seniors who did not completed high school (Mean Rank=19.68; Median=1.00) and those who earned HSD and over (Mean Rank=18.00; Median=1.00); Z=-1.184, p=.236. Therefore, the study failed to reject the null hypothesis that education does not influence seniors' resistance level.

Table 5  
Mann Whitney U Test for Senior Participants Resistance Level  
as a Function of Education

<b>Descriptive Statistics</b>								
Variables	N	Mean	SD	Min.	Max.	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
Resistance after Art Therapy	37	1.05	.229	1	2	1.00	1.00	1.00
Education Level Completed	37	1.41	.498	1	2	1.00	1.00	2.00

  

<b>Ranks</b>				
Level of Resistance after services	Education Level Completed	N	Mean Rank	Sum of Ranks
	High school diploma/GED or Less	22	19.68	433.00
	More than high school	15	18.00	270.00
	Total	37		

  

<b>Test Statistics</b>	
	Resistance level after service
Mann-Whitney U	150.000
Wilcoxon	270.000
Z	-1.184
Asymp. Sig. (2-tailed)	.236

In Table 6, no statistically significant difference is seen in resistance level between seniors with a monthly household income of more than \$1,000 (Mean Rank=18.88; Median=1.00) and those with monthly household income of less than \$1,000 (Mean Rank=19.16; Median=1.00); Z=-.196, p=.845. Therefore, the study failed to reject the null hypothesis that household income does not impact service resistance level among seniors

Table 6

Mann Whitney U Test for Senior Participants Resistance Level as a Function of Household Monthly Income

<b>Descriptive Statistics</b>								
Variables	N	Mean	SD	Min.	Max.	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
Resistance after Art Therapy	37	1.05	.229	1	2	1.00	1.00	1.00
Household Monthly Income	37	1.43	.502	1	2	1.00	1.00	2.00
<b>Ranks</b>								
Level of Resistance after services	Household Monthly Income		N	Mean Rank	Sum of Ranks			
	1000 dollars per month or more		21	18.88	396.50			
	Less than 1000 dollars per month		16	19.16	306.50			
	Total		37					
<b>Test Statistics</b>								
	Resistance level after service							
Mann-Whitney U	165.500							
Wilcoxon	396.500							
Z	-.196							
Asymp. Sig. (2-tailed)	.845							

Table 7 demonstrates no statistically significant difference in resistance level between seniors who reported some form of disability (Mean Rank=18.93; Median=1.00) and those who did not (Mean Rank=19.09; Median=1.00); Z=-117, p=.907. Therefore, the study failed to reject the null hypothesis that disability does not influence resistance to services among minority seniors.

Table 7

Mann Whitney U Test for Senior Participants Resistance Level as a Function of Presence of Disability

<b>Descriptive Statistics</b>								
Variables	N	Mean	SD	Min.	Max.	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
Resistance after Art Therapy	37	1.05	.229	1	2	1.00	1.00	1.00
Presence of Disability	37	1.46	.505	1	2	1.00	1.00	2.00

  

<b>Ranks</b>				
Level of Resistance after services	Presence of Disability	N	Mean Rank	Sum of Ranks
	Yes	20	18.93	378.50
	No	17	19.09	324.50
	Total	37		

  

<b>Test Statistics</b>	
	Resistance level after service
Mann-Whitney U	168.500
Wilcoxon	378.500
Z	-.117
Asymp. Sig. (2-tailed)	.907

As highlighted in Table 8, there was no statistical significant difference service resistance level between participants from San Bernardino County (Mean Rank=19.09; Median=1.00) and those from Riverside County (Mean Rank=18.93; Median=2.00); Z=-.117, p=.907. Therefore, the study failed to reject the null hypothesis that service location does not influence the resistance level of seniors.

Table 8

Mann Whitney U Test for Senior Participants Resistance Level  
as a Function of Property Location

<b>Descriptive Statistics</b>								
Variables	N	Mean	SD	Min.	Max.	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
Resistance after Art Therapy	37	1.05	.229	1	2	1.00	1.00	1.00
Property Location	37	1.54	.505	1	2	1.00	2.00	2.00

  

<b>Ranks</b>				
Level of Resistance after services	Property Location	N	Mean Rank	Sum of Ranks
	San Bernardino	17	19.09	324.50
	Riverside	20	18.93	378.50
	Total	37		

  

<b>Test Statistics</b>	
	Resistance level after service
Mann-Whitney U	168.500
Wilcoxon	378.500
Z	-.117
Asymp. Sig. (2-tailed)	.907

## CHAPTER FIVE

### DISCUSSION

#### Overview

The purpose of this study was to assess whether art therapy is effective in bringing down resistance to community services among low-income minority seniors in the Inland Empire. Results from non-parametric analyses indicated a significant improvement in seniors' openness and enrollment in community services as a result of participating in the intervention. This study rejected the null hypothesis that resistance to services among the participants remained statistically unchanged from 2016 to 2017 which, thereby, would have dismissed the effectiveness of art therapy. However, there was no statistically significant difference in seniors' resistance level as a function of education, race, marital status, household income, disability status, and service location. One possible explanation for the results is that the study participants managed to engage with social service workers and build rapport and trust that enabled them to seek services when the need arose. Participation in art therapy also allowed seniors to build camaraderie and friendship with peers which allowed them not to feel alone during the aging process. As a result, these seniors were likely to connect with their own community.

### Consistency with Previous Research

The findings are consistent with the work of Stephenson (2006), Lonkon (2008), La Porta (2004), and Thongnopnua (2013) who found that creating art in a social setting with peers was associated with increased esteem, confidence, meaning, and purpose. Previous research also found that art-related activities with their peers and staff can have positive remarks on their social and self-well-being (Byren et al., 2013; CNN, 2015; Thongnopua, 2013).

### Implications

This study has implications for social work practice at both micro- and macro-levels. At the individual level, this study showed that art therapy can help seniors overcome their resistance to community-based services. At the macro-level, the findings of this study can be used as a template for social service organizations that target the well-being of low-income seniors. These findings may inform practitioners about art therapy and its benefits for seniors, especially those living in housing communities in Southern California. Meanwhile, this study extended the gerontology literature by providing empirical support for art therapy as an effective tool for scaling down senior resistance. This research also holds implications for policy. In fact, gerontology stakeholders should continue to advocate for more funding for services intended for the senior community. As art therapy increases receptiveness to community services, policymakers would be wise to extend budget for social service agencies that work with low-income minority elders.



### Limitations

This study had several limitations. One of them is the small size (N = 37). The results could have been different with a larger sample. Another limitation is the use of non-parametric analysis, which did not allow us to control for all the other potential predictors. Additionally, the female-only sample limits the findings to one gender. That is, the findings could well have been different with the inclusion of male participants. The same can be said for the geography of the study's participants, which reflects only the Inland Empire.

### Recommendations for Future Research

Future research should focus on recruiting a more diverse pool of participants, namely in reference to gender. The presence of male participants will help the gerontology community understand the scope of art therapy effectiveness. Researchers should also attempt to include more participants in future investigations, as stronger sample sizes can yield more robust results. The use of parametric methods of analysis could also help shed more light on the effectiveness of the intervention. Finally, since the results of this study only reflects the Inland Empire, future endeavors could benefit by broadening the geographical scope of their study participants.

APPENDIX A  
IRB APPROVAL FORM

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO  
SCHOOL OF SOCIAL WORK  
Institutional Review Board Sub-Committee

Researcher(s) Jennifer Rodriguez  
Proposal Title Informal Art Therapy Among Minority Seniors in  
Independent Living Communities  
# SW 1765

Your proposal has been reviewed by the School of Social Work Sub-Committee of the  
Institutional Review Board. The conditions and advice of those faculty are given below.

Preconditions:

- approved  
 to be resubmitted with revisions listed below  
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing  
 missing informed consent  debriefing statement  
 revision needed in informed consent  debriefing  
 data collection instruments missing  
 agency approval letter missing  
 CITI missing  
 revisions in design needed (specified below)

Janeer Cheng  
Committee Chair Signature

1/30/2018  
Date

Distribution: White-Coodinator; Yellow-SuperUser; Pink-Student

APPENDIX B  
RESISTANCE SCALES

### Resistance Scale Pre-Art-Therapy

<b>Variable</b>	<b>Level of Resistance</b>	<b>Description</b>
1	Non-resistant	Participated in social services and community socials pre-art-therapy
2	Somewhat resistant	Non-participation in social services, participation in socials pre-art therapy
3	Resistant	Non-participation in social services and community socials pre-art therapy

### Resistance Scale Post-Art-Therapy

<b>Variable</b>	<b>Level of Resistance</b>	<b>Description</b>
1	Non-resistant	Participated in social services and community socials post-art-therapy
2	Somewhat resistant	Non-participation in social services, participation in socials post-art therapy
3	Resistant	Non-participation in social services and community socials post-art therapy

Developed 2017 by Jennifer Rodriguez

APPENDIX C  
STUDY VARIABLES

## Study Variables

LOCATION: The location reported by the study participants

1. San Bernardino County
2. Riverside County

RACE: The race reported by the study participants

1. White
2. Non-White

INCOME: Reported income by the study participants

1. 1000 dollars per month or more
2. Less than 1000 dollars per month

EDUCATION: Highest grade completed by study participants

1. High school diploma/GED or less
2. Postsecondary education

DISABILITY: Reported disability by the study participants

1. Yes
2. No

RESISTANCE LEVEL 1: Resistance pre-art-therapy

1. Non-resistant
2. Some-what resistant
3. Resistant

RESISTANCE LEVEL 2: Resistance post-art-therapy

1. Non-resistant
2. Some-what resistant
3. Resistant

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