

Sundogs and Sunflowers



An Art for Life Program Guide for
Creative Aging, Health, and Wellness

Troyd A. Geist

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Creative Aging, Health, and Wellness



"Ages of Man" Swedish Dala painting by Pieper Bloomquist.

Troyd A. Geist

North Dakota Council on the Arts

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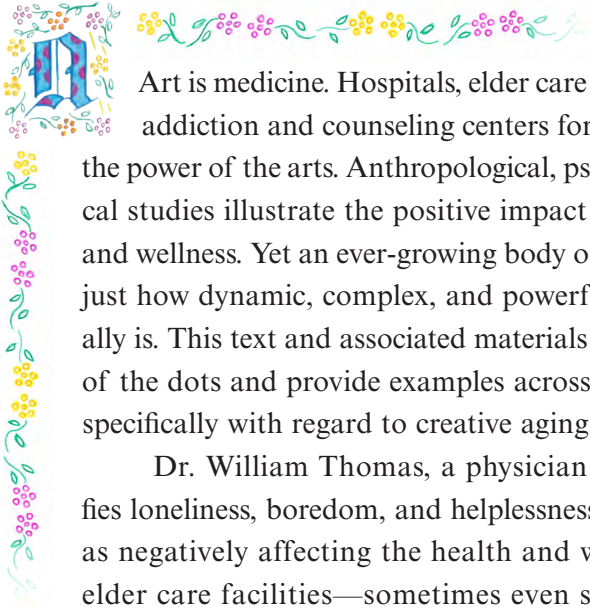
To
our elders.

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To access an extensive listing of articles and detailed, step-by-step activity plans associated with this guide and available for use, go to: <http://www.nd.gov/arts/programs/art-for-life>

Art is Medicine



Art is medicine. Hospitals, elder care facilities, schools, and addiction and counseling centers for years have harnessed the power of the arts. Anthropological, psychological, and medical studies illustrate the positive impact of the arts on health and wellness. Yet an ever-growing body of evidence is revealing just how dynamic, complex, and powerful that influence actually is. This text and associated materials seek to connect some of the dots and provide examples across the arts and sciences, specifically with regard to creative aging, health, and wellness.

Dr. William Thomas, a physician in New York, identifies loneliness, boredom, and helplessness, the “Three Plagues,” as negatively affecting the health and wellness of seniors in elder care facilities—sometimes even shortening their lives (*The Eden Alternative Handbook* 11). In response, he developed a therapeutic model for institutional care called the *Eden Alternative* to counter those deleterious effects. Building on Dr. Thomas’ study, the North Dakota Council on the Arts wanted to know if intensive art interactions would influence the “Three Plagues,” and thus, by extension, improve the health and wellness of elders. So, in 2001, the state arts agency conducted a pilot study with elder care facility residents, whose average age was 86. Over the course of a year, traditional and fine-art-based programs were conducted. Significant

improvement in the “Three Plagues” was successfully measured.

Dr. Gene Cohen, a pioneer in the field of geriatric psychiatry, conducted a national study on creativity and aging. He found that cultural programs resulted in higher overall ratings for physical health, fewer doctor visits, less medication use, fewer instances of falls, and fewer miscellaneous health problems (“The Impact of Professionally Conducted Cultural Programs” 726). In fact, Dr. Cohen states that arts programs “for older adults appear to be reducing risk factors that contribute to the need for long-term care” (“Research on Creativity and Aging” 13).

Other studies by prominent researchers indicate that art can positively impact the immune system, blood pressure, heart rate, and respiration. Music stimulates the production of natural endorphins and can be used in pain management. Dance can improve gait speed and balance, while also reducing frailty and fall risk. Arts and cultural programs have been shown to improve the cognitive function of older people with dementia, even delaying the memory loss associated with Alzheimer’s disease. Arts are important in the formation and strengthening of brain cells. Stress, with its negative physical and emotional cohorts, is effectively addressed using art. Loneliness results in dramatically increased mortality risk, yet the simple strengthening of relationships through things like art can

help to address this major health factor. Arts improve the ability of daily living, an indicator used to measure the capacity of elders to live on their own. Other very recent studies, ranging from Norway to China, point to the potent power of working with the traditional culture and folk arts embedded in the lives of elders to improve cognition, nutrition, and positive mood.

The “Three Plagues” (a sense of loneliness, boredom, and helplessness), “life review” (a psychotherapeutic process of reviewing one’s life), brain or neural plasticity (the ability of the brain to adapt and form new neural pathways), psychoneuroimmunology (the influence of the mind on the body and immune system), the Proust Phenomenon (the triggering of memories through odor), nostalgia (that wistful longing for the past), Alzheimer’s disease, loneliness and early mortality, arthritis and pain management, the placebo effect, guided imagery, and more all can be positively addressed in some way with the arts.



Introduction and Background for Use of Materials



This publication and associated materials are intended to be used as a toolkit to provide context and structure to utilize the arts to address the health and wellness of senior citizens in communities across the Northern Great Plains. The toolkit consists of:

- *Sundogs and Sunflowers: An Art for Life Program Guide for Creative Aging, Health, and Wellness*
- *Sundogs and Sunflowers: Folklore and Folk Art of the Northern Great Plains*
- Sixty-five online articles and activity plans
<http://www.nd.gov/arts/programs/art-for-life>
- *Take Flight* and *On the Edge of the Wind*, a guided imagery CD set with user manual

Key to this effort are the sixty-five online articles and activity plans developed by folk and traditional artists, fine artists, folklorists, physicians, nurses, speech therapists, and more. Each of the plans are contextualized or framed within Dr. William Thomas' concept of the "Three Plagues" and other studies, such as those of Dr. Gene Cohen, Anne Basting, Dr. Robert N. Butler, and Julianne Holt-Lunstad. Abstracts or synop-

ses of various studies are associated with each activity plan.

The activity plans are built upon the content of the North Dakota Council on the Arts' nationally award-winning publication *Sundogs and Sunflowers: Folklore and Folk Art of the Northern Great Plains*. That book features more than a thousand examples of folklore, folk traditions, and folk art, as well as more than three hundred images, from North Dakota, South Dakota, western Minnesota, eastern Montana, northeastern Wyoming, and the Canadian provinces of Alberta, Manitoba, and Saskatchewan. The material is reflective of the collective experiences and folk traditions of this vast region of the United States and Canada: legends, blizzard stories, weatherlore, proverbs, folk beliefs, folk medicine, holiday celebrations, hunting and fishing traditions, folk art, and more.

Our most cherished moments often are rooted in those things we learn growing up and experience throughout life—folklore and folk traditions—whether they be family stories, holiday traditions, or traditional foodways. They represent a general folklife we all share, and through which we all connect with one another. While the interactive content of the online articles and activity plans are based on folklore and folk traditions, both folk **and** fine arts activities are utilized within them. For example, included online is a haiku writing activity based

on weatherlore, an artistic recipe cards plan using colorful Hutterite Fraktur, a life review through the creation of a seven-foot-tall Polish *wycinanki* “Tree of Life,” a watercolor activity that involves a discussion of the natural environment, and a pottery activity which incorporates folklore related to the growth of plants and gardening. These materials also include a guided imagery CD set, which utilizes traditional American Indian flute music with associated online activity plans.

Many of the activity plans can be used together as a series of progressive links that build upon a common foundation for breadth and depth of impact. For example, the online photography plan can be expanded upon by using the online poetry activity. These materials can then be developed further still by utilizing the online exhibit creation plan.

This guide and its associated materials are available to help direct communities to utilize **both** folk and fine arts to positively address the health and wellness of elders, whether through home-care systems, elder care facilities, or senior citizens’ centers. To this goal, the value of including the elders’ families and loved ones in the artistic experiences cannot be underestimated. Each activity can be modified to align with the cultural, artistic, and other resources unique to each community. The personnel and artists directing the activities are encouraged to adapt and modify the online plans to accommodate the resources, opportunities, needs, potential, and interests of the participants involved.

Partnerships which harness the talents and expertise of local artists, arts agencies, elder care facilities, or elder-service organizations are encouraged strongly. Strengthening family and community ties and points of contact is considered essential. By making a conscious effort and thinking creatively, we can use

arts, traditions, and the people who are masters of them within our own communities to navigate perplexing, modern-day issues in effective ways. Our greatest resources often can be found in our very own backyards. We encourage communities to replicate this model to the benefit of elders living in their neighborhoods.

This is what the North Dakota Council on the Arts has accomplished with its *Art for Life Program*.

Note: It is not the purpose of this guide and associated materials to provide information for medical self-treatment without the input of appropriate personnel. Medical staff, social workers, and other staff at care facilities should be consulted and involved when conducting these activities. Some of these online plans include the use of smell and food to trigger positive responses, but allergies and other such concerns must be thoughtfully considered when planning the activities.



“Take Flight to Family: Guided Imagery for Health and Healing” is an online *Art for Life Program* activity plan. It is one of several online plans that use narration coupled with American Indian flute music to address feelings of helplessness and loneliness. This plan is rooted in the sharing of family holiday traditions and folklore, specifically focusing on feelings of loneliness. Family photographs, berries, and flowers are all used to stimulate the visualization process.

Guided imagery is documented to have a positive effect on physical and emotional states, such as heart rate, blood pressure, brain wave activity, and a sense of calm.

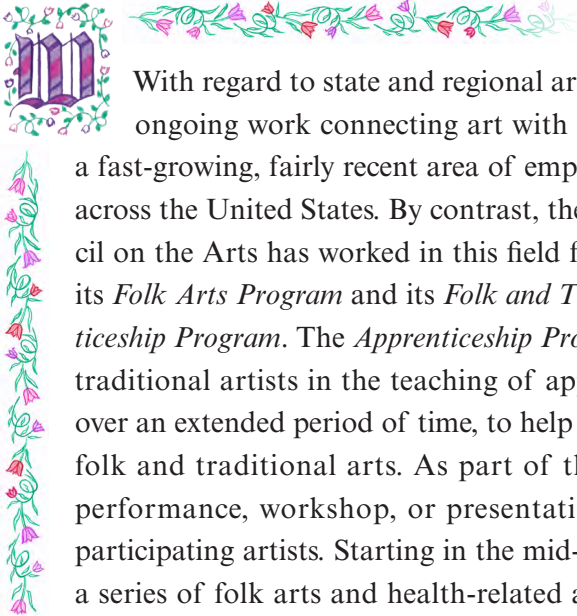
Take Flight



Dr. Linda Gourneau and Keith Bear

One of two CDs to be used for guided imagery work. The other CD is titled On the Edge of the Wind.

Roots of Health and Wellness Work and the *Art for Life Program*



With regard to state and regional arts agencies, integrative, ongoing work connecting art with health and wellness is a fast-growing, fairly recent area of emphasis that is spreading across the United States. By contrast, the North Dakota Council on the Arts has worked in this field for some time through its *Folk Arts Program* and its *Folk and Traditional Arts Apprenticeship Program*. The *Apprenticeship Program* supports master traditional artists in the teaching of apprentices, one-on-one over an extended period of time, to help preserve and continue folk and traditional arts. As part of that support, a public performance, workshop, or presentation is required of the participating artists. Starting in the mid-1990s, a coalescing of a series of folk arts and health-related activities from apprenticeships sparked interest and ignited opportunities for health and wellness work that included an arts and culture component.

For example, an Ojibway birch bark storytelling scroll apprenticeship led to an exhibit used by school counselors to mediate discussions of the themes reflected in the artwork. Those themes included unrequited love, low self-esteem, and treating others with respect—issues with which the children of today still continue to grapple. Another apprenticeship resulted in the pairing of traditional storytellers with trained counselors to work with families affected by Fetal Alcohol Syndrome (FAS). The narratives

told included themes like abuse and separation from loved ones—the very same themes that are found in relation to FAS. The folk narratives provided a psychological safety valve for participants to discuss and internalize the inherent lessons of the stories. Traditional stories are still with us because the guidance they provide is just as relevant today as it was hundreds of years ago. Traditional storytellers are the “folk psychologists” of their communities, providing insight and solutions to issues shared by all humanity.

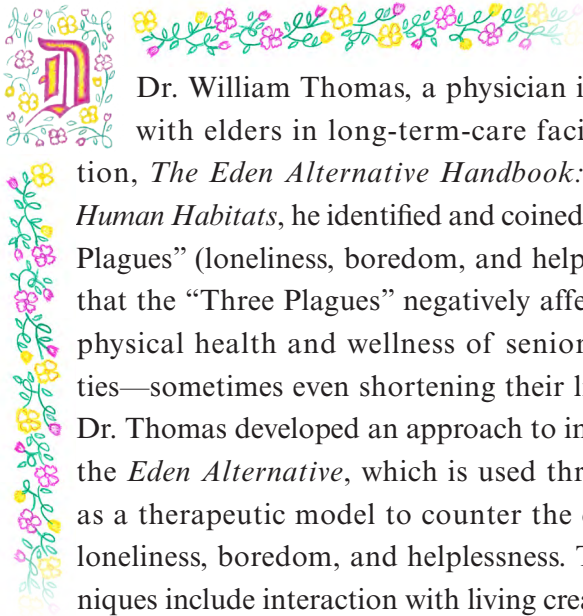
In regards to older Americans, specifically, over a two-year period from 1998 to 2000, the North Dakota Council on the Arts placed folk artists in nearly every elder care facility in the state. Powerful anecdotal stories surfaced about the impact of the folk artists’ presentations on the elders. For example, a dementia patient, who was often unresponsive and averse to being touched, danced with her husband during a concert while the care facility staff watched in wonder, tears in their eyes. At another location, the care facility staff observed in surprise a woman, almost completely immobile and confined to a wheelchair, tapping her finger to the beat of the music.

Then, in 1999, an apprenticeship was awarded to Lila Hauge-Stoffel to teach traditional textile arts and the use of natural dyes to Mary O’Reilly Seim. For their public presentation, they conducted a workshop for the elder residents of the assisted living

facility where Mary worked as the activities coordinator. As with the other examples, many positive reactions on the part of the elders were realized. While Lila, Mary, and Troyd Geist, folklorist with the North Dakota Council on the Arts, recognized these powerful anecdotes, they wondered if the impact of the arts with regard to health and wellness among elders could be in some way quantified.



Art for Life Pilot Project Description



Dr. William Thomas, a physician in New York, worked with elders in long-term-care facilities. In his publication, *The Eden Alternative Handbook: The Art of Building Human Habitats*, he identified and coined the phrase the “Three Plagues” (loneliness, boredom, and helplessness). He believes that the “Three Plagues” negatively affect the emotional and physical health and wellness of seniors in elder care facilities—sometimes even shortening their lives (11). In response, Dr. Thomas developed an approach to institutional care called the *Eden Alternative*, which is used throughout the country as a therapeutic model to counter the deleterious effects of loneliness, boredom, and helplessness. The intervention techniques include interaction with living creatures, providing daily spontaneity, offering opportunities for personal growth, and providing elder residents the opportunity to be needed by others.

Building on Dr. Thomas’ study, the North Dakota Council on the Arts wanted to know if intensive, long-term arts interactions would help to alleviate the “Three Plagues,” and, by extension, improve the emotional and physical health and wellness of elders. So, in 2001, the state arts agency and Pioneer House Assisted Living for Seniors conducted a therapeutic arts pilot study. Pioneer House is part of Elim, a certified *Eden Alternative* care facility in Fargo, North

Dakota. This effort was developed and directed by Lila Hauge-Stoffel, a Professor of Art and traditional textile artist, Mary O’Reilly-Seim, an activities coordinator at Pioneer House and traditional artist, and Troyd Geist. Financial support for the study came from the National Endowment for the Arts.

A series of traditional and fine-art-based programs and residencies were developed for the residents over the course of a year. The programs were designed to give residents, whose average age was 86, and their families opportunities for extensive interaction with artists, art activities, and each other. Thirty-five sessions with seven different art forms were offered. A quilter, storyteller, Swedish *Dala* painter, potter, watercolor artist, and others were all involved. The artists interacted with the residents both one-on-one and in groups. The residents’ family members were also invited to join along in each session, in this way providing an intergenerational component.

The elders often went to great lengths to participate: arranging care for ailing spouses, scheduling pain management medication to allow for the greatest ability to be involved, rearranging medical appointments, soaking arthritic hands in warm water before class, and postponing daily naps. The art activities became the topic of conversation at many meals and provided an opportunity for greater interaction

between residents and their family members. By the end of the project period, residents participated a total of 437 times.



“It helped me blossom in ways that I wouldn’t have thought possible. I know many other residents feel the same way. It just opened us up to ourselves and each other.”

Resident

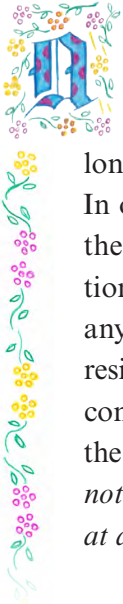
“I’m so glad I came tonight. I forgot all about my pain the whole time I was here.”

Resident

“Many of us have lived together for over a year and never really got to know each other until [the artists came].”

Resident

Art for Life Pilot Project Statistical Analysis



Assessment tools were designed to quantifiably measure the effects of these arts interactions in relation to the sense of loneliness, boredom, and helplessness experienced by the elders. In order to establish a baseline from which to measure change, the participating residents completed a self-assessment evaluation at the beginning of the project period, before engaging in any of the planned activities. At the conclusion of the project, residents again completed a self-assessment. The evaluation tool consisted of 15 questions, each pertaining specifically to one of the “Three Plagues.” Each question offered a choice of responses: *not at all*, *rarely*, *sometimes*, and *very often*. The scale from *not at all* to *very often* was assigned with values of 1-4, respectively.

The self-assessments prior to the arts activities were clear in their generally negative answers. The heavily predominant responses were the *rarely* category. At the conclusion of the project, the heavily predominant responses were in the *sometimes* category—a full category change for the better. The scale for *boredom* showed the greatest change. The scale for *loneliness* changed nearly as much. And the scale for *helplessness* indicated modest improvement.

The positive developmental change on a scale of 1 to 100 for various assessment questions moved as much as 36.4 points for the better. For example, evaluation question number four—designed to help assess loneliness, and which asked, “Do you share memories of your past with others?”—showed a 36

point developmental change for the better. Evaluation question number three—designed to help assess boredom, and which asked, “Do you have things to look forward to each day?”—showed a 34 point developmental change for the better. Evaluation question number eight—designed to help assess helplessness, and which asked, “Do you think you can learn new skills?”—showed a 31 point developmental change for the better.

The tone of current literature and studies supports the thesis that when working with the elderly, the goal should be to help them achieve satisfaction with their current stage of life and to tap into their own innate reservoir of potential. The *Art for Life* pilot project illustrates that opportunities for creative expression help provide the self-satisfaction needed by the elderly as they journey through their aging years, and it also points to the arts’ positive effect in combating the “Three Plagues,” as was reported in the 2003 publication *Art for Life: The Therapeutic Power and Promise of the Arts*.

With this study and the subsequent *Art for Life Program*, North Dakota was one of the first states to develop a creative aging, health, and wellness nexus in a sustained and systematic way, specifically with regard to people in elder care facilities.



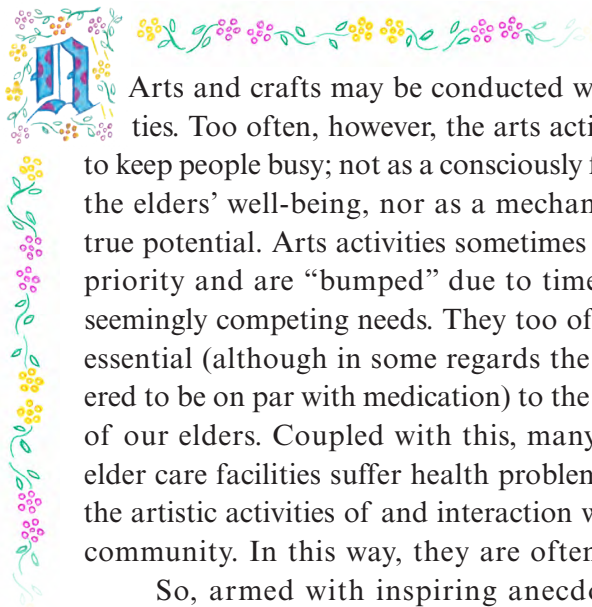
“A Whale of a Tale: Spearfishing Decoys” is an online *Art for Life Program* activity plan. It interweaves the sharing of “fish stories” and related folklore with the sampling of baked, pickled, grilled, or fried fish. The conversations, with memories ignited by both smell and taste, inform and contextualize the painting of a spearfishing decoy.

The sharing of commonly held stories and experiences that connect people to one another addresses loneliness. In addition, researchers report that focusing on the “folk leisure activities” embedded in one’s own culture can help to improve the “cognitive function ... of elders with dementia” (Li and Li).



Spearfishing decoy painted by a woman in her nineties at the Ave Maria Village and Heritage Centre elder care complex in Jamestown, ND. The “A Whale of a Tale” activity was conducted in 2013 by artists Connie and Rick Whittier, the Jamestown Fine Arts Association, and the staff at the elder care facilities. (Image by Troyd Geist, North Dakota Council on the Arts.)

Art for Life Program Partnerships and Structure



Arts and crafts may be conducted within elder care facilities. Too often, however, the arts activities are used simply to keep people busy; not as a consciously focused tool to impact the elders' well-being, nor as a mechanism to tap into their true potential. Arts activities sometimes are viewed as a lower priority and are "bumped" due to time, resources, or other seemingly competing needs. They too often are not treated as essential (although in some regards the arts could be considered to be on par with medication) to the health and well-being of our elders. Coupled with this, many older Americans in elder care facilities suffer health problems that limit access to the artistic activities of and interaction with the wider outside community. In this way, they are often left to feel isolated.

So, armed with inspiring anecdotes and the statistical information from the *Art for Life* pilot project, Jan Webb, then the Executive Director of the North Dakota Council on the Arts, made the case to the state legislature for funding to create an ongoing *Art for Life Program*. This effort was to be developed and directed by the agency's folklorist, Troyd Geist. Informed by the experiences and results of the pilot project, the positive impact on the "Three Plagues," and other medical studies, the goal of this program is to engage elder care facility residents and their families in arts activities to address the residents' physical and emotional well-being, as well as to strengthen communities. Increasing the interac-

tion between the residents of elder care facilities, between the care facilities and the local community, and between family members and the seniors is a key component of the program.

The program structure consists of five primary partners in each participating community: the state arts agency, the local arts agency, both folk or traditional and fine artists, an elder care facility, and a school. The North Dakota Council on the Arts provides financial, advisory, and training support to the local arts agency. The local arts agency then partners with an elder care facility, where they work together to bring arts and artists to the facilities' residents and their families. It is important that the local arts agency and the elder care facility work together closely, capitalizing on the other's strengths; one, in the realm of the arts, the other, medicine. Each has its own area of expertise that is essential to the effort. Coming from two very diverse fields, there often is an initial learning curve, as the partners must come to understand the "language" and organizational capacity of the other. Discussion and the exploration of points of intersection must take place. Communication and flexibility among all the partners is key. Often the most expeditious route of communication and implementation is between a local arts agency representative and the activities director at the elder care facility.

Many creative aging efforts nationally stress formal training and certification for participating artists to work in health and wellness. Such efforts are beneficial and effective in many

ways, though they do have shortcomings. We certainly value artists specifically trained in this area, but we also strongly support the inclusion of community-based folk or traditional and fine artists who may not be formally accredited. Working with community artists has multiple advantages. For one, they are much more likely to have existing social and familial connections to the residents of the local elder care facility. Also, they may share a culture or already hold things in common with the seniors. This familiarity inspires confidence and trust necessary to encourage the participation of seniors.

In the journal *Heart*, researchers Julianne Holt-Lunstad and Timothy B. Smith discuss the connection between the increased risk of coronary heart disease and other health concerns to loneliness and social isolation. They write that “the epidemiological data suggest that having more and better quality social relationships is linked to decreased health risks, and having fewer and poorer quality of relationships increased risk” (987). In the same article, the authors go on to emphasize that:

Perhaps the biggest challenge and opportunity for the future is to design effective interventions to increase social connections. Previous interventions involving social support have had mixed results. Additional research is needed to determine what works best for whom, in what conditions. Notably, the major effects established via epidemiological data are based on existing social relationships (e.g., family, friends), yet many clinical interventions use hired personnel to deliver support to patients. This discrepancy may be problematic because support from the patients’ family and broader social networks may differ from that provided by hired personnel in several important ways (e.g., trust built over decades, regular social contact, importance of the relationship, degree of social control, sense of obligation in the relationship). Thus, efforts to strengthen

existing family relationships may prove more effective than interventions by hired personnel. (988)

Solely using formally accredited artists to the exclusion of other people and community artists, who already may have shared community, cultural, and social relationships, limits the beneficial access to these services by elder care facilities. This is especially true in rural or underserved communities. Financial considerations are also an important factor in the implementation of creative aging, health, and wellness efforts by care facilities. Artists formally accredited in this field often cost much more due to higher fees and travel costs, as compared to working with artists from the local community.

This does not mean, however, that community artists do not receive guidance, information, and access to creative aging, health, and wellness workshops. They, like the local arts agencies and elder care facilities, also experience a learning curve. While the community artists in the *Art for Life Program* model are not required to be certified for this kind of work, they must be flexible and willing to learn and grow over time with the local arts agency and elder care facility. The community artists must design their activities to address as many of the “Three Plagues” as possible, taking into account the emotional and physical capacity issues of the care facility residents, and adapt to the varying potentials of different individuals.

For example, having a musical performance can be very valuable. However, designing the performance to address loneliness, boredom, or helplessness, as well as tailoring the performance to both the capacity and potential of the elder residents, will shape what and how things are done to achieve greater impact. To address a sense of helplessness, for instance, those elders who cannot sing may instead be directed to provide percussive elements for the song or music. The movement involved in making the accompanying percussive sounds may address both exercise and mobility issues. The

musicians do not just perform for the elders; they involve the elders in some way, thus addressing their needs and potential.

In the *Art for Life Program*, the artistic activities and the way they are delivered are, by design, both broad and varied. Different people respond to different things based on their likes and dislikes, aesthetics, worldview, culture, gender, physical and emotional capacity, potential, and so much more. To reach as many people as possible, it is best to utilize many different types of art forms. It is very important to employ both folk or traditional and fine artists, as each category has its own inherent power. When delivering the artistic interaction, consider a variety of formats—residencies, demonstrations, workshops, or performances—that are both active and passive, both solitary and group-based. It is key, however, to have ongoing, consistent, regularly scheduled artistic activities. Like physical therapy, for impact to take root and grow, the activities must be ongoing and challenging, yet recognized and internalized by the individuals as successful.

Unfortunately, residents of elder care facilities often are marginalized from their family, friends, and the larger community. Thus, it is important that family, friends, and the larger community be involved, in some way, in the arts activities offered. In fact, the *Art for Life Program* actually requires it. That interaction could range from family members actively participating in a hands-on workshop with their loved ones, to exchanging poems and attending art exhibits. It could involve a public component, where the community at large is invited to the elder care facility for a concert. The arts, in this regard, serve as a vehicle for both strengthening existing and creating new social relationships. They also confer numerous health benefits, both physiologic and emotional, that will be discussed later.

In the *Art for Life Program*, a school is included in the partnership with the local arts agency, artists, and elder care facility. In this component, an arts activity fosters connections between the elders and local schoolchildren. That interaction could

involve working together on an art project or exchanging artistic creations via mail. For the elders, the interaction with children addresses the “Three Plagues” in many ways: the personal interaction, loneliness; the art activity, boredom; and the helping of children, helplessness. For the schoolchildren, the elders serve as repositories of knowledge who can help them to learn in subjects like math, social studies, or history. Linking the art interaction to required educational studies institutionally integrates the relationship. Both the children and the seniors, as well as the schools and the elder care facilities, thus benefit in many ways.

L.P. Fried et al. evaluated the impact of the intergenerational relationship between elders in Experience Corps™ and young students. Experience Corps™ is an AARP Foundation program whereby older Americans volunteer to tutor young students in reading. The study determined that:

For older adults, the primary outcome is decreased disability in mobility and Instrumental Activities of Daily Living (IADL). Secondary outcomes are decreased frailty, falls, and memory loss; slowed loss of strength, balance, walking speed, cortical plasticity, and executive function; objective performance of IADLs; and increased social and psychological engagement. For children, primary outcomes are improved reading achievement and classroom behavior in Kindergarten through the 3rd grade; secondary outcomes are improvements in school climate, teacher morale and retention, and teacher perceptions of older adults. (1)

The *Art for Life Program* was first initiated in just three North Dakota communities: Jamestown, Langdon, and Pekin. It has since grown steadily across the state, with plentiful benefits to all the partners:

- For local arts agencies and artists—on-site professional development opportunities in the field of health and wellness, development of new audiences and partnerships, expanded community understanding of the pragmatic power of art with regard to health and wellness, and deeper connections to and support from families of elder care facility residents.
- For elder care facilities—artistic professional development for staff, better relationships between staff and elders, a greater awareness of the elders’ capabilities and responsiveness (which allows for adjustment in care), and access to working with talented artists.
- For elders and their families—addressing the “Three Plagues,” engaging in creative aging for health and wellness, capitalizing on the potential of elders, increasing communication and opportunities for resolution within families, building foundations of interaction between elder residents, strengthening interaction with the wider local community, and measurable psychological and physical health impacts.
- For schools—access to elders as repositories of knowledge, connections to arts to meet educational goals, and strengthened connections to the local community.

A bounty of anecdotal stories have been reported by our program partners: elders becoming more responsive, interacting with others, and better able to make decisions; a woman on her deathbed sharing a moment with her son for the last time through a storytelling project; a lonely elderly man who

had no children connecting with a couple of students from a school theater group and who came to refer to them as “my boys” before passing away; and a community that came together to honor U.S. military veterans through a quilting project.

For their work in the program, many of our elder care facility partners have been recognized with state and regional awards. Additionally, the program has been recognized nationally by the National Center for Creative Aging, the National Endowment for the Arts, and the Bush Foundation.

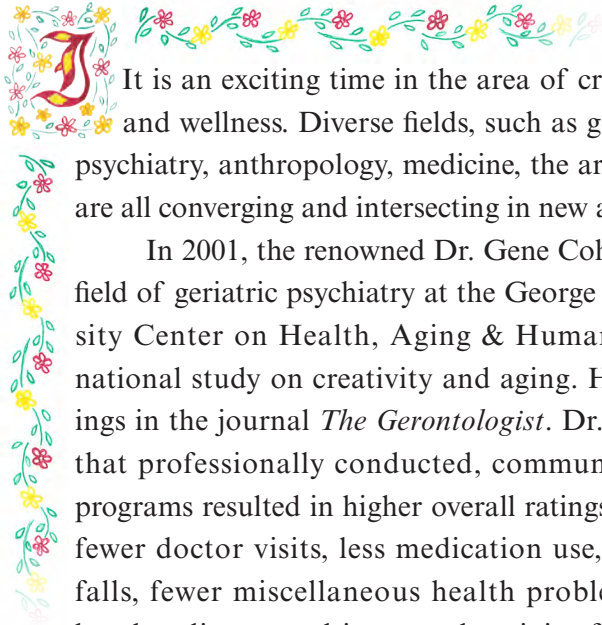
The *Art for Life Program*, informed by an awareness of the “Three Plagues” and additional medical studies, seeks to advance artistic efforts which benefit both elders and their families.



“School Days, Good Old Golden Rule Days”: Intergenerational Sharing of School Experiences and the Creation of a Memory Desk” is an online *Art for Life Program* activity plan. It illustrates the kind of projects that can be conducted in partnership with educational facilities.

Bringing together elders in a care facility with children in an artistic and educationally structured format addresses a sense of loneliness, boredom, and helplessness. Studies also indicate that intergenerational interaction improves the reading ability of children and decreases “frailty, falls, and memory loss” for elders (Fried et al. 1).

The Art and the Science



It is an exciting time in the area of creative aging, health, and wellness. Diverse fields, such as gerontology, folklore, psychiatry, anthropology, medicine, the arts, and many others, are all converging and intersecting in new and fascinating ways.

In 2001, the renowned Dr. Gene Cohen, a pioneer in the field of geriatric psychiatry at the George Washington University Center on Health, Aging & Humanities, conducted a national study on creativity and aging. He reported his findings in the journal *The Gerontologist*. Dr. Cohen et al. found that professionally conducted, community-based, cultural programs resulted in higher overall ratings for physical health, fewer doctor visits, less medication use, fewer instances of falls, fewer miscellaneous health problems, better morale, less loneliness, and increased activity for the participants (726). He goes on to explain that this impact “reflects important health promotion and prevention effects and a reduction of risk factors driving the need for long-term care” (ibid.).

In an important and related article titled “Research on Creativity and Aging: The Positive Impact of the Arts on Health and Illness,” Dr. Cohen identifies four factors that creative expression taps into to promote health.

First, the “sense-of-control mechanism” refers to a feeling of mastery or competency that sparks a sense of empower-

ment. When a person does well in something they did not expect they would do well in, they feel more confident and are ready to master another activity or achieve another goal (9). Cohen goes on to state, “Interestingly, the influence of sense-of-control on health is more pronounced in the second half of life” (ibid.).

Second, the mind, through the brain and central nervous system, has a physiologic influence on the body as well as on the immune system. The study of this complex interrelationship is called psychoneuroimmunology (PNI).

PNI scientists view the positive feelings associated with a sense of control as triggering a response in the brain that sends a signal to the immune system to produce more beneficial immune system cells. In effect, a sense of control triggers a boost in immune-system cells, including T cells and NK cells. T cells are small white blood cells that orchestrate or directly participate in the immune defenses. . . . NK cells refer to ‘natural killer’ cells—large granule-filled lymphocytes that attack tumor cells and infected body cells. (ibid.)

Third, many studies indicate the positive impact social engagement has on health, including reduced mortality.

Social engagement influences the cardiovascular, endocrine, and immune systems, as well as reduces blood pressure (ibid. 9-10). Dr. Cohen stresses that “they [social relationships] have also been associated with reduced stress levels, while sustained stress has been associated with adverse changes in the immune system, including lower levels of T cells and NK cells” (ibid. 10). Of course, the arts are highly effective and motivational vehicles for sustaining social relationships.

And finally, fourth, brain plasticity speaks to the ability of the brain to adapt by forming and strengthening new brain cells and connection points. As Dr. Cohen explains:

. . . when the brain is challenged through our activities and surroundings, it is altered through the formation of new synapses (contact points between cells). More synapses means better communication among brain cells and increased opportunities for new ideas connecting. When branchlike extensions (known as dendrites) from one brain cell (neuron) achieve contact with extensions of other neurons, new synapses are formed. Challenging activities and new experiences induce the sprouting of new dendrites, thereby enhancing brain reserve. Art activities are especially good because they are more likely to be sustained, and just like the impact of physical exercise over the long term, the benefits of challenges for the brain increase when they are ongoing. (ibid.)

Let us further consider these factors and introduce additional studies where the arts can be a vehicle used to address health. Dr. William Thomas and Dr. Gene Cohen are not the only ones who recognize the negative ramifications of loneliness. In the journal *Heart*, researchers Julianne Holt-Lunstad and

Timothy B. Smith report that loneliness and isolation are risk factors for coronary heart disease, stroke, and early mortality, which are similar in their consequences to “the risk from light smoking and exceeding the risks conferred by hypertension and obesity” (987). Holt-Lunstad and Smith continue by stating that “the epidemiological data suggest that having more and better quality social relationships is linked to decreased health risks, and having fewer and poorer quality of relationships increased risk” (ibid.). Stunningly, it was reported further by Julianne Holt-Lunstad et al. in the journal *Perspectives on Psychological Sciences* that loneliness, social isolation, and living alone corresponds to an average increased likelihood of mortality of 26%, 29%, and 32%, respectively (233). These numbers are dramatic! Now consider the multitude of ways the arts can be utilized, structured, and focused to stimulate social engagement to positively address loneliness, social isolation, and living alone.

Music is acknowledged widely as a potent force in therapeutic arts and art therapy. In the journal *The Arts in Psychotherapy*, Robert E. Krout indicates that the power of music to induce relaxation and wellness lies in the stimuli being processed by the auditory cortex, close to the limbic system (the “emotional brain”), which includes the thalamus, hypothalamus, hippocampus, and amygdala, that can be activated by sound (136). Krout expands that music can affect one’s mood, which can “stimulate the production of natural endorphins,” which in turn influence stress reduction, pain modification, and enhances both pleasurable feelings and immune functioning (137).

With regard to pain and pain management, there are several ways music may work to aid in relaxation. One way is as a distraction from negative sounds or painful stimuli which prevent relaxation. Another may be what is referred to as the “gate control theory of pain” (ibid. 135). This basically means

that as stimuli travels from the source of pain to the brain where it is interpreted as such, “neural gates in the spinal cord may be opened or closed to varying degrees, thus letting more or fewer of those pain impulses through to the brain” (ibid. 135). If messages such as stimuli from music and sound are descending from the brain and spinal cord at the same time as pain stimuli is ascending, the neural gates may be partially closed, in this way letting fewer pain impulses through to the brain (ibid.).

In some of humanity’s most pressing maladies, such as Alzheimer’s disease, the arts and even activities like games can help play a positive role. Dr. Charles B. Hall, Ph.D., of Albert Einstein College of Medicine in New York, authored a study on memory loss and other symptoms associated with Alzheimer’s disease. Over a five-year period, he and his colleagues studied people in their 70s and 80s who were free from Alzheimer’s disease at the beginning of the study. They evaluated and measured the frequency with which those individuals participated in mentally challenging activities like crossword puzzles, playing cards or board games, reading, writing, playing music, and participating in group discussions. Hall et al. found that while participating in these activities did not prevent the onset of Alzheimer’s disease, it may have delayed the rapid memory loss, thinking problems, and other symptoms that occur with the disease (356-361). Keep in mind that when we are helping individuals with maladies like Alzheimer’s disease, we also are helping their distressed families.

Anne Davis Basting, with the Center on Age and Community at the University of Wisconsin at Milwaukee, has developed a creative storytelling technique called *TimeSlips*. Widely used, it is a method of social engagement and storytelling for people with forms of dementia. Through open-ended questions based on observations of interesting images, stories are created by emphasizing imagination. Thus, the participant is freed from the frustration and anxiety

of having to try and remember. The process assumes that all people are capable of relationships, growth, purpose, and creativity at all stages of life, no matter their mental states. Creative activities provide a different way for individuals to connect. This process, called Creative Engagement, is central to *TimeSlips*. Expressing oneself with others through words, sounds, music, and the visual arts can help open relationships and create a deeper understanding between the elders and those individuals who interact with them.

Several studies on the *TimeSlips* method and the underlying mechanisms of Creative Engagement have been conducted with people suffering from Alzheimer’s disease or dementia. Thomas Fritsch et al. reports in *The Gerontologist* that residents in nursing or long-term care facilities with an extended *TimeSlips* program were more engaged and alert, that social interactions were more frequent, and that staff developed a more positive view of people with dementia (117-127).

In Ellendale, North Dakota, our *Art for Life Program* partners are the Prince of Peace Care Center/Evergreen Place Assisted Living and the Ellendale Area Arts Council. Tony Hanson, the current director of the care facility, writes:

Our Wellness and Occupational Therapy Departments have utilized information seen or documented by staff following activities provided by the *Art for Life Program*. The music programs, especially in the [geriatric psychiatry] and dementia units, have provided a stimulus for residents that normally would have no external involvement. [For] example, toe tapping and the resident’s eyes following the performers’ movements. This information was charted and care planned quarterly in the resident’s chart. Painting exhibited unbelievable results from residents that previous to the painting program we had no

knowledge of their abilities in that area. Family, when viewing the painting, would reminisce with their loved one how great it was to see that they were painting again! By promoting these types of projects we have seen less aggression or behavioral problems which then results in less medication used to control the aggression. An interdisciplinary team meeting is held Monday through Friday. Any negative activity is viewed and a remedy provided. This knowledge from [the] *Art for Life Program* [activities] has been utilized in providing remedies.

Prince of Peace and Evergreen Place provide person-centered care as a way of thinking and do things which follow some of the philosophies of *Art of Life*. This care philosophy thinks about things from the resident point of view. It's about 'doing things with people,' rather than to them. The activities that are provided by *Art for Life* individuals focuses their individual or group talents with our residents and in most cases provides a positive outcome. When our staff play a collaborative role in managing the residents' health and well-being, they can be less likely to use hospital services. (*Art for Life Program* Final Report, August 18, 2016)

Still additional research has made connections between such things as creative writing and the treatment of dementia, quilting and wellness, dance and the treatment of Parkinson's disease, and culinary arts and the lessening of anxiety. Fascinating opportunities lie in areas such as the Proust Phenomenon (odor-evoked autobiographical memories), life review, and so much more when art and arts activities are utilized, structured, and focused.



“Improvised Mark-Making: The Mobile Painting Device, Repurposed Everyday Tools, and Traditional Dance” is an online *Art for Life Program* activity plan. With feet dipped in paint and rags attached to the ends of canes, walkers, and other repurposed tools, elders dance upon a canvas, leaving a multitude of colorful patterns behind. To add to the design, a Mobile Painting Device, which turns a wheelchair into a paintbrush, can also be used. Such repurposed tools, in tandem with folk dance, address a sense of helplessness many elders may experience—especially those with mobility issues. A sense of wonder and empowerment is achieved when these monumental twelve feet by fifteen feet contemporary paintings are created.

This activity involves what Dr. Gene Cohen identifies as the “sense-of-control mechanism,” a feeling of empowerment achieved by doing well in something unexpected (“Research on Creativity and Aging” 9).



The feet of Dakotah/Hidatsa elder, dancer, and storyteller Mary Louise Defender Wilson as she leads residents in traditional dance at the Prince of Peace Care Center/Evergreen Place Assisted Living in Ellendale, ND. A Medicine Wheel painting was created through dance and the use of the Mobile Painting Device.

(Image by Troyd Geist, North Dakota Council on the Arts.)

The Spiderman and the Giant

Mary Louise Defender Wilson contextualized this traditional dance and Mobile Painting Device project with the story “The Spiderman and the Giant.” In brief, Spiderman, a Dakotah culture hero, was walking along and found a sleeping, snoring giant. Climbing upon the nose of the giant and peering into his mouth, Spiderman was astonished to find entire villages of people. These people were living their lives unaware that they had been consumed and were now living inside the giant. The giant awoke and told Spiderman that he was hungry and was going to eat another village full of people just over the hill.

During their visit, Spiderman discovered four things that the giant was afraid of: the sounds of singing, the drum, the rattle, and the whistle. While the giant continued to rest, Spiderman ran to the next village to warn the people. He advised them to sing and play their instruments when the giant arrived. As the giant approached, the people

did as they were instructed, whereupon the giant, both surprised and terrified, immediately perished from fright.

In the story, the giant is anything that restricts any one of us from reaching our true potential. Sometimes when people are placed in an elder care facility, a hospital, a wheelchair, or some other situation, they may perceive those things as large, unwieldy, and scary “giants” that consume and constrain us. And, indeed, in some ways, they may be. However, as Mary Louise points out, “Sometimes we let ourselves live inside the giant,” not realizing that we are in fact limiting ourselves. All four things that debilitated the giant and awoke the people to their true capacity to live unencumbered and free—the sound of singing, the drum, the rattle, and the whistle—are arts.

(All images on page 33 by Troyd Geist, North Dakota Council on the Arts.)



With paint poured on the canvas at their feet, residents, staff, and volunteers move to the fiddle music of James “Cubby” LaRocque, thereby creating designs for the painting, Wahpeton, ND. One resident relayed how she looked into the paint and imagined her children running through mud puddles.



With traditional East Indian music playing in the background, Bharatanatyam dancer Margreat Sam helps direct the flow of paint by dancing with the residents. One resident uses the Mobile Painting Device, while another uses a cloth attached to a handle.



Maureen McDonald Hins leads residents in a group Irish dance as they leave their marks with feet as well as with rags attached to the ends of canes and strollers dipped in paint.



Resident in care facility in Ellendale, ND, uses the Mobile Painting Device to apply paint to a large canvas on the floor. She is moving to the sound of Dakota Sioux traditional music.

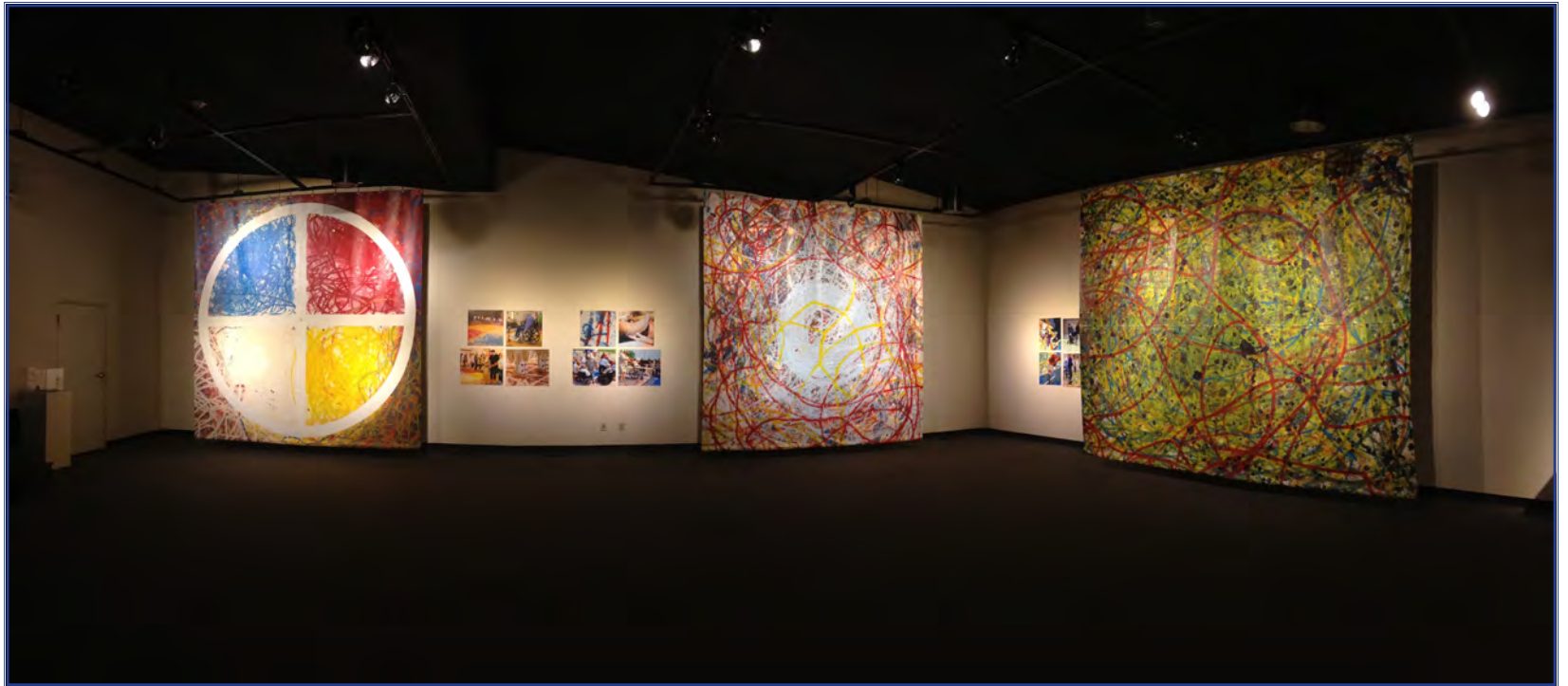
The Sacred Dance
By Gayle Anne Quam

On the wings of an eagle,
one dances to the drum heartbeat.
Yes, I am free;
yes, the colors of the medicine wheel reach me;
and, yes, I can dance.

The sacred room of the church invited many others,
some in wheelchairs,
To artfully paint a floor canvas with their feet,
and within the arc of the medicine wheel.

It will remind us all of the sacred circle,
that comes to our sisterhood and brotherhood,
in dance.

Gayle Anne Quam is a resident of an elder care facility in Ellendale, ND. While in a wheelchair, Gayle danced and moved across the canvas, assisting in the creation of the Dakotah Medicine Wheel painting. So moved by the experience, she wrote this poem.

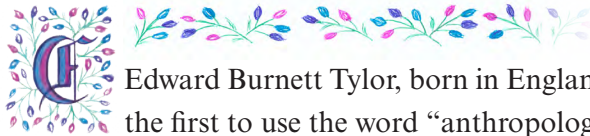


Three of four paintings, each approximately twelve feet by fifteen feet, created using repurposed mark-making tools, the Mobile Painting Device, and traditional dance, on exhibit at the Jamestown Fine Arts Center, Jamestown, ND. The Medicine Wheel painting to the left was created with traditional Dakotah dancer Mary Louise Defender Wilson, the one in the middle with Michif jigging and fiddle musician James “Cubby” LaRocque, and at right with Irish folk dancer Maureen McDonald Hins. A fourth painting, not shown, was created with Bharatanatyam dancer Margreat Sam. In 2015, this project was conducted by local arts agencies and elder care facilities in four North Dakota communities:

Jamestown, Enderlin, Ellendale, and Wahpeton.

(Photo courtesy of Sally Jeppson, Jamestown Fine Arts Association.)

Why Folklore and Folk Art? Latent Functions and Established Social Networks



Edward Burnett Tylor, born in England in 1832, was one of the first to use the word “anthropology” in reference to the study of human beings and their culture. His definition of culture is the first within the field: “that complex whole which includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by man as a member of society” (Bohannon and Glazer 63). This definition has been modified over time depending upon varying philosophical perspectives.

Among the founders of modern anthropological theory, Bronislaw Malinowski and A.R. Radcliffe Brown took the “Functionalist” and “Structural Functionalist” views, respectively. Malinowski’s vision is one whereby the function of cultural and social institutions is to provide for the basic biological and psychological need of the individual (ibid. 274). Brown was not so much interested in the needs of the individual as he was “the contribution an element makes to the whole social system” (ibid. 296).

It is generally agreed upon, however, that culture is shared, integrated, symbolic, common to a group, and learned growing up as a member of that group. It is intangible. It lies within one’s mind, but can also manifest itself through such things as religious constructs, clothing, kinship systems, and art. Culture binds individuals into a cohesive unit, a society.

Folklore and folk art are a part of culture and are powerful forces which connect different individuals to one another.

The word “folklore,” or “knowledge of the people” in the German language, was coined in 1846 by W.J. Thoms (Brunvand 285). Folklore is passed from person to person, generation to generation, informally. It changes from place to place and through time. It is stable, yet dynamic, and communicates something about the individual, the group, and the culture. It includes folk beliefs, folk religion, folk medicine, folk traditions, folk speech, folk art, and so much more. Folk or traditional arts are shared expressions of identity within a family, community, region, tribe, ethnic group, occupation, or religion. Forms of traditional expression include craft, technical skill, music, dance, and ritual celebration, which are usually passed informally from one generation to another by word of mouth or by example. Missouri Folk Arts Program Director Lisa Higgins succinctly describes folk arts as “arts with a genealogy” (Conversation with Higgins, December 5, 2016).

The field of medicine has learned many important things from “the folk” and from “folklore.” Take, for instance, Dr. Ignaz Semmelweis, a Hungarian doctor who in the mid-1800s taught in a hospital in Vienna, Austria. He observed that the mortality rate of women and their babies was dramatically

lower among those tended to by midwives, 2%, versus those tended to by physicians and medical students, 13-18% (Best and Neuhauser 233). The reason? The folk healers (midwives) washed their hands before and after every procedure, whereas the professional physicians did not. Dr. Semmelweis instituted in the Western medical world the practice of washing one's hands both before and after performing medical procedures. Dr. Semmelweis later became known as "the father of infection control." The impact? As reported by M. Best and D. Neuhauser of the Department of Epidemiology and Biostatistics, Case School of Medicine, Case Western Reserve University:

Worldwide, sepsis is the cause of death in about 1,400 people each day. Many of these people develop sepsis from infections acquired as patients while in a hospital. . . . They are the most common complications of hospitalized patients, with 5–10% of patients in acute care hospitals acquiring at least one infection. Nosocomial infections occur in 2 million patients per year in the United States, causing 90,000 deaths and resulting in \$4.5-5.7 billion in additional patient care costs. (ibid.)

Another example includes *Digitalis purpurea*, or purple foxglove. Digitalis is a powerful and toxic drug derived from the leaves of foxglove that stimulates the heart muscle and helps in the release of fluid built up in the soft tissues of the body, or edema. While mentioned in writings as early as 1250, a British physician, William Withering, is credited with "discovering" and reporting on the plant's medicinal power in 1785 (Norn and Kruse 119). However, also called "folk's glove" or "fairies' glove," due to its association with the little supernatural beings, the same plant had been used effectively in folk medicine for genera-

tions by traditional people. In fact, Withering first learned of the use and preparation of the plant for medicinal purposes from a family of Welsh herbalists and healers (ibid.). This powerful drug is still used today in the treatment of heart-related issues.

The field of creative aging, health, and wellness also can learn a lot about the value of working with culture, the folk, folklore, and folk art. This is not a one-way street, however. We can and must learn from one another. Again, both folk or traditional and fine arts should be used and brought together when appropriate and possible. But, with regard to folklore, folk art, and folk traditions, think about them within the context of the anthropological theories and the medical studies already presented herein.

For instance, recall Dr. Gene Cohen's work detailing the connection between art and positive health outcomes through the "sense-of-control mechanism," psychoneuroimmunology (PNI), social engagement, and brain plasticity. Or Dr. William Thomas' "Three Plagues" of loneliness, boredom, and helplessness. Or Julianne Holt-Lunstad and Timothy B. Smith's study indicating an increased likelihood of mortality of 26%, 29%, and 32%, respectively, for loneliness, social isolation, and living alone. Then think about the unique potential of folklore, folk traditions, and folk arts to positively affect these outcomes as further information and examples are provided.

Perhaps it is because they are such an integral part of our lives that folklore and folk art are so often misunderstood and in many ways overlooked. Like breathing, every individual participates in folklore, but we do not consciously think about it. It is just something that we all partake in. We sing lullabies to children, make traditional foods for Thanksgiving, attend wedding parties, tell jokes, share ghost stories at Halloween, dye Easter eggs, go to dances, garden, can foods, carve wood, make quilts, and so much more. These things educate,

provide sustenance, and mark or commemorate everyday life and special events. Quilts help to keep one warm. Foods at holidays provide us with sustenance for the body. Holidays commemorate important social, cultural, or religious occasions. These are the manifest or obvious functions of folklore.

Yet what of the latent, hidden functions? For example, star quilts among many American Indian communities on the Northern Great Plains are considered to be very important. They are used prominently in ceremonies, including those for funerals or for honoring someone. When quilters gather to make a star quilt for the deceased, the quilters come together, socialize, and share feelings in an emotionally and physically cathartic way. Star quilts are said to comfort the spirit of the person who has passed away. Thus, this belief associated with the quilt also comforts the family members of the deceased. The quilt serves as a tool to navigate this stressful period—for individuals, family members, and the community.

The latent function of folklore, folk traditions, and folk art includes addressing individual, community, and societal needs. They connect people to one another and are sources of identity and routes of communication. They keep people active, engaged, and connected. They guide people through the hard times and help them to recall and celebrate the good times. Folklore and folk traditions are tools that allow and help individuals to more effectively and successfully cope with, make sense of, and navigate their worlds.

Folklore, folk traditions, and folk art, in everyday life and for special events, have a power all their own because they are integral and embedded into already established ongoing social networks, social occasions, and relationships that exist throughout the life cycle. For instance, a quilter may belong to a quilting circle. Members of that circle may interact with

one another for much of their lives. Quilts are made for the birth of children, for graduations, for weddings, for funerals. In a similar vein, holiday celebrations are recognized annually. These ongoing festivities may involve established social structures and groups, like church choirs dedicated to observing the occasion. Folk arts often are integral to ongoing relationships and interactions within social and cultural structures.

Social engagement, as well as its connection to loneliness, social isolation, and living alone, is deemed critical to health in general and to the health of elders especially. Traditions and folk arts can provide powerful social engagement because of their connection to and function in already existing social and cultural structures and relationships. Let us draw a comparison to brain plasticity. Remember Dr. Gene Cohen identified arts as helping the brain to adapt by forming and strengthening new cells and connection points. To reiterate, he wrote that:

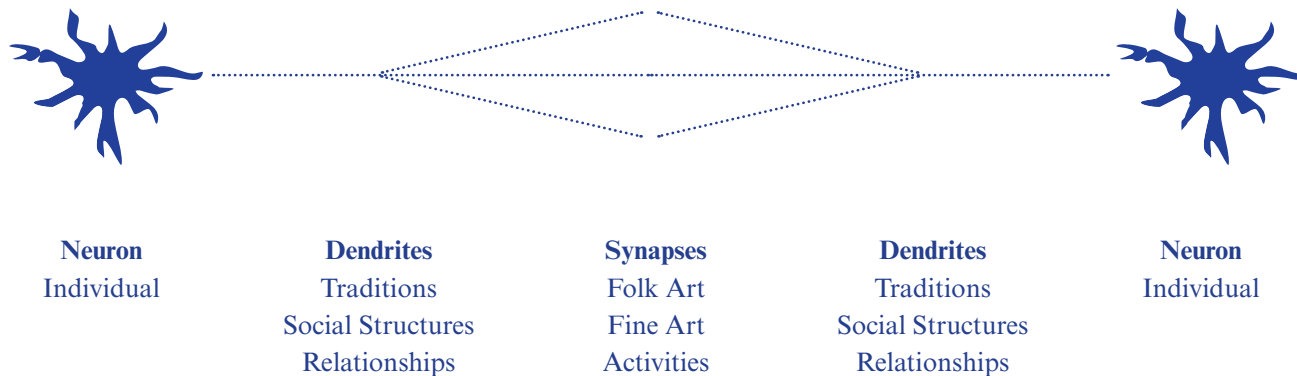
. . . when the brain is challenged through our activities and surroundings, it is altered through the formation of new synapses (contact points between cells). More synapses means better communication among brain cells and increased opportunities for new ideas connecting. When branchlike extensions (known as dendrites) from one brain cell (neuron) achieve contact with extensions of other neurons, new synapses are formed. Challenging activities and new experiences induce the sprouting of new dendrites, thereby enhancing brain reserve. Art activities are especially good because they are more likely to be sustained, and just like the impact of physical exercise over the long term, the benefits of challenges for the brain increase when they are ongoing. (“Research on Creativity and Aging” 10)

Now think of neurons as individuals or elders and dendrites as social relationships facilitated through social structures embedded in traditions, these being pathways for interaction and communication that connect neurons to one another. Think of folk arts as synapses that serve as contact points between cells, or between individuals. The more contact points, the better the communication and social engagement. Because social relationships, social structures, and activities associated with traditions such as holidays and folk arts already exist, they are more likely to be sustained in meaningful ways over the life cycle to the benefit of the elder. The

stronger and healthier the pathways for communication and interaction, the better the elders can adapt to challenges, i.e., “brain reserve.” For elders living on their own or in care facilities, these structures and relationships, both old and new, must be supported and formed. They can be strengthened and created through traditions, folk art, and fine art.



Pathways and Points of Interaction



“Acrostics: Holiday Greeting Cards and Fraktur” is an online *Art for Life Program* activity plan. It seeks to strengthen relationships between elders and their friends and loved ones by capitalizing on the established social networks embedded within traditions. The point of contact is made through art.

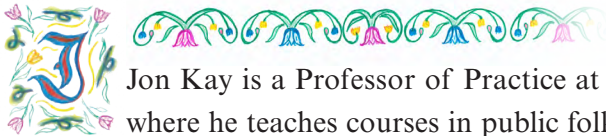
The negative health impact of loneliness is dramatic and must be addressed seriously. Loneliness and social isolation is said to increase the likelihood of mortality by as much as 26% and 29% respectively (“Loneliness and Social Isolation as Risk Factors for Mortality” 233).



Holiday-themed acrostic greeting cards can be used as an artistic means by which to both strengthen existing social bonds and create new ones through ongoing traditions.

(Fraktur artwork by Terese Rotenberger. Acrostic by Dave Solheim.)

Why Folklore and Folk Art? The Power of Life-Story Objects and Life Review



Jon Kay is a Professor of Practice at Indiana University, where he teaches courses in public folklore and researches the uses of folk art in the lives of seniors. His book *Folk Art and Aging: Life-Story Objects and Their Makers* explores the memory art of five elders in Indiana. Through real-life case studies, Kay illustrates in personally poignant and touching ways how folk arts assist elders living on their own to maintain their independence, foster social engagement, combat social isolation, and create a new role for themselves in a new stage of life. He believes, in this way, that elders potentially stay healthier longer, thus delaying their entry into care facilities.

Kay identifies “life-story objects” to be “those material items that elders keep, display, and arrange that relate to and help communicate one’s personal memories and stories” (6). Kay goes on to explain that:

Whether artfully arranging family photographs, painting pictures of past events, or woodburning important names and places onto a walking stick, life-story objects often anticipate social interactions and storytelling events, which is just one aspect of their creative utility and complex role in the lives of elders. To reduce memory paintings, story quilts, and other forms of life-story

objects to mere works of art or storytelling props fails to appreciate the complex and diverse narrative nature of these creations and the process that brought them into existence. The making and use of these objects serves multiple functions in the lives of seniors: they are objects to reflect upon; props for explaining events and their meanings; the product of a pastime that fills the lonely hours; mnemonic devices to remind the forgetful; a meditative practice that helps seniors make sense of the past; and a material legacy to leave to family and friends. (ibid.)

One of the elders Kay highlights is John Schoolman of North Webster, Indiana. Schoolman, who lived independently to the age of 100, was a prolific cane maker. His canes are colorful and eye-catching, painted and wood-burned with poems, dates, phrases, song lyrics, and personal reminiscences of a life well-lived. Whether walking down a street or eating at a café, people inevitably noticed his artistic walking sticks and an opportunity for interaction was created in this way. Upon closer examination, people became intrigued by the images, texts, and designs, which triggered questions and conversations about their meanings. As Kay explains, “Since the elderly gentleman loves to recite poetry and sing songs, the canes also serve as material crib sheets for

his impromptu performances at the center, on the street, or at a variety of other small gathering places” (75). Schoolman’s canes were used to fill the lonely time of retirement and to ease the passing of his beloved wife, Ada. These utilitarian pieces of art served obvious and hidden functions, fostering a wealth of benefits that accrue from enhanced social and creative engagement.

Supportive to Kay’s important research is the concept of “life review” and reminiscence. Life review was first brought to light by Dr. Robert N. Butler, the noted physician, gerontologist, psychiatrist, and the first director of the National Institute on Aging. Butler also was a recipient of the Pulitzer Prize for his book *Why Survive? Being Old in America*. Life review is a developmental process of examining important parts of one’s life. Often this can be facilitated through storytelling, reminiscence, memoir, autobiography, and nostalgia. David Haber, in his article, “Life Review: Implementation, Theory, Research, and Therapy,” writes:

To understand life, people tell stories. Storytellers in traditional societies were older adults, the ones who remembered the past and helped the young learn from it. For many years, this storytelling tradition not only served as a means for passing down information from one generation to the next, but enhanced the elder’s status within the community.

Along with many other changes associated with modernity, this storytelling role among older citizens fell by the wayside. And, some argue, the prestige, status, and self-esteem of older adults have been diminished as well. In contemporary society, however, a growing number of community practitioners and educators are attempt-

ing to revive the storytelling role and enhance the mental health of older adults through a life review. (153-154)

Life review events cluster around significant and meaningful moments in a person’s life, like unique experiences, weddings, the birth of children, and holidays. These meaningful moments serve as folklore- and folk-art-rich environments. Such moments can be positive experiences that, upon later reflection, allow a person to celebrate his or her life and accomplishments. One way to reinforce positive value and meaning for elders is through intergenerational life review activities designed to educate and pass knowledge between generations. Other moments, however, may be negative experiences that, upon recollection, provide opportunities for reconciliation or “[coping] with loss, guilt, conflict or defeat” (ibid. 155).

In 2009, for example, the Nelson County Arts Council conducted a writing residency with the Nelson County Health System Care Center in McVie, North Dakota. Traditional Norwegian-American storyteller Judith Simundson facilitated the writing of life stories among the center’s residents. An elderly woman, Gladys, wrote about her experiences with her beloved son Harvey. One day, Rita Loibl, the *Art for Life Program* coordinator for the local arts agency, entered Gladys’ room to read to her a finalized draft of Gladys’ narrative. Harvey happened to be there at the time, holding his mother’s hand. She squeezed his hand tightly as the text was read to her. After Rita finished reading, Gladys looked at her son and said, “Goodbye, Harvey. I love you.” The next morning, at the age of ninety-six, Gladys passed away (Interview with Rita Loibl and Harvey by Kathryn Sweney, June 2012).

While the reading of the story was cathartic for Gladys, it was also healing for her family. In, “Life Review in Critical

Care: Possibilities at the End of Life,” Mimi Jenko et al. state:

. . . life review in critical care usually involves a patient’s family members, who become survivors if the patient dies. Compared with those who do not engage in life review, survivors who purposefully recount the events of their loved one’s life and death maintain a higher level of emotional function, such as moving appropriately through the grieving process and retaining the ability to perform activities of daily living. (19)

To this day, Harvey still reads his mother’s story from time to time. Think of the solace this life review activity brought not only to Gladys, but to her family. It must be considered, however, that life review also has the potential to bring up negative emotions and unresolved feelings. This possibility underscores the importance of artists, local arts agencies, and elder care facilities working together closely, specifically with counselors, therapists, social workers, and other care facility staff. Again, each partner has its areas of expertise and knowledge that, when brought together, work to have a positive impact.

Jon Kay’s book highlights that not only does folk art play a role in life review, but it also goes much further. Folk art aids in the active maintenance of existing and the formation of new social relationships within social structures. John Schoolman’s canes, with their embedded snippets of life review, helped him to actively move about and interact with his world, whether it was at a local café or the senior citizens’ center. The canes assisted in keeping the elder actively connected. Kay’s work stresses the importance and benefits traditional arts play in the emotional, physical, and social health of elders, aiding them in more successfully living independently.

While Gene Cohen’s work did not focus specifically on folk or traditional arts, but on the arts more generally, his position is similar to that of Jon Kay’s. Cohen states that “community-based cultural programs for older adults appear to be reducing risk factors that contribute to the need for long-term care” (“Research on Creativity and Aging” 13). This is a critical point of view that should be highlighted and promoted in creative aging, health, and wellness efforts. Thought should be placed on utilizing arts and traditions to assist in the health and wellness of elders living on their own, and to prevent or delay their entry into care facilities.

But what of seniors already in need of specialized care? Life review and reminiscence is used as a therapeutic tool for a number of health concerns, including Alzheimer’s disease and other forms of dementia. S.H. Pöllänen and R.M. Hirsimäki conducted a case study among older women in residential care who had “severe symptoms of dementia and had enjoyed crafting as a leisure activity during their lifetime” (410). The study employed reminiscence sessions utilizing crafts as “multisensory” memory triggers, which elicited “nonverbal and verbal reactions, sustaining attention and prompting interaction and nonverbal communication,” even “recall of forgotten, pleasing craft experiences” (ibid.).

It seems that the arts, given the right circumstances, can influence both the mind and the body. Have you ever tried to tell someone a phone number but could not remember or verbalize it? Then, when the phone was put in your hands, and without thinking too much about it, you were able to dial the correct number? It seems that simply holding the phone triggers the capacity to dial the number. In a similar vein, still other studies indicate reminiscence therapy improves “cognitive functions and depressive

symptoms in elderly people with dementia, particularly in institutionalized residents with dementia” (H.C. Huang et al. 1087).

When elders are placed in care facilities and removed from their worlds, quite often their decisions are taken away from them. They cannot eat what they used to eat. They may not be able to go where they want to go. They may not be able to do some of the things they used to do. The cultural tools, social structures, and relationships they used to navigate their worlds may have been taken away from them or no longer are made available to them. In keeping with our previous Ameri-

can Indian star quilting example, they may no longer be able or encouraged to quilt. Or a cane maker no longer may be able or encouraged to create canes. This, at a time that is already quite stressful, at a time when seniors most need those tools to navigate the new and difficult world in which they find themselves. Whether living independently or in a care facility, elders need those tools. They need to be encouraged and enabled.



“Tree of Life: Traditional Paper Cutting, Nostalgia, and Life Review” is an online *Art for Life Program* activity plan. Important stages of life—the roots of one’s family, having children, birthdays, marriage, anniversaries, as well as death and the possibility of life after death—are shared. Each phase is represented by a paper cutting. As the workshops progress, a colorful, seven-foot-tall “Tree of Life” slowly grows and blooms into existence.

Psychiatrists, psychologists, and researchers alike extoll the emotional and physical virtues of reviewing one’s life in old age. Such activities initiate opportunities to celebrate and value one’s life, as well as to work through unresolved issues.



“Tree of Life” paper cutting, seven feet tall, created in 2016 by artists Meridee Erickson-Stowman and Sabrina Hornung with the elders at the Ave Maria Village and Heritage Centre care facilities. The project was conducted in partnership with the Jamestown Fine Arts Association of Jamestown, ND.

(Image by Troyd Geist, North Dakota Council on the Arts.)

Why Folklore and Folk Art? Nostalgia and Long-Term Memory



Nostalgia was mentioned earlier as a component of life review, yet it is an entirely separate area of study.

Widely misunderstood, possibly even to the detriment of the health of elders, it has remarkable, encouraging power.

But to begin, what exactly is nostalgia? It is a sentimental, wistful longing for the past, the “good old days.” The word was first coined in the late 1600s by Johannes Hofer, a Swiss physician, who attributed it to Swiss mercenaries (Routledge “Finding Meaning in One’s Past” 298). From that time to well into the 1900s, nostalgia was viewed as a medical disease, a neurological or psychological sickness that led to health problems like anxiety, insomnia, depression, and irregular heartbeat (ibid. 298-299).

In some regards, nostalgia is viewed negatively even today, especially when it is exhibited by older people. However, the groundbreaking work of psychologist Dr. Clay Routledge at North Dakota State University completely upends this negative perception and understanding of nostalgia. After hearing someone talk repeatedly about an event or experience from the past, have you ever heard, said, or thought, “Move on. That was in the past. Can’t we talk about something else?” We may think that person is stuck and living in the past. Elders, especially those in care facilities, may be dissuaded at times from talking about past experiences because they may get emotional. Some people may

fear that a nostalgic memory or experience will trigger sadness or depression. The work of Routledge and others concedes that a bit of sadness may be involved in nostalgia, but the net impact of engaging in nostalgia is very much a positive one (ibid. 300).

Nostalgia does not initiate, as a whole, negative emotional states. On the contrary, nostalgia is an organic response set in motion by stressful emotional and physical states. Nostalgia does not create sadness. Instead, sadness creates nostalgia. Nostalgia seems to be a positive psychological tool, an antidote that naturally emerges to combat or cope with negative emotional and physical states, such as bad mood, loneliness, and a sense of meaninglessness (ibid. 308). If nostalgia serves as a shot in the arm for improved mood, does it then impact other areas of health? Keep in mind that studies in psychoneuroimmunology indicate that negative emotions can worsen health risks associated with aging, such as heart disease, diabetes, and arthritis (Kiecolt-Glaser et al. 83-107).

In the article “The Past Makes the Present Meaningful: Nostalgia as an Existential Resource,” Routledge et al. maintain that nostalgia actually “elevates positive mood, boosts self-esteem, and strengthens social connectedness,” as well as “increases a sense of meaning” (638). It is a healthy response that “reduces loneliness and increases both happiness and hopefulness” and

“motivates us to create positive experiences in the future by infusing us with growth emotions, gratitude, optimism, and joy along with a bit of loss and longing” (Ratchenski 8). It seems nostalgia counteracts boredom and anxiety, “makes death less frightening,” and “increases optimism toward the future” (ibid. 11).

Transitions between life cycles, challenges associated with advanced age, and residing in care facilities, at least initially, can be quite stressful. Is it any wonder, then, that nostalgia figures prominently during these times? If we try to dissuade elders from recounting their nostalgic experiences due to the unease of a few tears, we are doing them a disservice and preventing them from healing. Recent studies in nostalgia explore the potential of its use as a therapeutic tool (Routledge et al. “The Past Makes the Present Meaningful” 647).

How does this relate to folklore, folk traditions, and folk art? “Nostalgia allows people to use experiences from the past to help cope with the challenges in the present” (Routledge “The Rehabilitation of an Old Emotion” July 10, 2013). Key components of nostalgic memories and experiences are that they involve the self, involve other people in social contexts and relationships, and cluster around important episodes in a person’s life, such as “cultural rituals,” “family traditions,” “cherished time with friends,” “weddings,” “family reunions,” and “holiday dinners” (Routledge et al. “The Past Makes the Present Meaningful” 639-640).

Family traditions, like summer vacations; personal experience narratives involving “the big game” or getting caught in a blizzard; Halloween activities, like carving pumpkins or trick-or-treating; making a scarecrow for the garden; deer hunting stories; auctioning off the garter at a wedding dance—these and so much more falls within the area of folklore, with its associated folk traditions and folk arts. Many of our most cherished,

recalled moments are rooted in the folklore and folk traditions we learn growing up and experience with other people throughout our lives. Imbued with personally and socially meaningful content, folklore, folk traditions, and folk art are extremely nostalgia-rich, as they often are embedded within prominent parts of the life cycle. As such, they can be utilized to support the nostalgic healing process of elders in the present while preparing them to more positively engage the future.

For example, Swedish *Dala* painting is a form of folk painting used to commemorate important family, community, and historical events. It is brightly colored, representative, and communicative. Pieper Bloomquist, an oncology nurse and *Dala* painter who has participated in the *Art for Life Program* since its inception, worked with a small group of people in an elder care facility in Fargo, North Dakota, in 2001. Some of the elders had dementia. One man in particular, when he left his room, sometimes would get lost. Unable to find his room, he would then become quite upset. Care facility staff would have to locate and calm the man, reassure other residents who subsequently became agitated, maybe medicate the man, and then finally return him to his room.

In the *Dala* painting session, Bloomquist worked with each elder, asking about a favorite memory from their childhood or past. When communicating with an elder with age-related dementia, what tends to be more readily forgotten? Those things that happened an hour ago, earlier in the day, yesterday—those moments that reside in our short-term memory. What are the things that stay with us longer, in our long-term memory? Those events, experiences, and social situations from years ago, perhaps associated with our childhood and young adulthood, which often are steeped in folklore and folk traditions. With Bloomquist’s help, this man who would get lost painted an image

from his childhood in the vibrant colors of the *Dala*-style. The paintings were then hung outside the residents' respective domiciles. The man, upon leaving his room, sometimes still would lose his way. Yet when he saw that brightly colored painting with the image depicting that special memory from his childhood, he recognized that painting, his life, his home . . . and now his room.

Consider what this activity and the simple yet thoughtful placement of the painting as memory cue did. It gave the man a sense of independence and comfort. He was able to recognize the room as his own. He was able to communicate something about his life to others and connect with them. Physically, the stress hormones were not raging in his body due to being lost and getting upset. The care facility staff did not have to find and calm the man or possibly medicate him. Human dignity, negative physical reactions in the body, personnel time, and medical costs were all positively affected. So simple and yet so impactful. This is the power of thoughtful, focused arts activities that utilize folklore, folk traditions, folk arts, and nostalgia.



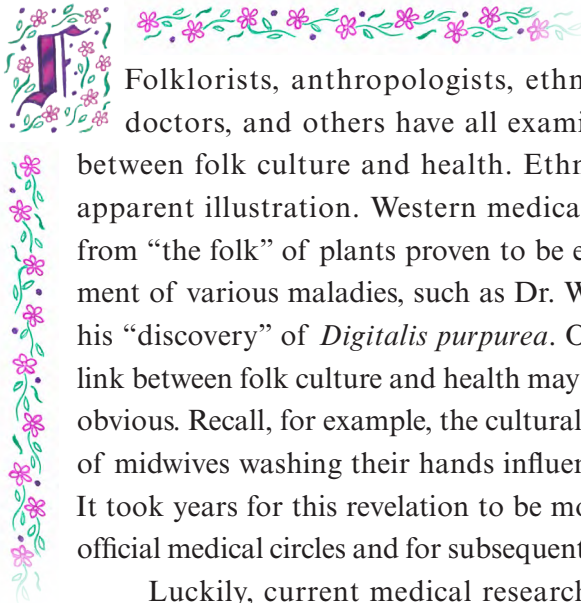
“Memoirs from Photographs: Creative Writing” is an online *Art for Life Program* activity plan. The purpose of this activity is to enhance nostalgic experiences and use old photographs to stimulate the recall, recording, and imagining of events, times, or places in the life cycles of the participants.

Photographs can trigger memories and are used in life review, *TimeSlips*, and nostalgia interventions for elders. They also can be the source for oral history interviews. Researchers state that oral history interviews “may contribute to the improved quality of life among elders” (Ligon et al. 147).



*A young boy on a snowbank along Highway 3, between Steele and Tuttle, ND. Photographs like this can be used in the “Memoirs from Photographs” online activity plan.
(Photo circa 1950, provided courtesy of Dave Solheim.)*

Why Folklore and Folk Art? Culturally Determined Impact



Folklorists, anthropologists, ethnobotanists, medical doctors, and others have all examined the connections between folk culture and health. Ethnobotany is a readily apparent illustration. Western medical science has learned from “the folk” of plants proven to be efficacious in the treatment of various maladies, such as Dr. William Withering and his “discovery” of *Digitalis purpurea*. Other examples of the link between folk culture and health may not be as immediately obvious. Recall, for example, the cultural and religious practice of midwives washing their hands influencing Dr. Semmelweis. It took years for this revelation to be more widely accepted in official medical circles and for subsequent results to be achieved.

Luckily, current medical research is seriously examining the connections between culture and health. Again, some of the findings show obvious, relevant applications to health and wellness. Others show findings whose possible applications are less apparent, but are made available through careful thought and ingenuity. Such is the case with creative aging, health, and wellness. Culture influences not only the perceptions of health and healing, but, to some extent and situations, the psychological and physiological responses to potential health interventions. In this sense, health, wellness, and the response to them is culturally determined, defined,

and bound. Thus, folklore and folk art, as a dynamic and vital part of culture, occupy a unique position in efforts to enliven elders with creative activities for health and wellness.

The ability of music to initiate responses in elders, with and without dementia, is well known. As discussed previously, music can stimulate the production of natural endorphins that can increase pleasurable feelings, decrease pain and stress, and enhance immune function. Yet Robert E. Krout further mentions in the journal *The Arts in Psychotherapy* that music can also affect the memory center of the brain and elicit thoughts, images, and memory (136). Because of this power, memory and music programs nationwide have been established in which the favorite tunes of an elder are compiled and made available specifically for that person to foster wellness.

The kind of music, however, a person identifies with and finds relaxing can be connected to their folk culture, ethnicity, or the music they listened to growing up. While some Irish-Americans may find great comfort in traditional Irish bagpipe music, others may not. Other individuals might find comfort in Bluegrass, Blues, Country, or the traditional music of their own ethnic community. The music one finds comforting can be determined by one’s folk culture and, when heard, trigger endorphins and associated memories.

For example, Gerald Schlag is a master accordion player in Minot, North Dakota, who teaches traditional music through the North Dakota Council on the Arts' *Folk and Traditional Arts Apprenticeship Program*. Gerald, with his apprentices, quite often performs for elders in local care facilities. Palmer Lindlauf, a student of Gerald's from Benedict, North Dakota, recounted a particularly touching moment that occurred one spring:

I have been amazed at the reception we are given at our musical presentations and the gratitude that [the seniors] show to each of us personally. People that are not ambulatory will sit and tap their fingers or toes and create their own involvement with the music. Many have told me of their memories of the past that become vivid to them as we play. One instance that I will always remember is of a gentleman that is blind that made a musical request that we did not know nor did we have the music. Mr. Schlag knew his request from memory and played it for him. It nearly brought tears to me to see [that gentleman], as a blind person, reenact a dance with his deceased wife. He remained seated at his table during the entire song but assumed a dancing posture and a swing of the song as he remembered it. (*Folk and Traditional Arts Apprenticeship Program* Final Report, April 24, 2015)

The tune and the type of ethnic or traditional accordion music heard obviously was a part of this man's life, of his folk culture. It transported him to a very special time with a very special person. It triggered a specific memory that enlivened him. Irish bagpipe music might have facilitated a response in this man, but it probably would not have brought about that unique memory with its associated emotion and physical response.

Our sense of smell, too, is interwoven with memory and associated psychological and physiologic responses. Simon Chu and John J. Downes, in the journal *Chemical Senses*, write that "interest in olfaction and memory in particular has been stimulated by folk wisdom concerning the power of odours [sic] to vividly remind one of particular past experiences" (111). Have you ever smelled something and spontaneously a memory comes to your mind? A certain perfume may recall thoughts of a loved one. The smell of turpentine may conjure up images of a grandfather who was once a woodworker. This is referred to as the Proust Phenomenon, an odor-evoked autobiographical memory. It seems that as olfactory stimuli travels to the brain it also interacts with the brain's emotion and memory centers (Masaoka et al. 379).

When I smell the garlic and vinegar of homemade pickled dill cucumbers, I immediately think of my mother and grandmother. Not only is that image instantly and happily to mind, but my salivary glands go into immediate overload—a spontaneous, involuntary physiologic response to the memory and smell. Yet the response can have deeper health-related outcomes. Researchers like Masaoka et al. reveal that odors that are pleasing and familiar elicit "more specific emotional responses" and that "deep and slow breathing" is associated with those positive autobiographical memories (384). Masaoka et al. go on to explain that positive odor-evoked autobiographical memories may be stored in long-term memory, and because of their association with slow and deep breathing, are "an efficient way to feel comfortable or relaxed in various stressful and negative situations" (387).

Researchers have utilized odor as a tool to facilitate the recall of memory (although care must be taken to avoid allergies and the potential that the smell could trigger a negative memory). What constitutes a positive memory includes

many factors, both personal and folk-cultural. Amongst mainstream American folk culture, if one smells a pumpkin pie or apple cider, what memories, thoughts, or images come right away to mind? Thanksgiving, naturally. But that is not the case for all people due to their folk or ethnic, cultural differences.

When I smell the German-Russian delicacy of *kuchen*, a rich, sweet, custard-like pie, I happily think of my mother and of Christmas, the time of year she always bakes it. Among Norwegian-Americans on the Northern Great Plains, *lutefisk* is loved by many and is a prominent part of various holiday festivities. This dried cod reconstituted in a lye solution for several days, then boiled or baked, can be an acquired taste for people outside of the Norwegian-American community . . . even for some within the community, as well. If *lutefisk* is put under my nose, I will not have a positive odor-evoked autobiographical memory. For others, fond recollections of Norwegian grandparents and attending community *lutefisk* feeds comforts the mind and the body.

Studies have researched folk culture specifically as a potent determining force affecting health and wellness. For example, I. Hanssen and B.M. Kuven, in the *Journal of Clinical Nursing*, examined the connections between health and wellness and traditional, ethnic foods. In their article, "Moments of Joy and Delight: The Meaning of Traditional Food in Dementia Care," they discuss three different studies: one in South Africa, a second with ethnic Norwegians in Norway, and a third with the Sami in Norway. Their findings are summed up in the article's abstract:

Traditional foods created a feeling of belonging and joy. Familiar tastes and smells awoke pleasant memories in patients and boosted their sense of well-being, identity and belonging, even producing words in those who usually did not speak. . . . In persons with demen-

tia, dishes remembered from their childhood may help maintain and strengthen cultural identity, create joy and increase patients' feeling of belonging, being respected and cared for. Traditional food furthermore improves patients' appetite, nutritional intake and quality of life. To serve traditional meals in nursing homes demands extra planning and resources, traditional knowledge, creativity and knowledge of patients' personal tastes. . . . Besides helping to avoid undernutrition, being served traditional dishes may be very important to reminiscence, joy, thriving and quality of life. (866)

Another good example of health and wellness and the response to it being culturally determined, defined, and bound comes from the *International Journal of Geriatric Psychiatry*. In the abstract from their article, "The Effect of Folk Recreation Program in Improving Symptoms: A Study of Chinese Elder Dementia Patients," D.M. Li and X.X. Li report:

The program was tailored to the participants' interest and was derived from their traditional culture background. . . . A total of 48 participants were assigned to an experimental or a control group. The experimental group received a 40 to 50-minute folk recreation intervention, which is mainly about art, music, and game, three times a week and for 16 weeks. The control group received routine care without special intervention. [Various examinations and indexes] . . . were used to estimate the cognitive function, ability of daily living, and behavioral and psychological symptoms with dementia at baseline and week 16.

For the experimental group, the mean scores . . .

increased significantly from baseline to week 16 . . . for cognitive function and activity of daily living, and the mean score . . . decreased significantly . . . for behavioral and psychological symptoms. While, for the control group, the mean score [either decreased significantly or] . . . changed non-significantly. [The researchers conclude that] the folk recreation program has the potential to improve cognitive function, ability of daily living, and behavioral and psychological symptoms of the elders with dementia. The folk leisure activities, which embed in the participants' cultural background, will motivate their positive feelings and memories, can delay the progression of disease, and improve the symptoms. (Published electronically June 27, 2016)

When working in creative aging, health, and wellness, knowing the folk cultural backgrounds of the elders informs us as to unique, specific, and potent ways folk and traditional arts can be used to the betterment of elders' lives. Wonderful results can be had when combining the knowledge of an elder's folk cultural background along with the creative capacity of all older people.



“The Smell and Reminiscence of Fall’s Bounty: The Quilted Pantry” is an online *Art for Life Program* activity plan. This activity includes the sharing of experiences and knowledge regarding fall harvest, fall gatherings, and canning. We know that smell can trigger memories, which is known in scientific circles as the Proust Phenomenon. Thus, the sight, smell, and taste of traditionally canned goods are used to enliven the mind and body in the creation of a “quilted pantry.”

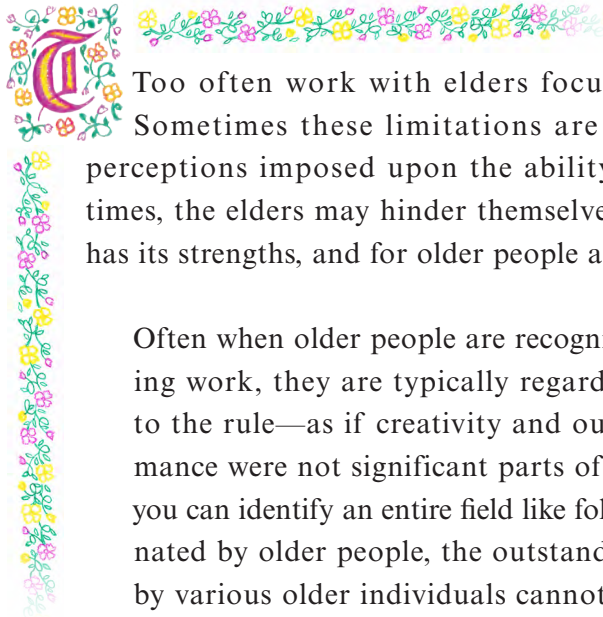
The Proust Phenomenon and its impact is culturally determined, in a sense. Whether or not something smells or tastes good often is defined by one’s folk culture. Odor-evoked autobiographical memories that are positive are associated with slow and deep breathing, which is an efficient way to reduce stress (Masaoka et al. 387).



Quilt made by Amy Hansen, an activities coordinator at Valley View Heights Assisted Living in Bismarck, ND. She writes, "Each fall as my grandma and I conversed about what was growing, or not growing, in my garden, or what was currently in my canning kettle, she would inevitably ask, 'Did I ever tell you about the summer that I canned over 700 quarts!'" This quilt inspired the creation of "The Smell and Reminiscence of Fall's Bounty" online activity plan.

(Image by Troyd Geist, North Dakota Council on the Arts.)

Why Folklore and Folk Art? Capacity for Creative Expression in Later Life



Too often work with elders focuses on limitations. Sometimes these limitations are extensions of our perceptions imposed upon the ability of seniors. Other times, the elders may hinder themselves. Every age of life has its strengths, and for older people art can be a strength:

Often when older people are recognized for outstanding work, they are typically regarded as exceptions to the rule—as if creativity and outstanding performance were not significant parts of aging. But when you can identify an entire field like folk art that is dominated by older people, the outstanding performance by various older individuals cannot be trivialized as atypical or an exception to the rule. Folk art makes a profound statement about the inherent capacity for creative expression throughout the entire life cycle. (Cohen “Research on Creativity and Aging” 8)

Dr. Cohen believes “promoting health with aging is perhaps best realized when potential with aging is tapped” (ibid.). His study identifies psychological growth phases and “bilateral brain involvement” as two such potentialities found in later life:

The liberation phase, for example, is characterized by an inner voice that pushes us, asking ‘If not now, when?’ ‘Why not?’ and ‘What can they do to me?’ These powerful feelings move us toward experimenting with new approaches to life. Such a sense of freedom likely contributes to the courage of folk artists who venture into the world at this stage of life. (ibid.)

And:

It has been hypothesized that activities that benefit from better-integrated left-right brain engagement are appealing to the brain. . . . Virtually every form of art provides optimal utilization of the benefits of simultaneous brain involvement—optimally integrating left- and right-brain capacities. (ibid. 10)



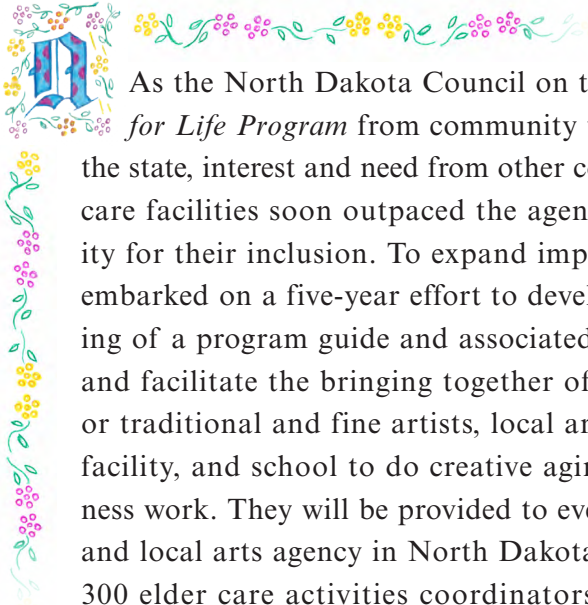
“Light as a Feather: Blind Contour Line Drawing, Abstract Painting, Bird-Related Folklore, and Traditional Music” is an online *Art for Life Program* activity plan. For this activity, folklore and folk music is used to facilitate artistic observations in the creation of the work.

Continuous blind contour line drawing helps develop better hand-eye coordination. According to Dr. Gene Cohen, simultaneous right-brain and left-brain activities “are appealing to the brain” (“Research on Creativity and Aging” 10).



*Continuous blind contour line drawing and painting by Nicole Gagner for the “Light as a Feather” online activity plan.
(Provided courtesy of Nicole Gagner.)*

Sundogs and Sunflowers: An Art for Life Program Guide for Creative Aging, Health, and Wellness



As the North Dakota Council on the Arts grew the *Art for Life Program* from community to community across the state, interest and need from other communities and elder care facilities soon outpaced the agency's financial capacity for their inclusion. To expand impact, the state agency embarked on a five-year effort to develop a toolkit consisting of a program guide and associated materials to inform and facilitate the bringing together of a community's folk or traditional and fine artists, local arts agency, elder care facility, and school to do creative aging, health, and wellness work. They will be provided to every elder care facility and local arts agency in North Dakota and South Dakota, 300 elder care activities coordinators in Minnesota, and every state arts agency nationally—1,200 agencies in total.

This toolkit consists of:

- *Sundogs and Sunflowers: An Art for Life Program Guide for Creative Aging, Health, and Wellness*
- *Sundogs and Sunflowers: Folklore and Folk Art of the Northern Great Plains*
- Sixty-five online articles and activity plans
<http://www.nd.gov/arts/programs/art-for-life>

- *Take Flight* and *On the Edge of the Wind*, a guided imagery CD set with user manual

These materials are available to help direct communities to utilize **both** folk and fine arts to positively address the health and wellness of elders, whether through home-care systems, elder care facilities, or senior citizens' centers. Communities and artists are encouraged to adapt and modify the activity plans to the resources, opportunities, needs, potential, and interests of those individuals involved. Each of the plans are contextualized or framed within Dr. William Thomas' concept of the "Three Plagues" (loneliness, boredom, and helplessness), as well as other studies, such as those of Dr. Gene Cohen, Anne Basting, Dr. Robert N. Butler, and Julianne Holt-Lunstad. Abstracts or synopses of various studies are associated with each activity plan.

The activity plans are meant to be guides to help perceive, conceive, and conduct art activities in different, creative ways that are focused on and responsive to the creative aging, health, and wellness needs and potential of elders. The plans are written with residents in elder care facilities in mind. Yet their use among elders living on their own is easily applicable and strongly encouraged, as well. The plans are designed to direct an individual, regardless of his or her level of art experience, in how to

conduct the activity. That person could be an activities coordinator at an elder care facility, local artist, volunteer, or teacher. Artist-led activities, in partnership with elder care facility personnel, is most certainly the ideal, however. As guides, the online plans can be tailored to the varying capacities of the people and organizations involved. The capacities of the elders, adaptive technology, and the use of multiple senses (sight, taste, touch, hearing, and smell) to deepen impact are also considered.

The online activity plans and articles were developed (many in collaboration) by folk and traditional artists, fine artists, folklorists, physicians, nurses, speech therapists, and more based on the content of the North Dakota Council on the Arts' nationally award-winning publication *Sundogs and Sunflowers: Folklore and Folk Art of the Northern Great Plains*. This book features more than a thousand examples of folklore, folk traditions, and folk art, as well as more than three hundred images.

Again, our most cherished moments often are rooted in those things we learn growing up and experience throughout our lives with others—these being folklore and folk traditions. They represent a general folklife we all share, and through which we all connect with one another. While the interactive content of the online activity plans are based on folklore and folk traditions, both folk **and** fine arts activities are utilized within them.

Many elders have little experience with formal art activities or experiences, and this can result in hesitancy and a diminished level of participation. Often what is needed to “break the ice” and encourage interaction among and participation by the elder care residents is an example that they can relate to and through which they can connect with one another. Something is needed to spark ideas, imagination, and to clearly demonstrate what is being asked of them in the activity plan. What often is needed are examples or a vehicle of identification

with which the residents can relate. And that is folklore—traditions, beliefs, folk arts, stories, family experiences, and so on.

Material from *Sundogs and Sunflowers* is thus used as the platform upon which relatable and personally meaningful connections can be made. For the activity plans, the material from that book serves as examples or sources of inspiration to jog memories, foster imagination, and provide activity context. The material gives the elders a better idea of what is being asked of them. For example, if a storyteller or writer is brought to the care facility to help the residents share personal blizzard stories with one another and to write a blizzard story themselves, they likely will not know what a “blizzard story” is, no less write one. However, when blizzard stories from *Sundogs and Sunflowers* are utilized and read as part of the activity plan, participants will know exactly what is being referred to, many of them will be able to relate to the subject, and their engagement will be that much more active and productive.

The activity plans are very creative and varied, with some being quite simple and still others more involved. Examples include: a collaborative group writing based on blizzard stories, the making of decorative breads through the sharing of family stories, a dance as informed by the American Indian flute music tradition, crossword puzzles and word searches based on regional folklore, the painting of spearfishing decoys coupled with the sharing of fish stories and fishing folklore, a watercolor activity incorporating folklore that involves plants and flowers, and many more.

The plans range from single events to multi-day residencies that can culminate in an exhibit. They can stand alone as separate activities or can be used together as a series of progressive links, which will then build upon a common foundation for both breadth and depth of impact. For example, the online memoirs from personal photographs plan can be enhanced with the online “Where I’m From” poetry plan. These materials can then be devel-

oped into an exhibit with the online exhibit creation plan. Similarly, the online plan on bookmaking could be used to record a collection of poems created from the online weatherlore-related haiku plan.

Dr. Parul Gupta, a physician in Fargo, North Dakota, trained in Geriatrics, developed a therapeutic, self-help hand exercise for strength and dexterity activity plan. That plan could be used prior to engaging in the arts activities of the other plans to help make arthritic hands less painful and more capable. The possibility of linking activities is vitally important. A one-shot event may have an impact very short in duration, whereas, a series of events over a long period of time can bring about an accumulation of greater, longer-lasting effects. It may take a while for it to be noticed and felt, but be patient.

Recall *TimeSlips*, the improvisational storytelling method designed by Anne Basting to help people with dementia. Studies indicate that by placing the emphasis on imagining rather than on remembering, the quantity and quality of communicative interaction and alertness improves. While one activity plan in our collection focuses specifically on *TimeSlips*, many others could be tailored to it, as well. In fact, many of the art objects created from various plans, such as quilted greeting cards, could be utilized as a part of the *TimeSlips* protocol.

Food-related folklore and traditions figure prominently in many of the activity plans due to their potent social, psychological, and physiological benefits. Food has many pragmatic purposes. It creates a conducive social atmosphere around which everyone can gather, interact, and open up to one another. It has the capacity to activate all of the five senses, and, in so doing, help enliven the person participating in the activity. As our previous discussion revealed, smell is directly related to memory. Like hearing a song, smell can help to vividly recall a memory or experience, inspire the imagination, and even spur a physiologic reaction. If you close your eyes and a pumpkin pie is held under your nose, quite likely you

will be reminded of Thanksgiving. If pumpkin pie is your favorite food, your mouth may automatically begin to salivate. Seeing, smelling, tasting, even touching the pie may stimulate a reaction that makes it more likely for a person to more fully participate—to recall Thanksgiving memories or to inspire imagination, participate in conversation, and to create art related to Thanksgiving.

Other plans are connected to music and guided imagery CDs originally made possible by the North Dakota Council on the Arts and Sanford Health. One CD, *On the Edge of the Wind: From the Mythic Landscape of the Dakotas*, features renowned award-winning American Indian flute player Keith Bear, of New Town, North Dakota. It features flute music and sounds of nature that are heard over a 24-hour period at specific geographic sites in the Dakotas.

The second CD, *Take Flight: Guided Imagery to American Indian Flute Music*, features the guided imagery narration of American Indian physician Dr. Linda Gourneau, of Bismarck, North Dakota. Dr. Gourneau's narration in *Take Flight* is accompanied by the flute music of Keith Bear. Guided imagery narration and music both are documented to have an improved effect on emotional and physical states, anxiety, heart and respiratory rates, cardiac complications, blood pressure, stress hormones, and an increase in immune cell messengers and natural opiates. Used together, narration and music can be a powerful tool. The tracks in *Take Flight* serve as a vehicle for guided imagery sessions which specifically address the feelings of both helplessness and loneliness (two of the "Three Plagues"). With Dr. Gourneau's assistance, activity plans were developed to enhance and "prime the pump" for listening to the guided imagery tracks.

For instance, "Take Flight to Family: Guided Imagery for Health and Healing" is an online *Art for Life Program* activity plan focused on loneliness. It complements the CD track of the same name. Whether living on one's own, residing in a care facil-

ity, or with the passing of loved ones, elders may feel lonely and separated from family. This plan is grounded in the sharing of family holiday traditions and folklore. It also uses cues like family photographs, berries, and flowers to stimulate the visualization process, in this way addressing the participant's state of mind.

The online activity plan "Take Flight to Freedom: Guided Imagery for Health and Healing" specifically addresses a sense of helplessness. It complements the CD track of the same name. Many elders feel a loss of freedom in their lives. Some feel confined to the care facility or to their own homes. Some can no longer drive. Others feel confined to their rooms, to wheelchairs, or otherwise limited in their freedom due to mobility issues. Yet they lack such physical restrictions in their imaginations. This plan is framed in folklore involving birds, the watching of birds and their movements, and birds as representations of unencumbered freedom. Fruit and feathers serve as cues. It is in this way that the guided imagery session allows the participants, in their imaginations and minds, to feel unrestricted in their movements, to feel free to travel, and to "move" or "fly."

Once the relaxation and imagery technique is mastered with the *Take Flight* CD, then the *On the Edge of the Wind* CD can be used to provide musical variety. Keith Bear started playing the flute when he worked as an orderly at the Flagstaff Medical Center in Arizona. As he recalls, "Some of the patients were immobile, bandaged, and ill. They were physically hurting, but I could see they were emotionally hurting too. I had traded with a traditional man for a flute, so I took that flute and played for them. It was powerful. The flute brought tears and healing. It was then, I knew the power of the flute to heal and transform." These CDs are used within Sanford Health's network, the Roger Maris Cancer Center, and by psychiatrists.

The hope of the North Dakota Council on the Arts is that the

sum of these materials will be used to inspire and to guide other communities to rally their resources to benefit elders everywhere.



"Healthy *Kuchen* and the Artful Plate: A Modernized, Healthy Take on a Traditional German-Russian Pastry" is an online *Art for Life Program* activity plan. It includes the recipe for the dessert and sauces and the active involvement of the elders in preparing them. The sharing of baking experiences, aided by taste, sight, smell, and touch, is a part of the plan.

The adaptive use of squirt bottles, brushes, and stencils to adorn the dessert addresses a sense of helplessness that many elders may feel. Studies indicate the therapeutic effects of multisensory art experiences as non-drug interventions on geriatric pain. "Cooking programs have the potential to calm, increase appetite, and entice people to a social gathering, and relieve some of the stress related to living in group settings" (Fitzsimmons and Buettner 23).



*Kuchen made by professional chef Matthew Kloberdanz for the “Healthy Kuchen and the Artful Plate” online activity plan.
(Image provided by Matthew Kloberdanz.)*

“Growing from the Ground Up: Decorative Pottery and Environmental Folklore” is an online *Art for Life Program* activity plan. Childhood and family experiences with “growing things”—such as gardening, farming, tending flowers—contextualizes the creation of pottery. The artwork is adorned with impressed images of plants. The pottery can then be used to actually grow more flowers and plants.

Discussion of shared experiences helps connect people to address their loneliness. This artistic medium can be easily changed and reworked, thus addressing a sense of helplessness. The creation of something material that can be used also serves as a continual reminder of personal accomplishment. The article “Pottery as Art Therapy with Elderly Nursing Home Residents” attributes pottery classes to improved levels of self-esteem, lower rates of depression, and less anxiety (Doric-Henry 163-171).



*Clay bowl made by Brad Bachmeier, showing designs from impressed plant materials, illustrates the “Growing from the Ground Up” online activity plan.
(Image by Troyd Geist, North Dakota Council on the Arts.)*

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an effort to improve the emotional and physical health of our elders through creative and community engagement. By making a conscious effort and thinking creatively, arts and traditions and the people who are masters of them within our local communities can be harnessed to address perplexing, modern-day issues in very effective ways. Our greatest and most impactful resources are often to be found right in our very own backyards.



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TROYD A. GEIST

Troyd is a folklorist with the North Dakota Council on the Arts. He is charged with encouraging the preservation and continuation of folk and traditional arts, heritage, and culture. Troyd holds a Master of Arts degree in Sociology/Anthropology from North Dakota State University, and has participated in and conducted projects involving the impact of folk art and folk traditions on health and wellness. Those efforts include traditional storytellers working with fetal alcohol research and prevention programs, Bell's palsy as viewed and treated in traditional cultures, familial Alzheimer's disease tracking using anthropological methods, and the use of culturally infused narrative and traditional music for guided imagery. He directed the original *Art for Life* pilot project

in 2001-2003, which measured the effects of long-term folk arts and artist interaction on combating the negative impact of the "Three Plagues" (loneliness, boredom, and helplessness) that many residents in elder care facilities experience. Subsequently, he developed the *Art for Life Program*, which seeks to improve the health and wellness of elders in care facilities through folk and fine art. With Dr. Timothy J. Kloberdanz, Troyd co-edited, co-compiled, and co-authored the book *Sundogs and Sunflowers: Folklore and Folk Art of the Northern Great Plains*.

Testimonials from *Art for Life Program* Partners

My experiences as an artist in the *Art for Life Program* have been some of the most meaningful in my life. Witnessing an elder engage with the material, whether painting, stories, or simple conversation, is enough to bring me to tears. This program allows elders to continue living with grace, integrity, and gentleness at a time when they are at their most vulnerable.

- Pieper Bloomquist, BSN, Registered Nurse, Altru Hospital, and Artist, Grand Forks, ND

Cancer and heart disease are not the biggest enemies of our residents. It's the feeling that they're useless. That they don't matter to anybody anymore, or they don't contribute to society or to anybody else's life. The *Art for Life Program* addresses that line of thinking and is one of the greatest enhancements to the quality of life of our residents in the past ten years.

- Tim Burchill, CEO, Ave Maria Village, Jamestown, ND

Once the dancing starts, or the music starts, or somebody begins telling a story, you can almost see a reaching within them. ... The *Art for Life Program* has been one of the biggest things for Siena Court, to our tenants, to our families, to our staff. ... It showed me that just because you're 90 years old, it doesn't mean that life slows down or has to stop.

- Jerry Trupka, Administrator, Siena Court, Wahpeton, ND

The *Art for Life Program* invigorates the life of every elder it touches. It has become an important aspect of our elders' physical, mental, social, and cognitive health.

- Wayne Beyer, Director of Parks and Recreation, Three Rivers Arts Council, Wahpeton, ND

Art can just be miraculous in the way it changes people's hearts and the joy that it brings. Art is truly amazing. It's magical.

- Nancy Farnham, Maryhill Manor, Enderlin, ND

The *Art for Life Program* has been the most rewarding program. ... You can *see* the rewards of it. It's where my heart is now.

- LaNae Adair, Enderlin Fine Arts Association, Enderlin, ND



Art is medicine. An ever-growing body of evidence is revealing just how dynamic, complex, and powerful creativity actually is. This text, and associated materials, seeks to connect the dots, provide examples across the arts and sciences, and contextualize creative aging, health, and wellness efforts, especially with regard to folk and traditional arts. Based on the North Dakota Council on the Arts' successful *Art for Life Program*, it serves as a guide for individuals and organizations to utilize local culture and form community partnerships to improve the lives of elders residing in care facilities or living on their own.

I do not think that I have ever read a better documentation of the evolution, research, and rationale for practice in the area of creative aging, health, and wellness. It is a must have for anyone interested in providing excellent care and service for elders. Its thoughtful approach addresses the background, need, and purpose of this important work — bringing joy and comfort coupled with potential through creative expression that ties back to our deepest roots in folklife traditions. The guide lets the sun shine into some of life's darkest times.

- Gay Hanna, Ph.D., MFA, Executive Director Emerita, National Center for Creative Aging, Washington, D.C.

In a myriad of ways, the *Art for Life Program* has proven to be both ground-breaking and extraordinary. We who live in North Dakota are privileged to have a front-row seat as we witness how the arts can enhance, transform, and uplift all our lives.

- Dr. Timothy J. Kloberdanz, Ph.D., Professor Emeritus, North Dakota State University

This book and its associated materials comprise a highly practical and inspiring resource for anyone engaged in programming with older adults. It provides compelling arguments, theoretical underpinnings, and evidence supporting the power of art to advance wellbeing and healing. Detailed lesson plans that promote cross-disciplinary collaborations, powerful testimonies, and use of a wide variety of art genres that intertwine folk and fine cultural expressions as well as traditional and western medical perspectives all represent a major contribution to multiple fields. We see this volume becoming a standard text for educators, artists/educators, therapists, other health care providers, and policymakers.

- Marsha MacDowell, Ph.D., Curator and Professor of Art, Michigan State University Museum, and Clare Luz, Ph.D., College of Human Medicine, Michigan State University; co-authors *Quilts and Health*

Drawing from nearly two decades of work with seniors, this guide distills the research that underpins the North Dakota Council on the Arts' successful arts and aging program, and shares the methods and materials needed to implement their approach. Recognizing the significant role cultural knowledge and traditions play in the aging process, this text has the potential to transform how we care for older generations.

- Jon Kay, Director of Traditional Arts Indiana, Mathers Museum of World Cultures; author *Folk Art & Aging*

With lots of wrinkles, few words and memory failing, they sit in a room with a nurse. What should we do for boredom, loneliness, and helplessness? This text points the way. For restoration and new beginnings, let's start brightening their day with tools like creativity, love, and activities that are embedded in our culture.

- Parul Gupta, M.D., Director of Elder Care Program, Essentia Health, Grand Forks, ND

