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# A Literature Review on Understanding, Solidifying, and Expanding the Role of Art Therapy in Death and Dying

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A Literature Review on Understanding, Solidifying, and Expanding the Role of Art Therapy in

Death and Dying

by

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requirements for the degree of

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A Literature Review on Understanding, Solidifying, and Expanding the Role of Art  
Therapy in Death and Dying

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Author Note

There is no known conflict of interest to disclose.

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### **Abstract**

The purpose of this literature review is to weave together an understanding of what research exists around art therapy in death and dying, what the role of art therapy is in end-of-life care and education, and determine what gaps exist for further study. When it comes to the topic of death and dying, most of us would agree that end-of-life care is extremely important, though this agreement often falls apart regarding what that care looks like, and how we do (or don't) talk and learn about death and dying. This review argues for an integrated holistic model of care concerning end-of-life, as well as for the firm place and expansion of the role of art therapy in end-of-life care and education. Art therapy is introduced to give a general understanding of what it is and how it works and then evidence for the role of art therapy is laid out pertaining to nine themes within end-of-life care that emerged from the data. These themes are: are because art therapy is well suited to spearhead end-of-life education, planning, and health literacy, because art therapy can act as a conduit and support for communication, because art therapy can motivate and expand social wellbeing, because art therapy can guide and promote emotional expression and processing, because art therapy can help aid in relief of pain, anxiety, and depression, because art therapy can inspire hope, purpose, and sense of identity, even in the face of decline, because art therapy can preserve some sense of dignity and autonomy through inclusion and choice, because art therapy can aid in memory organization and cognitive function, and because art therapy can facilitate legacy. The results of the review are that while art therapy has many studied and reported benefits when applied within end-of-life care, much more research – repeated, detailed, and standardized – is needed to better understand and apply such interventions.

***Keywords***

Art therapy, death, dying, end of-life care, life-death education, palliative care, hospice, terminal illness, death anxiety, end-of-life education, creative arts therapy, legacy, meaning-making, holistic care, art therapy intervention

**Introduction**

When it comes to the topic of death and dying, most of us would agree that end-of-life care is extremely important, as we all wish to be cared for and have our loved ones cared for adequately, if not well, at end-of-life. Where this agreement falls apart, though, is regarding what that care looks like, and how we do (or don't) talk about and learn about death and dying. A primary focus in Western culture is on the medical side of end-of-life care, and to a lesser extent the spiritual aspect. My own view, however, is that death, dying, and end-of-life care should be treated holistically, and approached in an integrative manner. I believe that art therapy has a firm place in end-of-life care and education within a holistic and integrative system. The purpose of this literature review is to weave together a greater understanding of what research exists around art therapy in death and dying, what the role of art therapy is in end-of-life care and education, and determine what gaps exist for further study. This review is a primer for further inquiry about how art therapy can best serve people on their own unique paths to examining, preparing for, accepting, and experiencing death.

## **Methods**

### ***Search Strategy***

From January to April of 2023, the following databases were used to search: PubMed through the National Library of Medicine, Academic Search Premier through EBSCOhost, Alt-HealthWatch through EBSCOhost, JSTOR, PsycINFO via ProQuest, SAGE Premier Journals, and Taylor & Francis Online. The search used the following headings and keywords in varying combinations using “OR”: art therapy, death/dying, creative arts therapy, expressive arts therapy, good death, hospice, palliative care, end-of-life, end-of-life education, end-of-life care, dignity, legacy, dementia, cancer, Alzheimer’s, psychosocial model of care, art-making, meaning-making, intervention, holistic care, death anxiety, death preparation, death acceptance, and terminal illness. Articles retrieved through these searches were scanned to exclude specific populations.

### ***Study Selection***

The focus of this investigation remained primarily on the adult person who would be or was actively dying, without consideration of gender, race, or ethnicity. Article selection included that (a) primary research was published in scholarly journals between 2013 and 2023 and (b) focused mainly on adult populations. Article selection excluded focus on bereavement and grief, caregivers, medical professionals, and children and teens. Exclusion of bereavement, grief, caregivers, and medical professionals is due to the shift of focus outside of the central person experiencing and/or making decisions about their own death. The choice to exclude children and teens was based off of (a) the practical need to limit the scope of the review (b) the recognition that a separate investigation on children and teens concerning art therapy and death is necessary,

and (c) the fact that there are more gaps in research concerning adults in art therapy as a general topic than with children/teens in art therapy.

### **What is Art Therapy?**

Art therapy, or clinical art therapy, is a form of psychotherapy guided by professional clinicians that uses art materials, methods, and practices to improve, support, and address communal, relational, and personal well-being (American Art Therapy Association, 2017). There are myriad and ever-expanding applications for such practices, and art therapy isn't only designated to mental health. Advances in sciences, like neuroscience, are not only retroactively lending efficacy to common art therapy practices through scientific evidence, but they are also creating new possibilities for research and development concerning art therapy because of such findings (see Beerse et al., 2020, King & Kaimal, 2019, Nan et al., 2020, and Shore, 2009). An example of this would be that neurological research suggests expressive arts therapy, which integrates verbal and nonverbal processes, can facilitate effective right-brain processes through nonverbal, holistic, and nonlinear means of communication. This can help individuals process emotions and experiences related to life and death issues in a more holistic and integrated manner (Nan et al., 2020).

One of the primary ways art therapy operates is by partially or fully bypassing the need for verbal communication in order to access the benefits of psychotherapy. Art therapy relies on creative self-expression as a channel for engagement with less conscious awareness, emotion, and memories, making it a way of "telling without talking" (King & Kaimal, 2019). This means art therapy and art therapists have the unique position of being able to communicate with and help express and process that which an individual does not have language for or around (Beerse et al., 2020). This can be of particular benefit in work with children (Moula et al., 2022),

individuals with developmental disabilities (Harpazi et al., 2023), individuals with trauma and/or PTSD (Baker et al., 2018), and patients with memory issues (Schneider, 2018). There are also culturally taboo topics such as death, sex, or any number of complicated human experiences and struggles that may be easier to address through art therapy because of this unique position (Omori et al., 2022). Art and art making are deeply rooted in the human experience regardless of time, place, or culture - it is a part of our everyday lives, whether we recognize it consciously or not and with or without the possession of perceived artistic skill or ability. Creativity and meaning-making propensities also come naturally to humans, which is why there is no special talent or skill necessary to access the benefits of art therapy.

Art therapy does differ from creating art on one's own, however, even though individual and group art practices outside of art therapy can add to mental and emotional wellbeing (Kaimal et al., 2017). A 2022 article from *The Journal of Palliative Medicine* emphasizes the importance of distinguishing between art-based interventions facilitated by credentialed art therapists and other forms of entertainment or volunteer activities. Art therapy is an evidence-based practice that relies on clinical research to guide interventions. Art therapists play a specific role, amongst what can be understood as an interdisciplinary healthcare team, in meeting the complex needs associated with serious illness in patients and their families (Srolovitz et al., 2022).

Art therapy also has a strong tradition of and applications for social activism and advocacy work. Social action art therapy, for instance, operates out of the knowledge that individuals and their experiences should not be separated from the environments in which they exist (Kaplan, 2005). This leads such therapy to expand beyond the walls of the therapy room and out into society to help enact change for social justice and good as an undergirding framework for the work done with clients.

The possible applications of art therapy are as endless as the ways in which creativity manifests itself. Art therapy is a relatively young health and human services field, beginning roughly in the 1940s in tuberculosis clinics in Europe and being more formally founded in Europe in 1964 and in the US in 1969 (Australia, NZ, and Singapore followed in 1987) (Fancourt, 2017). Considering this young history, art therapy has had an impressive reach in human health thus far, being used in treatments for addiction (Aletraris et al., 2014), alcoholism (Kant et al., 2023), eating disorders (Griffin et al., 2021 and 2023), learning disorders (Macpherson et al., 2016), cognitive impairment (Masika et al., 2021), dementia (Bao & Landers, 2022), cancer (Ando et al., 2016), PTSD (Kaimal et al., 2022), depression (Jenabi et al., 2023), pain management (Hass-Cohen et al., 2022), effects of stroke (Di Giorgi et al., 2023), as well as in child welfare (Coholic & Eys, 2016), with refugees (Feen-Calligan et al., 2023), within criminal and legal issues (Qiu et al., 2017), education (Ronconi et al., 2023), social justice (Kim et al., 2023), and more. The mediums and models for art therapy are similarly vast. Typical art material such as pencils, crayons, markers, paper, clay, and paint are all used in art therapy, but this, too, has expanded greatly since its inception. Art therapy now may include everything from photography to puppets, masks to fiber arts, and beyond. As an example of the ever-expanding field and range; a study by Ahn & Park (2022) reported that art therapists had been shown to be effective in addressing pandemic-related psychological issues (such as anxiety), and as a result, online art therapy gained attention as a suitable alternative during quarantine.

There are many approaches and theoretical models for practice of art therapy. Some examples of such approaches are Cognitive Behavioral Art Therapy which uses mindfulness and the identification of negative thought patterns to allow for cognitive restructuring, Analytical (Jungian) Art Therapy wherein symbol and metaphor are seen and used as powerful tools for

resolving conflicts between our conscious and unconscious minds, and Somatic Art Therapy which incorporates movement and/or body awareness into the act of art making to encourage state-dependent imagery to emerge and enter the therapeutic process. Sometimes forms of Somatic Art Therapy are also called expressive art therapy, and mixed methods and models can be referred to in general as creative arts therapy. Creative arts therapy and art therapy are terms that can be considered interchangeable and refer to psychotherapy that uses visual arts practices and principles. Expressive arts therapy, however, includes art therapy, but goes beyond the visual arts to also encompass drama, writing, play, movement, dance, music, and sandplay therapies. The term “integrative” also may be applied to indicate that the particular therapy uses any one or more of such creative therapies e.g., “integrative art therapy” (Malchiodi, 2014).

Art therapy can take place in differing environments with any and all types of people. Typical places art therapy happens are in hospitals, private offices or studios, in nursing homes or assisted living facilities, in patients’ homes, shelters, group homes, schools, community centers, correctional facilities, camps, and rehabilitation centers. Art therapy can be individual, with just one patient and practitioner, or it can happen in groups with many patients in orchestration with one or more therapists. Art therapy may also occur with families and/or with caretakers and assistant facilitators present, with such individuals possibly engaging in the therapy as well. This variety of spaces and applications range from the medical model where art therapists are responding to (typically) individual need-based healthcare to community-based practices that are focused more on preventative healthcare (Awais & Drusedum, 2016).

It should be noted that there is no universality of definition for art therapy, particularly amongst different countries. Art therapy can be approached as a therapeutic, palliative,

preventive, or health-improving treatment, depending on the context and needs of patients or clients (Marco & Redolat, 2023).

### **Why Art Therapy? (In Death and Dying)**

Nine themes emerged from the review of existing research concerning the role of art therapy in death, dying, and end-of-life matters. Why should the role of art therapy in death, dying and end-of-life care and education be solidified and expanded? The answers are found in the themes: because art therapy is well suited to spearhead end-of-life education, planning, and health literacy, because art therapy can act as a conduit and support for communication, because art therapy can motivate and expand social wellbeing, because art therapy can guide and promote emotional expression and processing, because art therapy can help aid in relief of pain, anxiety, and depression, because art therapy can inspire hope, purpose, and sense of identity, even in the face of decline, because art therapy can preserve some sense of dignity and autonomy through inclusion and choice, because art therapy can aid in memory organization and cognitive function, and because art therapy can facilitate legacy. Within each theme the data is presented to show that art therapy plays an important and positive role in end-of-life care and shows why art therapy, specifically, should be included in an integrated and holistic model of care for older adults through end-of-life.

#### ***Because Art Therapy is Well-Suited to Spearhead End-of-Life Education, Planning, and Health Literacy***

In order to better understand why art therapy is well suited to spearhead end-of-life education, planning and health literacy, we should first acknowledge the importance of such education and planning. End-of-life care has become a current public health issue due to an aging

population and longer-lasting health conditions and lack of planning for end-of-life care can often result in expensive and futile healthcare procedures that go against the wishes of the patient, which can have a negative impact on patients and their families (Masters et al., 2020). In many cases, not knowing the full extent of the end-of-life wishes of loved ones is more common than knowing them, resulting in decisions made based on assumptions or hunches. This can lead to many unintended consequences such as unforeseen financial burdens or excess emotional distress. However, individuals taking the time to discuss their wishes with others may contribute to better end-of-life care and perhaps enhance the meaning they assign to their own life (Masters et al., 2020). Health literacy, which refers to the ability to obtain, process, and understand information about one's own health and healthcare options needed to make informed healthcare decisions (CDC, 2020), plays a crucial role in making informed decisions about end-of-life care. Death is a universal experience that will happen to every person, regardless of the interventions used to prolong life, but maximizing opportunities for a "good" death (whatever that means to each individual) can occur at both the population and individual level, as will be explored within this theme.

Health literacy is directly tied to the public health aspect of end-of-life care, as limited health literacy skills can lead to greater use of services to treat complications of disease and less use of preventive services (Masters et al., 2020, CDC, 2020). Not only can this result in higher healthcare costs all around, but it may also affect quality of life, as well as prevent conversations and planning for end-of-life care altogether. Increasing health literacy in the general population can lead to better maintenance of quality of life - especially at the end of life when wishes about healthcare, such as hospice and palliative care, are known in advance (Masters et al., 2020).

Here's where art therapy comes in. Art therapy and the arts in general have informative and communicative potentials that should be acknowledged and better integrated into how we transfer knowledge from research into practice, then from professionals to patients, families, and caregivers. Art can be used as a means of communicating evidence, raising awareness of healthy aging, and facilitating attitude and/or behavior change among older adults (Archibald & Kitson, 2020). Taking this a step further, Archibald & Kitson (2020) suggest that current linear methods of knowledge translation that involve communicating research findings after they are produced may not be as effective as involving older adults actively throughout the entire research and arts production process in an integrated manner. This means that when approaching education about end-of-life matters, simply telling patients about clinical research findings (verbally or via pamphlets or flyers, for instance) is not as effective as including patients throughout the entire research process. Archibald & Kitson's (2020) model of participatory research approaches that involve older adults in the art making process can provide meaningful primary research data and artistic outputs. This may also be particularly useful for including perspectives of persons who are often excluded from research participation, such as persons with dementia. Archibald & Kitson's findings (2020) also suggest that arts-based methods of engaging and communicating about health research are well aligned with the developmental status of older adulthood. These findings are important to understanding possibilities for how art therapy might be used to expand end-of-life health literacy amongst older adults.

A 2020 study by Nan et al regarding what they call "Life-Death Education" (LDE) discusses the importance of providing holistic care to older adults to promote successful aging and maintaining a meaningful life. It highlights the challenges of LDE in Chinese communities, where talking about death is often considered taboo and older adults may have difficulty

expressing their emotions and memories verbally. As such, traditional verbal methods of LDE may not be effective for older adults in Chinese culture and proposes the integration of nonverbal arts experiential approaches to make LDE more accessible and effective for this population. Historically there is a taboo around discussing death and dying in Western society as well, particularly in clinical settings where death has been viewed as a medical failure. Although progress has been made in improving communication about death and dying since the palliative care movement in the 1990s, there is still resistance to open communication in care environments. This can have an impact on the overall quality of end-of-life care. (Omori et al., 2020).

The Nan et al. study (2020) found that the use of arts in LDE can have several potential benefits including enhanced right-brain processing, whole brain engagement, improved physical and emotional well-being, non-verbal expression, containment and conveyance of difficult experiences and emotions, promotion of social interaction, and even enhancement of therapeutic skills of healthcare workers. Overall, their study investigated the effectiveness of arts-based life review and death education for older adults in a community setting. The research results suggest that this type of program can help participants recollect and articulate significant life events, enhance and encourage communication and relationships with family members, and affirm existential values. The program included activities where participants were creating artworks and discussing end-of-life issues, which helped participants communicate their wills and plan for death.

End-of-life education for families can also be used in order to promote shared understandings of appropriate care for patients in their final stage of life in residential aged care facilities. Caregivers who have direct contact with families in such facilities have reported their

experiences with those families as often lacking in understanding pertaining to what end-of-life care entails, which often results in families having unrealistic care expectations. Providing families with in-depth explanations of prognoses and disease progression as early as possible is seen as crucial in helping families form realistic expectations. Inconsistent understandings between staff and families of the resident's health status can lead to conflicts. "Frequent, frank, and face-to-face," (p. 691) communication is emphasized as critical in resolving divergent opinions and understanding (Omari et al., 2020).

However, one could argue the need for educational intervention long before a patient's admission to such care facilities, as it could help share the burden of knowledge. While it is part of the job of healthcare workers to communicate with individuals and their loved ones about their immediate healthcare, the onus should not entirely fall on them, especially at such a late stage of care. For instance, a reasonable expectation would be for capable adults in our general society to have a basic understanding of what palliative care is and how it works. Omori et al. (2020) go on to propose a framework for quality institutional end-of-life care that is aligned with developing death literacy through relational means, based on the principles of respect for patients, support for family, coordination of care, and good communication. Achieving this level of engagement would require skill development for all parties.

One possible way of co-creating a more holistic and integrated approach to end-of-life care and education would be the ability of art therapists to work together with other types of health care practitioners toward specific goals for patients. Archibald & Kitson suggest (2020) that clinicians and caregivers working with older adults should consider using creative methods of communicating health research evidence. Arts-based approaches, such as filmed vignettes or narratives of peers, are examples provided of how health messages might be delivered in more

comprehensible and meaningful ways. Art therapists could also be involved in advising and training those working with older adults, as well as providing supportive materials. Nan et al. published a study in 2020 where they found that art therapists could enhance the therapeutic skills of healthcare workers. Healthcare workers could receive informal training in the use of arts as an intervention method for end-of-life education with older adults. This might include understanding the physical properties of specific art materials, learning how the creative process works, or how to carry out the plan for organizing arts-based activities.

Overall, there is a high degree of both need and benefit concerning end-of-life education. While many parties stand to reap the benefits of end-of-life education, ultimately it is the individual learner who stands to gain the most. In general, and overall, education and learning opportunities for aging adults have been found to help maintain intellectual capacity, improve self-esteem, further personal development, support relationships, and promote feelings of competency and empowerment (Misluk & Rush, 2022).

### ***Because Art Therapy Can Act as a Conduit and Support for Communication***

Communication is important concerning end-of-life between patients and their families and loved ones, as well between patients and their carers, and art therapy can help facilitate communication around such a tough and complicated topic, as evidenced throughout this section. Death and dying in the present day are different from previous centuries, as individuals now have more time to consider their end-of-life care. However, discomfort with the topic often prevents people from having conversations about their dying preferences with loved ones or healthcare providers (Masters et al., 2020). Openly discussing and revealing thoughts and wishes for the last days of life is key, as it can bring relief to individuals and promote an individual's own idea of a good death (Masters et al., 2020). A 2020 article by Omori et al. outlines, "the theory of

awareness of dying,” (p. 685) which emphasizes the importance of person-centered care and family involvement in end-of-life care for patients in residential care settings. They suggest that quality end-of-life care requires open communication and collaboration between care professionals, patients, and families to identify the social, emotional, spiritual, and interpersonal needs of dying individuals. Overall, the theory highlights the need for direct and clear communication which uses plain language to facilitate realistic end-of-life conversations with families, taking into consideration their varying levels of health literacy and emotional states.

Arts engagement can help promote self-reflection, especially during the midlife re-evaluation phase commonly experienced in the 4th and 5th decade of life. Arts engagement can also facilitate conversations and communication around health and health evidence, capitalizing on the benefits of creative expression and artistic endeavors for well-being. The potential for bi-directional understanding and communication through the arts, where information flows from researchers/artists to participants and vice versa, is highlighted as an underutilized approach (Archibald & Kitson, 2020).

Residential aged care facilities in particular, which are increasingly being used as places for end-of-life care, face challenges in facilitating frank and informative discussions about death and dying among residents, care professionals, and families. The lack of communication about death and dying can have negative consequences for both professional carers and family carers, including negative emotional impact and decreased trust (Omori et al., 2022). Art therapy, as it bypasses the primary need for verbal communication, is an excellent way to address and help overcome the taboo nature of communicating about death (Nan et al., 2020). Research has shown, for instance, that participants in a professionally led art-based cognitive health intervention reported experiencing enriched or improved communication skills as a result of the

program, leading to meaningful conversations in their daily lives (Brown et al., 2021). This evidence can be used to foster and encourage better care outcomes and increased trust for patients and their caregivers.

### ***Because Art Therapy Can Motivate and Expand Social Wellbeing***

Social isolation and loneliness are prevalent amongst older adults, regardless of housing or living situation, and are associated with an array of negative health impacts and outcomes, even early mortality (Holt-Lunstad, 2020). Declining health of individuals and/or their spouses, shrinking social circles, and being more likely to live alone are just a few examples of factors that make older adults more susceptible to such a decline in social wellbeing (Gardiner et al., 2016). While not all older adults are actively dying, I view isolation in older age as a process instead of an event, so preventative care and end-of-life care are relevant concerning this issue, and it is for these reasons that the ability for art therapy to positively impact and expand social wellbeing is so important.

Whether social wellbeing is the focus of an art therapy intervention, or a positive side effect, it is a commonly reported and known benefit of art therapy for older adults in institutional and non-institutional settings (see Lee et al., 2021., Johnson et al., 2021., Nan et al., 2020., Roswiyani et al., 2020., Misluk & Rush, 2022., and Mabire et al., 2022). More specifically, social wellbeing in this context might look like making new friends, connecting with others, strengthening bonds, providing contexts for meaningful discussions and interactions, deeper understanding of others, mutual encouragement and support from peers, and opportunities for collaboration. In a group intervention concerning death and dying, art therapy can also create a non-threatening and supportive space for patients to share their reflections and artworks about life and death issues (Nan et al., 2020).

Social experiences during a study on art therapy programs aimed at cognitive health were found to be a main factor driving positive program outcomes. Participants cited peer support and the sharing of diverse perspectives as contributions to their learning and engagement (Brown et al., 2021). This study was able to conclude that the art-based cognitive health intervention they administered showed promise for improving psychosocial wellbeing for the participants. This is significant because it shows that the social component of art therapy interventions is not only a benefit in and of itself to patients but may also contribute to the effectiveness of other desired therapy outcomes by heightening engagement.

Many older adults suffer from dementia, and one of the ways dementia complicates the dying process is through social withdrawal (Porcelli et al., 2019). Social activities, therefore, can be very important for patients with dementia. Art therapy interventions, specifically, can be readily tailored to accommodate individuals across the spectrum of varying needs and states, while remaining effective at promoting social wellbeing. For example, a 2022 observational study on the impact of psychosocial intervention on social interactions between people with dementia found a significant increase in the overall length of social interactions after five weeks of intervention, indicating that involving people with dementia in social activities can help them develop social bonds among themselves and with care staff (Mabire et al., 2022). The intervention seemed to strengthen the residents' abilities to interact and initiate social interactions as well.

### ***Because Art Therapy Can Guide and Promote Emotional Expression and Processing***

Art therapy can be a form of non-verbal expression and offer containment of difficult experiences, which means art therapy can serve as a vessel for containing and expressing such experiences that may be challenging to verbalize. Older adults can use the arts to explore and

share their reactions to life and death issues in a supportive environment, apart from verbal conversation, which can provide a unique mode of expression and catharsis (Huhtinen-Hilden, 2014). Art therapy can also act as an alternative communication channel, allowing clients to express emotions symbolically and process stressful emotions. It can help clients become aware of their inner capacities and ability to change through metaphorical communication (Marco & Redolat, 2023).

Participants in all four arts programs created for a study by Johnson et al. (2021) reported feeling good and described how the classes provided enjoyment, facilitated happiness, and led to laughter, contributing to their overall sense of emotional wellbeing. The arts classes were seen as a source of joy and positive emotions, which enhanced the participants' wellbeing (Johnson et al., 2021). Additionally, arts activities may offer a diverse and engaging approach to reducing dementia risk and promoting quality of life and emotional wellbeing (Brown et al., 2021).

### ***Because Art Therapy Can Help Aid in Relief of Pain, Anxiety, and Depression***

Anxiety is a natural response to the unknown and can be especially strong around death because we don't ever really get to know what it's like until we go through it ourselves. Fears around pain, suffering, and what happens after physical death may heighten anxiety. Art therapy can help address this through investigating what it means to an individual to die and facilitating acceptance of death as a part of the natural cycle of life through helping individuals create a sense of coherence and meaning from their own life's story.

In a 2020 study by LaPenna & Tariman, findings indicated that art therapy was effective in reducing anxiety in patients with cancer, with anxiety scores improving from 8% to 64% from baseline to post-intervention. Additionally, the effects of art therapy on depression in patients with cancer were positive, with patient scores for depression improving from 6% to 72%. Quality

of life scores also improved from 8% to 68% following an art therapy intervention from baseline to post-intervention (LaPenna & Tariman, 2020). The duration of these effects is as of yet unknown, however.

Studies show that engaging in art-making activities can have positive effects on stress management and symptoms of anxiety, including changes in cortisol levels and brain activity patterns. More specifically, Mindfulness-Based Art Therapy (MBAT), which combines mindfulness protocols with art therapy prompts and art-making activities, has shown through research that it can have positive effects on brain activation, stress and anxiety measures, perceived stress, and may aid in protecting against chronic stress (Beerse et al., 2020).

Some arts-based interventions have also been found to decrease specific symptoms such as pain, nausea, shortness of breath, anxiety, and depression, and increase patients' reported sense of well-being (Lee et al., 2021). Pain management, in particular, can be a complicated health issue with a wide array of negative effects on those who suffer from it chronically. Some studies have shown significant decrease in pain intensity and duration for dementia patients who have participated in non-pharmacological interventions, such as therapeutic singing and painting (see Bao & Landers, 2022, Pongan et al., 2017/2020, and Rouch et al., 2018). This research has the potential to open many doors concerning offering all types of populations who suffer from chronic pain a more holistic model of care through the addition of evidence-based non-pharmacological approaches.

Arts activities, such as visual arts and dance/movement, have been shown to reduce symptoms such as physical discomfort, tiredness, and mood changes in older adults receiving care. Arts interventions can also improve appetite and provide a mindful and symbolic process for reflecting upon past events and inner desires related to life and death issues (Choi & Park,

2012; Lusebrink et al., 2013; Nan et al., 2018). Improving appetite is an interesting benefit to note, because while it may not be talked about often, changes in appetite are common side effects associated with many medications and conditions, such as chemotherapy.

The aging population, along with increasing rates of disability and chronic disease, has resulted in a growing need for high-quality supports and services, including long-term care. Research has shown that institutional long-term care settings often have high rates of cognitive impairment, depression, and anxiety among residents. Activities, in general, have been identified as an important aspect of promoting well-being, with theories and studies highlighting the positive effects of activity engagement on affect and well-being. However, nursing home residents often have limited access to meaningful or preferred activities, and the prevailing model of structured recreational activities in large groups may not adequately cater to individual preferences. Person-centered care, which tailors activities to resident preferences, has been shown to improve satisfaction with care and overall well-being. (Shryock & Meeks, 2022). Art therapy, therefore, would make an excellent addition to the roster of activities available to residents in institutional long-term care settings.

### ***Because Art Therapy Can Inspire Hope, Purpose, and Sense of Identity, Even in the Face of Decline***

The kind of hope possible at the end of life is not a hope for escaping death, but rather the hope of a good death and the hope of positive impact left behind after death. The sense of purpose that can be promoted or instilled at the end of life is also aimed at a good death. What a “good death” means, however, is very personal and individual. Here, my personal view is that regardless of what a good death is defined as, it includes some form of acceptance and ownership over oneself and one’s story — which are reflected in senses of purpose and identity. I posit that

this theme, under the role of art therapy in death and dying, may be one of the most underutilized as a non-pharmacological intervention for improving the health and lives of older adults.

Three major benefits of creative activities and interventions highlighted in the research of Johnson et al. (2021) are, “interest in life/purpose,” “self-efficacy,” and “artistic identity.” For interest in life/purpose, participants reported that engaging in creative activities and learning new artistic skills provided a sense of purpose and motivation, giving them a reason to look forward to the classes and participate actively. Self-efficacy was characterized by the interventions being seen as an opportunity for the participants to develop and showcase their creative skills. Participants described how they gained confidence in their artistic abilities and felt a sense of accomplishment when they completed their artworks. This increased self-efficacy spilled over into other areas of their lives, enhancing their overall confidence and sense of competence. Lastly, artistic identity was impacted by the interventions providing a context for participants to explore and develop themselves in new ways. Participants described how they learned new artistic techniques, expressed their personal interpretations through their artworks, and thus gained a sense of artistic identity and self-expression. Similarly, meaning-making, spirituality, and sense of wellbeing characterized by enjoyment, enthusiasm, and invigoration were reported in a 2021 study by Lee et al. Newly discovered or reframed sense of self was also reported by those participants through activities that involved reflection, expression, and archiving of memories and stories. These arts interventions were found to create opportunities for patients to reflect on their lives and identities beyond illness, and to rediscover who they are in the present, which, in turn, raised feelings of agency and self-esteem.

Another point of interest is the increased openness participants most commonly reported in a 2021 study by Brown et al., with participants mentioning being more open-minded to new

experiences and perspectives. They reported being more observant, creative, and critically engaged with the world around them as a result of the program. Participants described a shift in their mindset towards being more open to trying new things and looking at objects or situations from different angles. These same participants also highlighted feeling challenged by the program in a positive way, resulting in personal growth. They mentioned figuring out solutions, stepping outside of their comfort zones, and meeting project deadlines as factors contributing to such growth. They also shared experiences of spending time outside of class thinking about projects, which led to breakthroughs and a sense of accomplishment.

Overall, creativity can enhance problem-solving skills, self-understanding, meaningful involvements, and provide a sense of accomplishment and purpose. Art therapy has been shown to reduce depressive symptoms, increase confidence, emotional expression, motivation, interpersonal interactions, improve cognitive performance, develop artistic identity and connection to others, and empower and recognize aging adults (Misluk & Rush, 2022). Providing art therapy services, specifically, in non-clinical or community-based settings has been found to support wellness by reducing stigma, fostering empowerment and social inclusion, and promoting collaboration, identity development, and confidence. (Misluk & Rush, 2022).

### ***Because Art Therapy Can Preserve Some Sense of Dignity and Autonomy Through Inclusion and Choice***

Dignity is an essential consideration for discussion around and treatment of individuals in all health care contexts, but it is of fundamental value in the dying process, as a key factor for a good death (see Thompson et al., 2019, Järviö et al., 2023, and Hernández-Fernández & Meneses-Falcón, 2021). If death is a process that unfolds over a length of time, instead of a single momentary occurrence, it demands the understanding of intrinsic human worth. This

applies to caregivers and loved ones alike. Art therapy can serve the dying individual, their caregivers, and their loved ones by providing opportunities for communication (Brown et al., 2021 and Nan et al., for 2020), thus allowing the dying individual some ability to contribute to their own well-being. This contribution can be important to the value of dignity because it is common to increasingly lose forms of autonomy as we age and/or decline in health (Fingerman, et al., 2021).

Art therapy also offers the flexibility of various modes and techniques of accommodation for individuals with a broad range of abilities and needs (see Ganzon et al., 2020, Ahn & Park, 2022, and Harpazi et al., 2023). There is research around therapists' experiences tailoring art therapy to the individual needs of client(s) and their environments (e.g., Ganzon et al., 2020), but there are not always prescriptive methods and materials. While deeper research into frameworks for methods and materials concerning specific needs — say such as for individuals with Alzheimer's — could prove highly beneficial for therapists and clients alike, my opinion is that dynamic specificity should still be considered a higher priority. I see the inclusion created by tailoring therapies to individuals as what offers and/or preserves a high level of dignity for patients.

The principle of autonomy in art therapy practice for adults involves respecting clients' right to make their own choices, which can be difficult for clients with dementia, for instance, due to conflicting opinions from doctors, caregivers, and family members (Anacleto, 2018). Art therapists must involve clients in decision-making, promote consent and assent, and attempt to maintain privacy. Flexibility and creativity are crucial in promoting decision-making opportunities, even in less private settings (Anacleto, 2018). The presence of participant choice in art therapy interventions can positively impact well-being and engagement (Shryock &

Meeks, 2022). Studies have shown that when participants are given the freedom to choose the type of media they use for artmaking or the activity or art output within a session, it enhances their sense of independence and stimulates their curiosity (Shoesmith et al., 2022). In some studies, interventions that supported participant choice were found to have positive effects on mental acuity, physical engagement, calmness, sociability, well-being, and pleasure, compared to control groups that did not have participant choice (Shoesmith et al., 2022).

In 2020, Ganzon et al. introduced a new mode of art therapy they call “Art on Behalf.” This new style of intervention was created out of a need they observed while working in palliative care settings. Many of the palliative care patients were too ill, fatigued, or physically incapacitated to create art with their own hands, the way traditional art therapy would have them do. They did consider the “Third Hand” method, created by Edith Kramer (Malchiodi, 2010), in which therapists would often step in periodically to aid in the art creation process by lending their skill to help fulfill the vision of the patient. This method, however, did not fully address the needs Ganzon et al. were concerned about, due to the degree of incapacitation their palliative care patients may have been encountering at any given time. They created and piloted Art on Behalf (AB) as a result. The AB method would treat the patient more as an art director than artist, while the art therapist would sit bedside and paint or draw what the patient described. The artwork would remain displayed bedside throughout the course of intervention and after, if desired, for reflection and discussion. This method empowered patients who otherwise had very little bodily autonomy to participate in a production of meaningful artwork. The collaboration, choice of materials, colors, and imagery, and attunement with another individual were life and value affirming for the patients, per the study findings (Ganzon et al., 2020). These findings

align with allowing for and creating as much autonomy and dignity through inclusion as possible.

### ***Because Art Therapy Can Aid in Memory Organization and Cognitive Function***

The APA Dictionary of Psychology (2007, web resource entry “cognitive functioning”) defines cognitive functioning as, “the performance of the mental processes of perception, learning, memory, understanding, awareness, reasoning, judgment, intuition, and language.” Cognitive function is imperative to our everyday lives, and these functions — as well as memory — can be affected by a whole host of health issues that are more prevalent amongst older adults, such as with dementia or certain types of strokes.

Art therapy can facilitate access to memories, promoting continuity of visual narratives and supporting short-term memory. It may also help clients achieve a state of flow, which is associated with improved focus and sustained engagement (Marco & Redolat, 2023). Part of the science behind how this works is through what is called “whole brain engagement” (Nan & Ho, 2014). For art therapy specifically, participation in arts activities engages both the left and right hemispheres of the brain, as well as the body and mind, which can enhance concentration, organization, and memorization.

Four interventions that used visual arts as a medium by Fong et al. (2021) reported significant effects on cognition. They improved working memory tasks, executive functioning, and complex attention, with some effects maintained at 6 months post-intervention. Art therapy involving art production and cognitive evaluation led to improvements in complex attention and learning and memory, with learning and memory improvements maintained at 9 months post-intervention.

Art therapy has also been recommended as a non-pharmacological intervention for degenerative diseases like Alzheimer's Disease and as a preventive strategy for age-related cognitive decline (Marco & Redolat, 2023). Art therapy can reduce psychological and behavioral symptoms, promote socialization, self-esteem, and reminiscence. Studies have shown that art therapy can improve cognitive function, memory, executive functioning, and psychosocial well-being in older adults with Mild Cognitive Impairment or Alzheimer's Disease (Marco & Redolat, 2023). Art therapy approaches for Alzheimer's Disease or Mild Cognitive Impairment should be tailored to individual needs and may involve cognitive evaluation of artworks and mindful relaxation exercises (Marco & Redolat, 2023). These findings are an important jumping off point for further research concerning older adults and aging in general.

### ***Because Art Therapy Can Facilitate Legacy***

Legacy projects offer something tangible for a dying person to leave behind for their loved ones or even for their community and possible future generations. While that may sound lofty for the average person, the desire for generativity is a human one, especially when considering Erikson's 8 stages of development in psychology (Erikson, 1994). Some people may have thoroughly addressed their own legacy before death, while others may not have at all, creating a broad spectrum. One of the benefits of professionally facilitated legacy projects is that they can be done with individuals no matter where they fall on that spectrum.

An art therapy legacy intervention involves defining something significant to an individual that they wish to leave behind after their death, and using therapeutic activities to help individuals identify the subject matter and form of a tangible project that embodies their important message for future generations (Collins, 2019). Cheung & Franklin (2017) found a number of positive and lasting outcomes associated with creative legacy interventions, such as

decreases in physical symptoms of pain and illness, expanded social functions, and increases in overall positive self-regard. They also report that such interventions are economical and are easily adapted to various environments. Perhaps the most important result from this study was that legacy interventions are an easy way to add value and meaning to any patient's current treatment plan, because the results can have a rather immediate positive impact on the patient.

Unmeasured but reported results through interviews conducted were that some patients found a way to communicate with their loved ones through the legacy interventions, some found it easier to share their stories through the intervention, and some noted the desire to continue to build and add on to the project as time passes (Cheung & Franklin, 2017). These results interrelate with the themes of communication, purpose, and social wellbeing, as well.

An example of a popular and longstanding type of legacy project is body-casting. Artist Willa Shalit, in her book *Life Cast: Behind the Mask* (1992), chronicles the history of death masks dating back to ancient Egypt and Greece, where practices used to include a mask maker creating a face cast of a newly deceased person, still on their deathbed, to preserve the last likeness of that individual. In more recent times, and specifically pertaining to art therapy, therapist Mona Rutenberg (2008), "developed a practice of hand casting as an art therapy intervention that has had a profound effect for patients and their families." Rutenberg's development of this specific type of intervention came out of her extensive experience as an art therapist in geriatric, and specifically palliative care, settings. In the hand casting intervention, the therapist does the physical work, but the patients choose their pose and the overall aesthetic choices of the finished pieces in order to convey what they wish about themselves and their lives for their loved ones to remember. The castings may be as simple or complex as the patients wish — for instance some of Rutenberg's patients (2008) chose to have their hands clasped in prayer

or holding the hand of a loved one and left them in one color or material for the final casting, while others wanted their castings painted or to paint them themselves, or to even to be holding particular tools or items they cherished or felt defined them. This particular legacy intervention is also very accessible, given that the therapist is equipped to handle the work of the making from start to finish unless otherwise desired or requested, meaning that individuals in nearly any physical state could still participate in creating such a project. While this is only one example of a kind of legacy project art therapists may use with and for patients, Rutenberg's patients reported benefits that echo those of the Cheung & Franklin study (2017).

## **Discussion**

After reviewing the evidence of the current role of art therapy in end-of-life care and education, next is to look at addressing a possibility for how art therapy might fit into a holistic model of care. Fiandaca et al. (2017) present holism as a premise based “on the concept that the whole is more than the aggregation of its parts. To understand such a system, therefore, one must understand not only each individual component but also appreciate the time-dependent, inter-reliant relationships between components” (p. 2). This premise acknowledges the complex and ever-changing nature of human lives, bodies, and conditions. Dr. Hayley Willacy (2021) wrote an article on holistic medicine that goes further to explain: “It is true that holistic medicine allows for a wider range of treatment approaches to be used together and encourages open-mindedness for these different approaches. Some of these approaches may include the use of complementary and alternative medicine but holistic medicine does not dismiss conventional medicine or the importance of a scientific approach.” This is an important distinction to make, because I am arguing for a paradigm shift from a primarily medical and profit-driven health system into a holistic model of care that not only includes the systems we are already familiar

with, but works to integrate them for the benefit of caring for a person as a whole. So, the holistic approach I would put forth is two-pronged; 1) a holistic model of care that encompasses a wide range of disciplines under the umbrella of healthcare and general wellbeing, and 2) holism as a theoretical framework through which to view and understand the individual circumstances and needs of each patient as a person.

Although some of the most prevalent, and therefore accessible, benefits of art therapy as it pertains to death and dying are of a socio-emotional nature, as referenced throughout the body of this text, there are other significant benefits that could use further study and would particularly benefit from an interdisciplinary support system like holism. Some of these other areas of benefit include pain management, memory care, and cognitive function. While there is evidence to support that art therapy can help in these areas, which I have delineated above, more robust research is necessary. I believe that research done in these areas through and within a holistic framework could help lead the charge in creating the new paradigm of a holistic model of care overall. For example, art therapy research could be done on memory and cognitive function within a memory care facility or program, where art therapists are working closely with medical doctors and neuroscientists toward the same goal of improving such functions and quality of life for individuals. Not to imply that all current art therapy research is done in a vacuum, but the intentionality and interdisciplinary inclusion have the potential to make research and outcomes stronger and more effective.

In addition to broadening research methods toward the goal of creating holistic care, when such research concludes, whatever positive outcomes surface from that research need to be integrated into care. Whereas research within academia is often limited to theory, my hope is that, through practicum, further research on this is done and then supplied to professionals and

applied directly to work with patients. This kind of application and implementation would require inter and cross-disciplinary cooperation. Essentially, research methods and integration methods within a holistic healthcare system and framework need to be expanded and implemented for art therapy and other healthcare and wellbeing fields.

One of the ways I envision providing more effective care through research results is through education of healthcare professionals, such as doctors and nurses, on art therapy and its uses. Bringing that a step further, from theory to practice, one possibility could be to train such professionals to carry out interventions and programs created by art therapists (such as in Nan et al., 2020). This would broaden the reach of individual therapists as well as promote more integration of care across disciplines. I posit that the impact of care through such a model could far outweigh the economic and time investments necessary to research and implement the model, because of this broadened reach and integration. This larger vision for research and implementation requires a significant amount of further study, however.

### **Suggestions for Further Study**

The first piece missing from current scholarship on art therapy in death and dying, that I noticed, was a lack of diversity and inclusion concerning research participants, or otherwise a lack of detailed demographic data. In over 100 scholarly articles initially reviewed, I only found participants of color reported in fewer than five, and within those articles, they still represented the minority of participants (Asian participants in studies originating in Asian countries were excluded from this count). Similarly, but even more scant, was information regarding gender or economic status of participants. Gender was reported marginally more frequently than race or ethnic identities, but the categories were “male,” “female,” or “did not specify,” which is an

inadequate number of categories entirely, not allowing for the broad spectrum of gender identity that exists. Economic status of participants was not explicitly reported in any of the articles reviewed. Sexual and religious identities were not found in reporting, either. This, to some, may not seem relevant to research, but I would argue that it is always relevant. Understanding social location of participants involved in research, especially research pertaining to mental and physical health, I see as imperative to contextualize the outcomes of the research. I would even push the argument further and say that identities and social location of research administrators, such as art therapists, also can have an impact on research outcomes and how they are interpreted, due to unconscious/implicit or unaddressed bias. Understanding and acknowledging power dynamics between participants and administrators, as well as the environmental contexts the participants reside in, are two aspects I would also add to this broader topic of focus for further research. Overall, I would define this as inclusion, diversity, and social justice within the context of art therapy (and especially within the context of death and dying).

Beyond elevating the level of demographic reporting in research, I would also suggest that research for art therapy always be with and for traditionally marginalized communities. Art therapy, and therapy in general, can be out of reach for many individuals and communities on the margins for a number of reasons. Considering this current reality, if we, as health professionals, are in the privileged position of offering free programs for the sake of research, we ought at least first look towards those it stands to benefit the most. However, this should be done in a sensitive and informed manner, structured to account for and diminish power differentials as much as possible.

Next, I firmly believe that more interdisciplinary studies need to be done in the arena of death and dying, and end-of-life care and education toward the goal of a holistic model of care.

Clark (2014) critiques and outlines medicalization as, “Medicalization occurs when the biomedical model — the modern, dominant form of practice by Western healthcare professionals — is applied to the understanding of a phenomenon. A biomedical model sees health as freedom from disease, and is characterized by reductionism, individualism, and a bias toward the technological” (p. 2). It is precisely because of the pitfalls of reductionism, individualism, and bias toward the technological (e.g., ignoring context or environmental factors, viewing the body as a machine, oversimplifying or ignoring the reality of the complex nature of health, not holding systems accountable for health outcomes, etc.) that I argue for a fairer and more balanced holistic model of care for end-of-life. My opinion is that this Western medicalization of all things related to end-of-life care has an outside role in such an important human process, past the point of positive effect for all parties involved — the individuals experiencing the end of their life, their loved ones, caregivers, health care workers, etc. This outside role also extends to the resources afforded to healthcare institutions, by which I mean that there is often a lack of funds allocated to such research or resources outside of strictly Western, medicalized, and privatized healthcare possibilities. Important research, otherwise unfunded, could be done if these doors and the flow of resources were opened to broader disciplines and modalities of care.

This leads me to my next point, which is that end-of-life education — for all adults — is something that research needs to expand on. This education needs to begin in young adulthood and revisited at various stages of life. I think art therapy is specifically well poised to lead the charge on end-of-life education and program creation/coordination. Programs for end-of-life education ultimately should be free and accessible, which likely points to such programs being community based and funded. This being the case, evidence should be robust, so as to lower or eliminate as much risk as possible concerning use of community resources. Private healthcare

institutions could also adopt such programs, but I would not suggest the end goal of such research be for programs with higher barriers to access. Overall, I see a gap in long term (over one year) research for art therapy in death and dying, and there were only three studies I could find that pertained to end-of-life education and art therapy in general.

As mentioned previously in the methods portion of the review, another area of research that has potential for immense value would be a review of existing literature and research regarding children and adolescents and how art therapy can aid them concerning death and dying. Such a review would also help identify research gaps for that population and inform further study. I would add to this an inquiry on how American culture approaches talking and teaching about death and dying to children and adolescents, as they are not exempt from these experiences. Developmentally appropriate education and resources for kids and parents concerning death and dying may fall under the scope of something art therapy could offer.

Another research gap I have identified pertains to how research is done for art therapy, in that the reporting and nature of research lacks consistency. This is pointed to in the previous paragraph about end-of-life education research, but I would care to expand the idea. While I see the flexibility of art therapy to adapt to the patient's needs as one of its most valuable attributes, an argument could be made for the creation and use of more structured treatment programs for the purpose of building more robust bodies of evidence. For instance, it would be valuable to put a finer point on research by understanding what types of art therapy interventions offer specific outcomes by population. If a holistic program were to be developed, say, for art therapy interventions for individuals with dementia, such a program could be built upon research that was more precisely controlled, tested further out into time, and replicated.

Something I noticed in one study (Nan et al., 2020) that made an impression on me was that the art therapist(s) engaging in the art therapy intervention trained other health and caregiving professionals in the art therapy program so they, too, could help in the execution of the intervention. It occurred to me that there are many possible benefits of creating and studying a program or model where professional art therapists can implement large-scale interventions by way of training colleagues to carry out or oversee structured interventions. In particular, I believe this could be highly effective concerning end-of-life education and planning. This also promotes a more integrative approach by including other professionals in the care plans for an individual, which has the potential to raise the level of communication, engagement, and cohesion for both carers and patients.

Lastly, for research suggestions, I notice that (perhaps by way of the over-medicalization of death and dying) not much attention is paid to those who are not already living in an institutional setting or are being actively treated for illness. Part of this may be a resource (money) issue, but I think it goes deeper than that. Holistic care addresses a person and their experiences as a whole, and in a culture where it seems medical care dominates our view of bodies, this might look something like “preventative care.” This could include education but would not be limited to it. Some questions I have here are: What would it look like for art therapy to be used as a tool for adults to build community? What are the potential benefits of offering in-home art therapy to people who are not in active disease, disability, or illness? Can art therapy play a significant role in the maintenance and expansion of an already medically healthy life for older adults? If so, would that role pose potential benefits down the line for when individuals do get ill or enter an active phase of dying?

## **Limitations**

Limitations encountered throughout this research were lack of standardization in reporting and analysis, lack of follow up studies to show longevity of reported benefits, lack of depth in quantity of studies on one or similar topics, small sample populations, lack of demographic data, short history of the art therapy field, lack of standardization concerning definitions and roles of various therapies and professionals, and inconsistencies regarding study inclusion and exclusion due to aforementioned issues. Given the nature of an undergraduate thesis and piloting an interdisciplinary comprehensive literature review, time and scope limit the overall depth of the thesis as well.

## **Conclusion**

This literature review is an important steppingstone to further investigation and study regarding art therapy in death, dying, and end-of-life care, as well as for the promotion of study and implementation of integrated, holistic healthcare in general. An array of positive outcomes and benefits have been reported by researchers and patients who have participated in and studied art therapy interventions across a spectrum of applications and populations, as evidenced in this paper. It is apparent through this review that there is great potential for deepening and expanding the role of art therapy into a holistic healthcare model for end-of-life. A great many gaps exist in research at present; however, every gap is an opportunity and an invitation for further investigation. Next steps concerning these findings are primarily outlined in the Suggestions for Further Study section, but I would also add that this literature review was intended to act as a primer for my own future education and research as I work toward a Master's degree in art therapy and counseling.

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