

# **The Role of Reminiscence Arts in the Lives of Care Home Residents Living with Dementia**

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## **Declaration of Authorship**

I Jayne Lloyd hereby declare that this thesis and the work presented in it is entirely my own. Where I have consulted the work of others, this is always clearly stated.

Signed:

Date:

## **Abstract**

This thesis explores the role of Reminiscence Arts in the lives of care home residents living with dementia. The practice-based PhD critically engages with *Reminiscence Arts and Dementia Care: Impact on Quality of Life (RADIQL)*. RADIQL was a three-year programme of creative activities for care home residents living with dementia which ran from 2012 to 2015. It was designed and led by Age Exchange Theatre Trust and funded by Guy's and St. Thomas' Charity.

The researcher developed practice-based research projects inspired by observations of Age Exchange's Reminiscence Arts sessions. These investigated how reminiscence and a range of art forms were combined in creative projects with care home residents living with dementia. Drawing on theories of affective, material and social experiences of place from the fields of geography, anthropology and the arts, particular attention is paid to experiences of the care home environment. The role of Reminiscence Arts in responding to the sensory and experiential deficiencies of the residential care environment is analysed along with the dialogue the sessions create with other geographical locations and temporalities. Drawing on studies from the fields of health and social care, the thesis discusses the complexities of attempting to understand and engage with another person's experience of place, particularly when they are living with dementia.

The thesis proposes that Reminiscence Arts can offer an important creative response to understanding and enhancing the personal and social lives of people living with dementia that was missing in the care home provision that was researched. The thesis argues that through their arts practices artists develop ways of perceiving and engaging with the world that can equip them to respond to, communicate about and shift perceptions of experiences of dementia. The reciprocity with which artists engage with care home residents living with dementia has the potential to extend approaches to both dementia care and socially engaged arts practices.

## Table of Contents

<b>The Role of Reminiscence Arts in the Lives of Care Home Residents Living with Dementia.....</b>	<b>1</b>
<b>Declaration of Authorship.....</b>	<b>2</b>
<b>Abstract.....</b>	<b>3</b>
<b>Table of Contents.....</b>	<b>4</b>
<b>Table of Figures.....</b>	<b>5</b>
<b>Acknowledgements.....</b>	<b>7</b>
<b>Chapter 1: Starting Points: Reminiscence, Artists and Care Home Residents Living with Dementia.....</b>	<b>8</b>
My Background.....	9
Why Reminiscence with People that ‘Struggle’ to Remember? .....	12
Artists Researching in Health and Social Care Settings.....	20
Interrelated Strands: A Methodology.....	31
This PhD, its Contents and Navigation of the Thesis.....	33
The Constraints of the Research.....	35
<b>Chapter 2: Going for a Walk and Bringing the Outdoors In.....</b>	<b>38</b>
Walking and Wandering.....	40
The Shape of a Walk.....	56
Can I Bring the Weather with Me? .....	68
Wandering with Suitcases on Rainy Days.....	80
<b>Chapter 3: Home Cooking.....</b>	<b>85</b>
Learning to Cook Ackee and Saffron.....	87
Sharing a Meal.....	97
Locating Reminiscence Arts Practice in the Care Home.....	103
Sharing Recipes.....	108
<b>Chapter 4: Mark-Making and Cream Tea: Making Objects and Stories.....</b>	<b>114</b>
Making a Mark.....	116
Cleaning Umbrellas and Tidying the Stars.....	125
Going to the Isle of Wight to Meet the Queen.....	132
Experiencing Together.....	138
Butterfly or Falling Leaf? .....	142
<b>Chapter 5: Artists in Residential Care Settings and Beyond.....</b>	<b>150</b>
The Principles of Reminiscence Arts.....	151
Wandering from the Care Home to the Gallery and Back.....	155
The Artist-Researcher as an Informed Participant.....	157
Catching a Fish and Swimming Home.....	159
<b>Bibliography.....</b>	<b>162</b>
<b>Appendix 1: <i>Reminiscence Arts and Dementia Care: Impact on Quality of Life, 2012-2015: A Final Report of the Evaluation, December 2015</i>.....</b>	<b>186</b>
<b>Appendix 2: Practice-based Research Project 1: Weekly Reports and Photographs....</b>	<b>218</b>
<b>Appendix 3: Practice-based Research Project 2: Weekly Reports and Photographs....</b>	<b>302</b>

This thesis is accompanied by a box containing documentation of Jayne Lloyd’s practice-based PhD exhibition, The Bakehouse Theatre, Blackheath. 14<sup>th</sup> Jul. 2015.



## Table of Figures

Figure 1. Film still from <i>Children of the Great War</i> . 2015. ....	17
Figure 2. Sophie Calle. <i>The Blind</i> (detail). 1986. ....	19
Figure 3. Kate Sweeney and Claire Ford. <i>The Cruel Sea</i> (film still). 2015. ....	28
Figure 4. Autumnal leaves in a Reminiscence Arts session. <i>RADIQL</i> . 13 <sup>th</sup> Nov. 2013. ....	39
Figure 5. Bruce Nauman. <i>Walking in a Exaggerated Manner Around the Perimeter of a Square</i> (film still). 1967-68. ....	42
Figure 6. Photograph of archway taken during my 12 <sup>th</sup> walk on Streatham Common. 15 <sup>th</sup> Aug. 2014. ....	46
Figure 7. Photograph of archway taken during my 29 <sup>th</sup> walk on Streatham Common. 4 <sup>th</sup> Dec. 2014. ....	46
Figure 8. Drawing of the care home corridor Mary and I walked down each week. 2015. ....	47
Figure 9. Map of Streatham Common showing the landmarks Mary identified. 2014. ....	53
Figure 10. Richard Long. <i>Silbury Hill</i> (Postcard version: photograph, gelatin silver print on paper, typed text and postcard). 1970-1. ....	57
Figure 11. Drawing in flour, rice and glitter on paper with canes. Practice-based research project 1, session 9. 5 <sup>th</sup> Apr. 2014. ....	66
Figure 12. Jayne Lloyd. <i>Walking with Mary</i> (detail). 2015. ....	67
Figure 13. Brightly coloured umbrellas lit to evoke a sunny day. Practice-based research project 1, session 7. 7 <sup>th</sup> Apr. 2014. ....	69
Figure 14. Black umbrellas lit to evoke night-time. Practice-based research project 1, session 8. 28 <sup>th</sup> April 2014. ....	70
Figure 15. Shoe prints on paper. Practice-based research project 1, session 2. 25 <sup>th</sup> Feb. 2014. ....	75
Figure 16. Richard Long. <i>Walking in a Moving World</i> . 2001. ....	77
Figure 17. Jayne Lloyd. <i>A 10 Day Walk in a Care Home 2014</i> (poster version detail). 2015. ....	79
Figure 18. Jayne Lloyd. <i>Luggage</i> (detail). 2015. ....	80
Figure 19. A page from my notebook showing one of the images of ackee I discussed with John and documenting the information he gave me about it. Practice-based project 2, session 2. 22 <sup>nd</sup> May 2014. ....	89
Figure 20. Ackee and salt fish cooked in my kitchen following John's recipe. 18 <sup>th</sup> June 2014. ....	96
Figure 21. Ackee tin on care home table. Practice-based research project 2, session 5. 19 <sup>th</sup> Jun. 2014. ....	102
Figure 22. Jayne Lloyd. <i>A Taste of Life</i> (cover). 2015. ....	109
Figure 23. Jayne Lloyd. <i>A Taste of Life</i> (double-page spread showing the layout that is replicated throughout the book). 2015. ....	112
Figure 24. Iris's shoe print. Practice-based research project 1, session 3. 3 <sup>rd</sup> Mar. 2014. ....	121
Figure 25. Cocktail umbrellas arranged by Iris as part of a 'rain painting'. Practice-based research project 1, session 4. 17 <sup>th</sup> Mar. 2014. ....	121
Figure 26. Iris painting on an umbrella. Practice-based research project 1, session 6. 30 <sup>th</sup> Mar. 2014. ....	122
Figure 27. Betty collecting paper stars. Practice-based research project 1, session 9. 5 <sup>th</sup> Apr. 2014. ....	126
Figure 28. Betty collecting paper stars. Practice-based research project 1, session 9. 5 <sup>th</sup> Apr. 2014. ....	129
Figure 29. Betty making a print of a sole of a shoe. Practice-based research project 1, session 3. 3 <sup>rd</sup> Mar. 2014. ....	130
Figure 30. Betty noticing she has paint on her fingers. Practice-based research project 1, session 3. 3 <sup>rd</sup> Mar. 2014. ....	131
Figure 31. Betty making fingerprints on paper with Christina Argiropoulou. Practice-based research project 1, session 3. 3 <sup>rd</sup> Mar. 2014. ....	131
Figure 32. Participant holding a cocktail umbrella whilst his cup of tea mingles with	

‘rain painting’ Practice-based research project 1, session 4. 17 <sup>th</sup> Mar. 2014. ....	144
Figure 33. Jayne Lloyd and Nicola Hatton. <i>Butterfly or Falling Leaf?</i> (interaction with the teacups that ‘rained’). 14 <sup>th</sup> Jul. 2015. ....	144
Figure 34. Jayne Lloyd and Nicola Hatton. <i>Butterfly or Falling Leaf?</i> (leaf rubbing being made with chalk on the tablecloth). 14 <sup>th</sup> Jul. 2015. ....	145
Figure 35. Jayne Lloyd. <i>Net</i> (performed as part of <i>Houserules</i> ). 8 <sup>th</sup> Jun. 2014. ....	161

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## **Chapter 1: Starting Points: Reminiscence, Artists and Care Home**

### **Residents Living with Dementia**

This thesis explores the work of Age Exchange Theatre Trust, an arts charity based in Blackheath, London. It investigates one of their projects, *Reminiscence Arts and Dementia Care: Impact on Quality of Life (RADIQL, 2012-2015)*, a three-year programme of creative activities for and with care home residents living with dementia. *RADIQL* was designed to test and evaluate Age Exchange's participatory arts and reminiscence practice and its impact on the lives of older adults living with dementia. The project, which involved both group work and one-to-one creative sessions, took place in care homes throughout the London boroughs of Lambeth and Southwark and was awarded a grant of £608,000 by Guy's and St Thomas' Charity. My practice-based PhD was funded as part of the evaluation of this project. This chapter discusses the aims of my practice-based PhD research, the context in which it took place and the area of participatory arts practice and research to which it aims to make a contribution.

Through a critical engagement with *RADIQL*, I was commissioned by Age Exchange to define the underlying principles of their Reminiscence Arts practice. The practice had been developed intuitively by highly skilled creative practitioners, but Age Exchange recognised at the inception of *RADIQL* that this tacit knowledge needed to be made explicit in order to build on their understanding, communication and development of it. My research responds to this need by aiming to provide a clear conceptual framework for Reminiscence Arts that will sustain and develop the quality of Age Exchange's practice and support them to articulate and make a case for Reminiscence Arts practice to funders, commissioners, practitioners and managers in the arts and health and social care sectors. Age Exchange intended to use my research to support applications for future funding and commissioning of similar projects, the training of care staff in aspects of Reminiscence Arts practice and the professional development of their own staff.

## **My Background**

Prior to *RADIQL* I had worked with Age Exchange as part of a team evaluating *Hearts and Minds*, a project that became the pilot for *RADIQL*. I came to *Hearts and Minds* as an artist with a BA and MA in Fine Art and an arts practice that spanned drawing, sculpture and installation. At the inception of *Hearts and Minds* I had eight years' experience of working in community development and arts facilitation roles. The majority of this work was with older adults, but not specifically with people living with dementia. It was my experience of working with people with learning difficulties, particular during arts projects with people with severe and profound learning disabilities, that best equipped me to understand and approach research into a creative project with people living with cognitive impairments. This experience helped me to understand the importance of non-verbal forms of communication, sensory stimuli, seeing people's abilities before their disabilities and working responsively to support them to achieve. *Hearts and Minds* enabled me to begin to develop this knowledge into the field of dementia as well as giving me the opportunity to observe and think critically about participatory arts practices. I valued this space to reflect on practice, not least because for the previous five years I had worked for a fast-paced community arts charity. During that period there was often little time to evaluate how a project had gone before moving onto the next one. My main motivation for embarking on this PhD was a desire to contribute to the development and understanding of high quality arts practices that involve participants who are not professional artists.

*Hearts and Minds* was my first involvement in an arts project with older adults living with dementia in a residential care setting. It was not, however, the first time I had worked in a care home. In 2001, having graduated with a BA in Fine Art, I took a temporary job as a cleaner in a care home in a village on the outskirts of Huddersfield. This is now 15 years ago, however, many of the things that I observed and that intrigued and concerned me back then have stayed with me and have resurfaced during my PhD research.

Throughout the PhD the residential care setting itself emerged as integral to the focus of the research, and played a role equal to those who live and work in it. In 2001 I

remember finding the care home I worked in a disorientating place, as if it had its own relationship to time and little connection to the outside world. It was spread over two floors that had the same layout and more or less identical décor and I often found myself having to check which floor I was on. As I dusted bedside tables and dressers in residents' bedrooms I noticed that many of the clocks had stopped or told the wrong time. There were paper calendars open at the wrong month and Christmas cards were displayed in summer. The extent of the separation of the care home from the world outside was highlighted on the 11<sup>th</sup> September 2001. As I vacuumed the lounge, the television played footage of the Twin Towers collapsing. None of the residents who were sitting in the lounge responded to the news item and the weight of the event did not register with me. I remember being surprised when I left the care home by the extent of other people's reaction to what had happened, and realised only then that this was a major world event.

Most of the time residents I encountered in the care home sat in chairs, often sleeping or not visibly interacting with anything or anyone. There were instances, however, when some residents appeared to 'come to life'. One woman, for example, often stood up and sang at the top of her lungs, gesticulating with her arms as if addressing an audience. There were pictures in her room of her when she was younger, modelling bathing suits, and the care staff told me she used to know many of the stars from *On the Buses*. She often wore a glamorous mohair jumper despite the woman who ran the laundry telling me that she kept trying to hide it at the bottom of her drawer because she did not have time to hand wash it. At the time I did not have a good understanding of dementia. I just remember being struck by the disjuncture between the life this woman had apparently lived and her life in the care home. The singing had a vigour and vibrancy that was at odds with the sedentary drabness of the care home lounge. It was only in these moments that I could reconcile her earlier life with the person I encountered in 2001. The Reminiscence Arts sessions I observed during *Hearts and Minds* often recognised and extended similar expressions of creativity and provided spaces of activity that invigorated participants. The potential and challenge of the dialogue these spaces created with the residential care setting they took place in has continued to intrigue me throughout the PhD.

My other interest in this area of research comes from a desire to understand and develop the intersection between participatory arts projects and my own arts practice, which involves making objects, drawings or installations for exhibition or in response to specific sites. Up until 2009 the arts sessions I facilitated felt very separate from my practice as an artist. They were linked by the skills I taught people, such as drawing, painting or making a sculpture or craft item, but they were two distinct areas of creative work. In 2009, however, during a residency in a daycentre with people with severe and profound learning disabilities, I began to see ways that my arts practice and my practice with participants might overlap, both materially and conceptually. In the sessions with participants we made sculptures. The focus was on the making process and how the interactions with the arts materials could aid dialogues between the participants who had limited verbal communication, their support workers and me. When I looked at the finished sculptures I could recall the story of their making and the significance of the forms and their composition. When I showed them to people who were not involved in this process, however, it became apparent that the pieces did not communicate this narrative to them. In response I decided to make drawings of the sculptures that portrayed more effectively some of my conceptual interests in the project.

Shortly after this project concluded, in September 2010 I began an MA in Fine Art. I wrote my thesis on participatory arts with people who are not professional artists. At that time Grant Kester's book *Conversation Pieces: Community and Communication in Modern Art* (2004) was an influential text for practitioners undertaking participatory arts projects. In the book he proposes that some of the most innovative artworks are not those made in artists' studios and exhibited in conventional galleries or museums, they are projects made in collaboration with a diverse range of individuals and groups who are not trained artists. As he writes about participatory arts practice he sets up a dichotomy between it and artwork made in artists' studios and between the community space and the gallery. I feel, however, that examining the dialogue between artworks made by artists and exhibited in galleries and artwork made outside this context and with people who are not professional artists is a much more productive approach. An interest in this intersection has continued in my arts practice ever since. In this PhD research I am interested in both the role of artists in care

settings and in using my arts practice to communicate my research to a wider audience. I aim to explore how these two aspects of my practice speak to each other and how working between them supports the development of my arts practice as a whole.

### **Why Reminiscence with People that ‘Struggle’ to Remember?**

Reminiscence is integral to Age Exchange’s history and identity. This is reflected in the prominence given to ‘reminiscence’ as the first word in the title of *Reminiscence Arts and Dementia Care: Impact on Quality of Life*, in the name of the Reminiscence Arts sessions that comprise it and the Reminiscence Arts Practitioners (RAPs) that facilitate them. When I started working with Age Exchange I felt the term ‘reminiscence’ was rather dated. It brought to mind images of museum objects, memory boxes, old songs and stories about the war. As I began to observe and learn about their practice during *Hearts and Minds*, however, I understood that, whilst it did include some of these aspects, it was much more than this. Towards the end of *Hearts and Minds* I began to question whether Age Exchange needed to describe what they did during the project as ‘reminiscence’. Dropping the word ‘reminiscence’ from ‘Reminiscence Arts’ was not an option for Age Exchange, who see it as the foundation of their practice. I started this PhD, therefore, with a need to extend and communicate my understanding of what reminiscence was and could be, beyond old objects and oral recall, and this is one of the aims that informs my approach to defining Reminiscence Arts practice. In this section I describe what Age Exchange’s understanding of Reminiscence Arts was at the start of this research and discuss some of the issues around the use of the term ‘reminiscence’ that would be addressed by a clear definition of Reminiscence Arts.

Since its inception in 1983 Age Exchange has been at the forefront of national and international developments in reminiscence practice and is widely recognised for its contribution to developments in reminiscence theatre. With a focus on supporting people to share stories about their lives, they have produced numerous products as outcomes of their reminiscence projects. Early publications edited by their founder Pam Schweitzer document people’s stories in their own words and are often illustrated with their old photographs. Their titles give a taste of the themes of the projects and include *What Did You Do in the War, Mum? Women Recall Their Wartime Work* (1985),



*Good-night Children Everywhere: Memories of Evacuation in World War II* (1990) and *Our Lovely Hops: Memories of Hop-picking in Kent* (1991). Projects that focus on collecting people's oral histories and lead to a theatre production or other form of documentation, a book, film or series of photographs, continue to form part of Age Exchange's work. *The Children of The Great War*, a project that Age Exchange undertook at the same time as *RADIQL*, culminated in 2014 with a reminiscence theatre production about the Home Front told through the stories of the children and grandchildren of those who had experienced it.

In addition to theatre, a wide range of arts practices has become increasingly prevalent in Age Exchange's projects. In 2004 this prompted their Artistic Director David Savill, with the guidance of the Arts Council, to coin the term Reminiscence Arts<sup>1</sup>.

Reminiscence Arts describes the practice of combining reminiscence with a range of arts disciplines. Beyond this brief description, however, at the start of my research Reminiscence Arts had not been defined in any more detail. It was only when *Hearts and Minds* took place (2010 – 2012) that a need was identified to clarify and elaborate on their definition of the term, particularly when applied to projects that take place in residential care settings with older adults living with dementia. Because of their dementia the participants in this project were less able to remember and verbalise their reminiscences than many of the participants in the projects I referred to earlier in this section. At the inception of *Hearts and Minds* Age Exchange had some understanding that different arts activities could engage people who had impairments to their cognition and ability to communicate verbally in a way that asking them to orally recall their memories could not. This led Age Exchange to recruit RAPs from a range of arts backgrounds to co-facilitate the sessions. These artists and practitioners used their creative practices to develop the process of reminiscing without working towards a final production.

At the start of *RADIQL* I wanted to find out what Age Exchange understood by the term Reminiscence Arts. On the 18<sup>th</sup> July 2013 I conducted a formative interview with David Savill in which he described to me how he has seen the organisation's approach to using reminiscence with people with dementia develop, particularly as a result of

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<sup>1</sup> Interview with David Savill, BFI Café, 18<sup>th</sup> July 2013.

*Hearts and Minds*. He spoke about how, by combining reminiscence with other arts practices or by responding to individuals at different stages of dementia, Age Exchange has developed practices that have extended their understanding of what reminiscence could be as well as continuing to draw on more traditional forms of reminiscence that trigger oral recollections of memories:

It may be that the way to communicate with somebody will be very much in the moment through dance, through embodied memory [...] or it may be that it's about a very conventional form of reminiscence that enables better communication between staff and the person they're caring for.<sup>2</sup>

David Savill's comments confirmed that the organisation understood some of the creative approaches to reminiscence that I had observed and that recognise different ways that memories can be triggered and performed. My observations, however, suggested there were even more ways that the practice was developing that I had yet to fully understand and that I aimed to research during *RADIQL*.

Despite Age Exchange's diverse approach to reminiscence, it is a practice that is still often primarily associated with oral histories. In recent years many arts practitioners and organisations working with people with dementia have tried to distance themselves from the practice and avoid describing any aspect of what they do as reminiscence. Even among some of Age Exchange's RAPs I learnt that reminiscence was not always the way they would choose to identify their practice. In a focus group I ran on the 13<sup>th</sup> January 2014, for example, one of the RAPs expressed their dislike for the term, describing it as 'dusty'<sup>3</sup>. When working with people with dementia the criticism of reminiscence, however, goes beyond it being seen as a bit old fashioned. Researchers working within the arts have questioned projects that rely primarily on memory, suggesting that reminiscence activities based on cognitive recall can re-enforce a sense of failure. Anne Davis Basting, founder of *Time Slips*, a storytelling and research project with people with Alzheimer's living in residential care settings, argues that asking the participants to remember the past ignores the interdependency that

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<sup>2</sup> Ibid.

<sup>3</sup> Reminiscence Arts Practitioner during focus group, Bakehouse Theatre, Blackheath, 13<sup>th</sup> Jan. 2013.

supports many of their current lives. She proposes that this could cause distress as the level of independence that has diminished in their lives is highlighted or because they fail to remember. With this in mind, she chooses as the starting point for her storytelling workshops images that are as absurd as possible and deliberately not directly connected to what she knows about the participants' autobiographies. She describes her approach to storytelling projects as follows:

*Time Slips* storytelling workshops make a clear and simple distinction: rather than focusing on who people with Alzheimer's disease were, we are interested in who they are now, complete with missing words, repeated sounds, and hazy memories. We stretch the boundaries of traditional reminiscence activities – common and effective tools for exercising memory – by telling participants that we are not interested in their memories. Rather than rehearsing their pasts together our storytelling groups make up new stories.<sup>4</sup>

The dismissal of a focus on memory by arts organisations has led some practitioners and researchers to understand reminiscence as a practice that is not creative. As Zeilig et al. outline in their article *The Participative Arts for People Living with a Dementia: A Critical Review* (2014) 'Basting's work is important in encouraging creative work that does not rely on memory'<sup>5</sup>. Drawing on Harries et al.'s article 'The *Storybox* Project: Examining the Role of a Theatre and Arts-Based Intervention for People with Dementia. Manchester' (2013), Zeilig et al. go on to write that '[t]he *Storybox* project (a UK theatre based project) similarly emphasises creating rather than reminiscing, this is associated with a failure-free atmosphere.'<sup>6</sup> This statement insinuates that creativity does not form part of reminiscence activities. They go on to imply that work that relies on memory is not conducive to experimentation, improvisation or co-creation. Proceeding with their advocacy of Basting and *Storybox's* projects they contrast reminiscence with participatory theatre to outline what the latter can offer as a creative practice in contrast to what the former lacks because of its reliance on

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<sup>4</sup> Basting, A. "God Is a Talking Horse": Dementia and the performance of self." *The Drama Review* (1988-) 45.3 (2001): 78–94. Print, p80.

<sup>5</sup> Zeilig, H., John Killick and Chris Fox. "The participative arts for people living with a dementia: a critical review." *International Journal of Ageing and Later Life* 9.1 (2014): 7-34. Print, p23

<sup>6</sup> Ibid.

memory. Advocating participatory theatre approaches to projects with people living with dementia they write:

[I]mprovisation is often central to participatory theatre. Improvisation allows PWD [people with dementia] to dare, to play, and to create, and is a process that many find liberating (Basting 2001). Improvisation also facilitates inclusion by fostering collaboration, fun, and experimentation (Harries et al. 2013). The model of interactive theatre that has been used with PWD by the group “Ladder to the Moon” (Zeisel 2009) similarly encourages co-creation and experimentation as a means of involving as many PWD as possible.<sup>7</sup>

Based on my observations of Age Exchange’s Reminiscence Arts practice during *Hearts and Minds*, it was clear to me that this practice did support creativity and imagination, and often utilised improvisation. This was perhaps because they combined reminiscence with participatory theatre and other participatory arts. Given the criticism of reminiscence because of its focus on memory, however, its inclusion in Reminiscence Arts practice is an issue that warrants further attention. I wanted to understand if there was creativity in reminiscence itself. Stephen Katz’s definition of memory is helpful here in understanding the creativity innate in memory and that, in turn, this could prompt creative approaches to working with it. Katz points out that:

[M]emory is an act of agency and imagination, not simply a passive and cognitive process of ‘input’ and ‘output’. Our personal interpretations of traces and images of the past are expressed in variously creative ways that go beyond measurable recall.<sup>8</sup>

Watching participants in Age Exchange’s *Children of the Great War* orally recalling their stories in a film based on the project made by artists Simon Purins and Ivan Riches, I was struck by how Katz’s definition of memory applies to even the most conventional forms of oral history. The stories people were telling had been passed down to them from older generations in their family and the split screen film depicts the participants

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<sup>7</sup> Ibid.

<sup>8</sup> Katz, S. “Dementia, Personhood and Embodiment: What can be learnt from the Medieval History of Memory.” *Dementia* 12.3 (2013): 303-311. Web. January 15, 2016. p311.

on one side telling their stories and on the other it shows their photographs relating to the stories. The participants do not have a diagnosis of dementia and they are not all older adults, they are Londoners whose ages ranged from their thirties to their eighties. Their performances exhibited, however, some of the difficulties in remembering associated with people living with dementia, albeit to a lesser extent. Their delivery of the stories was usually slow and considered, they often paused, stumbled over details and corrected themselves when they realised their initial telling of an aspect of the story was not consistent with the rest of the narrative. They wove traces of the distant past with memories of more recent events that took place in their own lives; clearing out their mother's house and finding photographs of the war, their own youth when, in contrast to their father, they did not have to go to war and the time their mother came home from the pub and first told them about their father's wartime experience. As one participant in *The Children of the Great War* says:

I'm going to be talking about my errr great grandfather and my errr great uncle, George and William, and um... You know, they were fifteen and sixteen when they signed up to the army.... I just, I just can't imagine um... me signing up at that age.<sup>9</sup>



**Figure 1.** Film still from *Children of the Great War*. 2015.  
Image: Screenshot from Youtube

<sup>9</sup> My transcription of dialogue from *Children of the Great War* (<https://www.youtube.com/watch?v=D2VIEZE4bx8>). Accessed 1<sup>st</sup> Feb. 2016.

The film brought to mind French artist Sophie Calle's project *The Blind* (1986) in which she asked people who had never been able to see to describe their image of what beauty was. In her installation each person's response is represented by two framed images and one framed piece of text; a black and white photographic portrait of each blind person, a quotation from them in which they describe their image of beauty and a colour photograph based on this description. One man's quotation reads: 'The most beautiful thing I have ever seen is the sea, the sea going out so far you lose sight of it.'<sup>10</sup> What occurred to me when thinking about these two projects was that the participants in both of them were going through the same process of imagining something that is not directly accessible to them. This is perhaps easiest to understand with Calle's participants who cannot see what they describe because they are blind. In both projects, however, the participants are building up an image of an experience based on fragments of it described to them by other people. Even the memories those in *Age Exchange's* film had of things they experienced first hand could not be returned to, the events were no longer occurring and they must, therefore, imagine them. Thinking about it in this way, there is no doubt that reminiscences, even the most traditional oral recollections of memories, are creative acts.

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<sup>10</sup> Quotation from Sophie Calle's *The Blind*, 1986.



**Figure 2.** Sophie Calle. *The Blind* (detail). 1986. The text translates as 'The most beautiful thing I have ever seen is the sea, the sea going out so far you lose sight of it.'  
Image: <http://www.dromemagazine.com/sophie-calle-seeing-with-new-eyes/>

I began my research into *RADIQL* by approaching reminiscence as a creative practice. I did so, however, with an understanding of the issues around reminiscence that I have outlined above and a realisation that I had much more to learn about its application and identity, particularly when used in projects with people living with dementia. Further, I had questions about what the integration of different art forms into reminiscence means for its development. What does it mean when we acknowledge that there is memory and reminiscence in this practice and try to understand its role in working with people with a cognitive impairment that impacts on their ability to remember and could affect the way they do so? In this context, I explore ways embodied and sensory memories are evoked and extended in Reminiscence Arts practice as well as questioning if there is a continued role for verbal or narrative recall and, if so, how this manifests and can be supported in Reminiscence Arts sessions.

## **Artists Researching in Health and Social Care Settings**

Finding ways to address the challenges posed by increasing numbers of people living with dementia is at the heart of *RADIQL*. In 2014 the Alzheimer's Society estimated that by 2015 850,000 people would live with dementia in the UK, with a cost of £26.3 billion per annum<sup>11</sup>. This number is on the rise and there is currently no cure. If no action is taken they predict this number will increase to over two million by 2051. In response, there is growing interest in the role of creative practice and participatory arts with and for people living with different forms of dementia. In this context, *RADIQL* occupies a liminal space between the arts and the health and social care sectors. *RADIQL* is an arts project run by an arts charity, it was funded by a health and social care body, Guy's and St Thomas' Charity, and took place in health and social care settings. The research and evaluation of *RADIQL* aims to speak to both of these sectors. To fulfill this aim, alongside my research Age Exchange commissioned researchers from the field of social psychology to research and evaluate their project through our different disciplinary lenses. In this section I introduce some of the challenges posed for participatory arts projects and arts researchers situated within this multi-disciplinary context and discuss how my research aims to respond to it.

Participatory arts projects with people living with dementia typically aim to fulfill and are evaluated against health and well-being agendas. At the time of writing 'The Participative Arts for People Living with a Dementia: A Critical Review' (2014) offered the most comprehensive review of provision and research in this diverse area of practice. The article is co-authored by academic researcher in age and ageing Hannah Zeilig with artist John Killick and psychogeriatrician Chris Fox. In the article Zeilig et al. highlight that there is an 'increasingly prevalent assumption the arts and culture play an intrinsically positive role in health and well-being.'<sup>12</sup> They reason that in the absence of a cure for dementia creative approaches to improving the social condition

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<sup>11</sup> Prince, M., et al. *Dementia UK: Update*. . 2nd ed. London: Alzheimer's Society, 2014. Print, p5.

<sup>12</sup> Zeilig, H., John Killick and Chris Fox. "The participative arts for people living with a dementia: a critical review." *International Journal of Ageing and Later Life* 9.1 (2014): 7-34. Print, p9.



of people living with the syndrome are often looked to as a supplement or even replacement for pharmacological interventions. They write:

In the absence of appropriate pharmacological interventions the social conditions in which those with a dementia live also need urgent attention. Pioneering work by researchers and practitioners has contributed to the understanding that, although Alzheimer's and other dementias may be incurable at present, they are conditions that can be treated and that treatment always includes more than drugs (Killick 2013; Kitwood 1997; Sabat 2001; Zeisel 2009).<sup>13</sup>

Setting out to fulfill the prevalent aim of measuring the impact participatory arts has on the well-being of people living with dementia, Age Exchange commissioned Dr Frank Keating from the field of social work and social psychologist Dr Laura Cole to evaluate the impact *RADIQL* had on the participants' well-being using an observational tool called Dementia Care Mapping<sup>14</sup>. Dementia Care Mapping is a quantitative methodological approach whereby activities are rated according to twenty-four behavioural category codes. Dependent on the level of engagement the researcher observes the participants to have and whether they found their mood to be positive or negative they are assigned an ill-being/well-being score. During *RADIQL* this measure was recorded at five-minute intervals in a process beginning half an hour before the Reminiscence Arts sessions and ending half an hour afterwards. This data was used as an indicator of the effect Reminiscence Arts practice had on the well-being of the older adults living with dementia who participated in the project.

Dementia Care Mapping is informed by a person-centred approach to care practices. Person-centred care was originally adapted as an approach to working with older people living with dementia by Tom Kitwood and his colleagues at the Bradford Dementia Centre in 1997. It has since had a widespread impact, not only on health and social care, but also on participatory arts organisations working with people living with dementia. A person-centred approach to care was adopted in the National Service Framework in 2001 where it was defined as care that aims to 'ensure older people are

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<sup>13</sup> Ibid.

<sup>14</sup> Dementia Care Mapping was developed by Bradford Dementia Group in 2005.

treated as individuals and they receive appropriate and timely packages of care which meet their needs as individuals, regardless of health and social services boundaries'<sup>15</sup>. As is suggested in this quotation, common applications of person-centred approaches to care practices emphasise autonomy and the individual. This is exemplified by the definition of person-centred care and how care homes should apply it that the Alzheimer's Society give on their website:

A good care home will follow the principles of person-centred care. This approach aims to see the person with dementia as an individual, rather than focusing on their illness or on abilities they may have lost. Instead of treating the person as a collection of symptoms and behaviours to be controlled, person-centred care considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences and needs. Person-centred care also means treating residents with dementia with dignity and respect.<sup>16</sup>

Person-centred care initiated an important move away from a medicalised approach to care. Its principles have been adopted by many participatory arts practitioners and by some researchers in the field to inform their approach to participants in their projects. Mariko Hara in her article 'Music in Dementia Care: Increased Understanding through Mixed Research Methods' (2011) makes a compelling argument against taking an overly medicalised approach to understanding the effects of music on people living with dementia. Highlighting its limitations, she argues a medicalised approach can lead to music being treated as an isolated phenomenon that is separate from the personal and artistic context within which it is experienced. Arguing for an alternative approach to researching the effects of music on people with dementia that recognises these important aspects of the experience of listening to music, she writes:

The dominant methodology to study the effect of music on dementia is based on the medical and neuroscience model, in which music is seen as a stimulus for the

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<sup>15</sup> Department of Health. *National Service Framework for Older People.*, 2001. Print, p23

<sup>16</sup> *Alzheimer's Society*. Web. <[https://www.alzheimers.org.uk/site/scripts/services\\_info.php?serviceID=167](https://www.alzheimers.org.uk/site/scripts/services_info.php?serviceID=167)>. Accessed 2<sup>nd</sup> Mar. 2013.

brain (Baird and Samson, 2009; Crystal, et al., 1989; Cuddy and Duffin, 2005; Norberg, et al. 1986). Although scientifically robust, the sociocultural context of the music listening experience (which is itself linked to the individual and musical histories) is often left out of the analysis. A more sociological approach would seek to address this limitation by looking in depth at individual experience with music in dementia care.<sup>17</sup>

Person-centred approaches have made an important contribution to dementia care. The problem with an approach that places the emphasis on the individual, however, is that it does not recognise the interdependence of older adults living with dementia and the web of relationships within which they live. Further, it is often associated with individualising concepts of well-being. To extend Hara's criticism of how music is often researched, surely the social and environmental contexts within which music is listened to are important factors in the experience and effect the music has on participants and, therefore, needs to be taken into account in any evaluation of it. This is also the case, I argue, for the Reminiscence Arts projects that took place during *RADIQL*. My research responds to this and, contrary to dominant approaches, recognises the relationality of the participatory arts practice, the lives of those who take part in it and the environments within which it takes place. This was inspired by another approach to care, relationship-centred care.

The term 'relationship-centred care' was originally coined in the United States of America by Caroline P. Tresolini and the Pew-Fetzer Task Force. In 1994 they produced a report titled 'Health Professions, Education and Relationship-centred Care' in which they proposed that relationship-centred care provided a way forward for the American healthcare system. In opposition to the dominant individualising patient-centred and cure-focused medical approaches, they proposed:

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<sup>17</sup> Hara, M. "Music in Dementia Care: Increased Understanding through Mixed Research Methods." *Music & Arts in Action*, 3.2 (2001): 34-58. Print, p35.

[R]elationships are critical to the care provided by nearly all practitioners (regardless of discipline or subspecialty) and a source of satisfaction and positive outcomes for patients and practitioners.<sup>18</sup>

More recently, in 2004 Nolan et al. drew on their proposal to recommend a relationship-centred approach to gerontological health and social care in the United Kingdom. Arguing for the potential relationship-centred care has to develop a more responsive and holistic approach to care, in their report *The Senses Framework: Improving Care For Older People Through a Relationship-centred Approach* (2006) they define the interactions at the heart of relationship-centred care as including the following:

[T]he social, economic, environmental, cultural and political contexts of care, and [...] the subjective and inter-subjective experience of illness, and the relationships that unfold between practitioners, patients, families and the wider community.<sup>19</sup>

In this context, relationship-centred care builds on Tom Kitwood's original concept of person-centred care, which is more nuanced and does not see the person as so independent and unconnected to others as common applications of the term do. Importantly, however, relationship-centred care firmly places the focus on the reciprocal relationships involved in the caring process. In their article 'Beyond 'Person-centred' Care: A New Vision for Gerontological Nursing' (2004) Mike Nolan et al. write:

Kitwood (1997) defines personhood as the '*standing or status bestowed upon one human being by **others** in the context of a **relationship***' (our emphasis).

Building on such a premise from an ethical standpoint, MacDonald (2002) argues that we need to develop a relational, as opposed to an individual view of

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<sup>18</sup>Tresolini, CP and the Pew-Fetzer Task Force. *Health Professions Education and Relationship-Centred Care*. San Francisco, CA: Pew Health Professions Commission, 1994. Print, p11.

<sup>19</sup> Nolan, M. R., et al. *The Senses Framework: Improving Care for Older People through A Relationship-Centred Approach. Getting Research into Practice (GRiP) Report no 2. 2 Vol.* Sheffield: Sheffield Hallam University Research Archive, 2006. Print, p123.

autonomy which sees human beings as belonging to a network of social relationships within which they are '*deeply interconnected and interdependent*'.<sup>20</sup>

One of the draws of relationship-centred care is that it advocates for the recognition of the agency of both the carer and caregiver. As Nolan et al. write, it 'is personally validating for those both giving and receiving care.'<sup>21</sup> In my research this reciprocal approach, where all parties play a role and contribute something to the relationships in which they are involved, inspired my exploration of what care home residents could bring to my arts practice and how they could inform Reminiscence Arts practices, as well as the contribution Reminiscence Arts could make to their lives.

My approach to this research is inspired by a relationship-centred approach to care. It is important, however, to recognise the specific disciplinary field from which my research and Reminiscence Arts practice originates and the ways this affects the application and meaning of a relational approach. Whilst I did not fully know how I would need to adapt relationship-centred approaches at the inception of my research, there were some aspects of it that I understood from the start were going to be differently nuanced in my application of them. Firstly, Reminiscence Arts is not a form of care and, therefore, comprises different practices, relationships, aims and wider contexts than the field from which a theory of relationship-centred care was originally developed. Further, Nolan et al. place an emphasis on the environment in which care giving and receiving relationships take place. They primarily discuss them, however, to describe the 'impoverished' care environments that do not support health and social care practitioners to flourish and progress. When they refer to the environment it is usually one formed by the relationships between people and they argue these need to be improved in order to develop the 'conditions necessary to create and sustain

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<sup>20</sup> Nolan, M. R., et al. "Beyond 'Person-Centred' Care: A New Vision for Gerontological Nursing." *International Journal of Older People Nursing in association with Journal of Clinical Nursing* 3 (2004): 45-53. Print, p46/7.

<sup>21</sup> Nolan, M. R., et al. *The Senses Framework: Improving Care for Older People through A Relationship-Centred Approach. Getting Research into Practice (GRiP) Report no 2. 2 Vol.* Sheffield: Sheffield Hallam University Research Archive, 2006. Print, p115.

'enriched environments' of care'<sup>22</sup>. Like them, I aim to place an emphasis on the relationships between people and how they make and affect environments. My exploration of environments, however, also examines the relationships care home residents, staff and RAPs and their practices form with the physical environment of the care home, something that is of particular interest to me as an artist who makes installations and works with material things.

Along with relationship-centred care I also looked to other artists to inspire my approach and to understand the context within which the research is situated. This work sits within a growing body of such research undertaken by artists who have already made a significant contribution to this developing field, particularly by writing about the process of facilitating participatory arts projects with people living with dementia. Notably among these is theatre practitioner and founder of *Time Slips* Anne Davis-Basting whose article 'God is a Talking Horse: Dementia and the Performance of Self' (2001) and book *Forget Memory* (2009) provide important insights into the role of theatre practices in the lives of people living with dementia. Further, poet John Killick who co-authored the article 'The Participative Arts in Dementia Care' and has written extensively on the process of writing poetry with people living with dementia and the creativity he has found to be innate in this practice has enabled a deeper understanding of poetry in this field, an understanding that could have application to other arts disciplines. Intergenerational arts charity, Magic Me has also made an important contribution to the understanding of practice in this field through their established relationships with academics and participatory theatre practitioners Sue Mayo and Dr Caoimhe McAvinchey who have conducted research into several of their projects, many of which include people living with dementia. Additionally, researchers from other fields have begun to collaborate with artists. Significantly, social gerontologist Ruth Bartlett's collaborative research with artists has introduced pertinent and previously absent ideas about citizenship and self-advocacy into discussions around arts and dementia, ideas which, importantly, support people in the early stages of dementia to have their voices heard.

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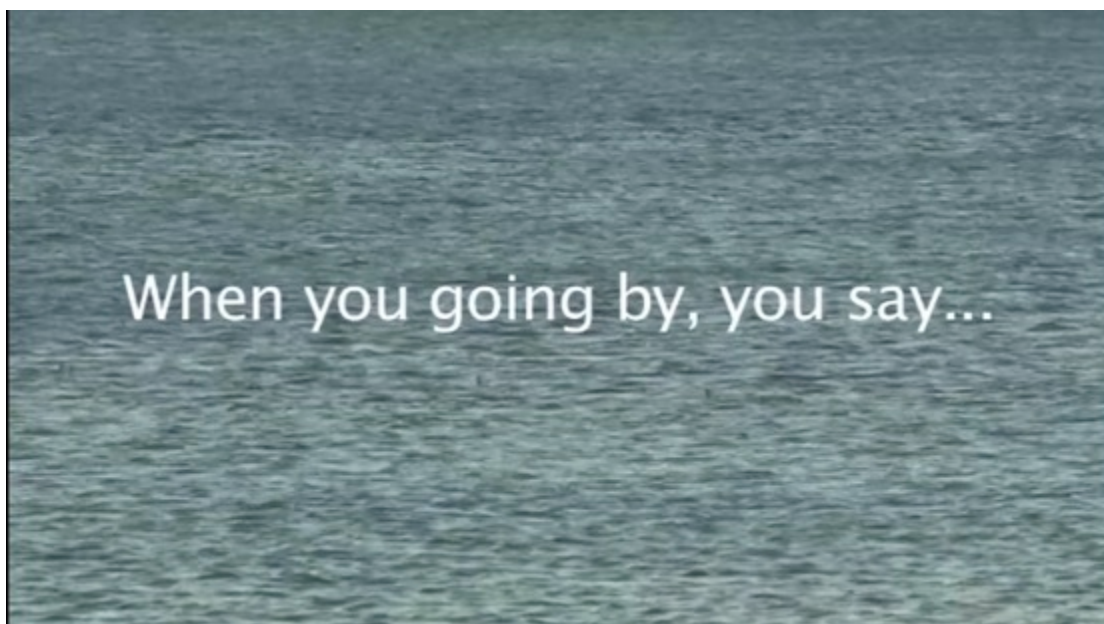
<sup>22</sup> Nolan, M. R., et al. "Beyond 'Person-Centred' Care: A New Vision for Gerontological Nursing." *International Journal of Older People Nursing in association with Journal of Clinical Nursing* 3 (2004): 45-53. Print, p46-7.

My approach to making artworks for exhibition in response to the research I undertook in care homes takes place in the context of an increasing number of sensitive and informative arts productions that aim to engage a broad public with issues around dementia. Notably, Melanie Wilson's 2011 theatre production *The Autobiographer* at the Albany Theatre, Deptford, tells the story of a woman living with dementia and her memories. It was made in response to a period of research and development that was funded by the Wellcome Trust and involved collaborating with medical professionals, dementia services, including the Alzheimer's Society and Memory Cafes, as well as looking to other arts projects to learn about memory and dementia. Although not described as a research project, Platform 4's *Memory Points* performance should also be recognised for its artistic quality and its contribution to raising public awareness about what it is like to live with dementia. The performance itself eloquently communicates ideas and stories about living with dementia and the accompanying programme contains insightful documentation of the artists' processes of working with people with dementia and their carers to develop the piece. Significantly for thinking about my own research, both performances employ the arts to communicate what they discovered and demonstrate that high quality art can be produced in response to research about and with people living with dementia.

Visual artists are anticipated to make a major contribution to research into arts with people living with dementia as part of a UK-based research project that commenced in July 2013 and is due to be completed in February 2017. *Dementia and Imagination: Creating Community Connections Through Art* is a research programme led by Bangor University that was awarded in excess of £7 million to investigate the ways in which people living with dementia experience community engagement. £1.2 million of this budget was dedicated to researching the role of art in the lives of people living with dementia. Significantly in relation to my research, they commissioned artists as part of their research team. Three 'Research Artists', a graphic designer and animator, a photographer and a conceptual artist, were recruited to create artworks that reflected on the arts sessions they observed in care homes. Unfortunately, these have not yet been completed. Another outcome of the project, a five-minute film titled *The Cruel Sea* made by 'Project Artists' Kate Sweeney and Claire Ford and residents of the

Princess House residential care home in Sunderland, however, can be viewed on Vimeo<sup>23</sup>.

A distinction is made on the *Dementia and Imagination* project website between the Project Artists, who deliver the projects with people living with dementia, and the Research Artists. Artists in both these roles, however, are listed as part of the research team, and part of the Project Artists' role is to reflect on the sessions they deliver in care homes. The creation of *The Cruel Sea*, therefore, could be considered to be a piece of practice-based research and the video itself to be a practice-based research outcome. I discuss it here to outline some of the qualities of artworks and art-making processes and to question what the arts can offer when undertaken as research.



**Figure 3.** Kate Sweeney and Claire Ford. *The Cruel Sea* (film still). 2015.  
Image: Screenshot from Vimeo

Artists Kate Sweeney and Claire Ford projected a film of the sea onto a wall and invited care home residents Edna, Phyllis, Flora and Nancy to talk about it. *The Cruel Sea* features a clip of the much longer original film of the sea accompanied by the responses of the participants read by Edna and displayed as subtitles. The description posted on Vimeo under the film describes the artists' aims as follows:

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<sup>23</sup> <https://vimeo.com/124503277>. Accessed 2<sup>nd</sup> Dec. 2015.



[A]rtists, Kate and Claire are interested in new ways of telling stories. To bring poetry and universality to a story, they are interested in interrupting memory - itself always an unreliable, subjective tool.<sup>24</sup>

In common with Age Exchange's film *Children of the Great War* and *The Blind* by Sophie Calle, professional artists Kate Sweeney and Claire Ford created an artwork that presents their interpretation of stories told by participants in their project. Importantly, the film, through its imagery and the intonation of Ethel's voice, communicates emotional and affective aspects of the project in a way that could not be captured by quantitative data or a written report. Recognising what artworks have the potential to capture and communicate, in their book *Practice-led Research, Research-led Practice in Creative Arts* (2010) Hazel Smith and Roger T. Dean argue that artworks when presented as research outcomes have the capacity to challenge what knowledge can be:

[K]nowledge is normally verbal or numerical. Since it is clear that a sonic or visual artwork can sometimes transmit knowledge in non-verbal and non-numerical terms, we believe that any definition of knowledge needs to acknowledge these non-verbal forms of transmission. It also must include the idea that knowledge is itself often unstable, ambiguous and multidimensional, can be emotionally or affectively charged, and cannot necessarily be conveyed with the precision of a mathematical proof.<sup>25</sup>

It is the role of the types of knowledge that artworks can capture and transmit that Smith and Dean identify in this quotation that I explore in relation to my practice-based research. I do so, however, with an acknowledgement that the strengths inherent in what artworks can communicate may also be their weaknesses. As I presented my research to Age Exchange at different stages throughout the course of it, I realised there were things about both the artworks and my research process that I

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<sup>24</sup> Ibid.

<sup>25</sup> ed. Smith, Hazel, and R. T. Dean. *Practice-Led Research, Research-Led Practice in the Creative Arts*. Edinburgh: Edinburgh University Press, 2009. Print, p3.

struggled to articulate in words. Most problematically, I sometimes caught myself describing my practice-based research projects as case studies, relegating them to the role of an illustrative example of practice rather than what they were, an integral part of my research into and the evaluation of *RADIQL*. Following Smith and Dean, this made me ask this question: if what artworks communicate is unstable, ambiguous and imprecise and cannot be articulated through other means, how can what artists research be fully understood and applied to other contexts, including integrating it into a wider field of research that includes research undertaken by practitioners from other disciplines? In other words, what are the uses and applications of this research?

One of the potential strengths of *RADIQL* is that it was evaluated using mixed research methods by researchers from the arts and the social sciences. My approach to my research differed significantly from Frank Keating and Laura Cole's research in three distinct ways. Firstly, the different knowledge and skills we brought to the project from training in our specific disciplines affected how we approached and understood it. Secondly, they defined their research questions before the project began and the methodology with which they would research them. Thirdly, they took a person-centred approach to measuring well-being, whereas I took a relational approach that took into account the wider context of the Reminiscence Arts practice and the participants' lives. Further, my relationship-centred approach led me to respond as an artist, creating my own artworks in response to my participatory practice. My research has the potential to add context and nuance to the quantitative data by capturing aspects of the practice that cannot be statistically measured and could be overlooked by a researcher without expertise in the arts. I want my research to be more than just context, however, and for practice-based research undertaken by artists to establish a place in the evidence base that informs the participatory arts with people living with dementia. To do this I need a clear way to articulate what I do as an artist who undertakes practice-based research. This did not come until towards the end of the PhD and I reflect this in the thesis. At the outset I had a brief describing what I was funded to research and the research activity I would undertake, but a more in-depth understanding of what and why I was doing this emerged as the project progressed. Throughout this thesis I aim to articulate my research processes and findings describing their significance to the development of Reminiscence Arts and to

evidencing the effect of different aspects of the practice with people living with dementia. Importantly for the development of research in this field, I aim to understand and articulate what it means to undertake relational arts research in dementia care settings?

### **Interrelated Strands: A Methodology**

Hazel Smith and Roger T. Dean propose in *Practice-led Research, Research-led Practice in Creative Arts* (2010) that practice-based researchers often move between different research methodologies in what they describe as an 'iterative cyclic web'<sup>26</sup>. In this process individual parts of the research cross-reference and feed off each other to advance and to create a fuller picture than could be achieved through the use of only one methodology. My research is no exception to this approach. It has two main strands: observations of Age Exchange's Reminiscence Arts projects and my own practice-based research projects. The two parts of the research were designed separately but aimed to influence and speak to each other in numerous mutually beneficial ways. One of the reasons for the different strands is that the research was developed for two audiences, Age Exchange and an academic audience, and because of this there are slightly different but interrelated bodies of knowledge that it aims to extend. Age Exchange commissioned the research to evaluate and contribute to the development of their Reminiscence Arts practice. As a PhD student, however, I also aimed to make a contribution to the body of knowledge that informs participatory arts practice with people living with dementia more broadly. This had an impact on my methodology, advancing the scope and focus of my research beyond that of Age Exchange's Reminiscence Arts practice. Further, as an artist it prompted me to develop my own practice-based research projects in response to my enquiry.

*RADIQL* was designed by Age Exchange and I was not involved in the development of their sessions. In this part of the research, therefore, my role was one of observer and evaluator of their work. I attended weekly group and one-to-one Reminiscence Arts sessions facilitated by Age Exchange's RAPs that took place in the communal areas of the care homes, usually the dining rooms and living rooms. I took part in the sessions

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<sup>26</sup> ed. Smith, Hazel, and R. T. Dean. *Practice-Led Research, Research-Led Practice in the Creative Arts*. Edinburgh: Edinburgh University Press, 2009. Print, p19.

and supported participants with activities. Working in this way, I aimed to gain an embodied insight into participating in the sessions and to learn from interacting with participants and the materiality of the arts practice and care environment, something that would not have been possible if I had observed from a detached position. Shortly after each session had concluded I systematically recorded in diaristic notes my observations of how the sessions were facilitated and engaged with by participants.

In response to the Reminiscence Arts sessions I observed I designed two practice-based research projects that took place in care homes that participated in *RADIQL*. The practice-based projects were designed to develop my understanding of Reminiscence Arts practice through embodying the role of a RAP. It was in these sessions that I tested out ideas about Reminiscence Arts practice that I had developed during my observations. There were two main areas of Age Exchange's practice that I aimed to interrogate. The first was the creative potential of the co-facilitation of group sessions by practitioners trained in different arts disciplines. To gain first hand experience of this, I designed and delivered a ten-week project with one of Age Exchange's practitioners who was a dancer. The second area of Reminiscence Arts practice that I examined was how experiences based on participants' pasts, particularly those that were no longer or rarely accessible to them, were represented and evoked in the residential care settings. To question how this could be achieved and what role they played in care home residents' lives I developed the group project I co-facilitated around the theme of walking outdoors, something I identified participants had limited opportunities to do. I also designed three one-to-one projects based on participants' recollections of their pasts. Two of the three one-to-one projects I delivered prompted another area of my practice-based research that introduced walking and cooking as research practices that I performed in the care home and in other environments. Undertaking and documenting these acts I aimed to gain an experiential understanding of the processes and places involved in participants' lives before they moved to the care home and, in turn, the relationship I could develop to their experiences. I documented the one-to-one and group sessions in weekly project reports and took photographs during them. This was supplemented by diaristic notes, photographs, films and artefacts collected during my walks and made during the cooking I did in my own home.

My practice-based research projects had the additional aim of situating me as an artist in a residential care setting. In this context they were designed to develop my understanding of the dialogue between participatory arts projects and my own arts practice. To contribute to an understanding of this, I developed and documented artworks for exhibition and undertook art-making processes in locations other than the care home. Documenting the process of making and exhibiting artworks, my aim was to understand the role of artworks as part of the research process and as research outcomes that communicate about the research. My exhibition of the practice-based research was aimed at arts practitioners and managers from Age Exchange and other participatory arts charities, professionals working in the health and social care sector and academics with specialisms in diverse areas of the arts and social sciences. I aimed to draw on feedback and observations of visitors' interactions with the exhibition to inform my understanding of the role of the individual artworks and the exhibition format as a way of presenting arts-based research. Documenting my research process throughout, both in written notes and through visual documentation, I have analysed my own role as an artist researcher on this project.

The observational and practice-based research was supplemented and contextualised by desk-based research, interviews with care staff and managers and focus groups and interviews with managers and facilitators from Age Exchange.

### **This PhD, its Contents and Navigation of the Thesis**

This PhD comprises of three research outcomes; this thesis, a box that accompanies it containing documentation of the exhibition of my practice-based research that took place in the Bakehouse Theatre, Blackheath, on the 14<sup>th</sup> July 2015 and a co-authored evaluation report completed in December 2015, a copy of which can be found in the appendix of this thesis. Also in the appendix are copies of the weekly reports and accompanying photographs that document my practice-based projects in care homes. The next three chapters of this thesis each draw on a different aspect of my practice-based research undertaken in care homes. They discuss how it was influenced by and, in turn, hopes to influence Age Exchange's Reminiscence Arts practice and how the artworks I made for exhibition responded to and extended my thinking about it. The

box of exhibition documentation should be explored as a whole and referred back to for further context as artworks are referenced throughout the thesis.

Chapter Two: 'Going for a Walk and Bringing the Outdoors In' discusses how experiences of walking and weather were represented and evoked in the care home during the group project I co-facilitated with a dancer and in one of my one-to-one sessions. Through my discussion of these projects, I aim to interrogate the care home as an environment for Reminiscence Arts projects. Questioning the affect that the materials and activities of visual arts and dance practices have on the care home and on those who live and work in it, I also set out to compare the arts practices and examine the dialogue our collaboration forms between them. The practice-based research is situated in conversation with artwork by artists who walk as part of their practices. In this way, it aims to question the relationship between the participatory arts practice and the wider field of contemporary art and to question the role of artists in exploring walking with care home residents living with dementia.

Chapter Three: 'Home Cooking' focuses on one of my one-to-one projects that involved a care home resident teaching me about Caribbean food. Drawing on this practice-based project, the chapter explores the care home as a home. In this context, I examine the connections Reminiscence Arts projects can make to the care home itself and to other geographical and temporal zones and where the limitations of the project's impact might lie.

Chapter Four: 'Mark-Making and Cream Tea: Making Objects and Stories' explores how stories are told and arts activities are interacted with in Reminiscence Arts sessions to question how the participants' dementia could affect these interactions, how the sessions can support them to reconnect with things they used to do and develop forms of self-representation. In this chapter I draw on observations of two participants that participated in the project I co-facilitated and a participant in a group project that was facilitated by two of Age Exchange's Reminiscence Arts Practitioners that I observed after my practice-based projects had concluded.

In the conclusion of this thesis I draw together what I have discovered throughout the research to define the underlying principles of Reminiscence Arts and to discuss the role of artists both as facilitators and researchers in dementia care settings.

### **The Constraints of the Research**

There are some constraints on my research that pose limitations and draw boundaries around the contribution it is able to make to the field. Two constraints in particular need to be outlined before proceeding with the thesis. The first is that I am a visual artist. *RADIQL* involved a wide range of arts practices, many of which I observed and are explored in my research. My collaboration with a dancer during one of my practice-based research projects contributed significantly to my understanding of how arts practitioners trained in different disciplines can work together to facilitate a Reminiscence Arts session. My collaboration with theatre practitioner Nicola Hatton in the making *Butterfly or Falling Leaf?*, an interactive session we devised as part of the exhibition of my research, likewise helped me to think about how we could collaborate to create a piece of artwork. I realised, however, that I could only understand the dance and theatre practice from the point of view of a visual artist and without committing to several years of intensive training would only ever approach it with the knowledge and skills of an amateur.

The difference between the knowledge and skills that artists from different disciplines have was highlighted to me most clearly by studying my PhD in a drama department. When I began I did not realise the extent of the difference between this and a fine art department, but I soon discovered that our histories and terminologies were completely different. Two instances stand out. The first was sitting through an entire presentation on dramaturgy, a term I had not come across before, and at the end of it still having no clue what it was. The second was sitting in a seminar where everyone was discussing stagings of Hamlet and realising I could not contribute because I had never read or seen it and did not possess the knowledge of it that it was presumed everyone in the room had. Conversely, my references from contemporary visual art were frequently not understood by my peers and I regularly felt like the frame of reference that I had unquestioningly relied upon for years had fallen apart. My research aims to have relevance to Age Exchange's Reminiscence Arts practice no

matter what discipline the RAPs come to it from. In many ways my experience reflects that of all the RAPs, who like me are skilled in their own discipline and are finding ways to collaborate with someone whose practice they may have little or no expertise in. This constraint had positive effects on the research, enabling me to question knowledge and ways of working I had taken for granted and learn from interdisciplinary collaboration. The limitation and bias my disciplinary background brings to my research, however, is important to expose.

The other constraint on my research was that the NHS ethical approval<sup>27</sup> that *RADIQL* received prohibited the identity of the participating care homes and those who worked or resided there being revealed. This restricted the use of photography and prevented me crediting participants and care staff by name. Finding ways to accommodate these ethical restrictions was often problematic and prompted its own ethical questions about including quotations, recipes and documentation of creative work when I could not let the audience know who it was by. On the other hand, it became part of the aesthetic and conceptual ideas that underpin the artworks – a challenging, but also creatively rich factor in the process of creating them. Any photographs I have used in my artworks, such as the ones in *A 10 Day Walk in a Care Home 2014*, do not show people's faces. At first I felt this was limiting, but I found that it challenged me to frame the photographs differently to how I would have done were this restriction not in place. Taking the viewer's focus away from the participants' facial expressions foregrounded the objects, materials and care environments I was exploring. Conceptually it also spoke of the difficulties of communicating with and, in turn, representing people with dementia, a syndrome that is often associated with the 'loss' of the person that 'used to exist'. I hope, however, that through this research I show that there is more to dementia than loss and that engagement with participatory arts

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<sup>27</sup> The study protocol and other documentations for the care home observations were submitted to National Health Service [NHS] Research Ethics Committee at Queen Square, London and gained favourable approval on the 23<sup>rd</sup> October 2013. A subsequent amendment to the original application was made and given favourable opinion by the same Ethics Committee on the 6<sup>th</sup> November 2013. Ethical Approval was also sought from Royal Holloway, University of London's Ethics Committee. Approval for the qualitative arts-based research was given on the 22<sup>nd</sup> October 2013. Following the receipt of a favourable opinion by the NHS Ethics Committee, Research and Development (R&D) approval was sought for the three NHS care homes in South London and Maudsley NHS Foundation Trust (SLAM) and Guy's and St. Thomas' NHS Foundation Trust (GSTT).



throws up some complex and interesting ways of working with people with dementia and of engaging with residential care environments.

## Chapter 2: Going for a Walk and Bringing the Outdoors In

The residential care environments I visited during the *Reminiscence Arts and Dementia Care: Impact on Quality of Life (RADIQL)* project were not identical to each other. What they all had in common, however, was that residents were locked in. The series of security doors I had to go through to access the care home made me very aware that there was a clear physical separation between the world inside the care home and anything outside its boundaries. As a visitor I moved between these two worlds, but the care home residents rarely did. They spent most of their time in an environment that I found sterile and lacking the diverse sensory and material experiences of the outdoors. I wanted to understand how Reminiscence Arts projects could address the lack of access residents had to outdoor environments, particularly the limited opportunities they had to go for a walk.

In response to the restricted access care home residents had to the outdoors, I designed two practice-based research projects that enabled me to test out different responses to this issue. The first was a project with Mary<sup>28</sup>, a participant in one of Age Exchange's group Reminiscence Arts projects that I had observed. During those sessions she often talked about walking her dog on Streatham Common. The Reminiscence Arts Practitioners (RAPs) briefly discussed this with her, but did not explore her experience of the walks further. I worked with her to learn more about these walks and the role walking played in her life now she was in residential care. My investigation focussed on what I could understand about her dog walks and the environment they took place in by attempting to retrace and walk them each week over the course of a year. Through my walks on the Common I hoped to find out how and to what extent RAPs could understand participants' pasts and how introducing objects, materials, films, photographs and stories collected in places someone used to visit could trigger discussions, memories and a dialogue with their life in residential care.

The other practice-based project that I discuss in this chapter is a group project on the theme of walking outdoors that I co-facilitated with Christina Argiropoulou, one of Age

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<sup>28</sup> The participant's name has been changed to conceal her identity in accordance with the NHS ethical approval the research received.

Exchange's RAPs who is a dancer. This responded to Age Exchange's Reminiscence Arts sessions I had observed on themes connected to experiences of outdoor environments. These sessions were particularly prevalent at the start of spring when spring flowers, usually daffodils, were brought into the care home, seeds were planted, sounds of birds chirping were played and poems associated with this time of year were performed. I attended two separate sessions, for example, where Wordsworth's *I Wander Lonely as a Cloud* was read to the group. At the start of autumn the RAPs brought in leaves (Fig. 4) and decorated the rooms where the sessions took place with autumnal coloured fabrics.



**Figure 4.** Autumnal leaves in a Reminiscence Arts session. *RADIQL*. 13<sup>th</sup> Nov. 2013.  
Image: Jayne Lloyd

In the group project I co-facilitated I aimed to deepen my understanding of how an experience of being outdoors could be evoked through multi-sensory activities introduced into care homes during Reminiscence Arts sessions. In this context I aimed to learn how closely an outdoor environment could be replicated in the care home dining room where the project took place. Further, the project gave me first-hand experience of co-facilitating a Reminiscence Arts session through which I aimed to

interrogate the co-facilitation relationship. In the Age Exchange sessions I observed I felt critical that they rarely combined or merged their practices to any great extent and thought that potentially innovative and creative opportunities to explore hybrid ways of working were being missed. In this project, therefore, I respond to this criticism by setting out to explore how a dancer and I approached the activities we ran in response to our theme and to identify where dialogues between our practices could be developed. Through this investigation I hoped to reach some conclusions about the role of the multi-disciplinary approach Age Exchange took to their Reminiscence Arts practice that would support them to develop it further.

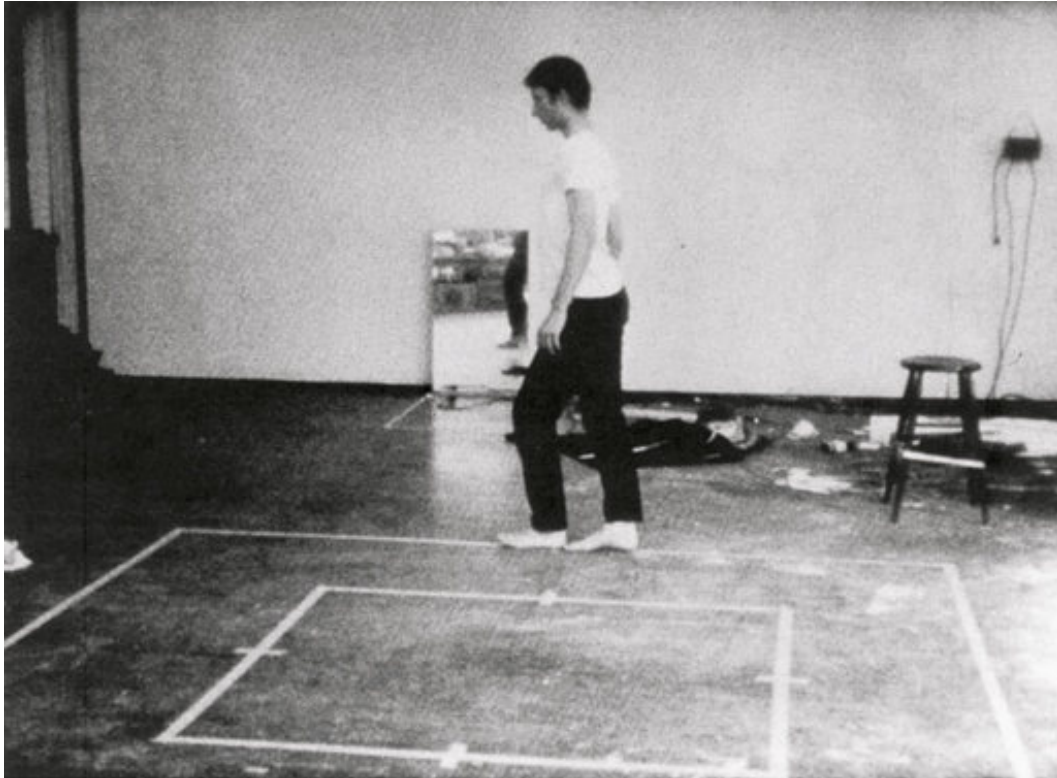
My practice-based research is situated in conversation with other artists. Considering my projects in the context of those created by artists who walk as part of their practice, I aimed to understand how I could use artworks as a frame of reference to conceptualise them. Drawing on my readings of other artworks I aimed to extend my thinking about the walks I took in care homes and outdoors and how I represented experiences of walking in the artworks I made for the exhibition of my practice-based research, which took place in the Bakehouse Theatre on the 14<sup>th</sup> July 2015. Running through both the practice-based research projects are questions about my role as an artist researcher in care homes and how the aim of creating artworks in response to the projects I facilitated with people living with dementia affected the approach I took to the Reminiscence Arts sessions I facilitated.

### **Walking and Wandering**

Between the 22<sup>nd</sup> May and the 31<sup>st</sup> July 2014 I visited Mary in her care home every week for 10 weeks. Mary used to be a keen walker but had lost this as an activity in her life. Focussing on my practice-based research project with Mary, this section aims to place Mary's walking in a wider context of walking undertaken by people living with dementia. Through this analysis, I aimed to understand what role her memories of these walks played for her now she lived in residential care, the meaning walking could hold for people living with dementia and how the act of walking by people living with dementia is understood by those who encounter it. Further, I draw on walks undertaken by artists as part of their arts practice to ask similar questions of their walks. In this context, I question the dialogues and differences between Mary's and my

own walks to explore the care home as a place to walk and to situate myself as an artist researching and facilitating arts projects in care homes and making artworks for exhibition based on these experiences.

Artists whose work has focussed on walking engage with the practice in a myriad of ways. One thing they have in common, however, is that they walk outdoors. None of the artists walks I researched, with the exception of Bruce Nauman's early video art piece *Walking in a Exaggerated Manner Around the Perimeter of a Square* (1967-68) took place indoors (Fig. 5). Watching Nauman as he walks in a purposefully exaggerated manner repetitively round the edge of a square marked out with masking tape on the floor of a studio, emphasised to me the absurdity of going for a walk indoors. Despite his slightly comedic performance, the banality of the act makes for tedious viewing. Within the constraints he has set himself the scenery stays the same throughout the video and the walker does not reach a destination. Watching it on YouTube I got restless and flicked through it without watching the full ten minute and thirty second long copy of the original 16 mm film in its entirety. When exhibited in a gallery this film is shown on a loop, a never ending mundane walk in a circuit.



**Figure 5.** Bruce Nauman. *Walking in a Exaggerated Manner Around the Perimeter of a Square* (film still). 1967-68.

Image: Screenshot from YouTube

Going for a walk indoors was not something that I had contemplated before I began this research. Whilst I do walk in my house, I would not describe it as going for a walk. Walks at home are generally task orientated; I would say, for example, that I was going to put the kettle on, going to bed or going to the living room. They also cover a significantly shorter distance than I would describe as 'a walk'. In my project with Mary, however, the only walks we went on together took place indoors in the care home corridor that linked the lounge, where she was usually sitting when I arrived, to the dining room, where we explored the walks she used to take on Streatham Common. I began to focus on the act of walking involved in getting to the dining room and back and to consider our shared 'walks' as part of our session and part of my practice-based research. I realised that any understanding of how an experience of walking outdoors related to Mary's life in the care home necessitated that I learnt how both the care home and the outdoors can be experienced. As part of this project, therefore, I walked both on Streatham Common and with Mary in the care home and walking became an important part of my research practice. Approaching our traversal of the corridor as a walk raised my awareness of it as a place to walk. As we trod the

same path each week the scenery was unchanging and it brought to mind Nauman's video. The ludicrousness of thinking of this as going for a walk did not escape me. It is indoors in corridors, however, that most care home residents walk.

Mary was sitting in the same seat each week when I arrived at the care home for our session, as were most of the care home residents I encountered during my research. Unless they were moved for a specific reason, such as having their hair done or to attend to personal care more often than not, they would remain there throughout my visit. One or two residents in each home were exceptions, and throughout my weekly visits they would walk up and down the corridors. When Mary and I made our way to and from the dining room each week we invariably passed a woman who repetitively walked the length of the corridor. There was also a balcony patio that residents sometimes had access to, but the door to it was often locked and it was too small for anyone to walk more than a few steps on it. This corridor, therefore, was the only space in the care home in which she could walk any distance and she was making do with what was available to her.

Typical of the corridors in all the care homes I visited, the one I walked down with Mary was fitted with broad handrails on both walls that stretched the full length of it. We walked on laminate flooring that was smooth with a matt surface, clear of trip hazards and on the flat. These attributes of the corridor seemed to be designed to support residents to walk in the care home. My assumption was affirmed when I found that the corridor exemplified many of the recommendations for creating a safe environment in which older adults living with dementia could walk, as set out in *Health Building Notes 08-02: Dementia-friendly Health and Social Care Environments* (2015), a guidance document that advises on the development, maintenance and refurbishment of dementia-friendly health and social care environments and aimed at all health and social care providers. The design principles outlined in the guidance document were informed by findings from the *Dementia Capital Programme's* numerous pilot projects, a review of relevant literature and a period of consultation with key stakeholders and international experts in the field. Recognising the environment as an important factor in the quality of care and the lives of people with dementia, it sets out twelve principles for designing health and social care environments, including care homes.

The first, which is described as over-arching, is to provide a safe environment. The rationale behind this is as follows:

People living with dementia require health and social care environments that are safe, secure and easy to move around, so that they are to make the best of their remaining abilities.<sup>29</sup>

This leads to the following recommendations of what the care environments should provide to support walking:

[A]ppropriate design features (e.g. increased intensity of lighting and contrast, handrails that contrast with their background, appropriate walking aids, slip-resistant, matt finished flooring with no patterns and shadows, contrasting texture and/or colours at the beginning and ends of the stairs, contrasting leading edges on stairs, and appropriate technology and sensors) to reduce the risk of slips, trips and falls.<sup>30</sup>

Whilst care homes often have design features that support their residents to walk, the focus on safety and the fact that the care home corridors are indoor spaces leads to them being a much less materially and sensorially diverse place to do so than any outdoor environment. When care home residents walk in corridors the textures and sensations of the outdoors are not available to them. They cannot crunch fallen leaves under their feet, smell freshly cut grass, get soaked by the rain or feel the hot sun or cool wind on their faces. Mary undertook our walks in her slippers. Their lack of waterproofing and flimsy soles further served to emphasise that these were indoor shoes worn by someone who was walking indoors. She had once, however, taken long walks with her dog on Streatham Common, something that her eagerness to talk about demonstrated had been an important part of her life.

As I visited the Common each week I experienced all the sensations of being outdoors that were missing in the care home corridor. Figures 6 and 7 are photographs of an

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<sup>29</sup> Department of Health. *Health Building Notes 08-02: Dementia-friendly Health and Social Care Environments.*, 2015. Print, p25.

<sup>30</sup> Ibid.

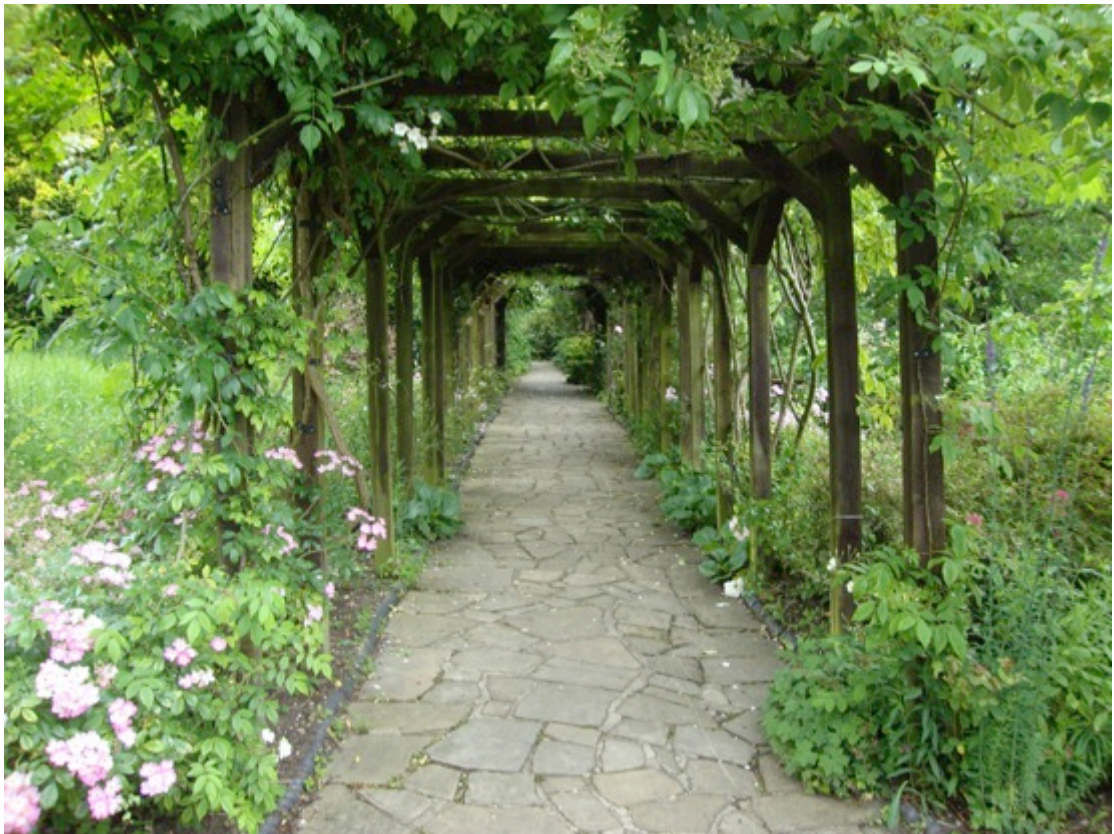


archway on the Common taken at different times of the year. This was an archway Mary recognised from a photograph I had found on the internet after putting the words 'Streatham Common' into a Google image search. I showed it to Mary during our first session together and she told me 'I walked through an archway like that in the Rookery'<sup>31</sup>. During my next visit to the Common I searched for and found the archway. I proceeded to incorporate it into my weekly walks on the Common, walking through it each week and photographing it from the position from which the original image was taken. The photographs capture it changing throughout the year, at different times of day and in different weather conditions as the light alters, plants grow, flower and die back and the wooden structure is revealed and concealed by them. In contrast, Figure 8 shows a drawing I made from memory of the care home corridor. Due to the restriction imposed on my research by the NHS ethical approval it received I have few photographs of the care home and none of Mary and I walking in the corridor. There are obvious limitations and inaccuracies to my representation of the corridor and the information I chose to include about it in my drawing reflects how I saw it as much as what was actually there.

My drawing of the corridor is included in one of the museum cases in the piece *Walking with Mary*, made in response to this practice-based research project, along with a light-box displaying photographs of the archway. Presenting the corridor and archway next to each other created a dialogue between them and highlighted that these two passageways, both of which have similar forms and are designed for walking through, offer very different experiences as places to walk. I wanted to exploit this dialogue to communicate the deficits I had found in the experience of walking when undertaken in a care home corridor. This was an observation that I felt was important to convey to the exhibition audience because I wanted them to understand the need for introducing experiences of the outdoors into care homes. Mary, however, never talked about missing the walks she no longer took and I found ways that she created her own dialogues between the care home and the Common that were different and served a different purpose for her to those connections which I drew between them did for me.

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<sup>31</sup> 22<sup>nd</sup> May 2014.



**Figure 6.** Photograph of archway taken during my 12<sup>th</sup> walk on Streatham Common. 15<sup>th</sup> Aug. 2014.

Image: Jayne Lloyd



**Figure 7.** Photograph of archway taken during my 29<sup>th</sup> walk on Streatham Common. 4<sup>th</sup> Dec. 2014.

Image: Jayne Lloyd



**Figure 8.** Drawing of the care home corridor Mary and I walked down each week. 2015.  
Image: Jayne Lloyd

Instead of missing the walks she used to take on the Common I found Mary often merged recollections of them with her experiences of old age and living in a care home. Notably, in response to photographs and films I took of my walks on the Common, artefacts I brought in and questions I asked her, Mary often discussed her dog and the walks she used to take him on in the present tense, regularly describing him as if he was still alive and as if she still walked him on the Common. She often repeated the same information and every week she told me 'his name is Angus<sup>32</sup> and I walk him on Streatham Common'. During our fourth session in response to a photograph I showed her of a wild area of the Common she told me 'I put him on a lead so he cannot go in to areas like that because I worry that he will chase the wildlife'<sup>33</sup>. Further, I noted that in our sessions she often referenced her dog walks when she described to me what she was currently experiencing. When I greeted her at the beginning of the sixth session one of the first things she shared with me was that her legs were tired, and this was followed by her explanation that 'it must be all the dog walking'<sup>34</sup>. This was said in a friendly but sincere tone that led me to interpret her

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<sup>32</sup> The dog's name has been changed to conceal the identity of his owner.

<sup>33</sup> 12<sup>th</sup> June 2014

<sup>34</sup> 3<sup>rd</sup> July 2014



comment to mean that she really believed, on some level at least, that she had recently been on a dog walk. In this instance her dog walks provided an explanation for the lack of energy she was feeling and possibly for aches and pains in her legs brought on by old age or sitting still for sustained periods of time.

*Dementia: Walking not Wandering: Fresh Approaches to Understanding and Practice* sets out to build a greater understanding of why people with dementia walk. At the time of publication in 2006 the authors, primarily professionals working in the care sector, recognised that this understanding was limited. In her chapter titled 'Life Factors Influencing Present Behaviour' Faith Gibson, an academic in the field of social work, argues that when people living with dementia walk it is often a continuation of an occupational or recreational interest the person developed earlier in their lives. She proposes that they often find comfort and hope in memories of their past and suggests that they can hold certainties that make sense to them in a way that their present situation often does not. Their walking, therefore, could be a continuation of the performance of these walks or a walk undertaken in search of a person or place they remember but cannot locate. She writes:

Some of their wandering may be seeking and searching for a lost past that offers, if fondly remembered, more security than a present perhaps perceived as bleak, barren, lacking human reassurance and devoid of fulfilling roles and relationships.<sup>35</sup>

The way Mary connected the walks she took in the past to her experience of living in a care home could be understood as a continuation of a recreational activity that, drawing on Gibson's proposal, is likely to hold more security and fulfilment for her than her present situation. In our sessions, drawing on her dog walks appeared to support Mary to relate reasonably positively to the circumstances in which she found herself. Co-editor of *Dementia: Walking not Wandering* Mary Marshall, like Gibson, is an academic from the field of social work, and wrote the introduction to the publication. Marshall reiterates throughout her introductory chapter that walking is a normal part of the vast majority people's lives. She writes:

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<sup>35</sup> Gibson, Faith. "Life Factors Influencing Present Behaviour." Ed. Marshall, Mary and Kate Allan. *Dementia Walking Not Wandering: Fresh Approaches to Understanding Practice*. London: Hawker, 2006. Print, p64.

We all walk to go somewhere, to think more clearly, to escape, to relax, to loosen stiff joints, to ease indigestion, to enjoy different textures beneath our feet, to stimulate appetite and so on.<sup>36</sup>

Marshall argues, however, that whilst walking by people living with dementia is a continuation of something people do throughout their lives, it is often not understood as such. She proposes that walking is regularly seen as a problematic symptom of the person's dementia leading it to be negatively dismissed as 'wandering'. Conveying her sentiments about how walking by people living with dementia is seen, Marshall introduces *Dementia: Walking not Wandering* by writing:

This book grew out of an awareness of the paradox that walking is normal and healthy but when people with dementia do it, it is pathologically labelled 'wandering'.<sup>37</sup>

Marshall argues that wandering is a prevalent but unhelpful term when used to describe walking undertaken by people living with dementia. Significantly, Marshall argues that when people with dementia walk it is not aimless, as the definition of the word 'wandering' implies, but using this word to describe it enables it to be dismissed as such. The term is, therefore, derogatory and alleviates the need to question why the walking was undertaken.

Mary was not a 'wanderer' in the sense that she did not continually walk. The enthusiasm and readiness with which she talked about walking and that she often discussed it in the present tense, however, demonstrated the same intensity of connection to walking that was exhibited by those care home residents I encountered who did continue to walk long distances in the care home. It is impossible to know for certain if Mary would have walked more if she could have done. What was clear to me

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<sup>36</sup> Marshall, Mary. "Design for Walking: Creating Rich Environments." Ed. Marshall, Mary and Kate Allan. *Dementia Walking Not Wandering: Fresh Approaches to Understanding Practice*. London: Hawker, 2006. Print, p14.

<sup>37</sup> Marshall, Mary. "Design for Walking: Creating Rich Environments." Ed. Marshall, Mary and Kate Allan. *Dementia Walking Not Wandering: Fresh Approaches to Understanding Practice*. London: Hawker, 2006. Print, p10.

was that she was not physically able to walk a fraction of the distance she used to cover. This was evident in the fact that she was often asleep when I arrived at the care home, I had to provide her with significant support to stand and walk and she often fell asleep again shortly after returning to her seat in the lounge at the end of our sessions. Despite Mary's physical impairments, Marshall's discussion of wandering is important to my thinking about walking in care homes, including walking in the context of my project with Mary. Compellingly, it is a concern that residents might 'wander off' that leads to them being locked in the care home. Marshall recognises there are reasons for restricting the freedom of people living with dementia, but questions whether stopping someone walking is always the most appropriate way to look after them. She writes:

Clearly, there are issues of safety and quality of life in some walking by people with dementia, but we have to ask ourselves whether the response of those in dementia care is always one that treats those with dementia as fellow citizens.<sup>38</sup>

Concern for residents' safety often prevents them from being allowed to go outside unaccompanied, but their walking may also appear strange or aimless when undertaken in the care home because there is a mismatch between it and their current situation. Gibson discusses how the act of walking may no longer be appropriate or germane to the environment or time in which it is performed. As she writes, "[o]ccupational remnant' is a phrase used to describe behaviour appropriate to an earlier stage that intrudes into the present where it is no longer relevant'<sup>39</sup>. Performing 'occupational remnants' can be disturbing and frustrating for people with dementia who do not always have an awareness that what they are doing is no longer part of their lives in the way it once was. Their walking can be seen as problematic by their carers who may not understand why they are doing something that seems bizarre, out of place and potentially disruptive. Gibson illustrates this with the example of a retired farmer who continues his habit of getting up to walk and check his stock. In my project with Mary, I began to wonder if the elements of walking in the project had

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<sup>38</sup> Ibid.

<sup>39</sup> Gibson, Faith. "Life Factors Influencing Present Behaviour." Ed. Marshall, Mary and Kate Allan. *Dementia Walking Not Wandering: Fresh Approaches to Understanding Practice*. London: Hawker, 2006. Print, p64.

the potential to make Mary appear increasingly confused and disconnected to her current environment. Was I encouraging Mary to withdraw into the past rather than supporting her to connect to the present and in so doing making her actions appear aimless?

To address these questions, I began to consider the ways in which artists who walk as part of their practice purposely set out to disrupt the social meanings of place, particularly cities, as part of a creative and political act. Artists often facilitate these walks by following maps or instructions that are intended to represent the geographical layout of the place inaccurately. Guy Debord's famous Parisian *dérives* in the 1950s used cut up maps to encourage people to drift around the city, a practice that influenced the *Mis-Guides* and *Mis-Guided Tours* produced from the 2000s onwards by arts collective Wrights and Sites. Wrights and Sites' *Mis-Guides* instruct people, for example, to take a guidebook from one city and use it to explore another. As they describe in their introduction to their *Mis-guides* on their website, the aim of this project was to find an alternative way of exploring familiar and unfamiliar places and for participants to engage in a process of discovery. They write:

*Mis-Guides* are like no other guides you have ever used before. Rather than telling you where to go and what to see, the *Mis-Guide* gives you the ways to see your city or environment that no-one else has found yet. A *Mis-Guide* is both a forged passport to your 'other' city and a new way of travelling a very familiar one.<sup>40</sup>

Artists have also developed walks by drawing on experiences of places that happened in the past. Judith Cardiff's audio walk around the Whitechapel area of London was recorded in the 1990s. It captures a walk she went on in a specific place at a specific time. Walked shortly after it was produced it would probably describe the area with some accuracy, although even then some of the more transient activities and conditions recorded during her walk would have ceased and different ones would have commenced. Undertaken today, the extent the area has changed is highlighted by the mismatch between the audio tour and the place in which it is walked. The sounds, descriptions and navigational instructions from the past misguide the walker and

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<sup>40</sup> <http://www.mis-guide.com/mg.html>. Accessed 5th Mar. 2016.

create a disjuncture between the activity they are taking part in and the place in which they are undertaking it. An analogy could be drawn between the effect of the out-dated audio walk and the effect Gibson describes the occupational and recreational remnants of people with dementia as having when they 'intrude' into their current lives. The difference between these artworks and the walks many people living with dementia take, however, is that for the artists and those who go on their walks it is a choice to temporarily engage in a creative act. For many people living with dementia the realities of living in a place that does not support the activity they are trying to perform is not a choice but something they deal with every day.

As with the walks I have described that were created by other artists, when I walked on Streatham Common I followed instructions based on information Mary gave me that was incomplete and based on recollections of walks that took place in the past. The aim of my first session with Mary was to try and learn about the route she took around the Common so that I could follow it during the weekly walks I planned to take there. I brought with me to the session several images of Streatham Common that I had downloaded from the internet. The only two images Mary told me she recognised were both taken in an area of the Common called the Rookery. One of them was the photograph of the archway I discussed earlier. The other was of some benches that she said she recognised, although she did not sit on them because she rarely sat down during her walks. She also commented when shown another photograph that there were more trees in the Common in which she walked than there was in that image. The difference was so stark to her that she declared this was not a picture of Streatham Common at all.

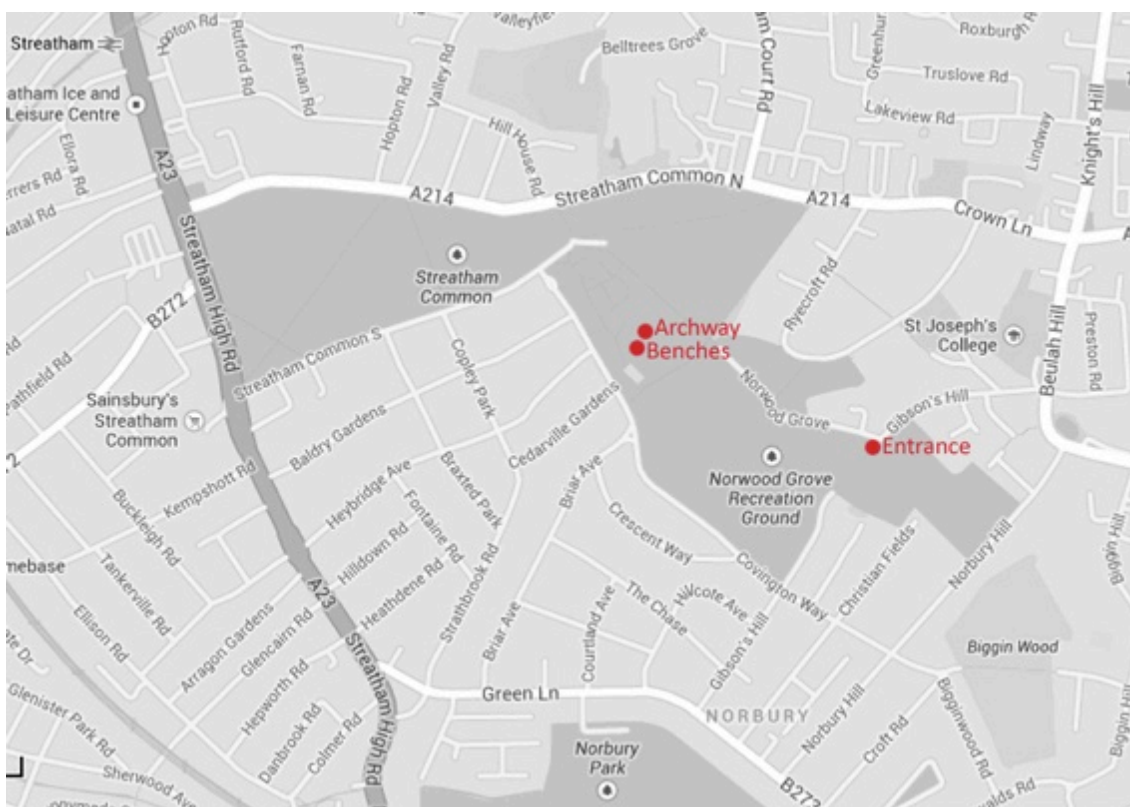
In response to the information Mary had given me, during my first walk on the Common<sup>41</sup> I located the archway and the benches and went in search of areas with lots of trees. Over the weeks I worked with Mary, through a process of visiting the Common each week before returning to the care home to discuss with her the photographs, films and objects I collected there, I very slowly learnt about other landmarks she used to pass on her walks and these are marked on the map in Figure 9. In response to a film I made during week two of the project Mary recognised a gate in

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<sup>41</sup> 24<sup>th</sup> May 2014.



it and told me that she entered the Common through it after walking up Beulah Hill to get to the Common from Norwood where she lived. Her point of entry and the images she had recognised in previous sessions gave some indication of the area of the Common in which she used to walk. When I asked her about the route she walked in the Common, however, she gave me the following vague description, 'I walked up, down and around the Common'<sup>42</sup>. I had no idea how to interpret this and if there was a route she regularly walked on the Common it eluded me.



**Figure 9.** Map of Streatham Common showing the landmarks Mary identified. 2014.

**Image:** Screenshot from Google Maps, edited by Jayne Lloyd.

As a result of the limited information I had about where I should walk, I found myself walking on the Common with no clear direction to my journey. As I carried sticks and balls I had collected because I thought they were the sort of thing someone would throw for a dog, I found myself going on dog walks without a dog. I began to see an analogy between the situation I found myself in and that of care home residents who appeared to wander aimlessly. The term 'wandering' when applied to people who do not have a diagnosis of dementia, however, does not have the negative connotation it does when used to describe walking by people who are living with dementia. In

<sup>42</sup> 29<sup>th</sup> May 2014.

*Wanderlust: A History of Walking* (2001) Rebecca Solnit applies the terms walking and wandering almost interchangeably as she builds a history of walking in various contexts. She uses wandering to describe walking at a slow pace, that is meandering, that does not have a fixed destination and when it is for leisure, pleasure or exploration. Wandering is walking that is not practical destination-orientated day-to-day walking. She largely uses it as a positive term and, whilst she does on occasion use the word aimless in conjunction with it, this again is not usually done in a negative sense, but often to emphasise a break from the fast pace of contemporary urban life. What is more, for Solnit, when wandering is done in the context of art it takes on a more purposeful quality.

In a chapter in *Wanderlust* titled 'The Solitary Stroller and the City' Solnit discusses the walking undertaken by three New York photographers shortly before and after World War II, describing how they wandered to find their subjects. For Berenice Abbott, photographing before the War, and Helen Levitt, after it, their subjects were the children playing in the streets, while Weegee's subjects were the fresh corpses on sidewalks and prostitutes in paddy wagons. Solnit describes their activities as follows:

One imagines them wandering purposefully like hunter-gatherers with a camera a sort of basket laden with the day's spectacles, the photographers leaving us not their walks, as poets do, but the fruits of those walks.<sup>43</sup>

What I find interesting in this quotation is Solnit's use of the word 'purposefully' to describe their wandering. Particularly as in the following quotation, only a page earlier in the book, she had describes her own 'wandering' in New York slightly differently.

Wandering without a clear purpose or sense of direction, I have often disrupted the fast flow of passersby intent on some clear errand or commute, as though I were a butterfly strayed into the beehive, a snag in the stream.<sup>44</sup>

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<sup>43</sup> Solnit, Rebecca. *Wanderlust : A History of Walking*. London: Verso, 2001. Print, p189-190.

<sup>44</sup> Solnit, Rebecca. *Wanderlust : A History of Walking*. London: Verso, 2001. Print, p188.

In this second quotation Solnit's wandering has no material product and no predetermined goal. It is contrasted with the destination-orientated walking of the other walkers she encounters, which is performed at a much faster pace than her leisurely one. She is taking her time on her walk, which in itself is the aim of her action – her walking is not undertaken as a means to arrive somewhere. In the first quotation, however, it is implied by the use of the word 'wandering' that the walk is at a similarly slow pace to that of Solnit's, the journey is also the destination, as with Solnit's, but the camera justifies the wandering by giving the wanderer a reason for their actions, a reason to walk and to do so slowly. To spend time looking around in order to create art whilst walking, Solnit is implying, is purposeful. Her own wandering, she writes 'has no clear purpose' this is not to say it is aimless, just that the aim is not pre-set and is yet to emerge.

When artists walk as part of their arts practices and when people living with dementia walk as part of their everyday lives they do so for very different reasons and their walking is understood in very different ways. The term 'wandering' has negative connotations when applied to people living with dementia but, I propose, it does not have to have and artists could play an important role in redefining it. The positive use of the term 'wandering' when applied to artists and that they often perform actions in their arts practices that in other contexts may be considered aimless or pointless suggests that their practices question the parameters of what actions are and are not meaningful and of use. It was through a process of creative 'wandering' with Mary that I learnt about her walks and that I supported the continuation of her (virtual) walks even though she was no longer physically able to undertake them. Significantly, as an artist I had a willingness and interest in engaging with something that I realised I did not need to fully understand. In *A Field Guide to Getting Lost* (2006), another book that she authored, Rebecca Solnit writes:

Lost really has two disparate meanings. Losing things is about the familiar falling away, getting lost is about the unfamiliar appearing.<sup>45</sup>

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<sup>45</sup> Solnit, Rebecca. *A Field Guide to Getting Lost*. Edinburgh: Canongate, 2006. Print, p22.

It is through a process of setting off on a journey of discovery into the unknown that I found as an artist I could usefully engage with and extend Mary's and my own real and imaginary journeys. Further, it was not in an exact recreation of Mary's walks, but in the relationship between her recollections and my walks that we developed a meaningful and creative dialogue. I was always aware, however, of a need to balance my creative interest with the everyday realities of participants' lived experience and that others they encountered would often not approach their physical and virtual wandering as an artist did. I also came to understand that some of the aspects of walking I highlighted in my artworks were the very things that created difficulties for people living with dementia; the limited access to the outdoors, the lack of diverse sensory experiences and the 'out of placeness' of the indoor walks. These were important ideas that captured what the Reminiscence Arts practice responded to but equally I realised that I needed to be careful that I was not heightening the experience of them for the participants. This balance was necessitated by the dual aims of my practice-based projects; creating Reminiscence Arts sessions that productively engaged care home residents living with dementia and critically engaging with them to research and create artworks and other research outcomes that communicated about them to a wider audience.

### **The Shape of a Walk**

Many artists who walk as part of their practice make artworks inspired by their walks to exhibit in galleries. This enables them to communicate something about the walks taken outdoors in an indoor environment. These artworks usually take the form of films, text pieces or photographs. Artist Richard Long's work *A Line the Length of a Straight Walk from the Bottom to the Top of Silbury Hill* (Fig.10), however, used mud to literally materialise the walk in a gallery. As a visual artist I work with material things. Thinking about how Long had brought the mud from his walk into the gallery helped me to consider how the materials I brought into the care home from my own walks on Streatham Common evoked a sense of these walks. In this section, beginning with a discussion of Long's exhibit, I question how I approached evoking walking in care homes and how dancer Christina Argiropoulou, whose practice does not have the same material focus as mine, differed in her approach to this endeavour.



**Figure 10.** Richard Long. *Silbury Hill* (Postcard version: photograph, gelatin silver print on paper, typed text and postcard). 1970-1.

**Image:** Screenshot from the Tate online collection <http://www.tate.org.uk/art/artworks/long-silbury-hill-al00214>.

In 1970 Richard Long transferred a walk he took outdoors in the countryside into the indoor setting of the Dwan Gallery, New York. Long made *A Line the Length of a Straight Walk from the Bottom to the Top of Silbury Hill* by walking from the base to the summit of Silbury Hill in Wiltshire in a straight line. He then recreated the walk in the gallery. To transfer the walk into the gallery space Long walked in a line that was the same length as the one he had walked up the hill. When he walked it in the gallery, however, he could not walk the distance in a straight line because the dimensions of the space were too small. Instead he chose to walk in a spiral. Whilst this was not the only way he could have fitted the line in, any configuration he chose would have involved the line bending. It was not possible to fit the straight line he had walked up the hill into the indoor venue of the gallery.

The other difference between the line he walked up the hill and the line he walked in the gallery that is significant to my research is the way he drew the line with his feet. When he walked up the hill the weight of his body pressing through his shoes imprinted the earth leaving a negative space in the shape of the sole of the shoe. When he recreated the walk in the gallery he dipped his walking boots into mud that he had collected from the hill and made footprints with them on the floor. The floor, unlike the ground outside on the hill, did not allow his footprints to penetrate its surface. Instead the mud sat on top of the hard, non-porous floor designed to be cleaned and to leave no trace of the feet that walk over it.

These two significant differences between Long's walk up the hill and his recreation of the walk in the gallery highlight how the representation of the experience needed to be adjusted to accommodate the differences in scale and materiality between the outdoor and indoor spaces. Whilst the gallery is undeniably a very different type of space to the care home it is on a comparable scale to many of the rooms the sessions took place in and is an indoor environment that shares some similarities with their physical properties, significantly for this discussion the non-porous floor. The curled up line of Long's muddy footprints introduces materials associated with the outdoors into an indoor environment and provides a strong visual metaphor for the outdoor walk. However, it also highlights for me some of the difficulties with being a visual artist who

is trying to quite literally materialise an experience in a care home and is encountering the limitations of the materials I am bringing in and those of the space itself.

In my project with Mary I attempted to evoke in the care home something of my experience of walking on Streatham Common. Mary had told me there were lots of trees on the Common, demonstrating that trees formed part of her memory of it. During my second walk on the Common, therefore, I walked from tree to tree collecting as many different leaves as I could find. During that visit to the Common it was a breezy but sunny day with blue skies. The leaves swayed gently in the light wind. They looked almost translucent and their colours appeared vibrant in the strong sun. I plucked a leaf from each type of tree and placed them in a canvas bag. The following day Mary and I picked them out of the bag one by one and laid them out on a dining table. In the still air of the care home the leaves did not move unless we moved them. I noticed that lit by the dining room light their colours looked disappointingly dull against the dark brown wood of the table. I described to Mary how I had collected the leaves from Streatham Common. As she made regular eye contact and postured her body to face me, her body language suggested she was listening, but there was no indication that she made a connection between the leaves and the trees she used to pass on her dog walks. Mary picked the leaves up and looked at them. She appeared to enjoy handling them, talking about their shape and colour and choosing which ones she preferred. Similar leaves, however, could have been collected from any number of places. The leaves, isolated from their surroundings and closely examined in the care home environment, did not retain a connection to Streatham Common.

The leaves were collected at points along my walk and when presented in the care home held no trace of the journey that connected them. Without the context of the Common, they were no more use in my attempt to communicate my walk than a series of map pins that had fallen out of a map would have been. As anthropologist Tim Ingold argues in his book *Being Alive: Essays on Movement, Knowledge and Description* (2012), when people walk they experience the world from a mobile, embodied viewpoint and this informs their knowledge of the places they visit. Advocating walking as a form of research because it reflects the dialogue between

locomotion and cognition that he proposes informs most people's experience of a place, Ingold writes:

It is in these dextrous movements along paths of life and travel, I contend, and not in the processing of data collected from multiple sites of observation, the inhabitants' knowledge is forged. Thus locomotion and cognition are inseparable, and an account of the mind must be as much concerned with the work of the feet as with that of the head and hands.<sup>46</sup>

Reflecting on Ingold's ideas about how a knowledge of the world is formed through walking in it, I realised that my leaves were like the data he describes being collected at multiple sites and that they did not reflect the embodied knowledge I had gained as I moved around the Common. Prior to starting my research I had become interested in Ingold's idea of 'pedestrian touch' and had applied it to how I researched the walks I took outdoors and in the care home, but I had not consider how it could effect my approach to attempting to evoke the walks in the Reminiscence Arts sessions I facilitated. Through his discussion of pedestrian touch, Ingold argues that a dialogue between the walker's gait and the materiality and gradient of the ground on which they walk can inform their knowledge of the environment they walk in. He argues that a knowledge of an environment can be gained by feeling the surface or contours of the ground. Positioning walking in relation to other modes of transportation, such as cars or planes that transport people at speed in a seated position and during which journeys they do not touch the ground, he reasons that 'it is surely through our feet, in contact with the ground [...], that we are most fundamentally and continually 'in touch' with our surroundings'<sup>47</sup>. He argues that people adjust how they tread in response to the substance, texture and gradient of the ground on which they walk. Steps are, Ingold writes, 'continually and fluently responsive to an ongoing perceptual monitoring of the ground ahead'<sup>48</sup>

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<sup>46</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p17.

<sup>47</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p45.

<sup>48</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p47.



As I walked on the Common along gravel, tarmacked and paved paths, across grassy fields and, on days when it had rained, through mud and puddles, I was very aware of how these changes in the ground affected how I placed my feet upon it. As the ground I trod on was never exactly the same, so one step never exactly replicated the next. The rhythm of my walks was produced through a dialogue between the gait of my body and the ground on which I trod. Walks, therefore, do not keep a constant tempo but one that is irregular. Writing about the rhythm of walking, Ingold purports that steps are 'rhythmic rather than metronomic, what they beat out is not a metric of constant intervals but a pattern of lived time and space.'<sup>49</sup>

Even if I had spaced the leaves out, arranging them around the room to represent the spaces in which I walked between the trees, I would still have had to do something more to evoke the journey that happened in the gaps between them. Long had his spiral of footprints that represented the length of his walk, but I could not walk muddy footprints all over the floor of the dining room, which straight after our session had finished each week was set up for lunch. Further, I began to question how much of the rhythm of Long's walk up the hill was communicated through his footprints in the gallery. Surely they had a different rhythm to those of Long's earlier walk, one that responded to the substance and gradient of the gallery floor. Thinking about this raises further questions about whether the rhythm of my walks could be communicated by any object I brought into the care home.

In the project we facilitated together between 17<sup>th</sup> February and the 12<sup>th</sup> May 2014, Christina Argiropoulou introduced the movement of walking into the dining room in which the sessions took place. She facilitated activities that encouraged participants to walk. They did so, however, from a seated position. Each week the participants sat in chairs arranged in a circle and most sessions began with Christina Argiropoulou leading movement exercises connected to modes of travel; walking, running, swimming, driving and cycling. During the walking actions their feet did not go anywhere beyond the reach of their seated body, they were walking on the spot and the spot that they were walking on was cushioned by a short-pile carpet. No footprints were made and

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<sup>49</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p46.

the scenery did not change. Despite all that was missing from or contradictory to the experience of being on a walk, either because of the environment or their body's movements, most participants embraced the action of walking. The walking they undertook despite being seated was much more energetic than most of the walks I observed care home residents taking in corridors. Many of the participants who moved vigorously in these activities had been supported to walk to the sessions by care staff and were unable to stand unaided. In the sessions they walked with intent, with arms moving at their sides propelling them forward and head and eyes facing straight ahead. There was a clear recognition in the way they performed the actions that they had experienced and could recall the action of walking. Not the kind of walking that takes place in a domestic space that is usually slower and over a shorter distance, but a long, determined, energetic hike or brisk walk to the shops, for example. The movements Christina Argiropoulou facilitated achieved a connection to the rhythms of walking that the leaves I introduced during my sessions with Mary failed to evoke.

During the movements led by Christina Argiropoulou the participants were not only carried along by the action of walking, but, as I observed the rhythms of their movements aligning as a group, it appeared they were also carried along by each other. As they mirrored each other's movements and the pace built and dipped there was a sense of a shared rhythm. In his book *Refrains for Moving Bodies: Experience and Experimentation in Affective Spaces* (2013) Derek P. McCormack argues that rhythms can be transmitted between bodies because of the affective qualities that they produce. He defines affective qualities as; '[t]hose heterogeneous matters of the sensible world we often try to capture through terms such as emotion, mood, and feeling.'<sup>50</sup>

The mood I sensed from most participants during the walking activities was one of determination and sometimes elation. This differed significantly to the lethargic, disengaged mood I sensed when I entered the room before the sessions began and the majority of care home residents were sitting sleeping or not interacting with anyone or anything. McCormack argues that to understand how places are produced for and by moving bodies is to understand the dialogue between the physical space and the

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<sup>50</sup> Ibid.

people within it. People can have a significant impact on how a place is experienced because an action performed by one person is experienced not just by them but by others who share the same space. McCormack proposes that bodies need to be thought of beyond the physical form that they occupy and this involves, he writes:

[T]hinking of bodies as lively compositions crossing thresholds of intensive and extensive consistency whose limits are defined less by physical boundaries than by capacities to affect and be affected by other bodies'<sup>51</sup>.

Writing about a week-long residency he undertook in a corridor of Chisenhale Dance Studios, McCormack describes how the physical space and the purpose it is designed to fulfil can determine the movements of the people who are in it. Corridors are usually designed as passages that physically connect one place to another and are, therefore, primarily places people pass through rather than places to pause and spend time. The corridor McCormack's residency took place in was no exception to this design and use. Describing the movements of the people he encountered in the corridor at the start of the residency he writes:

[T]he rhythm of these movements is relatively predictable. Bodies go with the flow. Move along, nothing of interest here'<sup>52</sup>.

He noticed, however, as the residency progressed that by spending extended periods of time in a space that is not designed for pausing in he was not only affected by its rhythms but began to affect other people's rhythms. He writes of spending time in the corridor:

To pass time in this space is not, however, to accede inevitably to its rhythms: it is also to modify them, and to generate new rhythms with the potential to be felt across and between bodies.<sup>53</sup>

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<sup>51</sup> McCormack, Derek P. *Refrains for Moving Bodies: Experience and Experiment in Affective Spaces*. USA: Duke University Press, 2013. Print, p2.

<sup>52</sup> McCormack, Derek P. *Refrains for Moving Bodies: Experience and Experiment in Affective Spaces*. USA: Duke University Press, 2013. Print, p32

<sup>53</sup> *Ibid.*

It is a modification of the rhythms of the space, similar to those McCormack describes, that I propose Christina Argiropoulou's walking activities achieved in the sessions. Instead of slowing down the pace of the environment as McCormack did, conversely, they speeded up and enlivened an otherwise stagnant place. This was something that I found from my experience of walking in the corridor with Mary sometimes could not be achieved by actually walking somewhere with a care home resident. When I walked down the corridor with Mary, rather than me speeding her up, I could feel her slowing me down. What is more, I could feel the effort Mary was putting into walking down the corridor. As I fell into step with Mary she leaned into me and trod carefully, each jolting step appearing to take mental and physical effort, and she regularly needed to take a rest about half way down the corridor. It was this effort that made me, not just realise, but feel that this was now a long walk for Mary, who had once regularly taken much longer walks with her dog on the Common. Mary's physical world had shrunk but she appeared to experience the corridor as a significant distance to walk. When care home residents who I had observed having a similarly slow pace to Mary participated in Christina Argiropoulou's walking activities, however, the chair supported the weight of their bodies and freed them up to walk more vigorously.

In *Detail and Daring: Research into the Art and Craft of Intergenerational Work* (2012), a report on Magic Me's project *Weekend at Wilton's*, Sue Mayo proposes that in participatory arts projects arts practices fall into natural configurations that create different 'shapes in the room'<sup>54</sup>. Drawing on observations of a project she observed in 1998 she concludes that the visual arts activities she observed enabled connections between 'art partners'<sup>55</sup>, but not an awareness of the group as a whole. She found that by introducing drama activities into these sessions the shape of the arts practice opened out and participants became aware of more of the other people in the group. She acknowledges that facilitators and participants make choices about the shapes they create and that they are also responsive to other factors, not least the rooms in

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<sup>54</sup> Mayo, Sue, Charlotte O'Dair, and Caoimhe M. McAvinchey. *Detail and Daring : Research into the Art and the Craft of Intergenerational Work*. London, 2012. Print, p30.

<sup>55</sup> Mayo, Sue, Charlotte O'Dair, and Caoimhe M. McAvinchey. *Detail and Daring : Research into the Art and the Craft of Intergenerational Work*. London, 2012. Print, p31.

which the sessions take place. Nevertheless some arts practices are more predisposed to some shapes than others. The shape of my arts sessions with Mary was focussed in on us as art partners. This is partly because I am a visual artist and partly because this is the shape most one-to-one Reminiscence Arts projects take because they are just that, one-to-one. When I used objects in my project with Christina Argiropoulou I consciously worked towards opening out the shape of my practice to include the whole group and found that it was possible to use objects, drawing and making whilst still engaging with all the participants. Christina Argiropoulou in her walking activities, however, went beyond opening the activity out to the whole group. She carried participants along and their awareness was not focussed on their surroundings, but on the embodied experience they were feeling. In my participatory arts practice I felt like I was stuck with a metaphorically curled up line, but in Christina Argiropoulou's activities, whilst everyone remained on the spot, she straightened the line out and extended it beyond the room as the participants went for a virtual walk outside.

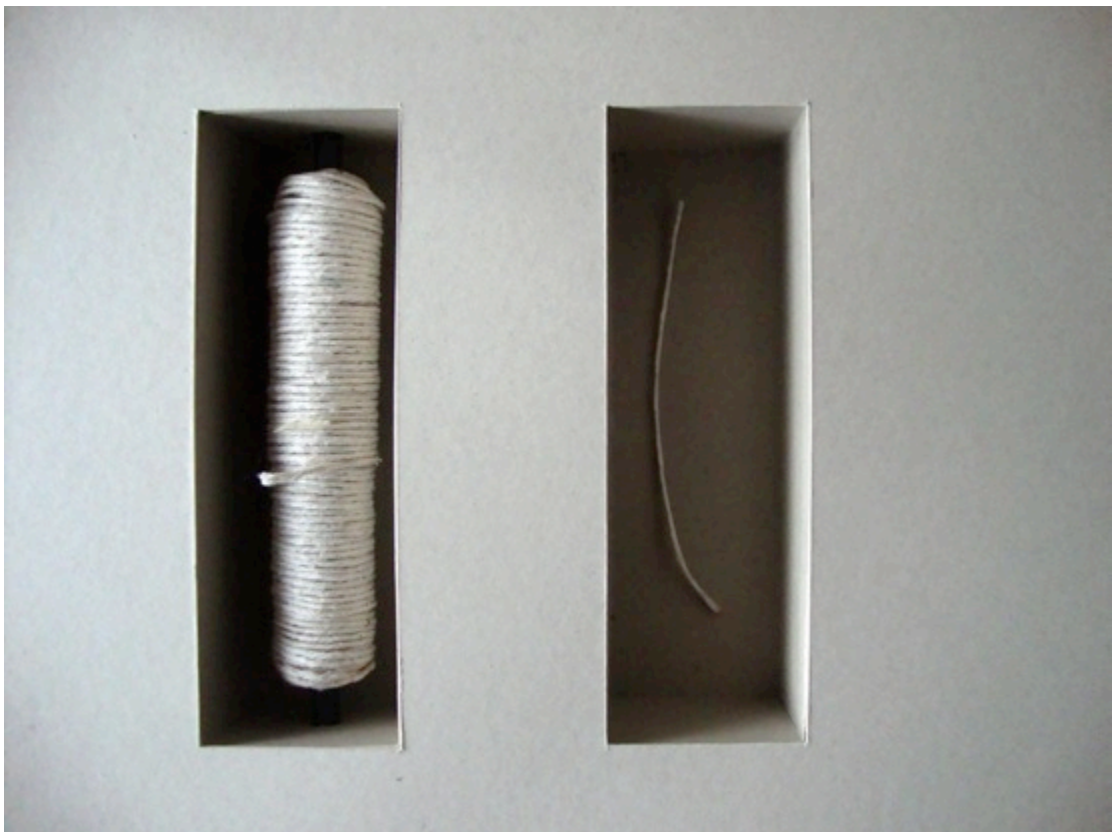
It was only when the rhythm of Christina Argiropoulou's practice was combined with the gestural drawing and materiality of mine that I found the line of my practice could be uncurled. This did not happen in our project until week nine when we drew with long garden canes with sponges on the end into flour and glitter covered sheets of paper arranged in the middle of the circle in which we were sitting. The length of the garden canes increased the breadth of movement in the drawing activity and the movements Christina and I led for people to copy created a rhythm, as did the 'blizzard' of flour and glitter that bounced off the paper as we hit it with the garden canes (Fig. 11). At the inception of this project I was critical of Age Exchange's RAPs for not combining or merging their practices more than they did. When Christina Argiropoulou and I tried to bring her dance and my drawing and sculptural installation practices together in our sessions, however, I found it was not as simple as I had originally thought. When she animated my practice and I brought a materiality to hers we did find ways to achieve this, but it took several sessions for us to effectively combine our practices in one activity. It was necessary first for us to go through a process of getting to know each other as practitioners and trying out how the material, spatial and gestural qualities of our practices spoke to each other.



**Figure 11.** Drawing in flour, rice and glitter on paper with canes. Practice-based project 1, session 9. 5<sup>th</sup> Apr. 2014.  
Image: Jayne Lloyd

The material properties of the objects that limited their ability to evoke walks in my sessions with Mary were the same properties that enabled them to communicate to a wider audience ideas about the session and the care home as a place to walk. The museum cases that comprise *Walking with Mary* focus on communicating to the viewer the difference between the scale and materiality of the care home and my walks on Streatham Common. As Long curled the line of his outdoor walk up to fit it into the gallery, I rolled a length of string representing the average length of my weekly walks on the Common into a compartment in one of the museum cases (Fig. 12). This was presented next to another much shorter piece of string representing the distance Mary and I walked each week from her chair in the lounge to the dining room where the sessions took place. The pieces of string captured the extent of the difference between the lengths of the walks. I intended the piece to document the differences I observed between the care home and the walks and to trigger an emotional response in the viewer by highlighting things and places to which Mary no longer had access. The feedback I received from some of those who viewed the work suggested they had felt the affective content of it. This was most clearly illustrated to

me after I presented the cases at a conference on arts and dementia. Towards the end of the conference a delegate approached me to tell me she had felt tearful because the work showed the extent to which Mary's world had shrunk. She explained to me 'it's like her whole life fits into this tiny space'<sup>56</sup>. This was the impact I hoped the piece would have. Importantly, by highlighting the limited experiences the care home afforded its residents it gave the work a potential role in advocating for the need to extend these experiences through arts provision.



**Figure 12.** Jayne Lloyd. *Walking with Mary* (detail). 2015.  
Image: Jayne Lloyd

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<sup>56</sup> Interacting with Dementia conference, The Beacon Institute, University of Kent, 30<sup>th</sup> May 2015.

### **Can I Bring the Weather with Me?**

Tim Ingold argues that when people walk outdoors they always walk in weather or, as he terms it, a 'weather-world'. In the care home it was not just that the residents were shut in but that the weather was noticeably shut out and the natural fluxes in light, temperature and humidity were replaced by strip lighting and central heating. It is, therefore, impossible for me to think about bringing the outdoors and experiences of walking outdoors into the care home without considering if and how I can bring the weather indoors. I came to Ingold's ideas about weather after I had completed the practice-based project I co-facilitated with Christina Argiropoulou. In this section, therefore, I discuss his concept of the weather-world to retrospectively question the extent to which one was created in these sessions and to understand the environment we created for the participants to walk in.

The setting for the sessions Christina Argiropoulou and I co-facilitated was a communal space within the care home that served multiple functions. It was a small dining area off the side of a lounge that was also used for activities and meetings. The furniture and décor, along with the sounds, light and temperature reflected its intended uses and, as such, did not support our theme of going for a walk. Before each session we set the space up to signify that week's theme, which each week was around going for a walk in a different type of weather or time of day. The aim was to alter the environment enough that the participants would sense the type of weather or time of day we were trying to evoke as they entered the room, but there were a number of restrictions that impacted on the extent to which we could intervene with the space. The scale and number of items we could use were limited because we had to carry all our props and materials with us each week on public transport. We often only had access to the room fifteen minutes before the sessions started and at the end everything had to be cleared away and the room put back to how we found it. Further, we had to be respectful of the furnishings and could not, for example, use excessive amounts of water to evoke rain. Taking these restrictions into account, each week before the start of the session we introduced into the space one type of object and some sounds that we played on a phone connected to a portable speaker. We set up for a session about walking on a sunny day, for example, by arranging three brightly coloured umbrellas in a dome in the centre of the room. I lit them from the inside with



light bulbs so they glowed, giving off a warm light (Fig. 13) and we played a soundtrack of bird sounds to accompany the participants' entrance. During a session about night-time we turned the lights out and lit a dome of black umbrellas (Fig. 14). To accompany this installation we played night-time sounds, including owl calls.



**Figure 13.** Brightly coloured umbrellas lit to evoke a sunny day. Practice-based research project 1, session 7. 7<sup>th</sup> Apr. 2014.  
Image: Jayne Lloyd



**Figure 14.** Black umbrellas lit to evoke night-time. Practice-based research project 1, session 8. 28<sup>th</sup> April 2014.  
Image: Jayne Lloyd

In Chapter 9: 'Earth, Sky, Wind and Weather' of *Being Alive: Essays on Movement, Knowledge and Description* Tim Ingold proposes that the weather-world is a medium that is in constant flux, in which the walker or anyone in the outdoors is immersed. He introduces the idea of how people are submerged in and mingle with the weather-world by drawing the reader's attention to the fact that '[t]he process of respiration, by which air is taken in by organisms from the medium and in turn surrendered to it, is fundamental to all life'<sup>57</sup>. Significantly for his argument, air is not just something that people live in, but that passes in and out of them, moving between the world in which the person lives and the interior of their body. Ingold argues that this happens with all aspects of the weather-world. To explain how he sees this happening he draws on Maurice Merleau-Ponty to apply the idea of a substance moving in and out of the body to how light, sound and the feel of the weather is sensed. He argues that this has a significant effect on people's experience of being outdoors.

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<sup>57</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p115.

Ingold describes how, in his essay *Eye and Mind*, Merleau-Ponty argues that people see in light. In other words, visual perception is an experience of light and this is what, for sighted people, brings the visual world into being. This process is not merely the mind's perception of a physical object or rays of light being sensed by the retina. Light is taken into the body to form for the person the visual world in which they live. Ingold explains the way he understands the experience of seeing in light as follows:

Light, I contend, is another way of saying 'I can see'. It is not merely a phenomenon of the physical world (whether treated as photons or radiant energy), nor is it a phenomenon of the interior mind. It is neither on the far nor on the near side of the retinal surface. Rather, light is an *experience*.<sup>58</sup>

Ingold extends Merleau-Ponty's ideas about the experience of seeing in light by applying a similar concept to the way the senses of hearing and touch function. He proposes that '[t]he sight, hearing and touch of things are grounded in the experience, respectively, of light, sound and feeling'<sup>59</sup>. If the former, he argues, 'force us to attend to the surface of things, the latter, by contrast, redirect our attention to the medium in which things take shape and in which they may also be dissolved'<sup>60</sup>. Applied to the weather, the way seeing in light, hearing in sound and touching in feeling draws our attention to the ever-changing medium of things is clear. When Ingold writes that we should imagine ourselves as 'immersed with the whole of our being in the currents of a world-in-formation: in the sunshine we see in, the rain we hear in and the wind we feel in'<sup>61</sup> it is not hard to understand how the light, sound and feel of the weather are constantly shifting the experience of being in the outdoors. As Ingold explains:

As an experience of light, sound and feeling that suffuses our awareness, the weather is not so much an object of perception as what we perceive in, underwriting our very capacities to see, to hear and to touch. As the weather

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<sup>58</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p128.

<sup>59</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p129.

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

changes, so these capacities vary, leading us not to perceive different things, but to perceive the same things differently.<sup>62</sup>

Ingold argues that the weather-world is not embodied because the rhythms and sensations that the body experiences in response to it are not 'enfolded into the body – as the concept of embodiment would imply – they take possession of it, sweeping the body up into their own currents'<sup>63</sup>. Whilst the body plays a role in this process by sensing the weather, significantly for my research, the weather creates sensations that the body has little or no agency over. As Ingold explains:

To perceive and to act in the weather-world is to align one's own conduct to the celestial movements of sun, moon and stars, to the rhythmic alternations of night and day and of the seasons, to rain and shine, sunlight and shade.<sup>64</sup>

The weather-world that Ingold describes is all encompassing; the landscape and those who walk in it are immersed in and mingle with the weather-world. It is sensed all at once rather than being seen, heard or touched piece-meal or perceptually broken up into individual objects. On the one hand it affects everything that is perceived in it and on the other it is ephemeral and experienced often without conscious thought. Thinking about the sessions Christina Argiropoulou and I facilitated, the immersive and ephemeral aspects of the weather-world pose significant challenges. Whilst I was aware of using light and sound to create a feeling of different types of weather in the space, I had not thought about it to this extent. In some cases I realised I had approached weather more through objects that represented or are associated with different weather conditions than objects that I thought would evoke a sense of them, for example, bringing an umbrella to represent rain and a light bulb for the sun.

The installations we created in the care home were usually acknowledged by the participants as they entered the space. One participant, for example, warmed her

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<sup>62</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p130.

<sup>63</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p135.

<sup>64</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p132.

hands on the brightly lit umbrellas then commented that they felt cold. Another week a participant commented that it was raining as she entered the room and heard the sound of rain. There were also events in some sessions that suggested that the weather experience we created was felt by most people in the group. For example, in one session a participant was handed an umbrella whilst rain sounds were playing. She immediately held it above her head and moved her elbows into her body as if sheltering under it. Others in the group mirrored her action and we sat huddled under umbrellas, listening to the rain sounds and sharing stories of walking in the rain. Notably, when the participant who had first held her umbrella above her head arrived the following week she greeted me and apologised for not being there the week before. She explained that her absence was due to the terrible weather. During the previous session the weather outside had been dry and sunny. There had been no more than a few light showers all week. She did not recall my name or other details of the session, but the stormy experience we had created appeared to have stayed with her.

The participants' sensing of the weather affects, I would propose, was partly to do with the effect of the movement of the participants' bodies that, as McCormack proposes, can be sensed across bodies. To understand how objects and materials introduced into the space could also contribute to the feeling of being in a stormy atmosphere I turn to Gernot Böhme's article 'The Art of the Stage Set as a Paradigm for an Aesthetics of Atmospheres'. In the article Böhme proposes that stage design offers a tangible example of how an atmosphere could be made. The term 'making', he writes, 'refers to the manipulation of material conditions, of things, apparatus, sound and light'<sup>65</sup>. The materiality of the stage set makes the conditions for the atmosphere to appear, which is then experienced by the audience. He places particular emphasis on the importance of lighting and sound that suffuse the whole of the theatre and moves set design beyond the making of backdrops and props. However, he acknowledges that the objects in set designs and in other art forms, for example, painting and sculpture, can also set the conditions for an atmosphere. Böhme argues that when an artist in any discipline sets out to make an atmosphere they need to not see their 'actual goal

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<sup>65</sup> Böhme, Gernot. "The Art of the Stage Set as a Paradigm for an Aesthetics of Atmospheres." *Ambiances [En ligne], Redécouvertes* (2013) Web. 11<sup>th</sup> Oct. 2015. p3.

in the production of an object or work of art, but in the imaginative idea the observer receives through the object'<sup>66</sup>. In other words, they need to focus on how the materiality of the thing or combination of things they are making affects the person who encounters it. They need to understand what is communicated through its affective qualities.

In some ways Christina Argiropoulou and I had achieved the creation of an atmosphere through the introduction of objects, light, sounds and actions into the space. Despite some shared sensations of different weather experiences, however, the sessions were not equivocal to being outdoors in the weather-world. We never managed to sustain the feeling of being in a certain type of weather for participants for a whole session and there were usually at least one or two participants in the group who did not show signs of sensing what we were trying to create. Sometimes participants reacted to the sensory stimuli in different ways to each other, suggesting that a feeling had not been made that was consistently experienced by everyone in the group. This could partly be attributed to the limitations of the objects we introduced. Footprints, for example, were made with paint covered shoe soles that sat on paper at table level rather than imprinting the ground (Fig. 15). Further, the 'rain' was not wet and the 'sun' was three forty-watt bulbs inside some colourful umbrellas. These materials were situated amongst the interior décor that provided evidence that we were not actually outdoors. Enticing participants to focus in on them and ignore all the things in the care home that surrounded and combined with them was not always possible. Further, I realised that there may be physiological differences that I did not understand that would effect how participants experienced both the residential care environment we were working in and the weather-world we were trying to create. Whilst I was sweltering in a t-shirt, for example, the majority of participants arrived at sessions in cardigans or jumpers and requests for windows and doors to be closed to 'keep out the draft' were not uncommon. If we experienced temperature differently it made me question where else our experiences of the space could diverge.

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<sup>66</sup> Böhme, Gernot. "The Art of the Stage Set as a Paradigm for an Aesthetics of Atmospheres." *Ambiances [En ligne], Redécouvertes* (2013) Web. 11<sup>th</sup> Oct. 2015. p4.



**Figure 15.** Shoe prints on paper. Practice-based research project 1, session 2. 25<sup>th</sup> Feb. 2014. Image: Jayne Lloyd

Despite differences in participants' reactions to the things we introduced into the space and, perhaps, how the care home itself was experienced, the sessions did have an impact on the space and nearly all the participants acknowledged that it had been altered for the sessions. One participant, holding an instrument that when shaken mimicked the sound of thunder, told me that she had 'never met anything like it before coming here'<sup>67</sup>. She was sat in a room that, as a resident of the care home, she would have regularly spent time in, but her phrasing, 'before coming here', suggested that during the sessions she did not entirely identify it as the same space. For another participant the themes of walking and weather often did not prompt a direct engagement with the environment created in the room, instead the sessions reminded him of what was no longer accessible to him because he was confined to the care home. In several sessions he spoke about how he was not allowed to go out on his own for a walk. He often became angry and in one session expressed his displeasure with the activities coordinator who he believed was keeping him captive.<sup>68</sup>

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<sup>67</sup> Practice-based research project 1, session 5. 24<sup>th</sup> March 2014.

<sup>68</sup> Ibid.



Our Reminiscence Arts sessions were always in dialogue with the materiality, aesthetics and affective qualities of the care home itself. A sustained all-encompassing atmosphere equivalent to one experienced outdoors in the weather-world was never achieved. I conclude that it is impossible to replicate the weather in a care home. Retrospectively I realise, however, that that should not have been our aim and that a relational approach needs to work with not against the dialogues the sessions create with their surroundings.

Age Exchange work in a wider ecology of London based charities that produce participatory arts sessions with and for people living with dementia. Two of these charities are Spare Tyre and Ladder to the Moon, both theatre companies who devise productions for people living with dementia. To understand how their work creates experiences within care homes and for people living with dementia and their carers I turned to examples of their work published on their websites<sup>69</sup>, attended a presentation<sup>70</sup> about Spare Tyre's projects and a Ladder to the Moon session in a care home<sup>71</sup>. I found that, although still in dialogue with the care setting, their productions introduce more props and performers that transform the experience of the environment in which they take place than Age Exchange's or my own projects do. Spare Tyre's 2015 production *The Garden*<sup>72</sup>, for example, creates an immersive outdoor environment for people living with dementia that comes closer than my project did to replicating the outdoors. It achieves this effect by introducing a much wider range of props, projections, sound effects and rehearsed performances than I did in my sessions.

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<sup>69</sup> Spare Tyre's website <http://sparetyre.org/> and Ladder to the Moon's website <http://www.laddertothemoon.co.uk/>. Both first accessed 21<sup>st</sup> Sept. 2012.

<sup>70</sup> Presentation by Spare Tyre Director Arti Prashar at the Interacting with Dementia conference, The Beacon Institute, University of Kent, 30<sup>th</sup> May 2015

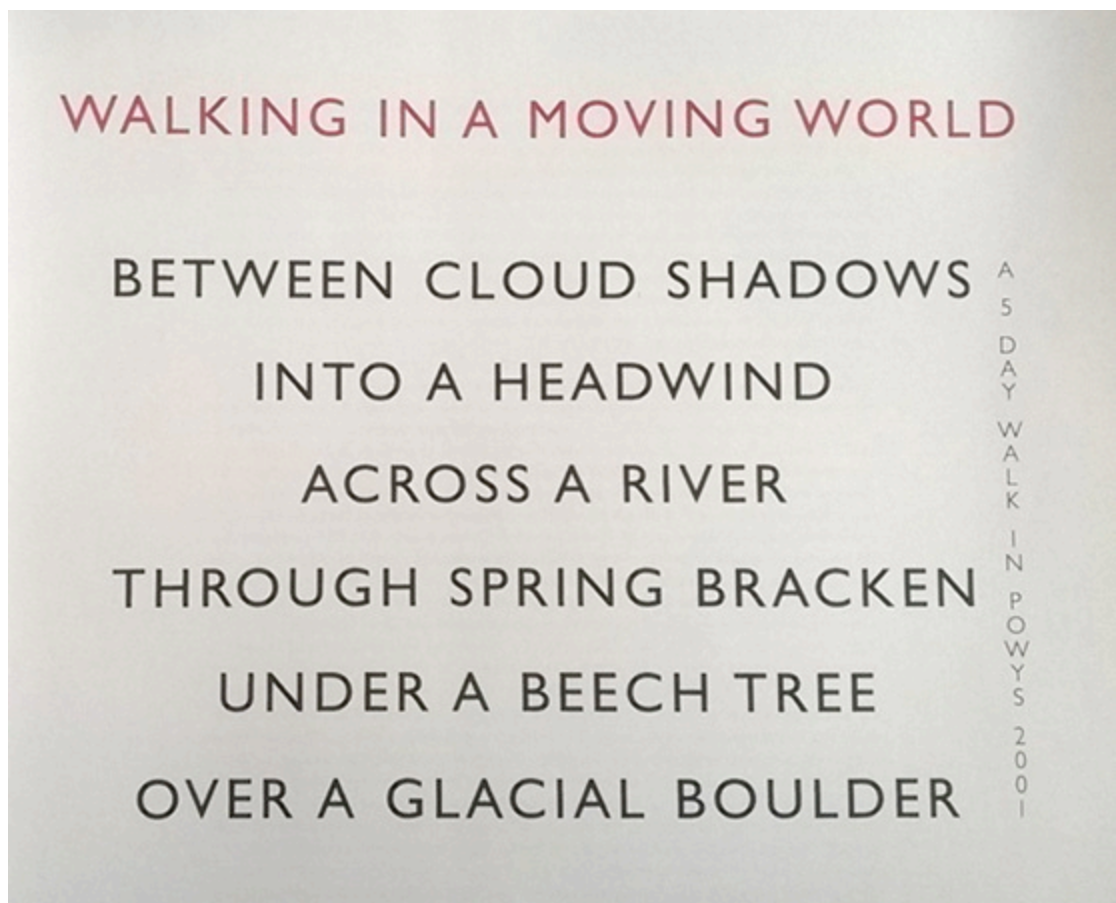
<sup>71</sup> I attended one of Ladder to the Moon's productions of 'Some Like it Hot' in a care home in London on the 15<sup>th</sup> November 2012. The production included rehearsed performances by theatre practitioners and musicians alongside improvisation and the participation of staff and residents in the performance.

<sup>72</sup> Film and description of Spare Tyre's *The Garden* <http://sparetyre.org/watch-and-listen/video/the-garden-immersive-installation-for-people-living-with-dementia>. Accessed 20th Jan. 2016



*The Garden*, along with the act of actually going for a walk outdoors, has clear benefits. It was, after all, the lack of opportunities care home residents had to do this that was the deficit to which I aimed to respond. I found, however, that reflecting on walking without actually going for a walk outdoors could also be a valuable experience. Facilitated skilfully, as Christina Argiropoulou's seated walking was, it could enable participants to experience things they used to be able to do rather than revealing what they were no longer able to do. Sometimes, however, making it explicit that we were not outdoors or actually walking was an important part of what this experience had to offer. In this context it provided a space for people to consider and discuss their current situation, as was the case for the man who used the sessions as a space to complain about being locked in. His might not seem like a positive reaction, but it did enable him to express an opinion and be listened to, something that care home residents do not often get the chance to do. It is as important, I argue, for Reminiscence Arts sessions to provide spaces for care home residents to reflect on their current situation as it is to create opportunities for them to temporarily escape it.

*A 10 Day Walk in a Care Home 2014*, an artwork I made in response to the project, explores how the experience of the care home and that of walking outdoors can come together to form a dialogue. The photographs that are positioned in the top half of the prints in the poster version of the piece were taken over the course of the 10-week project. The text in the lower portion of the posters is appropriated from Richard Long's text piece *Walking in a Moving World* (2001). Long's piece documents his transient position in relation to a series of natural phenomena encountered during a walk in the countryside. The full text from Long's piece is reproduced below (Fig. 16).



**Figure 16.** Richard Long. *Walking in a Moving World*. 2001.  
Image: Photograph of *Richard Long: Walking the Line* (p35)

The images in *A 10 Day Walk in a Care Home 2014* provide the viewer with snapshots of the sessions Christina Argiropoulou and I facilitated in the care home. They show the participants' bodies in relation to the arts materials and objects they interacted with within the confines of the room in which the sessions took place. On the posters the text is positioned below the image and could be read as a description of it. However, it also emphasises the mismatch between the image and the text and, in turn, between the creative interpretation of walking situated in a care home and going for a walk outdoors. For example, the image above the text 'Between Cloud Shadows' shows the feet of a person sat down in front of two black umbrellas that are positioned on a carpeted floor and lit from within. The photograph is clearly taken indoors where there are no clouds to cast shadows. The atmospherically lit umbrellas, however, do appear to lend the space something of the drama created when rays of sunlight break through the clouds on a dark overcast evening.

The image with the caption 'Under a Beech Tree' depicts umbrellas held up to the ceiling (Fig. 17). Again, these are obviously not the trees Long wrote about. The ceiling and the lights that hang from it emphasise the restrictive height of the room and the windows in the background represent a separation between the space and the outdoors. The form of the umbrellas, with their trunk-like handles supporting their arched canopies, bears some similarities to a tree, albeit on a small scale. Held above the participants' heads it is not hard to imagine passing under them and sensing a presence overhead not unlike that of a tree. This piece captures through the images and text some of the atmosphere and affective qualities of both the care home and what is introduced into it during the Reminiscence Arts sessions. It does not portray a complete transformation of the space, however, and the viewer, as the care home residents did, needs to use their imagination in dialogue with the artwork if they want to be carried along in the experience or an experience of the outdoors.



## UNDER A BEECH TREE

**Figure 17.** Jayne Lloyd. *A 10 Day Walk in a Care Home 2014* (poster version detail). 2015.  
Image: Jayne Lloyd

### Wandering with Suitcases on Rainy Days

*Luggage* was the artwork I made for the exhibition of my practice-based research that came closest to creating outdoor atmospheres indoors. As the viewer opens each of the three suitcases that comprise the work they encounter many sensations of being outdoors. One of the suitcases, for example, was filled with water (Fig. 18). When the lid was opened sounds of rain began to play from a hidden speaker that was triggered by a light sensor and the water rippled as a nearby fan blew across its surface creating a cool breeze. A small branch adhered to the lid lifted out of the water and, still wet, dripped into a puddle in the base of the suitcase. The mirrored inside of the lid created a thin illusion of the space extending back beyond the suitcase's dimensions. These affective qualities pushed the bounds of what was possible to fit in a suitcase. At the same time, however, they made explicit the limitations and illusions involved in the creation of the artwork.



**Figure 18.** Jayne Lloyd. *Luggage* (detail). 2015.

Image: Simon Purins

Reminiscence Arts practice occupies a liminal space, between the small container, whether it is a suitcase or a room in a care home, and the expanded dimensions of the places and experiences that the Reminiscence Arts sessions are trying to create. How this is achieved through affective qualities of light, sound, rhythms and materials

needs to be understood and engaged with by RAPs, no matter what the experience, event or reminiscence they are trying to create is, particularly if they aim to evoke rather than represent it. The two practice-based projects that I have discussed in this chapter were defined by the relationship they created between the residential care and outdoor environments. The concept of how artists wander that I introduced earlier in the chapter is helpful in thinking about how the participants and I negotiated these different spaces together by meandering between them on a creative journey that was not aimless but did not have a pre-set route or destination. This way of wandering between real and imaginary spaces is, I propose, another aspect of the practice that RAPs skilfully negotiate as they facilitate Reminiscence Arts sessions.

The analogy of wandering is also helpful in understanding the two other explorative dialogues I set out to examine in this chapter: the relationship between the RAPs co-facilitating the sessions and the relationship between artworks made for exhibition and Reminiscence Arts sessions facilitated in care homes. As Christina Argiropoulou and I developed a collaborative relationship we wandered exploratively, trying to tread a path that had one foot in each of our practices. This was a process of discovery that has developed my practice in a multitude of ways, importantly, supporting me to animate the objects and mark-making with which I work, and to discover rhythms to my practice that enabled me to find new ways to support participants to virtually leave the room. The development of this relationship happened during the Reminiscence Arts sessions. Whilst some development during the sessions is unavoidable and even desirable, some space to develop it prior to them would have enabled us to start the project at a more advanced stage of our collaborative journey. As I discovered through this project, Age Exchange's practice of matching practitioners from different arts disciplines to co-facilitate their group Reminiscence Arts sessions offers huge potential for them to learn from each other and to develop innovative hybrid practices. Some of this development can take place in the sessions. However, to enable the co-facilitation relationship to develop in more depth and before the project begins they could adopt an approach based on other theatre companies who devise productions for people living with dementia. Spare Tyre and Ladder to the Moon, for example, allocate time in their projects to workshop their sessions outside the care home before delivering them. Making additional time and space outside the care home available for RAPs

would support further development of creative co-working relationships in future projects.

Occupying the dual roles of artist and researcher and participatory artist and 'artist making artworks for exhibition' at times filled me with uncertainty. The work I made for exhibition and the projects I ran in the care homes had different focuses to each other, the latter aimed to communicate the research whilst the former aimed to engage care home residents in creative activities. I found, however, that there was a continuity between the two parts of my practice and as an artist I approached them with the same interests and knowledge. Drawing on other artists who walked as part of their practice held the two strands together by giving me a common thread with which to conceptualise them. Further, the artworks I researched supported and extended my thinking in ways that directly related to the form and aesthetics of my arts practice and in interrelated ways that helped me to question broader issues, such as the living conditions of care home residents and the purpose and creative possibilities of going for a walk.

Reflecting on the artworks I made for exhibition there is scope to take some of the learning from making the artworks back into the care home and adapt some of the artworks themselves into resources that could be used in Reminiscence Arts sessions. In this way there is potential for a process of cyclic learning involved in the arts practice that recognises the importance of both participatory engagement and time to reflect and make artworks in the studio. There are aspects of *Walking with Mary*, for example, that in retrospect I anticipate could have been adapted to enhance my practice in residential care settings. I did not take the museum cases to show Mary and I question what Mary's reaction would have been to seeing my representation of her miniaturised world. Further, I question what would happen, for example, if I unravelled the string in the museum case to demonstrate to Mary the length of my walk or tied the leaves I collected onto string to communicate the distance walked between them. It would not replicate the 'pedestrian touch' experienced during the walk, but it would give an action and materiality to the journey between the trees. The suitcases in *Luggage*, however, are perhaps the pieces that most obviously have the

potential to be adapted into interactive artworks that could be taken into care homes to introduce compact multi-sensory environments for participants to engage with.



### Chapter 3: Home Cooking

All the Reminiscence Arts sessions that formed part of the *Reminiscence Arts and Dementia Care: Impact on Quality of Life (RADIQL)*, project took place in care homes, and this meant that the Reminiscence Arts Practitioners (RAPs) and I were the residents' visitors. The care homes had many differences, however, from my own home and most homes to which I have been. Significantly, the care home residents had limited input into the creation and maintenance of the place in which they lived. They did not decorate it, clean it, garden, cook meals or wash dishes or clothes. These household activities had all been handed over to paid staff. Further, the care home was a shared home occupied by people who were usually strangers, at least at the time of moving to it. During my visits I observed only limited interactions between residents sitting in the communal areas. Most of the care staff's interactions with residents were orientated around personal care needs and, as such, their primary aim was not to engage residents socially, but to complete a task. This made me question how residents could develop a connection to the care home when they rarely meaningfully interacted with its environment or the people within it.

In this chapter I discuss a practice-based research project I undertook that brought Caribbean food and practices associated with making and eating it into a care home. At the inception of the project I thought that if the residents could explore food with each other it had the potential to facilitate some of the meaningful interactions that I observed were missing. I wanted to test out if and how food could develop relationships both within the care home and connect to memories of cooking and eating in other geographical and temporal zones. I aimed to question how the learning from this project and activities developed in it could inform the development of Age Exchange's Reminiscence Arts sessions that were on similar themes. Further, I hoped to identify ways that care home residents could play a more active role in the everyday life of their home.

The design of my practice-based research project was influenced by Sarah Pink's approach to ethnographic research, captured in her book *Doing Sensory Ethnography* (2009). Pink outlines how sensory ethnography is a reflexive practice that involves learning about environments and practices by participating in them. An important part

of its reflexivity involves the researcher developing an awareness of their own multisensory experiences and the meanings they hold for them. This approach is intended to support researchers to understand how their research is affected by their own experiences, particularly how they relate to the practices and experiences of the research participants. In a section titled 'Eating Together and Commensality' Pink proposes that researchers should join others in the everyday activities of preparing food, cooking and eating together in order to learn about them. Outlining the importance of researchers attending to the relationship between the multi-sensoriality of food and the memories it holds for both the research participants and the researcher, Pink writes:

This relationship between food its taste and textures and memory is significant to the sensory ethnographer in two ways. First, if we are seeking to understand people's memories, sharing the tastes in which these memories are embedded might serve as a starting point for this task. Second, taste memories form part of all our biographies. Therefore, attending to gustatory memory is relevant for understanding not only how other people make memories and meanings through food-related practices, but also for the reflexivity that is integral to sensory ethnography.<sup>73</sup>

Influenced by the emphasis Pink places on tasting and taking part in the practices associated with food, I designed a practice-based research project that involved me learning how to cook Caribbean food from a care home resident who was from Jamaica. Unlike the sensory ethnographic practices Pink discusses, I did not join in existing practices in the care home. Instead, I instigated new ones based on the participant's memories of things he used to do. During the first five weeks there were one-to-one sessions in which I shopped in places he had shopped and following his instructions learnt to cook his favourite dishes. I aimed to understand something about the multisensory experiences, memories and practices that used to be an integral part of his life, but no longer formed part of it. During the final five sessions of the project I brought him together with Mary, whose walks I discussed in the previous chapter, and

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<sup>73</sup> Pink, Sarah. *Doing Sensory Ethnography*. London, UK: Sage, 2009. Print, p73-4.

Pearl<sup>74</sup>, another resident in the home, to work together in a small group. Eating the food I cooked to his recipe with him and other people who lived or worked in the care home, I aimed to understand both the role food used to play for him and the relevance of memories associated with food now he lived in residential care. Further, following Pink, I wanted to explore the impact these experiences had on my own life and how I related to them through my own multisensory experiences and memories. In this chapter, therefore, I examine the experiences of the people I worked with in the care home and my own experiences, both in the care home and of things I began doing in my everyday life as a result of the project.

### **Learning to Cook Ackee and Saltfish**

On the 22<sup>nd</sup> May 2014 I began my practice-based research project with John<sup>75</sup>. He was a participant in one of Age Exchange's group projects I had observed. In these sessions John often talked about his love of Jamaican food and the dishes he used to cook. In the nineteenth session of the project on 27<sup>th</sup> March 2014 I heard him listing food he liked to eat. The next week he described to me how he used to cook his favourite dish, ackee and saltfish. Before I began the practice-based project, therefore, I knew that he had an extensive knowledge of Caribbean food. He had not cooked, however, since he moved into the care home and no longer went shopping. In this section I discuss going shopping in the same area of south London that he used to, cooking the food at home and bringing ingredients and dishes I had cooked into the care home. Through an investigation of this process I aimed to understand what, if any, dialogue the project could create between John's life in the care home and places he used to frequent.

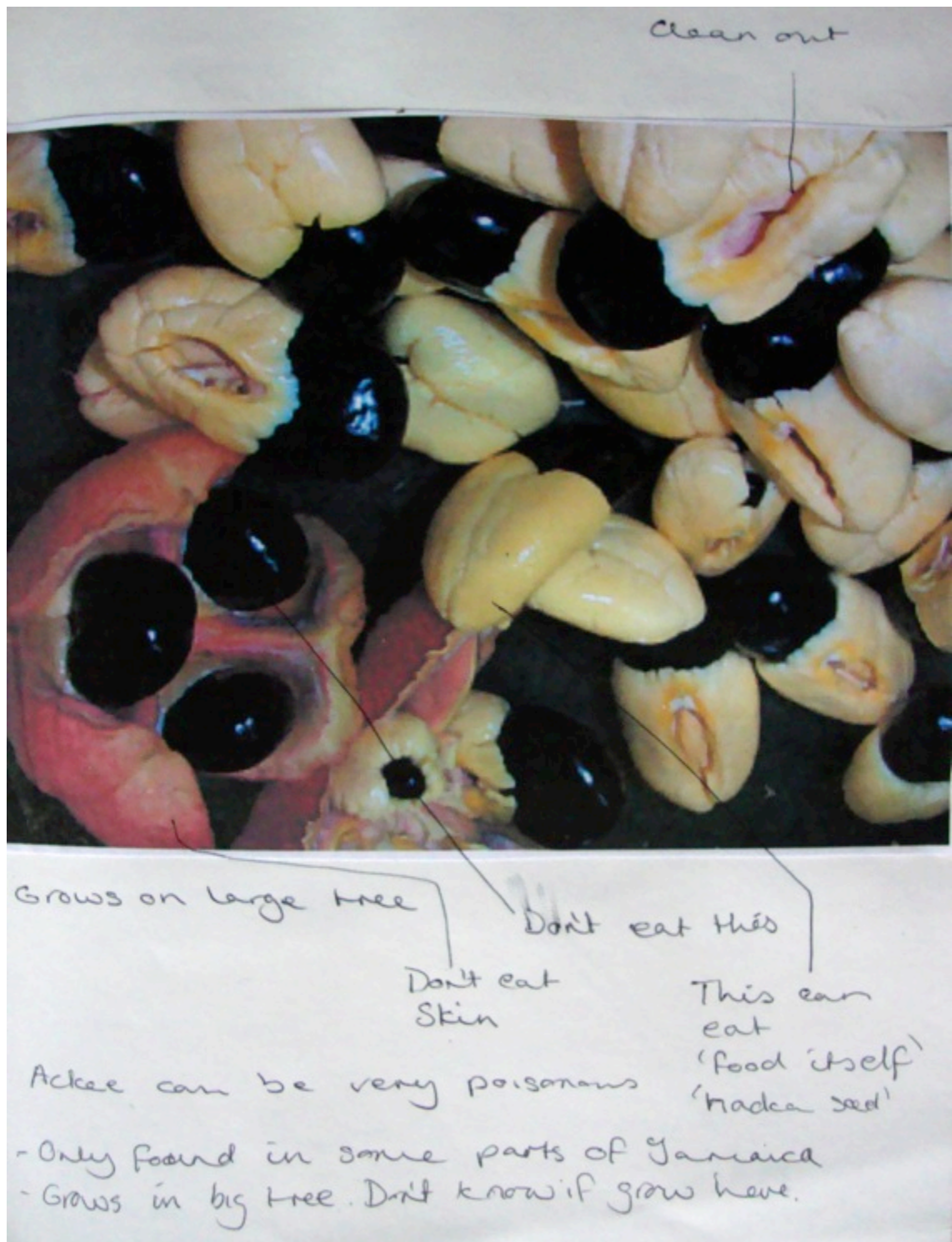
At the inception of the project I knew very little about Caribbean food. I did not, for example, know what ackee was. Having learnt that one of John's favourite dishes was ackee and salt fish, I began my first session with him by asking where I could buy it and how to prepare it. I had brought with me three images I had downloaded from the internet following a Google image search for ackee. With meticulous detail John talked me through the different parts of the ackee and how to prepare it. As he talked I made notes and annotated the images (Fig. 19). I learnt that in Jamaica many people pick

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<sup>74</sup> The participant's name has been changed to conceal her identity.

<sup>75</sup> The participant's name has been changed to conceal his identity.

ackee straight from the tree. The seeds of the ackee, however, are poisonous and it needs to be carefully prepared to remove them, along with the outer skin. Probably because parts of the fruit are inedible, I learnt that in England you could only buy the flesh of the ackee in tins. John was not able to name specific shops that sold it, but he told me that he used to buy it in Herne Hill and in Brixton Market. In our discussions he took me on a journey that followed the ackee and him from their roots in Jamaica to south London.



**Figure 19.** A page from my notebook showing one of the images of ackee I discussed with John and documenting the information he gave me about it. Practice-based project 2, session 2. 22<sup>nd</sup> May 2014.

Image: Jayne Lloyd

I was interested in how John associated the ackee with different places he used to live or frequent. I turned to anthropologist Tim Ingold's writing about place to provide me with a way of thinking about the connections John was creating between places. In Chapter 12: 'Against Space: Place, Movement, Knowledge' of *Being Alive* (2011), Ingold

argues that people make connections between places by physically moving between them. He proposes that the cartographic conventions of portraying places on maps as enclosed areas of land leads to them being understood as such. He observes, however, that people move around inside places. To reflect the body's motion, therefore, he purports that places should be conceived of as lines of movement rather than areas. Significantly for thinking about how John connected places by following his own journey and that of the ackee, Ingold visualises places extending beyond the boundaries of their physical area and connecting to other places through people's lines of movement. He writes:

Places, in short are delineated by movement, not by the outer limits to movement. Indeed it is for just this reason that I have chosen to refer to people who frequent places as 'inhabitants' rather than 'locals'. For it would be quite wrong to suppose that such people are confined within a particular place, or that their experience is circumscribed by the restricted horizons of a life lived only there (Ingold 2007a: 100–101).<sup>76</sup>

Of course, physically John's life was now primarily confined to one place. What Ingold's ideas about how people inhabit the world offer, therefore, for thinking about care home residents such as John is a consideration of the places they have been in the past. People's lines of movement, Ingold proposes, do not end when a person leaves one place and moves on to the next and, therefore, he understands the lines of movement travelled in, to and from places as continuous. He writes:

My contention is that lives are led not inside places but through, around, to and from them, from and to places elsewhere (Ingold 2000a: 229).<sup>77</sup>

Ingold argues that in physically moving between places we bring to our destination a knowledge of other places we have been to before it. As John talked to me about ackee, the knowledge of food he had gained in Jamaica was evident in the Caribbean

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<sup>76</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p149.

<sup>77</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p148.

food he continued cooking and eating after moving to south London. Further, as he told me his stories he brought this experience to life in the care home. Ingold's writing about storytelling is helpful in understanding how stories retrace journeys between geographical and temporal zones, as well as bringing them into the present. In the next chapter of *Being Alive* titled 'Stories Against Classification: Transportation, Wayfaring and the Integration of Knowledge' he writes:

To tell a story is to *relate*, in narrative, the occurrences of the past, bringing them to life in the vivid present of listeners as if they were going on here and now. Here [...] the meaning of the 'relation' has to be understood quite literally, not as a connection between predetermined entities, but as the retracing of a path through the terrain of lived experience.<sup>78</sup>

Following Ingold, as I listened to John's stories I was going on a journey with him. All the time we were physically sitting in the care home, but the path John traced went to places far beyond its walls. I live near Brixton Market and I was interested in how my experience of a place that featured in John's stories would be affected if I physically visited it. Before our next session, therefore, I went shopping there for a tin of ackee. Prior to the project I often wandered round Brixton Market, but I never bought much from it and I knew very little about the Caribbean produce that was sold in many of the shops. My project with John prompted me to approach this place differently and venture into some of the shops I had previously only glanced at. John gave me both the knowledge and the reason I needed to access them. As I walked around Brixton Market I realised I was drawing on John's story of it to navigate it differently to how I previously had done. This changed my lines of movement within the Market and prompted me to visit it more frequently, establishing stronger connections between it and my home. I realised I could not only learn new recipes from John, but I could learn about and develop a different connection to the area of south London I lived in by being able to shop in new places. I felt like the novice Ingold describes in the following quotation, who walks with someone more knowledgeable than they are in order to learn their stories of a place and develop their own experience of it:

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<sup>78</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p161.

Making their way from place to place in the company of others more knowledgeable than themselves, and hearing their stories, novices learn to connect the events and experiences of their lives to the lives of their predecessors, recursively picking up the strands of these past lives in the process of spinning out their own.<sup>79</sup>

The knowledge I had gained from John had changed my experience of Brixton Market. I realised, however, my journeys also had the potential to build on his connection to it. I wanted to bring something of the Market into the care home. One way I attempted to do this was by taking sound recordings and photographs of it to show John during my next visit. The sounds, however, got lost amongst those of the care home and the only aspects of the photographs that he showed any interest in were those that portrayed food items. This could have been because the Market has changed over the years leading him to not recognise the places in the photographs. He was also clearly distracted, however, by the carrier bag that I had brought with me and he kept looking at it whilst asking me what I had bought. The carrier bag contained 9 tins of ackee that John took out one by one. When he saw all the ackee he looked delighted, his eyes widened and a big grin spread across his face. He told me I had ‘done good shopping’, but that it was a lot of ackee – one tin apparently feeds four people. He told me that ackee was expensive and asked how I could afford it all. This perhaps reflected the value ackee held for him and maybe that it was a commodity that had not always been readily available or affordable to him, but he did not expand on his comments any further.

It was the food items themselves, not images, sounds or questions, that prompted John to share most of the memories he recalled in the sessions. Information about food preparation and recipes were the only things he talked about at any length. I could not entice him with my questions to describe the places in which he used to cook and eat in any detail and the people he ate the food with were never named, they were only described as ‘good people’ with which he ate ‘good food’. I learnt more about John, however, through his interactions with food than in any other way. He

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<sup>79</sup> Ibid.



often came up with expressions in response to food that beautifully articulated its role in the sessions and in his life. John wonderfully described the role of a strawberry I gave him at the beginning of session 9 (24/07/14) as a 'welcome fruit'. He also said of ackee 'it's a taste of life'<sup>80</sup>, a phrase he repeated several times and articulated the significance this food held for him.

As well as through our conversions, I learnt about John's relationship to food through embodied actions. During session 9, for example, I made a sorrel drink for the group. John tasted it and commented that 'it needed a splash of rum' and that 'it should be drunk in the garden with rum'. It was a sunny day and we were sitting in the dining room adjacent to the patio. Shortly after he made this comment he took his drink outside. I regularly glanced out at him and observed him sipping the drink and closing his eyes and smiling, tilting his head back as the sun shone on his face. When I saw that his drink was empty I took him a refill and he smiled, thanked me, took a sip then closed his eyes and went back to enjoying the sun. It was common for John to close his eyes and smile when he had tasted food or even sometimes when we had been discussing it. On these occasions he would go into his own world for a few seconds and did not respond to attempts to engage him in conversation. It is impossible to know what he was thinking at these times and all I can conclude with any certainty is that he looked very contented.

As Sarah Pink proposes, 'the sharing of tastes, textures, eating practices and routines can bring otherwise unspoken meanings to the fore.'<sup>81</sup> As the example demonstrates, however, embodied responses can be difficult to connect to an exact meaning or memory. Taking Pink's proposals that 'food substances might be both shared and invested with memory'<sup>82</sup> and that 'our biographical taste experiences inevitably inform how [...] we might interpret current ones'<sup>83</sup>, I understood his experience as taking him back to a place and time when he had eaten the food before. An experience that was perhaps analogous with a vividly remembered one I had of eating a hummus and falafel wrap in a Turkish takeaway in Hong Kong in 2006. I had been working in Taiwan

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<sup>80</sup> Practice-based research project 2, session 3, 5<sup>th</sup> June 2014.

<sup>81</sup> Pink, Sarah. *Doing Sensory Ethnography*. London, UK: Sage, 2009. Print, p76.

<sup>82</sup> Pink, Sarah. *Doing Sensory Ethnography*. London, UK: Sage, 2009. Print, p73.

<sup>83</sup> Pink, Sarah. *Doing Sensory Ethnography*. London, UK: Sage, 2009. Print, p74.

for a year and I constantly craved foods such as fresh savoury bread and hummus that at the time you could not buy there. The tastes, smells and textures of most of the food I ate that year were very different to the chewy texture of flat bread and the thick garlic and lemon infused paste of hummus. Biting into the wrap filled me a sense of comforting, fulfilling, joy and took me back to the area of North London in which I had lived prior to moving to Taiwan. It made me realise that it did not really matter if I did not fully understand the exact meaning or memory John's experiences of food held for him. If they had a similar intensity and feeling of both happiness and being at home they were significant.

The reason I had brought nine tins of ackee to the care home instead of just one was because whilst shopping in Brixton Market I realised there were several brands to choose from and I did not know which one to buy. Rather than just go for a brand at random, I decided to buy as many different ones as I could find. Gloria<sup>84</sup>, a member of care staff who was also from the Caribbean, although from Tobago not Jamaica, joined us for most of our sessions. She looked at each tin of ackee in turn and began telling us her own recipe for ackee and saltfish. The tins of ackee also attracted attention from two other members of care staff and a cleaner who stopped the tasks they were doing and joined us. In response to the tins of ackee they all agreed, as did John, that 'Jamaica Sun' was the only brand they would buy. One member of care staff even expressed surprise that other brands existed. The sessions were initially set up with John in mind, but as Gloria and other staff continued to frequent the sessions and to share their stories, recipes and cooking tips I became interested in their contribution to the project and how the project affected their experience of their work place.

Whilst everyone agreed about the best brand of ackee, there were other times when opinions differed. A notable example of this was a very passionate discussion between John and Gloria about how many tomatoes to put in the ackee and salt fish. Gloria only wanted to add one tomato to allow the taste of the ackee to come through, but John wanted to add four or five to infuse the dish with the sweetness of the tomatoes. In the end they compromised and we agreed that I would include three tomatoes when I cooked it at home to bring in the following week. The discussion was significant

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<sup>84</sup> The member of care staff's name has been changed to conceal her identity.

because for a moment they appeared to forget their roles as care staff and resident, temporarily becoming just two people with a love and knowledge of cooking debating on equal terms how they liked to make a familiar dish. It was an important and rare opportunity for the care staff to share something about their cultural identities at work, extending their habitual roles as professional carers and enabling John to relate to his carers beyond the cared for / carer relationship. Most of the food served in the care home was what could be described as traditional 'English' meals, despite being prepared by a Jamaican cook. This made the sharing of Caribbean recipes in the context of this care home particularly pertinent. It highlighted knowledge that the staff held, but that was overlooked in a care home that catered predominantly for people who did not share their Caribbean heritage. In contrast, the project connected knowledge and activity that usually took place in their homes, in both the Caribbean and south London, with the home in which they worked.

I began to see how the food held connections to different stories of home; John's homes before moving to the care home, in south London and Jamaica; the care staff's homes, where they cooked Caribbean food, and my own home, where I followed the instructions John and Gloria gave me as I learnt to cook their recipes. I found that I really liked ackee and saltfish. I continue to regularly cook it for friends and family and it has become a favourite meal in my house. It is no longer a novel dish, but an everyday food that has become integrated into my story of home and when I eat it it makes me feel at home. Through the cooking of ackee and saltfish places I visited outside my home influenced my actions within it and generated new lines and connections. John, without leaving the care home had an influence that stretched far beyond it. In his role as my teacher his recollections of things he had done in the past had a role in the present and his line of movement from place to place, although for him physically contained in the care home, continued in the paths I walked in and around my home.



**Figure 20.** Ackee and salt fish cooked in my kitchen following John's recipe. 18<sup>th</sup> June 2014.  
Image: Jayne Lloyd

## Sharing a Meal

After five sessions with John and Gloria I invited Mary and Pearl to join us, two other residents that I had been facilitating one-to-one sessions with. As far as I know, neither of them were familiar with Caribbean food. My aim, therefore, was to bring a group of residents with very different geographical and cultural experiences of home together to see what interactions between them the food would support. Sarah Pink proposes that there is a 'sensory sociality'<sup>85</sup> that researchers can become aware of by eating with other people and that by paying attention to how the tastes, textures, eating practices and routines are shared much can be learnt through eating a meal together. Inspired by Pink and hoping to gain an understanding of social interactions that happened during the meal, I observed and participated with the care staff and residents in the eating of the ackee and salt fish I had made.

At the inception of my one-to-one sessions with Pearl, Gloria told me that she had had a rich social life with a lot of friends and family and a strong involvement in her local church and community. When she smiled at me with a smile that lit up her whole face it became clear that she still enjoyed being in company. Now suffering with advanced dementia, however, she struggled to find words and form sentences, and socialising had become a challenge. When I first started visiting the care home to observe Age Exchange's Reminiscence Arts sessions I often found her dancing alone in the middle of the lounge. I noticed on a few occasions, however, that care staff briefly joined her in a few dance moves as they passed by. Occasionally, music was on when I arrived that was from an era when she would have been young and I surmised had been put on for her to dance to. Over the weeks, however, she had become increasingly frail and now struggled to stand and move around. This left her with few ways to communicate with people and when I arrived she was often sitting alone with her eyes closed.

As we sat around the table together there was a lot of chatter about food and the smell of ackee and saltfish filled the air. I sat next to Pearl and repeated to her in a conversational tone some of the things people were saying, sometimes confiding in a gossipy manner anecdotes I had overheard. In this session and subsequent ones some

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<sup>85</sup> Pink, Sarah. *Doing Sensory Ethnography*. London, UK: Sage, 2009. Print, p76.

of her difficulties with socialising seemed to ease. She often became animated and contributed to the conversations by smiling, laughing, nodding or saying 'oh yes.' Occasionally she said odd words that indicated she understood the content of the conversation, for example, 'oh yes cooking'. However, what I felt was important about her being in the group was that she was able to socialise without the pressure of having to formulate coherent sentences or necessarily follow everything that was said. For Pearl, the sessions appeared to create a social atmosphere, the chatter and socialising over food happened around her but she was also part of it. Just by joining us at the table her mood and presence were felt and she contributed to the dynamic of the group. She did not contribute much verbal information about her life, but her personality and warmth exuded something affective that could not be captured in words. Like John's memories of food that made him smile and close his eyes this was another example of how the multi-sensoriality of food and the practices that surround it can create experiences that bring otherwise unspoken meanings to light. In Pearl's case unlike John's, however, this was a very social experience that connected her to other people.

I propose that the sessions created a temporary connection for Pearl to some of the people she lived with. In Chapter 12, 'Against Space: Place, Movement, Knowledge' of his book *Being Alive* Tim Ingold proposes that a sense of place can be developed through interactions with other people and environments. In a world he conceptualises as being formed through and experienced as lines of movement, Ingold understands places as being like knots in these lines. In the following paragraph he describes how place is made when inhabitants meet, interact and their lines of movement entangle with each other:

[H]uman existence is not fundamentally *place-bound*, Christopher Tilley (2004: 25) maintains, but *place-binding*. It unfolds not in place but along paths. Proceeding along a path, every inhabitant lays a trail. Where inhabitants meet, trails are entwined, as the life of each becomes bound up with the other. Every

entwining is a knot, and the more that lifelines are entwined, the greater the density of the knot.<sup>86</sup>

Ingold takes the family home as his example of how lifelines entwine to make place. He describes it as 'a place where the lines of its residents are tightly knotted together'<sup>87</sup>. His writing about it offers a helpful illustration of both his concept of place and how the family home could differ from the care home. Ingold describes how members of a family move in, around and through a home. They go out each day to work, to school, to run errands or for leisure pursuits, returning at intervals to the house in which they live. The movements of the family members as they journey between the home and other places connect the home to these places. In the home, however, the family interact with one another, their lifelines knot and this is what connects them to each other and creates a home. The home is affected by experiences of other places, but it equally holds a sense of place for its inhabitants. Any activity in the home could create an interaction but interactions within the home are most often formed around everyday household activities, for example, preparing and eating meals, washing and dressing, watching television, cleaning, gardening and paying bills. These are activities that care home residents often no longer do or do not interact with other people whilst doing them. The television, for example, was often switched on when I entered care homes, but no one was looking at it and I never observed care home residents discussing programmes they watched together. Further, the high-backed chairs with winged headrests in many of the care homes I visited prevented residents from seeing the people sat next to them without leaning forward to do so.

Mary's engagement with the Caribbean food was very different to Pearl's, but also contributed to the knot of lifelines of people who lived and worked in the home. Mary tried the ackee and saltfish and enthusiastically accepted a second and third portion. We discussed ackee and saltfish as we ate and John talked about eating it in Jamaica. At the end of the meal I asked Mary what she thought of ackee and saltfish. She asked me what was in it and when I listed the ingredients, as I had done before she ate it, she

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<sup>86</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p148.

<sup>87</sup> Ingold, Tim. *Being Alive: Essays on Movement, Knowledge and Description*. Oxon, UK: Routledge, 2011. Print, p149.

told me she did not really like fish and did not seem to have any recollection of having just tried it. Despite this, during the next session she asked lots of questions about Jamaican food suggesting an interest in learning about it. Before each session I placed food items and ackee tins on the table, and Mary often looked at the labels on the tins, reading the word 'ackee' out loud then asking me if it was a type of nut or a type of rice. In turn, I would ask John to describe ackee to Mary, and he usually accepted my prompt. The idea of people with dementia learning from each other could easily be dismissed because most people with dementia have difficulty retaining new information. As social gerontologist Ruth Bartlett acknowledges in her article 'Visualising Dementia Activism: Using the Arts to Communicate Research Findings' (2015) the desire to learn is something that is often overlooked when someone is diagnosed with dementia. She writes:

The capacity for agency and growth following a diagnosis of dementia is rarely considered (Bartlett and O'Conner, 2010). Yet, many people with dementia are relatively young (in their 50s and 60s) and in good health and continue to seek opportunities to grow as a person.<sup>88</sup>

John was not just a teacher to me but also to Mary. The desire to learn did not stop for Mary just because she was reaching the end of her life and had dementia, nor did her ability to learn. Mary was in her 80s but still exhibited a desire to grow as a person, as Bartlett describes the younger people in their 50s and 60s doing. Although Mary often asked the same questions about the food, there was evidence of her learning in the steady increase I observed in the confidence and coherence with which she asked questions. There was also one particular comment she made that led me to believe she might have retained some memory of the sessions. In one of the later sessions she told the group that she used to have Jamaican friends who cooked for her and how much she enjoyed this. It is possible that this was a memory from her earlier life, but she had never mentioned it before. I wondered, therefore, if this was her way of

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<sup>88</sup> Bartlett, Ruth. "Visualising Dementia Activism: Using the Arts to Communicate Research Findings." *Qualitative Research* (2016) Sage Publication. Web. 15<sup>th</sup> May 2016. p3.



remembering previous sessions, integrating into her own life story something from them that she had remembered but was not able to place. This added another dimension to the spaces the project connected and highlighted the fine line between the real and imaginary.

The enjoyment Mary exhibited in her new interest emphasised two things to me. Firstly, that it was important that the knowledge of a person's past interests did not limit the experiences they were offered in the present. In many ways Mary seemed more engaged in tasting and asking questions about the Jamaican food, which, as far as I know, was a new experience for her, than she had been in drawing on her past experiences to talk about walking her dog. Secondly, I have encountered many care home residents who have told me something about their diverse and rich life experiences. As this project suggests, if they were supported to share their knowledge and interests with each other they could gain access to new experiences and opportunities to learn. This is significant to creating a sense of home because the knots of lifelines Ingold proposes create a sense of place do not only need to be made but need to be constantly maintained. As I have outlined this is usually achieved through activities that take place in the home and the influence of experiences that happen beyond its walls. Most residents do not regularly visit places outside the care home. If they do go out, unless it is with a family member, they are usually accompanied by other staff and residents. Drawing on experiences and knowledge that already exists in the home could, therefore, offer an important resource that would enable residents to share and experience new things. This could facilitate important opportunities to create knots between the lifelines of residents, enabling them to feel at home.



**Figure 21.** Ackee tin on care home table. Practice-based research project 2, session 5. 19<sup>th</sup> Jun. 2014.

Image: Jayne Lloyd

The Caribbean cooking sessions enabled participants to engage with the project in three main ways: as learners, teachers or by enjoying the social atmosphere. These ways of engaging shifted the roles participants usually played in the care home. John and the Caribbean care staff, for example, brought their knowledge of cooking to the sessions and took on the role of teaching other care staff, residents and me.

Significantly, through their discussions of a shared passion the care staff's lifelines knotted with John's in a context other than the established carer/cared for relationship. Learning to cook from John and staff in the care home blurred my role as facilitator affecting my day-to-day life and proposing ways RAPs might create opportunities for others to lead Reminiscence Arts sessions. Mary, another learner in the session, demonstrated that care home residents could develop new interests and enjoy learning new things. Her curiosity about Caribbean food highlighted that, whilst drawing on residents' own recollections of the past can be an important and effective way of engaging them in Reminiscence Arts sessions, so can introducing other experiences to their lives. These experiences may be accessible by drawing on the skills and knowledge of other residents or staff in care homes that house people with a wide variety of life experiences.

One of the most important outcomes throughout the project was that the food enabled social interactions that I had not observed in the day-to-day life of the care home. Not only did this involve interactions between care staff and residents, it was notable in the interactions between residents. I had never seen John and Mary talking to each other before and in the initial sessions they did not converse between themselves without significant prompting. During the seventh session, however, as I was coming back from heating some food up I overheard Mary asking John what Jamaica was like. It appeared that her interest in the Jamaican food had prompted her to start a conversation with John. Likewise, the interactions Pearl had with the group that I had initially had to heavily facilitate became more fluid and responsive to others in the group as the weeks went on. Mary also began conversing with her, asking her one week, for example, if she had a dog. During the project everyone involved in the group spent time exploring the food we shared and, in turn, spent time with each other.

### **Locating Reminiscence Arts Practice in the Care Home**

In this practice-based research project John played an active role in the selection and preparation of food. This was in contrast to his usual position in the care home as someone who was cooked for and cared for. The project demonstrated the potential for some Reminiscence Arts projects to temporarily address the lack of agency care

home residents have over everyday domestic tasks involved in running a home. It suggested that there was a need to further develop the activities begun in the sessions to enable some of this agency to happen outside the hour-long Reminiscence Arts sessions, for example, by engaging residents in the selection and preparation of meals served in the care home. In response to this idea, I added an extra session onto the end of our project to see if some of the agency and meaningful interaction that had happened in the session would take place if John and I cooked a full meal together; ackee and saltfish, fried plantain and baked breadfruit.

When I took the project into the care home kitchen I encountered some of the potential problems involved in integrating and adapting the work begun in the sessions into the day-to-day life of the care home. John and I had spent 10 sessions together compiling recipes and during this time I had observed how adept he was at both orally recalling memories of cooking and in his ability to prepare fruit and vegetables. I had arranged with the manager of the care home to run an extra session in the 10<sup>th</sup> week of the project during which John and I would cook together. She suggested that I organise with the care home cook to cook in the kitchen. When I approached the cook she seemed reticent, but agreed to it because the manager had authorised it.

The care home kitchen was not a domestic space designed for cooking for family and friends. It was an industrial kitchen equipped for cooking large quantities of food. It highlighted to me that this was not only people's home but equally it was a workplace. As I noted the many potential hazards in the kitchen, highlighted not least by the amount of gas rings, I could understand why the cook might be hesitant to let us cook in there. Further, there were signs stating the rules of the kitchen, for example, which chopping board should be used for which type of food and which sink was for washing food and which was for hand washing. I realised that we were going to have to take the cook's lead in how we used the space and equipment in the kitchen. This cooking session was not going to be as led by John as the previous ones had been. I hoped we could still cook his recipes, however, and that he could still have a significant input into the making of them. I explained this to the cook and she agreed to support us with the session.

On the day of the cooking session John and I arrived at the kitchen at the time I had agreed with the cook. She was still finishing clearing up after the lunch service and we were directed to wait in the staff room. Sitting in the staff room again highlighted the care home as a place of work. When the cook had finished clearing up she called us and directed us to put on tabards. John became tangled in his and I supported him to sort it out. When we started cooking, the cook, who like John was from Jamaica, was familiar with the dishes we planned to make. She did not allow us to follow the recipes John and I had put together. Instead she took over the session and demonstrated to John and me how she cooked them. She refused to add any tomatoes to the ackee and saltfish and insisted on including margarine, an ingredient neither John or Gloria had ever mentioned in their versions of the dish. With some persuasion she allowed John to chop a bell pepper, but this was not a session that was as led by him as I had intended or the celebration of his cooking knowledge for which I had hoped. When we served the food to the other residents it was not possible to tell them that it was John who had made it.

To conceptualise why John's engagement with food did not have the same value in the care home kitchen as it did in the space of the other sessions I facilitated, I turned to Sarah Pink's chapter titled 'Doing the Dishes: Putting Kitchen Practices in Place' in her book *Situating Everyday Life: Practices and Place* (2012). Drawing on Ingold's ideas about how place is made through the interactions of people and things, Pink argues that everyday kitchen practices generate a form of renewal of both the kitchen and the self. She questions how the kitchen and the person who uses it, in part at least, are brought into being through these actions or as, she writes: 'How everyday practices, localities and things converge in the making of kitchens and selves.'<sup>89</sup>

Pink proposes that in modern Western kitchens these everyday practices involve complex human perceptions of and purposeful engagements in aesthetic, material, sensory, social and power-infused environments that form part of a 'kitchen ecology'. She writes:

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<sup>89</sup> Pink, Sarah. *Situating Everyday Life: Practices and Places*. London, UK: Sage, 2012. Print, p49.

I suggest that both routine (e.g. dishwashing) and occasional (e.g. home improvement, adding/removing appliances) transformation of kitchens can be understood as occurring within a complex kitchen ecology constituted by persons and things in movement, and their material and memorial traces and imaginings.<sup>90</sup>

As I have described, the care home kitchen was clearly designed differently to a domestic one because it was a place of work and was equipped for the cooking of large quantities of food. The care home cook had developed her own practices that she was not willing to relinquish. When John and I joined her in the kitchen we were not part of her kitchen ecology. In the sessions I ran with John we usually prepared food at a dining room table. This was much more appropriate to John's cooking practice than the care home kitchen because he was able to be seated and had the space and time to work at his own pace. When the cooking was taken out of the context of the session issues around safety, the support residents need to complete tasks and the understanding and willingness of care home staff to support it impacted on how it was realised. This emphasised that the care home residents' role in the care home was not one that involved taking part in cooking or other household chores and when they did so they upset the ecology of the home.

As Pink points out 'material structures and practical activities are not always perfectly matched.'<sup>91</sup> In the case of the care home kitchen a mismatch occurred between the activities that usually took place there and the cooking I planned to do with John. One way of thinking about addressing this issue is not to think of the kitchen as attached to a location within the care home. Drawing on Sally Booth's research, conducted in 1999 on Sicilian women who had been re-housed, Pink describes how kitchens do not have to be fixed to the area designated for this purpose. Finding the kitchens in their new homes inappropriate to their existing kitchen practices the Sicilian women relocated their kitchens to the garages. Pink describes how this enabled them to continue to practice cooking in a way that had some continuity with their previous practices

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<sup>90</sup> Pink, Sarah. *Situating Everyday Life: Practices and Places*. London, UK: Sage, 2012. Print, p50.

<sup>91</sup> Pink, Sarah. *Situating Everyday Life: Practices and Places*. London, UK: Sage, 2012. Print, p53.

enabling them 'to maintain the socialities and other conditions that for them constituted the quality of a kitchen.'<sup>92</sup>

The dining table the Reminiscence Arts sessions took place round is not a kitchen and is, therefore, unlikely to be similar to the kitchen in which John used to cook. It did, however, meet his cooking needs much better than the care home kitchen did. It was not just that he had the physical support of a chair but, I would argue more importantly, it was a social space. Cooking and eating together is a social activity for many people as is highlighted by Pink's discussion of the Sicilian women. The Reminiscence Arts sessions created a frame for this social space. RAPs, however, are visitors and the materials, objects and interactions they introduce are usually only temporary. This poses questions that go beyond my practice-based research project and have application for Age Exchange's Reminiscence Arts practice about what continues once the sessions are over.

When RAPs enter the care home with their bags of resources they signal the arrival of both a person and things from somewhere beyond the care home walls. As Irit Rogoff writes in 'Luggage' a chapter of her book *Terra Infirma: Geography's Visual Culture* (2000), which explores the dialogue between visual arts and geography, luggage has a 'double inscription both of concrete material belongings and of travel and movement away from the naturalised anchorings of those belongings'<sup>93</sup>. In the Caribbean food project my arrival signalled the beginning of a one-hour session during which Caribbean foods would be introduced into the care home to discuss, interact with and taste. At the end of the session my leaving signalled the end of this experience, the removal of many of the objects and things and a return to the day-to-day life of the care home. When a session or project had been enjoyable its ending was not always such a positive experience. This was highlighted after the cooking session with John. As I was about to leave I told him I had put the leftover ackee and salt fish in the fridge for him to eat later. He replied by asking rhetorically 'but where will you be?' These words stuck with me, not least because they made me question what happens after visiting arts practitioners leave the care home. What, if any, lasting changes do temporary

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<sup>92</sup> Pink, Sarah. *Situating Everyday Life: Practices and Places*. London, UK: Sage, 2012. Print, p54.

<sup>93</sup> Rogoff, Irit *Terra Infirma: Geography's Visual Culture*. London and New York: Routledge, 2000. Print, p37.

creative projects make?

As Pink argues in her book *Doing Sensory Ethnography*, by participating in the practices of a place the researcher becomes entangled in the production of it. She writes:

Understood through a theory of place, the idea of ethnographer-participation implies that the ethnographer is co-participating in practices through which place is constituted with those who simultaneously participate in her or his research, and as such might become similarly emplaced. Indeed, she or he becomes at the same time a constituent of place (one of those things brought together or entangled in a place-event) and an agent in its production.<sup>94</sup>

In my case and that of Age Exchange's RAPs we were not inadvertently affecting place like Pink's researchers were, but purposely intervening in the care home to produce new experiences of place. The experiences in the Reminiscence Arts sessions often pointed to ways the everyday life of the care home could be changed. My practice-based research project, for example, suggested the importance of involving care home residents in selecting meals that they associated with home, in trying new foods, in preparing food and in facilitating meaningful interactions whilst eating together. In my project and throughout *RADIQL* these activities did not find a place in the everyday life of the care homes and there was no evidence of them continuing once the RAPs who facilitated them left. This is an area of Age Exchange's practice that has potential to significantly improve care home residents' lives. It requires further research, however, to understand how to effectively develop this area, and this was beyond the scope of this practice-based PhD.

### **Sharing Recipes**

One of the practice-based outcomes of this project was *A Taste of Life*, a cookbook containing the recipes John and Gloria taught me. My aim in making the cookbook was to celebrate the knowledge of food John still possessed and was able to teach, despite living with dementia in a care home. Copies of the book were given away during the exhibition of my practice-based PhD research. I hoped visitors would cook the recipes

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<sup>94</sup> Pink, Sarah. *Situating Everyday Life: Practices and Places*. London, UK: Sage, 2012. Print, p64.



in their own homes, extending the reach of John's teachings and giving them an understanding that care home residents living with dementia could still do things. Further, I wanted readers to engage with the dialogue between the Caribbean food and the care home and to understand why the food was important in this context. I thought I had portrayed the project in a way that achieved this. Since making the cookbook, however, I read Lourdes Lopez-Ropero's article 'Ethnographic Engagement and Autobiographical Practice in Austin Clarke's Culinary Memoir *Pigtails'n Breadfruit*' (2004). Lourdes Lopez-Ropero is an academic from the field of English literature and an expert in Anglo-Caribbean diasporic writing. In the article Lourdes Lopez-Ropero discusses how Austin Clarke captures the stories of places, cultures and people's lives through his writing about Caribbean food. This article raised some questions for me about what my cookbook did and did not communicate, which I discuss in this concluding section.



**Figure 22.** Jayne Lloyd. *A Taste of Life* (cover). 2015.  
Image: Jayne Lloyd

In *Pigtails'n Breadfruit* Clarke writes about the Barbadian recipes and lifestyle of the country in which he grew up. He describes the book as a culinary memoir rather than a cookbook. It is this freedom from the cookbook genre that Lopez-Ropero argues enables it to tell the reader as much about the culture and stories of the people as it does about how to cook the recipes. Of course cookbooks do regularly contain stories about the author and how and where they learnt to cook the food about which they write. One of Lopez-Ropero's main observations about *Pigtails'n Breadfruit*, however, is that Clarke endeavours to capture the orality with which the recipes in his book were passed on to him. She proposes that this does not only reflect his personal experience but the way Caribbean recipes are usually communicated. She writes that, '[i]ndeed, the oral quality of this work attests to the vigorous oral tradition surrounding food in the Caribbean.'<sup>95</sup>

Lopez-Ropero describes how Clarke captures the orality of the recipes through the use of dialect, digressions and a non-uniform structure that mixes up life-stories with recipes in no set format or order. She points out that this is at odds with most cookbooks that include precise measurements and instructions and can be used as 'how to' manuals. Illustrating her point with examples from Clarke's book, she writes:

Clarke's strictly culinary passages are presented through a speaking voice which in clear Barbadian dialect addresses readers as if they were friends who have been drawn into his kitchen and become involved in the cooking process: "Do you know how to make colouring? It easy" (97), "So keep the heat under the cou-cou still turned to low, hear?" (108), "Christ, you know something? I forget to tell you to buy a package o' beef bouillon" (202). We should expect neither measurements, but "a dash of" (98), nor clear instructions, but "A good way of knowing when to stir, is every other time you take a sip of your beer [...]" (87).<sup>96</sup>

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<sup>95</sup> Lourdes Lopez-Ropero. "Ethnographic engagement and autobiographical practice in Austin Clarke's culinary memoir *Pigtails'n breadfruit*." *World Literature Written in English*, 40:2 (2004): 77-90. Print, p86.

<sup>96</sup> Lourdes Lopez-Ropero. "Ethnographic engagement and autobiographical practice in Austin Clarke's culinary memoir *Pigtails'n breadfruit*." *World Literature Written in English*, 40:2 (2004): 77-90. Print, p81.

In *A Taste of Life* I did include precise measurements, but I did not learn these from John or any of the care staff. When I cooked ackee and salt fish for the first time, for example, I had approximate amounts of each ingredient and no timings. In the discussions in the care home I usually found there were numerous versions of recipes and there were as many disagreements or different ways of cooking them as there was agreement on one version. Note, for example, the dispute between John and Gloria about the number of tomatoes to include in the ackee and salt fish or the stringently different way the cook made this dish to how John had advised me to make it. When I came to make the cookbook I made most of the recipes again to work out and record measurements and timings. I wanted to create a document that would give instructions that enabled the reader to cook them, but in doing so I lost something of how I was actually taught the recipes, of how they were communicated to me and the diversity of ways they could be made.

I am clear in the introduction to the book that it records what I learnt and is written from my perspective as someone visiting the care home and learning about the recipes. The cooking is portrayed through this lens and does not profess to accurately communicate John or anyone else's experience or connection to the food. For example, I write of John and Gloria teaching me to cook:

Each week John and Gloria taught me a new recipe. I cooked them at home returning the following week with samples for them to taste. They would give me their verdict and tips on how to improve them.<sup>97</sup>

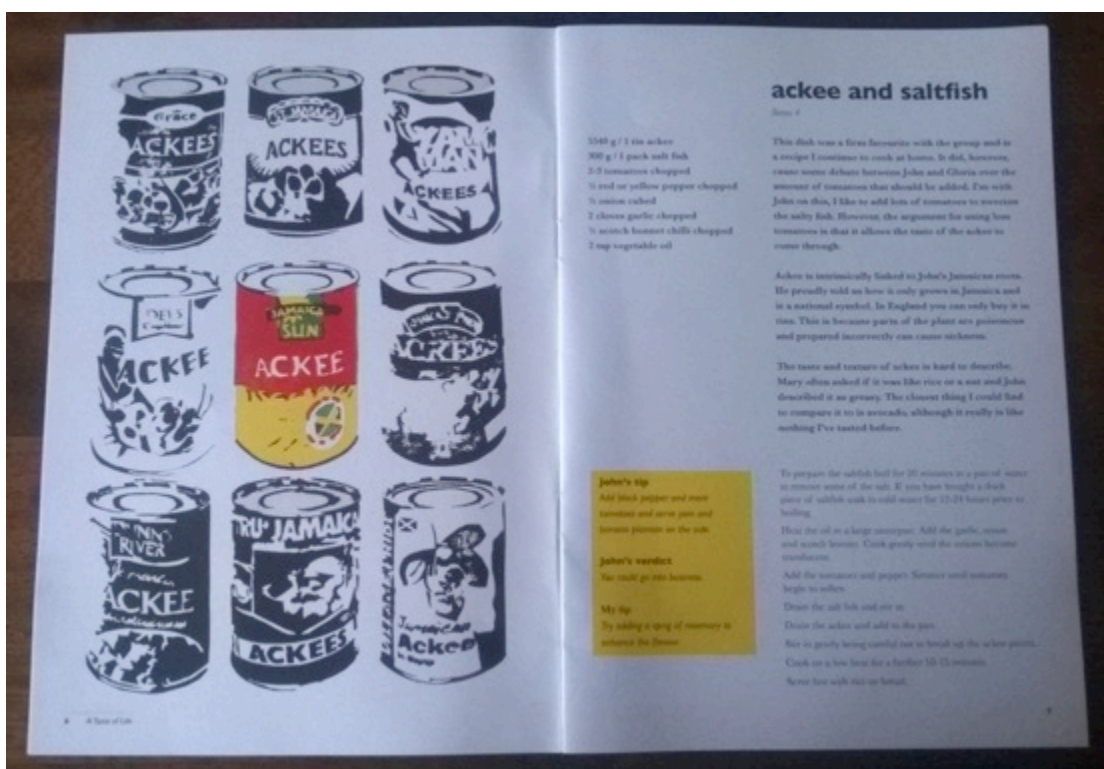
Whilst I am satisfied that I have been clear about the angle of the cookbook, I question if it flattens, cleans up and edits out some of the experiences that would have given more of a sense of the care home and the way the Caribbean food was communicated within it. I include on each page an introduction to the dish and snippets of comments made by care home residents and staff. The format, unlike, Clarke's, however, follows a uniform pattern throughout that keeps these different aspects separate, supporting the reader to navigate them. This does not reflect the energy and lack of order with which they were discussed. Nor does it give a sense of how the care home intruded on

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<sup>97</sup> *A Taste of Life*. 2014. p3.

these experiences of food and that the dishes were not usually cooked or eaten within it. Further, it is interesting reflecting on the cookbook and the project as a whole that the focus is on John and Gloria's geographically and temporally most distant home in the Caribbean rather than their homes in south London. As Lopez-Ropero writes of Clarke's inclusion of recipes from both people who live in Barbados and those who have moved to America:

Clarke does not ground Barbadian cuisine in Barbadian soil. Furthermore, he believes Caribbean culture is not coextensive with national boundaries, but must necessarily include the diaspora.<sup>98</sup>



**Figure 23.** Jayne Lloyd. *A Taste of Life* (double-page spread showing the layout that is replicated throughout the book). 2015.

Image: Jayne Lloyd

This was also the case with a *Taste of Life*, which focuses on the recipes of people who are from the Caribbean but now live in south London. Quoting Clarke Lopez-Ropero gives an example of one of the ways moving to another country changed the recipes

<sup>98</sup> Lourdes Lopez-Ropero. "Ethnographic engagement and autobiographical practice in Austin Clarke's culinary memoir *Pigtails'n breadfruit*." *World Literature Written in English*, 40:2 (2004): 77-90. Print, p84.

Barbadians cooked. She writes:

“Cou-cou is culturally associated with flying fish [.. .] but you can serve cou-cou with can-salmon, saltfish[...] all of which are more readily available in North Amurca than seasonal, slippery flying fish [...] You don't need to be so culturally pure[...] You are not back in Barbados... [...]” (184).<sup>99</sup>

An analogy could be made between the replacement of cou-cou with tinned salmon and the replacement of ackee picked fresh from the tree in Jamaica with the tinned ackee available in south London. I do write about this in *A Taste of Life* but I now feel I could have focused more on how these recipes had changed and their role in the care home. I question if I should have given the care home more prominence, for example, including recipes for the ‘English’ meals that were served to the residents at meal times. Significantly, the cookbook does not adequately reflect what I was not able to tell the reader about John and the care home in which he lived because of the restrictions of the ethical approval the project received. Everyone who participated in the project except me had to be anonymised, as did the care home in which the project took place. I state this on page two of the book but then proceed, as I have throughout this chapter, to give everyone a pseudonym. Whilst the reader is made aware that I have done this, it still reads as if I am writing about someone whose name I can reveal. This creates a familiarity and masks some of the challenges and limitations of a project that involved care home residents who are locked away from the world. It gives an illusion of ‘John’ having a visibility that the project has not really afforded him. To apply Ingold’s idea of lines of movement to this context, it suggests that John’s line of movement has continued virtually beyond the physical boundaries of the care home, in a way that it has not.

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<sup>99</sup> Ibid.

## Chapter 4: Mark-Making and Cream Tea: Making Objects and Stories

Alison Phinney and Catherine Chesla propose that dementia is a disease that impacts on the whole body, and not one that affects only the brain. They argue that symptoms of dementia are experienced through a breakdown in the ability to perform everyday actions and difficulties in interacting with people, places and things. Interactions with objects, making processes and storytelling were a major part of most Reminiscence Arts sessions I observed, but I felt that these interactions differed from those that took place in the participants' everyday lives. I wanted to understand if this was the case and, if so, how they differed. Inspired by Phinney and Chesla's work, this chapter explores the interactions of people living with dementia in Reminiscence Arts sessions and questions how Reminiscence Arts Practitioners (RAPs) and the creative activities they facilitate respond to how these engagements are performed.

In their article 'The Lived Body in Dementia' (2003) Alison Phinney and Catherine Chesla, researchers in the field of nursing, analyse how dementia impacts on the embodied practices people perform in their everyday lives. They argue that people do not usually think about how their bodies carry out everyday tasks or even notice they are carrying them out until their actions are impaired. Further, they propose that paying conscious attention to how everyday tasks are undertaken is not only a difficult feat but is likely to impair the carrying out of the task in hand. They write:

[N]ormally the workings and actions of our bodies are invisible to us. As bodying forth, we are involved in situations where "experience simply happens" (Brooke, 1986), and it takes explicit effort to be made even aware of our body and the way it is involved in the situation. Not only is reflective awareness of ones body not necessary to this involvement, but indeed it may cause the involvement to falter or cease altogether.<sup>100</sup>

Their study included observations of nine people with mild to moderate Alzheimer's disease who lived in the community, undertaking everyday tasks such as cooking, going for walks and driving. They observed that their research participants struggled to

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<sup>100</sup> Phinney, A. and C. A. Chesla. "The Lived Body in Dementia." *Journal of Aging Studies* 17.3 (2003): 283–99. Print, p284.

locate their belongings and to remember names of people and things. They often found they could not even remember what familiar items were and it took time for them to recall their purpose and how to use or interact with them. Phinney and Chesla describe these difficulties as a diminishment of embodied knowledge that leads to a thinking through of how everyday practices are carried out and prevents people with dementia from 'bodying forth'. In other words, they found that their research participants' natural flow of preconscious everyday actions was interrupted as their environments and the people and things within them became increasingly unfamiliar. They write:

[I]ntelligence, which is normally effortless and smooth flowing through the body, in breakdown [of activities into small considered steps] is revealed to conscious awareness.<sup>101</sup>

Informed by their understanding that symptoms of most illnesses are visible in observations of the person and can also be communicated through language, Phinney and Chesla conducted observations of people living with dementia carrying out everyday tasks. They supplemented their observations with interviews that captured how the research participants and their carers talked about these activities. They write:

[A] symptom may be both implicit in the body and made explicit through language. It clarifies the critical point that a symptom is not an inner experience unavailable to the outside observer until it is revealed through language, but rather it is a lived experience whose meaning is both in the language used to articulate the breakdown and in the breakdown of embodied habits and practices (Frank, 1995).<sup>102</sup>

Following Phinney and Chesla, I pay attention to how the symptoms of dementia are both embodied and expressed through language. This chapter draws on my

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<sup>101</sup> Phinney, A. and C. A. Chesla. "The Lived Body in Dementia." *Journal of Aging Studies* 17.3 (2003): 283–99. Print, p296.

<sup>102</sup> Phinney, A. and C. A. Chesla. "The Lived Body in Dementia." *Journal of Aging Studies* 17.3 (2003): 283–99. Print, p285.

observations of participants' interactions with activities in the Reminiscence Arts sessions, how they talked to me about the activities and how RAPs discussed their experience of facilitating projects with people living with dementia. My approach differs from Phinney and Chesla's, however, in its aims. Whilst they aimed to articulate the difficulties participants experienced in their everyday lives, I aim to understand the potential of Reminiscence Arts sessions to respond to the way people living with dementia interact with the world. I want to identify the creative possibilities in the way people living with dementia interact with objects, processes of making and storytelling.

I focus my exploration on two participants in the Reminiscence Arts project I co-facilitated with Christina Argiropoulou and a participant in one of Age Exchange's Reminiscence Arts projects during the second year of *Reminiscence Arts and Dementia Care: Impact on Quality of Life (RADIQL)*. This project took place after I had completed all my practice-based research in care homes. My discussion of it reflects the cyclic learning that took place during this research whereby my practice-based research projects were influenced by and interrogated aspects of Age Exchange's practice but returning to observe Age Exchange's sessions further extended my learning. I conclude with a discussion of a piece of artwork I made for the exhibition of my practice-based research.

### **Making a Mark**

In this section I shall reflect on the participation of Iris<sup>103</sup>, who joined the project I co-facilitated with Christina Argiropoulou. Iris had been a fashion illustrator, and it was obvious from the beginning that she had a clear love of drawing. I was interested in how her identity as an artist was affected by her dementia and how her interest in illustration influenced other members of the Reminiscence Arts group.

The first time I met Iris was during a preparatory visit to her care home. She was one of the residents I was there to meet because the activity coordinator thought they might be interested in participating in our project. I introduced myself and told Iris that a dancer and I would be coming to run an arts project at the home. I explained that I am

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<sup>103</sup> The participant's name has been changed to conceal her identity.



a fine artist who likes to draw and make sculptures and that we were hoping to run sessions that combined dance and visual arts. Iris told me that she used to love to draw and that when she was younger she had liked to draw in the air. She grinned whilst making a gesture to demonstrate how she did this. She said she would like to join the group but was busy working at the Mission. I knew she did not work but registering her hesitance to commit I told her that I understood and if she was free on the day we would be happy for her to join us. I came away from our meeting hoping that she would decide to join the group. I was pleased that there might be a participant in the group with a creative background, particularly one with an interest in drawing.

Christina Argiropoulou began the first session of the project by leading movements that she encouraged the group to copy. Iris joined in enthusiastically making big expressive gestures and singing along to some of the songs we played to accompany the movements. Approximately halfway through the session we moved tables into the middle of the circle the group were sat in, rolled out lengths of paper to cover them and handed everyone a crayon. They were chunky brightly coloured crayons that I had bought because I thought they would make bold marks that could be clearly seen and that they would be easy to grip. Christina Argiropoulou and I made gestural marks along to music to model how this could be done. After a minute or so Iris had not joined in so I re-enacted the drawing action she had made during our first meeting, reminding her that she had told me she liked to draw in the air. She responded by saying 'oh yes', smiling and making a flourish with her arm. She then told me 'that wouldn't mean anything now'<sup>104</sup>. I began making movements with my crayon on the paper that were similar to the actions I had made in the air. Iris did not join in. Instead she told me she could not draw with the crayon I had given her. I asked her what she liked to draw with and she told me she used to make fashion drawings in pencil.

Attributing Iris's reaction to the crayon to it not being a professional enough material, I bought Iris a box of artists' drawing pencils. In the next session I opened the tin and offered her a pencil, she picked one out, turned it round in her hand and looked at it. I

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<sup>104</sup> Care home lounge (name of care home omitted due to confidentiality), 2.30pm-3.30pm on the 17<sup>th</sup> Feb. 2014.

told her it was a 2B and asked her what pencil lead she preferred. She replied HB and I handed her one from the tin. She held it and said they were nice pencils before moving it towards the sheet of paper and letting it hover there for what felt like several minutes. The action, however, stopped there and did not result in a drawing. I tried to draw a fashion illustration hoping it would encourage her to join in. She enthusiastically discussed my drawing and critiqued it saying my rough sketch was not very good. I agreed and asked her if she could show me how to improve it. She made a vague gesture over my drawing with her hand and mumbled something that was more sounds than recognisable words. I interpreted her gestures and intonation as something she intended to sound like suggestions about my drawing.

Drawing was something Iris used to be skilled at and I sensed from her enthusiasm to talk about it that her interest had not waned. Her acceptance of my invitation to critique my drawing pointed to her still self-identifying as someone who could draw. Her resistance to actually draw and the vagueness of some of her critique, however, suggested that she might no longer be able to draw as she once did, or at least she thought she was not able to. To borrow one of Alison Phinney and Catherine Chesla's terms, I felt in relation to drawing that Iris was 'lost in a world of activity'<sup>105</sup>. Phinney and Chesla describe how Maggie, one of their research participants became 'lost in a world of activity' whilst cutting broccoli. This resulted in a slowing down of her actions as she paused and tried to remember how to complete each small step in this once habitual process. They write:

What must have been in the past an easy smooth flowing activity has become one requiring careful attention. While Maggie's handling of the knife itself was completely transparent and skillful, and she eventually achieved the desired end of getting the broccoli into bite-sized pieces, her body seemed to not know how to get the job done. Her movements were disorderly, hesitant, and slow. There was nothing obviously habitual or automatic in this task for Maggie. It seemed as if she often had to pause and consider her next step.<sup>106</sup>

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<sup>105</sup> Phinney, A. and C. A. Chesla. "The Lived Body in Dementia." *Journal of Aging Studies* 17.3 (2003): 283–99. Print, p292.

<sup>106</sup> Ibid.

As Iris hesitated, appeared to contemplate but did not draw she looked confused and at a loss as to how to proceed. Unlike Maggie she did not eventually manage to complete the activity, instead, to borrow another of Phinney and Chesla's terms, she appeared to be 'becoming blank'. Phinney and Chesla write the following description of how they define 'being blank':

Being blank is about the collapse of involvement, which shows itself in two distinct ways. First, people are thrown out of smooth flow only to find that it is no longer possible to reflect on a thematized world. They strain to bring a thought, a word, or an idea to mind but fail. In short, they forget. Second, they are becoming disengaged from everyday habits and practices; they pass time sitting still, gazing absently into space. The result of this collapse of involvement is that people find themselves being in a world that seems barren, devoid of meaning.<sup>107</sup>

Considering the idea of being blank in relation to Iris, it was presented both in her absence of bodily movement and in her verbal expressions, in her action of not drawing and the way she deflected from drawing through the excuses she made for not doing it. She was not completely blank, as she did interact with me and with the drawing materials and she spoke and interacted with other activities, as exemplified by her participation in the movements led by Christina Argiropoulou. Her interaction with a once familiar activity, however, had lost its direction and to some extent ceased. This in part appeared to be because she no longer automatically knew how to make a drawing, but could equally have been because of how Iris felt about the impairment of this ability. Phinney and Chesla describe how Maggie, a research participant, was not able to find or recognise her purse, and suggest that people living with dementia sometimes try to cover up or explain away the difficulties they are experiencing. Maggie would complain, for example, that 'maybe the lights are too low or her eyesight is failing'<sup>108</sup>. Recognising that the issues people with dementia face when interacting with the world are not hidden personal experiences but very public ones evident to all those around them, Phinney and Chesla describe why their research participant could have tried to cover up her difficulties:

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<sup>107</sup> Ibid.

<sup>108</sup> Phinney, A. and C. A. Chesla. "The Lived Body in Dementia." *Journal of Aging Studies* 17.3 (2003): 283–99. Print, p291.

[T]his is not a private inner experience. It is happening in public space, and at stake is her sense of herself as a competent woman.<sup>109</sup>

By addressing Iris as an artist, I wanted to acknowledge her skills and explore with her something that had and probably still was an important part of her identity. Similarly to Maggie, however, it is likely that Iris knew that her sense of herself as a competent woman or, in her case, also as a competent artist was at stake if she engaged in an activity she could once do with ease. I realised that by drawing Iris could reveal as much about what she could no longer do as what she was still capable of achieving. This must have been a daunting prospect and one that in those initial sessions she was not willing to face.

Throughout the project Iris never drew with a pencil on paper but she did begin mark-making and drawing in other ways. The first time Iris made a mark on a piece of paper was during the third session when we dipped soles of shoes into paint and printed with them (Fig. 24). At the end of the session Iris leaned towards me and in a confiding tone told me that she was an artist and 'it was good to find people interested in doing creative things'<sup>110</sup>. After making the print in subsequent sessions Iris increasingly took the lead in the composition of the artworks we made as a group. This was exemplified during week four when we arranged cocktail umbrellas on a table as part of a 'rain painting' we were making. I asked her where she would like to place a cocktail umbrella and she began arranging several of them (Fig. 25). As she did this we talked about the composition of the umbrellas and she told me she was trying to create a balance between their different colours.

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<sup>109</sup> Ibid.

<sup>110</sup> Practice-based research project 1, session 3, 3<sup>rd</sup> Mar. 2014.



**Figure 24.** Iris's shoe print. Practice-based research project 1, session 3. 3<sup>rd</sup> Mar. 2014.  
Image: Jayne Lloyd



**Figure 25.** Cocktail umbrellas arranged by Iris as part of a 'rain painting'. Practice-based research project 1, session 4. 17<sup>th</sup> Mar. 2014.  
Image: Jayne Lloyd



During sessions five and six Iris had begun to make gestural marks with paint. The group were painting on large golfing umbrellas arranged in the centre of the circle in which we were sat. Her art background and an embodied memory of drawing were apparent in her gestures as she made some lovely sweeping movements with the paint (Fig. 26). She appeared to have rediscovered a confidence and flow in her mark-making. She also seemed to be thinking about the composition of the painting, looking then adding an extra dash to balance the painting on each panel of the umbrella and deciding when enough of one colour had been applied. She revealed herself to have a strong aesthetic sensibility and would often talk to me about the colours of the paint, for example, describing the soft green and the turquoise blue that really ‘popped’.



**Figure 26.** Iris painting on an umbrella. Practice-based research project 1, session 6. 30<sup>th</sup> Mar. 2014.

Image: Jayne Lloyd

In the ninth session of the project Iris drew, although she did not do this sitting at a table with paper and a pencil. Instead, she used a large garden cane to draw into flour and glitter we had sprinkled on paper that covered the floor (see Fig. 11, Chapter 2, page 66). The movements of her drawings had a rhythm that carried her along and she

'bodied forth' in her actions with a fluency I had only seen when she moved in the movement activities led by Christina Argiropoulou. Significantly, during this activity Iris's role as an artist in the group was recognised by her friend Betty<sup>111</sup>, who she always arrived with and usually sat next to throughout the sessions. When I handed Betty a cane to draw with she looked at it and then told me that Iris would 'know about this' and asked her to show her 'what would suit her'<sup>112</sup>. Iris proceeded to demonstrate to Betty how to hold and draw with the cane and enabled Betty to join in the group drawing.

In the Reminiscence Arts sessions Iris reengaged with mark-making and reclaimed her identity as an artist. The marks she made were not the fashion illustrations she used to produce, however, and the artist she had become in the session also differed from the artist she used to be. Her role as an artist in the group, I propose, was reliant on the support of the materials and of other people. The process of dipping the shoe in paint and pressing it down on the paper, for example, removed some of the pressure involved in making a drawing: the shape of the print was determined by the shoe and if the print did not work out it could be blamed on the equipment or the printmaking process. When she began making the print she required my support to show her each step of the process and when we pressed the first shoe down on the paper to make the print we positioned it together. My own identity as an artist was important in the support I was able to offer her. We could exchange conversations, for example, about composition and qualities of different colours. As we printed the shoe we discussed how the print was framed by the paper and how the colour of her print had a similar tone to the one her friend Betty had made. We shared an artistic language that she still possessed. I could understand the value this held as part of her identity because it was also part of mine, something that could have been overlooked by someone who was not also an artist.

To consider the interdependence of this process and how the art we were making connected to the artist Iris had been I turned to Anne Davis Basting's article 'God is a Talking Horse' (2001) that I referenced in the introduction of this thesis. In the article

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<sup>111</sup> The participant's name has been changed to conceal her identity.

<sup>112</sup> Practice-based research project 1, session 9, 30<sup>th</sup> Mar. 2014.

theatre practitioner and researcher Anne Davis Basting argues that people living with dementia are ‘an extreme example of a “self” that is relational, that is formed through interactions with others’<sup>113</sup>. In other words, because of their impaired ability to comprehend and navigate everyday tasks and places they are dependent on other people for support in their everyday lives. Their story is, therefore, intertwined with other people and institutions. Based on her experience of delivering *Time Slips*, a storytelling project with people living with dementia, she argues that it is best not to ask people living with dementia to remember. Rather arts practitioners should support them to develop a sense of self that is relational and does not highlight the independence they have lost. She writes:

With the Time Slips project, we set out to encourage the performance of self that did not rely on memory. We sought to emphasize the relational quality of the self and to enhance the social identity of people with ADRD [Alzheimer’s disease and related dementia] by giving them a meaningful role to play in their institutional setting. By releasing the pressure to remember their pasts, the creative storytelling workshops invited any and all forms of communication skills they retained.<sup>114</sup>

Applying Basting’s criticisms of asking people with dementia to remember could explain why Iris was not able to draw during the first few sessions of the project. I was asking her to remember how she used to draw and expecting her to engage with it in the same way she had in the past. When I changed my approach to one that acknowledged the support that she required and understood that it was now a collaborative activity she was then able to engage with it. Through this approach she gained more confidence in her abilities and became more independent when mark-making, taking less direction from me, but still participating in group activities where the materials provided some direction. The umbrellas, for example, were already brightly coloured before the paint was applied and the flour and glitter provided a surface to draw into, moving the colour around rather than applying it. This was very

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<sup>113</sup> Basting, A. “God Is a Talking Horse”: Dementia and the performance of self.” *The Drama Review (1988-)* 45.3 (2001): 78–94. Print, p79.

<sup>114</sup> Basting, A. “God Is a Talking Horse”: Dementia and the performance of self.” *The Drama Review (1988-)* 45.3 (2001): 78–94. Print, p80



different to being faced with a blank piece of white paper and being asked to create a drawing. This difference in the arts activities was something that Iris herself acknowledged during week 5 when she told me that the art was different to what she had done in the past and that she used to sketch. She seemed to enjoy the new experience saying 'we never did anything like this at the Mission'<sup>115</sup> and acknowledged that there was not much art in her current life. In the sessions, despite the difference in the arts practice, Iris was still an artist and telling a story of herself that connected to her past. Her independence did increase as the weeks went on and I question whether if I had continued to work with her for longer she would eventually have made pencil drawings on paper once again.

### **Cleaning Umbrellas and Tidying the Stars**

In this section I discuss Betty<sup>116</sup>, a regular participant in the group I co-facilitated with Christina Argiropoulou. I was interested in the way she interpreted and interacted with the objects in the session, particularly when she 'mistook' objects for something they were not. I wanted to investigate how her engagement with them affected the sessions and what it could tell me about her life story and current sense of self.

Betty rarely questioned her interactions with objects and, unlike Iris, from the start of the first session she 'bodied forth' during all the activities. Her 'misinterpretations' of objects, however, meant that the way she participated in the sessions often did not match the intended activity. In the project we were asking participants to go along with how we were interpreting the objects and materials we brought to the sessions. Betty, however, often brought her own interpretations of them to the group. This was exemplified during week 9 when we had a starry night theme. I gave her some paper stars to arrange on sheets of paper I had put on the floor. She did not place her stars on the paper, however, instead, almost as soon as other members of the group started to arrange the stars I had given them, Betty began picking them up (Fig. 27). Knowing she had a good sense of humour Christina Argiropoulou and I began playfully throwing more stars down and the other participants joined in. After a while I thanked her for collecting the stars she was holding and asked if I could take them in return for a

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<sup>115</sup> Practice-based research project 1, session 5, 24<sup>th</sup> March 2014.

<sup>116</sup> The participant's name has been changed to conceal her identity.

shaker full on flour. She agreed and with support began shaking its contents onto the paper. Once this was over she immediately returned to collecting the stars. Having observed Betty in previous sessions I realised she was tidying up. Betty cleaned and tidied in most of our sessions, folding sheets we were waving to music or had hung to create shadow puppetry behind, dusting glitter off umbrellas and using sponges that were intended for painting with to clean with. Whilst she regularly misinterpreted what the objects were in the Reminiscence Arts sessions we were often using them in ways that they would not have been used outside that context. Folding a sheet or cleaning with a sponge, as Betty did, would have been the right way to interact with them in many other contexts. It was clear that she had a strong sense of how the objects should be used but it was not the same as ours.



**Figure 27.** Betty collecting paper stars. Practice-based research project 1, session 9. 5<sup>th</sup> Apr. 2014.

Image: Jayne Lloyd

In his article 'Thing Theory' (2001) Bill Brown argues that people do not look at objects to see what they are, rather they look through them to find the meaning they hold for them. He writes:

As they circulate through our lives, we look *through* objects (to see what they disclose about history, society, nature, or culture – above all, what they disclose about *us*).<sup>117</sup>

Following Brown, Betty looked through the objects in the way he describes everyone does, but the story she saw was not the one we initially intended them tell. Brown acknowledges that the meanings objects hold are not the same for everyone who encounters them. He proposes that that objects can take on different roles in different societies and for different people within those societies in different geographical and temporal frames. An object may be useful in one society in a certain way but differently useful in another or not of use at all. Interpreting the writing of anthropologist Marcel Mauss he writes that ‘however materially stable objects may seem, they are, let us say, different things in different scenes’<sup>118</sup>.

Objects in artworks are usually symbolic rather than functional. In the Reminiscence Arts sessions the objects moved between a variety of readings and uses as participants chose what story they would tell with them. The painting sponges were practical tools for art making but because we did not have a fixed end goal if they were used in other ways this was also acceptable. When Betty cleaned with them they lost their functional use and became symbolic objects in the story she was performing. In another context cleaning would be a practical task but in the Reminiscence Arts session it did not perform a practical use. In this way the role of the objects in the sessions differed from those in the everyday life of the care home and supported participants to use them as they wished without the actions being seen as out of place. Even though Betty’s interactions with the objects in the sessions were different to the ones I had intended, I learnt that the sessions created a space that was open enough to hold a diverse range of readings of and interactions with objects. Betty did not have to think in the Reminiscence Arts sessions about how to body forth because to a large extent she could body forth as she liked and this gave her actions a confidence that did

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<sup>117</sup> Brown, Bill. “Thing Theory.” *Critical Inquiry: Things* 28: 1 (2001): 1-22. Web 22<sup>nd</sup> June 2014. p4.

<sup>118</sup> Brown, Bill. “Thing Theory.” *Critical Inquiry: Things* 28: 1 (2001): 1-22. Web 22<sup>nd</sup> June 2014. p9.

not reveal any of the breakdown in the ability to perform everyday actions that Phinney and Chesla describe.

Betty appeared to have a strong sense of her role in the group and of Iris's, as was evident in her acknowledgement that she would know what to do with the cane during the drawing activity. Like Iris, Betty told an autobiographical story through her interactions with the objects. I never knew what Betty had done as a job nor how the cleaning she did in the group related to her life before she moved to the care home. It was clear, however, that it was an activity that she was very familiar with and that she was drawing on past experiences to understand how the objects we were presenting her with should be used. Her actions were much more independent in many ways than Iris's. Christina Argiropoulou and I were aware, however, of a need to guide her in the activities. This was highlighted in session 6 when I handed her a cube-shaped piece of cleaning sponge on a paper plate with paint on it. It was intended to paint umbrellas with but Betty raised it to her mouth and was about to eat it. I managed to stop her just in time. This was a potentially hazardous mistake that made me realise how her misinterpretations of objects could limit her ability to independently negotiate everyday activities and also raised my awareness of the support she required in the sessions. The objects in the sessions were open to interpretation but interactions often required some guidance.

Betty's cleaning and tidying made an important contribution to the aesthetics and direction of the activities. The group began painting the umbrellas with sponges, for example, by dabbing the sponge on to them to make a square-shaped print. When Betty began making a cleaning action with the sponge, however, we all joined her and this altered the way the paint was applied and smudged and rubbed marks that we had previously made. She also often set the rhythm of the activities. As she collected the stars, for example, they revealed a star shaped image on the paper. The image of the stars was something that I had planned as part of the activity. I had anticipated, however, that all the stars would be placed down before they were removed to reveal their prints. Working with Betty this was not the case. The stars were placed down and removed at the same time. This changed both the rhythm of the activity and the prints that emerged during it (Fig. 28). Often Betty's tidying punctuated the sessions by

marking the end of activities. In the drawing activity with flour, glitter and canes after a while Betty put her cane down, stood up and began to tip all the flour, rice and glitter onto one sheet of paper collecting the empty ones as she went. I brought a bin bag and together we tipped into it the flour from the remaining sheet of paper. This marked the end of the activity.



**Figure 28.** Betty collecting paper stars. Practice-based research project 1, session 9. 5<sup>th</sup> Apr. 2014.

Image: Jayne Lloyd

It would be a simplistic and false characterisation of Betty to write only about her cleaning and tidying in the sessions. She also engaged in other ways that took the activities in different directions. Significantly, in session 3 (03/03/14) when we made prints of the soles of shoes Betty made a print with a shoe then noticed she had paint on her fingers and sat looking at her hand for a sustained period of time. Seeing this I decided to dip my own fingers in the paint and make a print on a sheet of paper (see Fig. 29,30,31). The paint was blue and I began pitter-pattering my fingers as if imitating rain. Betty joined in, as did others in the group. This led to the idea for a rain theme in our next session and to the 'rain painting' we made during it. Through this collaborative open interpretation of materials and objects the sessions developed in

unexpected ways. Betty's interaction with objects contributed to this process with an engagement that sat somewhere between autobiographic and creative investigation.



**Figure 29.** Betty making a print of a sole of a shoe. Practice-based research project 1, session 3. 3<sup>rd</sup> Mar. 2014.

Image: Jayne Lloyd





**Figure 30.** Betty noticing she has paint on her fingers. Practice-based research project 1, session 3. 3<sup>rd</sup> Mar. 2014.

Image: Jayne Lloyd



**Figure 31.** Betty making fingerprints on paper with Christina Argiropoulou. Practice-based research project 1, session 3. 3<sup>rd</sup> Mar. 2014.

Image: Jayne Lloyd

### **Going to the Isle of Wight to Meet the Queen**

After my practice-based projects had concluded I conducted participatory observations of two of Age Exchange's group Reminiscence Arts projects that took place during the second year of *RADIQL*. The project I will discuss was facilitated by Tony McTurk, a RAP who had worked with Age Exchange for over five years and specialised in reminiscence practices, and Gillian Elam, a RAP who was new to Age Exchange and was a craft practitioner. This project extended some of my thinking about how objects and engagements with materials supported participants to tell stories about themselves in Reminiscence Arts sessions. In this section I explore how Tony McTurk used a collection of objects to engage one of the participants in the group, David<sup>119</sup>, in telling stories about himself.

In an initial meeting with managers and care staff the week before the start of the project we were told that David grew up on the Isle of Wight. We did not know, however, how much he remembered about his life there. In response, Tony McTurk sourced an Isle of Wight flag and brought it to the first session. The flag had only been adopted as the county flag in 2009 so we knew it was unlikely he would recognise the flag itself. I, therefore, found the connections he made with it surprising. The first time Tony McTurk introduced the flag to David telling him it was the Isle of Wight flag he responded in an excited manner, looking intently at the flag whilst saying 'Isle of Wight. I was born there. That's famous.'<sup>120</sup> After that, every week he acknowledged the flag by pointing at it and talking about it. He appeared proud of the flag and would show it to anyone who sat with him.

Tony McTurk aimed for the flag to trigger oral recollections of David's past and in this way it was being used as an artefact for traditional reminiscence. How the flag was presented to him, however, alleviated some of the pressure to interact with it and, in turn, to remember. The flag was 5ft x 3ft and every week Tony McTurk hung it, along with the flags of countries other participants were from, across the windows that separated the room where the sessions took place from the adjacent dining room. The flags going up signalled the start of the session creating a space that identified it was

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<sup>119</sup> The participant's name has been changed to conceal his identity.

<sup>120</sup> 1<sup>st</sup> session on the 29<sup>th</sup> Jan. 2015.



happening and acknowledging the identity of the participants. At the end of each session the flags were taken down and carefully packed away. Hanging the flags up in the space around and beside the group rather than placing them on the table directly in front of them was less confrontational and came with fewer expectations that they should respond to them. Further, the flags remained in the space throughout the session and often became the focus of discussions before, during or between the activities the RAPs had organised. Their role as an additional or alternative focal point to the main activity was significant because it reduced the pressure to participate in that activity. This was particularly important to David who regularly looked over at his flag throughout the session and began talking about it to whoever was sitting next to him. This gave him some agency in the group enabling him to decide when and with what he engaged. It also gave him a focus to talk about himself.

The stories that David told in response to the flag were short, repetitive and fragmented. He often repeated the phrases 'Isle of Wight', 'I was born there' and 'that's famous', either separately or in various orders as one phrase. As the weeks progressed these phrases were built upon as were the collection of objects that the RAP selected because of their connection to the Isle of Wight. In addition to the flag, Tony McTurk introduced an Isle of Wight guidebook and an Isle of Wight souvenir bell. These are the types of objects that are commonly found in Age Exchange's archive or themed reminiscence boxes but how they were incorporated into the space and David's stories, I argue, was different to the way they would have been used with someone who was not living with dementia. These new objects were placed on the table each week before David arrived. They acted as a place setting indicating that that was his seat. Significantly, they created a personalised space in a communal living area, albeit a small and temporary one. Whilst this could have been confrontational, as with the flags the new objects remained in the space throughout the session enabling David and those facilitating and supporting the group to drift in and out of engaging with them.

Each object in the collection played a different role in the storytelling process. I rarely saw David looking at the guidebook on his own, for example, but when I sat with him I found ways that it could enhance what he was able to communicate about the Isle of

Wight. I would often pick up the book and read aloud from it, reading out the names of places on the Isle of Wight and short paragraphs about them. When David recognised a name he would repeat it and say 'let's go there' or he would tell me something about it; there was a yacht festival there, he lived there or he used to swim there. The book not only helped David communicate with me, it acted as an important communication aid. At the start of the project I knew virtually nothing about the Isle of Wight but the book enabled me to look up places that David mentioned and find something I could say about them.

Unexpectedly, the bell contributed something to David's story from another chapter in his life. Tony McTurk had selected the bell because it was a souvenir from the Isle of Wight but David showed no indication of engaging with this. He would often ring it, however, and say 'service, service'. We learnt that one of his careers had been as a doorman in a five star hotel where he had met many famous people and members of the royal family. Fame had become part of his self- image and now, instead of working for these people, on some level he seemed to believe he was the famous one. Notably he often referred to himself as 'Sir David'. His stories of fame and fortune were integrated into our discussions of the Isle of Wight where we often went to meet to the Queen. As I got to know him I realised that when he saw the flag and said 'that's famous' it was not, or not just, an indication that he valued the flag, as I had originally thought, but a reference to his own perceived fame. Many other anecdotes, some we could guess where they came from and some we could not, became integrated into his stories of the Isle of Wight. What had begun as a collection of objects with a straightforward connection to some factual information about his past, that he had lived on the Isle of Wight, developed into an imaginative story through which David drew on his memories and desires to express how he would like to be seen and recognised.

David was able to verbally communicate the symbolic meaning the objects held for him to reveal a story about his life in a similar way to how I described Betty had done gesturally in the previous section. The collection of objects Tony McTurk had selected were very different, however, to those Christina Argiropoulou and I used. They were souvenirs and mementos of the Isle of Wight, the sorts of things people might collect

from somewhere they visited and display around their home. This was not how David acquired these items but I propose they fulfilled a similar role. Considered in this context, they responded to a deficit within the care home in which residents were required to share communal hallways, living and dining rooms and the furniture and ornaments in these areas did not belong to them. Collections of personal memorabilia housed on mantelpieces, sideboards or shelves that are commonplace throughout most people's homes were notably absent. This is a serious omission because, as Jennifer Gonzalez proposes, these collections of objects hold significance for their owners and can be an important form of self-expression (Gonzalez 1995).

In 1995 Jennifer Gonzalez blended autobiography with topography to coin the term 'autotopography'. In her chapter 'Autotopographies' in the book *Prosthetic Territories: Politics and Hypertechnologies* she proposes that in an autotopographic collection the objects act as 'prosthetics of the mind'<sup>121</sup> that support their owner to recall a past event or absent person. The memory the object supports is not held just within the object, however, but requires the person who owns it to tell its story, a story that is likely to change over time to reflect their memories, imaginations and desires. Discussing how the stories are attached to objects in autotopographic collections Gonzalez writes:

The autobiographical nature of a souvenir is not often to be found in the object alone. It emanates equally from an accompanying narrative, an individual story line that is usually the result of a changing pattern of memories and identifications.<sup>122</sup>

David had not built up a connection to the objects Tony McTurk brought for him over the same length of time as most people do with autotopographic collections and they were not acquired by him at the times or from the places they triggered memories of. Despite this, as was evident in his discussions of them, they did still hold for him a trace of his past and enabled him to express his desires. As the stories he connected to the individual objects within the collection intertwined they built a more eclectic

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<sup>121</sup> Gonzalez, Jennifer. "Autotopographies" *Prosthetic Territories: Politics and Hypertechnologies*. Eds Brahm and M. Driscoll. Boulder, CO: Westview Press, 1995. Print, p133.

<sup>122</sup> Gonzalez, Jennifer. "Autotopographies" *Prosthetic Territories: Politics and Hypertechnologies*. Eds Brahm and M. Driscoll. Boulder, CO: Westview Press, 1995. Print, p142.

narrative that combined different aspects of his life. Gonzalez proposes that the spatial composition of the personal artefacts that make up autotopographic collections form what she calls a 'material memory landscape'. The material memory landscape is a physical trace or map of an autobiographical narrative the owner of the collection is telling. As the owner of an autotopographic collection chooses which items to include and leave out, how to arrange them and where to display them they fabricate a story. This story is not an accurate representation of the past but a replacement for the intangible aspects of desire, identification, and social relations. She writes:

In the creation of an autotopography—which does not include all personal property but only those objects seen to signify an “individual” identity—the material world is called upon to present a physical map of memory, history, and belief. The autobiographical object thus becomes a prosthetic device: an addition, a trace, and a replacement for the intangible aspects of desire, identification, and social relations.<sup>123</sup>

Tony McTurk selected and arranged the objects for David. David, however, chose which he spoke about, in what order and what stories he connected to them. In this sense, he was still able to have some influence over how they were navigated as a collection and, without physically moving them, could rearrange them. Further, the objects often only stayed in the home for the duration of each session, preventing him from physically integrating them into his everyday life. The temporality with which the collections were introduced to the care home, however, I found important in supporting interactions with them because objects that were left once the sessions were over were often not engaged with. Things participants had made were sometimes left on shelves or hung on walls but I never saw anyone looking at them or talking about them. In the sessions, however, they were animated and the participants had someone with whom they could tell their stories. This, I propose, is part of what Gonzalez describes as a 'living practice' in which people discuss their objects with others and during which people engage with and rearrange the collections and add or

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<sup>123</sup> Gonzalez, Jennifer. "Autotopographies" *Prosthetic Territories: Politics and Hypertechnologies*. Eds Brahm and M. Driscoll. Boulder, CO: Westview Press, 1995. Print, p134.

remove objects as part of a process of rewriting the narrative to fit in with the self-image they would currently like to project. She writes:

Despite the fact that, at death, each individual will leave behind traces of his or her own autotopological path, comprising an array of very personal objects within a domestic landscape, such objects also are part of an important living practice.<sup>124</sup>

Despite being selected because of their connection to David's past, the roles the objects played in supporting his current sense of self were equally, if not more, important. This was exemplified when we arrived at the beginning of the 12<sup>th</sup> session on 25<sup>th</sup> February 2015 and were told by a member of care staff who regularly joined the group that David would not be joining us that day because he was not allowing them to transfer him to a wheelchair using a hoist. They described his behaviour as aggressive and him as 'hitting out'. David had waved to Tony McTurk as he arrived so he decided to ask if he could speak to him and see if he could change his mind. The RAP described to me how seeing the hoist reminded him of the rigging on a boat. He talked to David about sailing in the annual yacht festival in Cowes on the Isle of Wight. As the RAP described raising the sail, a member of care staff was able to hoist David into a wheelchair. David's mood calmed and he joined the group. In that instance Tony McTurk drew on the knowledge he had built up of David's past to support him to navigate the inter-dependency with which he now led his life. He did this, however, by reminding him of a time when he was much more independent. Whilst as Anne Davis-Basting argues, becoming aware of the loss of independence can be distressing, I also found that sometimes participants enjoyed imagining they were more independent than they actually were, and this often involved drawing on their past.

Some of David's stories even looked to a future that embodied the independence he had enjoyed in the past. They still, however, incorporate people he encountered in the present. David appeared to have come to associate Tony McTurk, for example, with the flag in a very positive way. The session after he had first presented him with it David kept saying to him, 'You're a good man. Give me your address. I'll come and

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<sup>124</sup> Ibid.

visit. Bring my family. I'll make tea'<sup>125</sup>. He would tell me and anyone else who would listen that 'Tony was a good man' and he was going to visit him. In subsequent sessions his story about Tony being a good man who he was going to visit was repeated and interspersed with stories about the Isle of Wight. One week he invited me to visit the Isle of Wight. We planned our trip from Portsmouth and, of course, he made sure we incorporated a visit to Tony's for what was now quite an elaborate cream tea complete with scones, jam and clotted cream.

### **Experiencing Together**

During the thirteenth week of the project that Gillian Elam co-facilitated with Tony McTurk she introduced flags into the session in a very different way to how he did. This was the first project Gillian Elam had run with Age Exchange and the first time she had facilitated a creative project with people living with dementia. Her background was as an arts and craft facilitator teaching sewing and printmaking to community groups. I had run community arts sessions where I taught people skills and how to make something and found it only related in a very limited way to my own arts practice. I had, therefore, primarily pursued other ways of working in my practice-based research projects. I became interested in Gillian Elam's practice, however, because the way she engaged participants with making craft items challenged my idea of it as orientated towards a finished product, one that was often decorative. Drawing on observations of her flag-making session and her comments during a focus group I ran, I will explore how her craft-making process has developed responsively to working with people living with dementia.

In a focus group I ran on 30<sup>th</sup> April 2015 in Age Exchange's Bakehouse Theatre Gillian Elam described her practice outside dementia care settings to me as 'teaching people how to make something'<sup>126</sup>. She identified a shift, however, in how she had begun to work with people living with dementia saying 'it's not we're going to make something together, it's we're going to experience something together'<sup>127</sup>. She describes her process as 'tuning into'<sup>128</sup> both the person she is working with and the making process.

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<sup>125</sup> Reminiscence Arts project, 3<sup>rd</sup> session, 29<sup>th</sup> Jan. 2015.

<sup>126</sup> Focus group, Age Exchange's Bakehouse Theatre, 30<sup>th</sup> April 2015.

<sup>127</sup> Ibid.

<sup>128</sup> Ibid.

Through her attunement to the participants the process of making is substantially slowed down and broken down into the smallest possible steps. Working alongside the participant the actions and the sensory properties of the materials involved in each part of the process are closely explored. The deconstruction of the process is exemplified by how she modelled making a flag, demonstrating each step in the process: laying the flag material on the table; moving our hands across it to smooth it out; pulling the end of the double-sided tape to unroll a length of it; holding it taut; cutting it; positioning the tape along one edge of the fabric; patting it down; peeling the paper backing off the tape; selecting colours of ribbon; unrolling the ribbon; cutting lengths of ribbons; laying the ribbons on the tape; pressing them down; placing a stick on top of the tape; pressing it down; rolling the fabric around the stick and finally waving the finished flag.

Each step in making the flag involved an engagement with the material and a corresponding action. Most of the steps could involve two people, for example, one person holding the tape whilst the other cut it. In this way the interdependence of people with dementia's lives was responded to in the process. Most importantly, each step was valued as an event in itself. The aim was not to make the flag but to experience the materiality of it at each stage of the making process. In the focus group Gillian Elam described how she sees these actions and engagements with the materials as expanding the definition of what reminiscence can be:

[F]or me reminiscence is not remembering the past, it's remembering who you are. That sense of who you are, what you experience and what you enjoy: the sensory experience of the world. Thinking about the people we work with, their world and sensory experience of it has shrunk and the smallest movement can be about remembering who you are.<sup>129</sup>

Elam's description of reminiscence with people living with dementia is as much about supporting their current sense of self as looking to the past. It works with embodied actions, that may or may not have a direct connection to things people used to do, and is, I propose, a form of telling stories through 'things'. Bill Brown's description in his

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<sup>129</sup> Ibid.

article 'Thing Theory' (2001) of how objects can become things is helpful in thinking about Elam's practice. As I introduced earlier, Brown defines objects as items that people understand what they are and what they mean. When people view objects, he proposes, they look through them rather than at them, taking their material properties for granted and often not consciously registering them. He argues that if an object stops 'working' for the person encountering it the 'thingness' of it becomes apparent. He offers the example that the transparency of a window is not noticed until it becomes dirty and the light it usually lets in and the view usually visible through it is obscured. It is often only then that the materiality and sensory properties of the window enter our consciousness. At this point, Brown argues, the window ceases, albeit temporarily, to be an object and becomes a thing. It is not just the window that has changed by becoming dirty, the perception of the person viewing the window has also altered. Brown writes:

The story of objects asserting themselves as things, then is the story of a changed relation to the human subject and thus the story of how the thing really names less an object than a particular subject-object relation.<sup>130</sup>

Gillian Elam understands that many people living with dementia are not able to look through objects to find the memories or meanings that they hold for them and are often not able to understand the whole making process. Her practice, therefore, engages with the thingness of the process, the material and sensory qualities and embodied movements at each stage of it. In her approach she sees potential for the participants to feel something of themselves in each small gesture, interaction and sensory engagement. Writing about inclusive arts projects with people with learning disabilities Alice Fox and Hannah Macpherson propose in their book *Inclusive Arts Practice and Research: A Critical Manifesto* (2015) that a range of non-verbal forms of communication are enabled when collaborators 'listen' to each other through the artistic medium. They write:

Inclusive Art Practitioners need to have the ability to attend to 'total communication' (between people – embodied, gestural, visual; and between

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<sup>130</sup> Ibid.



people and materials). This requires learning-disabled artists and their collaborators to listen to each other through the artistic medium – solving problems through making, doing and moving rather than listening and talking.<sup>131</sup>

This quotation, I propose, encapsulates Gillian Elam's attuned approach to making with people living with dementia. She is using the materials and process of craft making as a medium through which to communicate with the participants. Running through her approach is another important observation Alice Fox and Hannah Macpherson make about working with people learning disabilities; that there is a learning and unlearning that takes place for all those involved. They write of inclusive arts practice:

This requires an acceptance of our incompleteness as practitioners and a capacity to un-learn as well as learn from each other. The 'non-disabled' artist is not the expert in this relationship, rather they are an artist who is literally coming into being collaboratively.<sup>132</sup>

In the Reminiscence Arts project that Gillian Elam and Tony McTurk ran they engaged in both verbal and non-verbal forms of communication, learning and unlearning through a wide range of interactions with the participants. These were supported and would not have happened in the same way without the artistic mediums they used. In the flag-making session I made a flag with David and it was notable how he moved between engaging with the stories objects supported him to tell and the 'thingliness' of the making process. David would complete a step involved in making the flag then shift his attention to talking about the large Isle of Wight flag that hung beside us that I discussed in the previous section. When this happened it took a while to re-engage him with the making. When he did get involved in it, however, he appeared to really concentrate, for example, on cutting the tape accurately and carefully smoothing the fabric of the flag out on the table. He smiled and looked pleased with himself when each small task was complete. At one point he placed the fabric on his head like a hat. I copied and we laughed at each other. The process was fragmented and meandering

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<sup>131</sup> Fox, Alice, and Hannah Macpherson. *Inclusive Arts Practice and Research: A Critical Manifesto*. Oxon, UK: Routledge, 2015. Print, p86.

<sup>132</sup> Fox, Alice, and Hannah Macpherson. *Inclusive Arts Practice and Research: A Critical Manifesto*. Oxon, UK: Routledge, 2015. Print, p88.

and it was not clear whether he knew what we were making or even that we were making anything at all until we had finished the flag and we waved it, pretending we were celebrating the end of a yacht race on the Isle of Wight. What was clear, however, was his engagement with the actions and material properties in the making process and that when he took it in directions that were not directly related to the flag making this was often as enjoyable and communicated as much as when we followed the instructions.

What runs through Gillian Elam and Tony McTurk's practice is an engagement with the fragmentation of the narratives of the stories about the participants' lives and, in Gillian Elam's case, of the making process. Gillian Elam held an understanding of the whole process of making a flag, which enabled her to guide the participants through its various stages, at the same time as enabling her to follow the participants and allowing the process to become fragmented and meandering. Working with David I found I often needed to fill in the gaps and complete the parts of the process he did not engage with. When discussing the Isle of Wight flag I undertook a similar role, filling or accepting the blanks and going with the rhythm of his conversation. In neither case did the participants complete a full cohesive process but that was something the RAPs and I understood we needed to go with and were skilled at doing.

### **Butterfly or Falling Leaf?**

In this concluding section I discuss *Butterfly or Falling Leaf?*, a short interactive session that I developed with theatre practitioner Nicola Hatton. Through my exploration of how this piece was developed and interacted with I aim to define the dialogue between how artists and people living with dementia approach and interact with the world. I want to understand the creative space the RAPs and the participants share in the Reminiscence Arts sessions and how this is supported by the RAPs.

*Butterfly or Falling Leaf* was a ten-minute session that involved two participants. Other visitors were invited to watch the session that we ran twice on the 14<sup>th</sup> July 2015 as part of the exhibition of my practice-based PhD research. The aim of the session was partly to give the two participants a taste of what it was like to be in a Reminiscence Arts session, but also to aestheticise and choreograph it enough for it to be a piece

that could be watched by an audience and for it to highlight some of the conceptual and aesthetic interests I had in the Reminiscence Arts practice, particularly how the objects were animated and engaged with in the sessions. The interactive session took place around a table that had been laid with a blue cloth. When the sessions were not taking place a vase of artificial flowers and a salt and pepper pot formed a centrepiece and exhibition visitors were encouraged to sit at the table and drink the tea that was served to them. The idea was to try and create something of the aesthetic and activity of the care home in the exhibition.

During the interactive session I wanted to explore how multi-sensory experiences created by RAPs in Reminiscence Arts sessions mingled with the care environment. Influenced by the themes of my practice-based research projects in care homes that explored walking and weather, objects and sounds that evoked the outdoors were introduced into the space. The session began, for example, with me opening the suitcases that formed part of the piece *Luggage* to trigger them to play sounds of rain, leaves crunching and birds singing. Inspired by the 'rain painting' we made in week 4 of the project Christina Argiropoulou and I facilitated, and the cups of tea that were served at the end of the session and subsequently mingled with it (Fig. 32), I created teacups that 'rained'. Nicola Hatton and I placed the same type of teacup that tea was served in during the rest of the exhibition in front of both of the participants. I then proceeded to pour water from a teapot into the teacups. Initially this activity mirrored the serving of tea. However, the teacups had small holes drilled in the bottom of them. When they were lifted up the water 'rained' out of the cups and splashed in the saucers (Fig. 33). In the interactive session the teacups no longer functioned as teacups are expected to. As the water dripped out of the bottom of them creating a pool of water on the saucer it made a familiar object unfamiliar and suggested it could become something else and tell an alternative story.



**Figure 32.** Participant holding a cocktail umbrella whilst his cup of tea mingles with 'rain painting' Practice-based research project 1, session 4. 17<sup>th</sup> Mar. 2014.  
Image: Jayne Lloyd



**Figure 33.** Jayne Lloyd and Nicola Hatton. *Butterfly or Falling Leaf?* (interaction with the teacups that 'rained'). 14<sup>th</sup> Jul. 2015.  
Image: Simon Purins (film still)

The diverse ways objects were used in the *Butterfly or Falling Leaf?* and the different stories they told reflected how I had observed objects being animated by RAPs and interacted with by participants during the Reminiscence Arts projects I had facilitated and observed. I had learnt that objects often took on different meanings for different participants, in different activities and at different points in the sessions. The openness with which the items in the Reminiscence Arts sessions could be interpreted and interacted with enabled participants to find their own ways to be part of the sessions as is exemplified in how participants, Iris, Betty and David engaged with the sessions. As well as the 'raining teacups' in *Butterfly or Falling Leaf?* a mirror created a reflection to evoke the moon, leaves were threaded on strings that participants moved to make them dance in an imaginary breeze, cocktail umbrellas were held over teacups to keep the 'rain' off and leaves emerged through the table cloth as we rubbed it with chalk. At the end of the piece, as at the end of each session, however, everything was cleared away, the table reset and the function of the space as somewhere to have a cup of tea reinstated. I wanted the movements in the interactive sessions to flow and reflect how the Reminiscence Arts sessions often enabled actions and interactions that appeared impeded by the need to complete tasks effectively and efficiently in life outside the sessions.



**Figure 34.** Jayne Lloyd and Nicola Hatton. *Butterfly or Falling Leaf?* (leaf rubbing being made with chalk on the tablecloth). 14<sup>th</sup> Jul. 2015.  
Image: Simon Purins (film still)

There are some similarities between the way people living with dementia and artists might perceive objects; more specifically, they both engage with the ‘thingliness’ of them. As I argued earlier in the chapter with reference to Phinney and Chesla’s study, people who are living with dementia often experience a breakdown in their interactions with places, people and things. Their ability to body forth and complete everyday activities without conscious thought is often impeded. Further, as their ability to look through objects to understand the meaning they hold for them diminishes, it makes them more likely to engage with the ‘thingliness’ of them. Even if an object is identified there may be a mismatch between what it is identified as and how most people without dementia would understand it, as was the case with Betty’s cleaning products. Drawing on Maurice Merleau-Ponty in his essay *Eye and Mind*, I propose that artists pay a similar kind of attention to objects and actions as people living with dementia do and that this may enable them to tune into some of the ways they engage with the world.

In his essay *Eye and Mind* Merleau-Ponty argues that for painters to create a representation of the world on a canvas they must become aware of what they see in front of them. People who are not painters are not required to see in the same way and, therefore, overlook a lot of what painters train themselves to become aware of. He proposes that people see in light. However, the light is instinctively reconstructed into a spatial vision of material objects with texture and form. Therefore, only the object is perceived, not the light and shadow that make it visible. He describes the process of seeing as follows:

Everyone with eyes has at some time or other witnessed this play of shadows, or something like it, and has been made by it to see things and a space. But it worked in them without them; it hid to make the object visible. To see the object, it was necessary *not* to see the play of shadows and light around it. The visible in the profane sense forgets its premises; it rests upon a total visibility which is to be recreated and which liberates the phantoms captive in it.<sup>133</sup>

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<sup>133</sup> Merleau-Ponty, Maurice. “Eye and Mind.” *The Primacy of Perception and other Essays on Phenomenological Psychology, the Philosophy of Art, History and Politics*. Ed. J.M. Edie. Northwestern University Press, 1964. Print, p128.

Painters when trying to represent objects or scenes on a canvas are not looking at the objects that, as Merleau-Ponty describes, most people construct when they look around them. Instead they are seeing the light that he purports others do not see but see in. In an attempt to understand how objects come into being painters need to break down the image they perceive. They need to not perceive the object as a whole, but instead become aware of the role light plays in building up this image. Describing this process Merleau-Ponty writes:

Light, lighting, shadow, reflections, color, all these objects of his quest are not altogether real objects; like ghosts, they have only visual existence. In fact they exist only at the threshold of profane vision; they are not ordinarily seen. The painter's gaze asks them what they do to compose this talisman of a world, to make us see the visible.<sup>134</sup>

Because visual artists are attuned to all these aspects of the objects they see, in Reminiscence Arts sessions they are able to present objects in a way that leaves them open to interpretation and a broad understanding of what they could be. When a participant does not recognise or misinterprets what the object is RAPs are able to engage with its colour, what it looks like or how the light reflects off it. Being an artist helps them to conceptualise the world differently to people who are not artists and this supports them to interact with people living with dementia. In *Butterfly or Falling Leaf?* I wanted to communicate some of the creativity I saw in interacting with objects, spaces and materials in ways we would not usually. In Phinney and Cesla's study, however, the way people living with dementia interact with the world is only seen as disabling and described using negative terms such as 'breakdown', 'loss' or as an 'impairment'. In the sessions there were often real moments of joy when people were supported to engage without worrying about whether it was the 'correct' way to do so. This understanding and non-judgemental interest in how people living with dementia interact with the world is an important thing that RAPs brought to their work with people living with dementia. Significantly, RAPs recognised and reciprocated the creativity and improvisational qualities of the participants' interactions. What I learnt from working with people living with dementia, in turn, gave me different ways of

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<sup>134</sup> Ibid.

thinking about things and inspired the creative approaches to objects in *Butterfly or Falling Leaf?* and throughout my exhibition.

Merleau-Ponty's description of the painter's vision whilst really useful in thinking about how artists see only has limited application to Reminiscence Arts practices that are facilitated by practitioners from a range of arts disciplines. The Reminiscence Arts sessions involve a range of tactile and other sensory engagements with the materiality of things that go way beyond vision. Therefore, Tim Ingold's extension of Merleau-Ponty's experience of the world through vision to other senses in 'Landscape or Weather-world?', chapter ten of *On Being Alive* is helpful in making Merleau-Ponty's ideas about how painters see applicable to how other artists interact with the world and, in turn, to Reminiscence Arts practices. Ingold proposes that if, as Merleau-Ponty argues, we see in light then an equivalent of what goes for vision should also go for auditory and tactile perception.

If we can see things because we first can see, so too, we can hear things because we first can hear, and touch things because we first can feel. The sight, hearing and touch of things are grounded in the experience, respectively, of light, sound and feeling. And if the former force us to attend to the surface of things, the latter, by contrast, redirect our attention to the medium in which things take shape and in which they may also be dissolved.<sup>135</sup>

Drawing on Ingold, if painters breakdown the process of seeing to enable them to understand what they are looking at and, in turn, to paint it, is it not, therefore, possible that sculptors and craft artists do the same with materials, musicians with sound and dancers with movement? This certainly seems possible from my observations of Age Exchange's RAPs and from my own experience as an artist who often makes sculptural pieces of art. In this chapter this was exemplified by how Gillian Elam broke down her craft process, Tony McTurk engaged with David's fragmented storytelling and, in the second chapter of this thesis, how Christina Argiropoulou's

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<sup>135</sup> Merleau-Ponty, Maurice. "Eye and Mind." *The Primacy of Perception and other Essays on Phenomenological Psychology, the Philosophy of Art, History and Politics*. Ed. J.M. Edie. Northwestern University Press, 1964. Print, p129.



movements reinterpreted the act of walking to enable participants to walk whilst seated. Further, these examples highlight the creativity of the participants' engagements with a range of materials and the improvisatory nature of their interactions. They emphasise the productive creative dialogues that can be formed between artists and people living with dementia.

During the development of *Butterfly or Falling Leaf?* I realised that the use of the objects in the interactive session could not be left completely open to interpretation. As I changed the use of the objects Nicola Hatton and I realised we needed to guide the participants to enable them to use them, for example, so water did not spill all over the tablecloth. In the development of the session we carefully choreographed how this would take place. At the end of the session one of the participants commented on how strange it felt to be led through interactions with objects that 'should' be familiar. She said that it helped her understand the lack of agency people living in care must experience. The interactive session was intended to be more guided and less open to people creating their own responses to the objects than the sessions I ran in the care homes were. However, the comment highlighted to me the interdependency that underpinned the participants' engagement with the Reminiscence Arts sessions. One of the other participants in the earlier session we ran tried to subvert the teacup activity by flicking water from her saucer across the table. Nicola Hatton and I responded by playfully flicking it back at her. This became a game and part of the piece. I think this example pinpoints an important difference between the way artists respond to participants and their interactions with other people, things and their environment. Whilst the participants are still guided and cared for in the Reminiscence Arts sessions, a creative response to their interactions recognises and accepts them.

## **Chapter 5: Artists in Residential Care Settings and Beyond**

One of the challenges of writing this PhD research was that it was aimed at two audiences: Age Exchange Theatre Trust and an academic audience. The research was funded to provide Age Exchange with a clear definition for the term 'Reminiscence Arts', a need that was identified at the inception of *Reminiscence Arts and Dementia Care: Impact on Quality of Life (RADIQL)*. Definitions for arts practice can be reductive, but Age Exchange needed a clear structure and framework to communicate, develop and evaluate their work. To meet this need the research sought to articulate the tacit knowledge held by Age Exchange's Reminiscence Arts Practitioners (RAPs) and extend their understanding through a series of practice-based investigations. Beyond this brief, through an analysis of my own role as an artist-researcher, I have endeavoured to gain an understanding of the role of artists in residential care settings, both facilitating and researching participatory arts projects with older adults living with dementia. There were two focuses to this part of the research. The first was to understand the dialogue between a participatory arts practice and an artist's wider practice that included making artworks for exhibition. The second was to understand the specific contribution artist-researchers could make to the burgeoning field of research into participatory arts with older adults living with dementia. This chapter will synthesize my learning throughout the process of the PhD research, and will address each of these areas in turn.

### **The Principles of Reminiscence Arts**

Through the process of my PhD research I have found that Age Exchange's Reminiscence Arts practice has developed a clear identity that is best defined by a set of underlying principles. Reminiscence Arts encompasses a wide range of arts and reminiscence practices and is situated in both an arts and health and social care context. It is within the relationships it creates between the arts and reminiscence practices, the health and social care settings it takes place in and everyone involved in it that the identity of the practice is formed. In this section I provide a definition of the term 'reminiscence' that communicates how Age Exchange have redefined it in their practice. Then, taking a relationship-centred approach to conceptualising Reminiscence Arts, I will outline six principles that I have found made a significant contribution to the identity of the practice and discuss their relevance to the lives of

care home residents living with dementia. I will conclude with some recommendations of ways the practice could be developed further, extending the work of *RADIQL* in the lives of those who participate in it. My aim is to advance the innovation and aesthetic qualities of the creative practice.

Reminiscence is about remembering who you are not who you were.

Principle One: Reminiscence Arts address the lack of access care home residents have to high quality arts experiences by introducing temporary activity that is creative, enjoyable and meaningful for many care home residents. Importantly, the RAPs themselves are highly skilled artists. As visitors, they are not regarded as part of the day-to-day routines of being in care and this encourages residents to engage in new forms of creative interaction and expression.

Principle Two: Reminiscence Arts practice involves taking time over the development and delivery of creative sessions. The RAPs spend time getting to know the environment in which the sessions take place and the people who live and work in it. They slow their pace and regularly pause to look around and pay attention to the multi-sensory qualities and performativity of each site and each creative experience they introduce. Reminiscence Arts is process-based rather than focussed on a predefined end goal. Through creative interactions it offers a prolonged focussed attentiveness that is often lacking in task-based care.

Principle Three: the openness and flexibility of Reminiscence Arts responds to the communicative needs of older adults living with dementia. The introduction of arts into reminiscence is an important development in Age Exchange's practice. It has enabled Age Exchange to create an open and flexible response to dementia using diverse forms of reminiscence and creativity. In this context the arts enable openness and flexibility, firstly, because they enable engagement with and through a wide range of creative and often non-verbal forms of interaction and expression. These include embodied memory, multi-sensory and material experiences and mark-making. Secondly, objects, materials, actions, verbal and non-verbal communication in the arts often serve a symbolic rather than practical function. They can, therefore, invite a

range of interpretations and interactions that are all meaningful. Finally, in Reminiscence Arts the art-making process does not have a predefined goal and it can be taken in a multitude of directions. All these attributes of Reminiscence Arts free participants to express themselves without fear of being 'wrong' and provide an appropriate and important response to extending how people living with dementia are able to communicate.

Principle Four: Age Exchange's RAPs act as creative mediators between the care home and other geographical and temporal zones. When undertaken in care homes the Reminiscence Arts practice works in dialogue with these environments to address many of their sensory, material and experiential deficits. In my research I have focussed on two challenges of living in a care home: 1) care home residents have limited access to the outside world; 2) they often experience a lack of a sense of home and belonging. RAPs focus on creating a creative social space where participants can begin to develop meaningful connections to the home in which they live as well as sharing new adventures. They achieve this by creating multi-sensory interventions in the residential care environment that evoke participants' memory and imagination to expand the access they have to experiences beyond the everyday routine of the care home. The practice is always created in dialogue with the experiences, materiality and aesthetics of the care home itself. This grounds it within the environment in which it takes place.

Principle Five: Reminiscence Arts support people living with dementia to find forms of self-representation that recognise and transcend the inter-dependency of their lives. Residents in care homes often have limited agency and few opportunities to express themselves in the place in which they live. Reminiscence Arts practice addresses this by drawing on participants' pasts and enabling them to communicate their former interests, skills and abilities. Building on participants' experiences RAPs explore their relevance to the present. Reminiscence Arts extends participants' current abilities through reminiscence and arts processes that Age Exchange have adapted to the inter-dependency of participants' lives. Importantly, Reminiscence Arts sessions create a space to share knowledge, experiences and skills that participants developed in the past, enabling them to be teachers and experts. This supports important connections

among care home residents and between them and their carers. Further, in this context meaningful social engagement can temporarily shift the uneven dynamic in the cared for/carer relationship.

Principle Six: Reminiscence Arts have rhythms that respond to and enliven care home residents. During music, dance and movement activities participants with slow or stilted movements often move more quickly and fluidly. RAPs working with oral recall or visual arts practices have responded to the participants' interactions by slowing down and breaking down their practices into smaller steps. These RAPs have created innovative practices that match the participants' pace and focus on the affective qualities of each moment of creation.

Taken together, these six principles indicate that Reminiscence Arts is a fusion of different art forms and reminiscence practices that respond to the interests, life-stories, abilities and creativity of participants. During *RADIQL* Age Exchange created a practice that has the flexibility and creativity to respond to older adults at all stages of dementia. Through the integration of the arts into reminiscence they have responded to the concerns of practitioners and researchers in the field (Davis Basting, 2001, Zeilig et al. 2014) that reminiscence is out-dated and an inappropriate approach to working with people living with dementia because of its reliance on memory. There are, however, some areas where Reminiscence Arts practice could be developed further to respond to people living with dementia and to enhance the innovation and identity of the creative practice.

In this thesis I identified two limitations of the Reminiscence Arts projects in their current form. The first is the limited impact Reminiscence Arts have beyond the sessions themselves. The practice was defined by the relationships it negotiated and created, however, its relationality was limited by its lack of integration with the day-to-day life of the care home. The positive personal and social effects suggest a potential to improve the life of care home residents beyond the one-hour sessions. The principles of Reminiscence Arts, however, cannot be captured in replicable models or toolkits and the challenge for Age Exchange is to learn if and how some of the principles of their practice can be embedded in care practices. Neither Age Exchange

nor my research identified how this might be achieved. It is clear that this warrants further attention. The second area for development is the collaboration between the RAPs who co-facilitate the sessions. This is a defining and innovative aspect of the practice with immense creative potential. It was often disappointing, however, how little their practices merged and there were missed opportunities for RAPs to support each other to develop their practices. My analysis of my collaboration with a dance practitioner provides some insights into how hybrid practices could be developed and highlights the need for more time outside the sessions to develop a collaborative working relationship.

## **Wandering from the Care Home to the Gallery and Back**

My research confirms that there can be a productive relationship between a participatory arts practice and an artist's practice that includes artworks made for exhibition. This reciprocity lies at the heart of relationship-centred care. Through an analysis of my own creative process I discovered that I was able to integrate aspects of the Reminiscence Arts care home residents had developed with me into my wider arts practice. The relationship between the two areas of my creative practice went beyond drawing on skills and techniques to teach participants how to make something, or merely representing themes that relate to the participants' lives in artworks. Instead, from the inception of my PhD my practice-based research became integral to my arts practice as a whole. This reciprocal relationship between the Reminiscence Arts sessions and my arts practice extended my conceptual and material engagement as an artist. In this section I discuss the creative relationship between artists and participants in Reminiscence Arts sessions to define the role of professional artists working with care home residents living with dementia.

In 1998 I was in the first year of a BA in Fine Art. During the final seminar before Christmas I remember one of my lecturers giving out project briefs to complete over the holiday. As she did so she told us to remember that we would still be artists, just artists in a different place. At the time I wanted to go and enjoy my break, but I have since realised that as an artist the creative process is something that always stays with me, and whatever I am doing it is always there bubbling away at the back of my mind drawing inspiration from my interactions with the world. This is sometimes a very intentional creative engagement, but often it is something that happens without my conscious awareness, and only comes into focus when I begin to make artworks. During the course of my PhD aspects of my experiences in the care homes, both intentionally and unintentionally, emerged through the process of making art and, in turn, developments in my arts practice manifested and influenced my practice in care homes. This happened in the arts activity that directly formed part of my practice-based research. It was also, however, informed by being an artist for a number of years and seeped into other areas of my arts practice that were not part of my PhD.

Acknowledging the integration of participatory arts practice into the artist's wider practice has important implications for how it is understood. It recognises that the participatory arts practice develops and is in dialogue with multiple sites of creativity, each linked by the artist. The artist is involved in a sustained generative exploration that they live with and that, in turn, continually develops their practice. Artists, therefore, have practices that are not iterative but are constantly renewed. In this way, artists bring to participatory settings a deep embodied knowledge that is very specific to the arts. Drawing on this they can act as creative mediators between arts and health and social care environments, and between everyday creativity and that of professional artists. This is achieved by adapting their own practices to the participatory arts sessions and drawing on other artists for inspiration. Integrating these different aspects of arts and everyday life they create spaces of productive creative dialogue.

By focussing specifically on artists working with people living with dementia, I identified a link between the way artists and people with dementia interact with the world, and I have explored this in different ways throughout this thesis. An artist's approach to their practice involves a generative creativity that embodies many 'behaviours' that are considered problematic when performed by people living with dementia. An artist's creativity, for example, requires an openness in the making or devising process that allows them to discover and learn through it and for multiple readings of the work. People living with dementia cannot always remember the whole process of a task they're completing, why they are doing an activity or even identify 'correctly' what the activity or object is. This can be problematic in day-to-day life, but artists can see the creative potential in alternative ways of engaging with the world. In Reminiscence Arts sessions people living with dementia often spent excessive amounts of time completing small actions or focussing on isolated details of the making processes or of an object. When making an artwork or performance artists hone in on the details that make up a picture or form, on the steps in a dance or the sounds and silences in a piece of dialogue. This enables artists to appreciate the fragments of stories people living with dementia communicate and to hold together the isolated parts of the making process with which people living with dementia engage. The way in which people living with dementia interact with the artist's practice can reciprocally



help the artist to focus on aspects of their practice and to shift their own understanding of the materials, gestures and concepts involved in it. Working together artists and people living with dementia form a mutually enriching creative space where they can share in and develop each other's ways of engaging with the world they inhabit.

There are differences between the ways in which artists and people living with dementia understand creativity. People with dementia may not recognise that their interactions with the world are creative, and artists are aware of their own creative processes. Further, people living with dementia are unlikely to have the same ability to communicate in a way that can be understood by a broader audience. Artists, therefore, are uniquely positioned to understand how to communicate with people living with dementia and to communicate through artworks ideas about dementia. This proposes a role for the artist in creative projects that directly involve people living with dementia and projects that aim to widen public engagement with and understanding of dementia. Conversely, however, artists can create a space and ways of interacting with the world that are difficult to assimilate into the everyday life of the care home. This poses challenges for any artist or arts organisation that aims to develop work outside the frame of an arts session.

### **The Artist-Researcher as an Informed Participant**

Throughout this PhD research I have found that there is a specific role for artist-researchers in understanding participatory arts practices and capturing what is not statistically measurable. Most importantly, the artist-researcher has an understanding of the art-making process, its conceptual aims and the wider cultural context for the arts. This knowledge enables artist-researchers to be informed and critical participants, and evaluate creative practices in a way that is not reductive.

The openness and flexibility of the art-making process that I discussed earlier in this chapter was as important to how I researched Reminiscence Arts practice as it was to the participants' engagement with the sessions themselves. In the Reminiscence Arts sessions participants performed interactions with a range of encounters - material, virtual and social. Through these encounters participants expressed feelings about

their relationship to Reminiscence Arts practice and the residential care environment that could not have been communicated through other forms of research, such as questionnaires, focus groups or interviews. As social gerontologist Ruth Bartlett observes in her article 'Visualising Dementia Activism: Using the Arts to Communicate Research Findings' (2015):

[T]he process of art-making gives people a voice and way of saying the unsayable, which is especially important for people who historically have been silenced and marginalised, like people with dementia.<sup>136</sup>

The artist-researcher, as a skilled participant in the session, is able to journey with participants, wandering through the art making process to learn about their interactions with it. Significantly, artist-researchers are able to engage with the aims and actions of the artists who facilitate the projects, as well as with the participants' interactions with the sessions. In this way, artist-researchers can assess the success of the practice against its artistic aims. As a visual artist I could engage with the spatial, material and aesthetic qualities of the arts practice and unpick the dialogue they created with those of the care home. I was able to take part in the art-making processes involved in the sessions and develop my own in response, something that would not have been possible if I was not an artist. Further, throughout this PhD research I have drawn on the practices of other artists not only for inspiration but also as something to evaluate the practice against. This was something I discussed in most detail in chapter two of this thesis in relation to artists that walk as part of their practice.

The artworks I made for exhibition created a pause (or lacuna) in the creative process, a provisional outcome for which I had to make decisions about how to represent my research to a wider audience. The artworks both solidified my thinking and, as new realisations and questions emerged from the process of making and viewing the final pieces, extended reflection about my experiences in the residential care settings. In this way, the artworks served a dual function, enabling me to communicate the

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<sup>136</sup> Bartlett, Ruth "Visualising Dementia Activism: Using the Arts to Communicate Research Findings." *Qualitative Research* (2016). *Sage Publications*. Web. 15<sup>th</sup> May 2016, p11.

research outcomes and as an embodiment of some of the research process itself. The information that the artworks communicated was affective, unstable, ambiguous and multidimensional, as I acknowledged it would be in the introduction to this thesis, drawing on Hazel Smith and Roger T. Dean in their book *Practice-led Research, Research-led Practice in Creative Arts* (2010). There was more than one potential reading of my artworks and any reading was often difficult to articulate in words. The instability of the artworks, as well as being integral to arts processes and products was appropriate to the research, reflecting the cognitive instability caused by dementia and the difficulty I had in pinning down the stories participants communicated in the Reminiscence Arts sessions. Parts of the research, however, can be productively articulated in words, and the artworks create an important focal or jumping off point for discussions and written work, including this thesis and the catalogue that accompanied the exhibition of my practice-based research. These written outcomes enable concepts and processes that informed the artworks to be more precisely defined as well as new questions to be raised and observations to be made.

### **Catching a Fish and Swimming Home**

There are many stories that illustrate the rewards of being an artist working with care home residents living with dementia with which I could end this thesis. I have chosen two stories, one from a Reminiscence Arts session and one from my own practice. As I conclude this PhD research I am interested in where I will go next and what I will take away from this experience. The piece I have chosen from my own practice, therefore, was not made directly in response to my research in care homes. It is part of my wider arts practice that, as I have discussed, my PhD practice integrated into, informed and was informed by. It is the dialogue between the Reminiscence Arts session and my arts practice that I am interested in. I hope it will serve to illustrate the integral relationship between the different areas of my practice and in a small way the profound impact *RADIQL* has had on me as an artist.

It is 2pm on the 22<sup>nd</sup> January 2014. I am sat in the dining room of a care home taking part in the ninth session of one the group projects I observed during the first year of *RADIQL*. The theme of the session is weaving and threading. The threads the RAPs introduced into the session are on a range of scales, the largest is the rope the RAP

who is a theatre practitioner produces from a suitcase. She passes it round the circle we are sitting in and supports everyone to improvise mimes with it that both respond to experiences participants speak about and prompt them to recall memories orally and through embodied actions. Before the rope is coiled back up, we haul mackerel, row a boat, play tug of war and swim through waves. I was struck by the openness of the interpretation of the object and the strong verbal and embodied memories evoked by it and the actions performed with it. Later in the session we weave some paper. One participant used to make smocked dresses for her children. She completes the weaving expertly, and it prompts a further reminiscence about weaving mats out of bamboo on which to sleep.

It is 2pm on the 8<sup>th</sup> June 2014. I am sat in a clearing in the woods on Hampstead Heath. It is a sunny day. I open my picnic basket, take out a picnic blanket, unfold it and lay it out on the grass. I tie a fishing net made out of string to a nearby tree. I sit for four hours weaving it. I catch leaves in it and I watch as bumble bees and other insects periodically land on the plants that poke through its holes. Clearly associating the fishing net with the sea, a passer-by comments that the leaves caught in it are like fish. The piece is called *Net* (Fig. 35) and I am performing it as part of the latest *Houserules*, a series of site-specific arts events organised by artists Nadia Berri and Ben Faga. This is the second iteration of *Net* that I began as part of a residency in an empty office block in East India Dock in February 2014, and that I would continue as part of an art event in Margate in November 2014 and a residency in four public squares and a shed in Dalston in March 2015. In each site the net interacts differently with its environment and takes on new readings, it becomes out of place and, as I bring it to the sea in Margate, in place. The net is made from one thread that is only extended when a ball of string runs out and needs to be replaced. It holds stories for me of the places I have been with it and at times, as with the leaves, it carries physical objects in its web for varying amounts of time before depositing them in new locations.

Thinking about this piece in relation to the Reminiscence Arts session I have described, there is an obvious analogy between their themes of weaving and the sea. *Net* was not made directly in response to my research in care homes, however, and there are other influences on it. Further, it is not the obvious thematic links that interest me. One of

the most significant ways working in care homes has influenced me is to extend my appreciation of the importance of slowing down, spending time in a place and attending to its multi-sensory qualities. Age Exchange's focus on reminiscence and seeing its application to people's lives has emphasised to me the extent to which objects carry stories for those who own them. Being temporarily confined to a care home and experiencing its limitations I appreciate that I can go outside and move from place to place, experience the 'real' outdoors rather than the affected or 'made' outdoors. I understand the importance and impotence of trying to recreate these experiences in care homes. As with the stories I wove into the net, the care home and its residents are now integrally woven into the iterative web of my arts practice. As I move on to the next chapter of my life as an artist I carry what I have learnt from *RADIQL* with me and wait to see how this learning will manifest in my work in participatory settings and beyond.



**Figure 35.** Jayne Lloyd. *Net* (performed as part of *Houserules*). 8<sup>th</sup> Jun. 2014.  
Image: Yiman Lin

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## **Appendix 1**

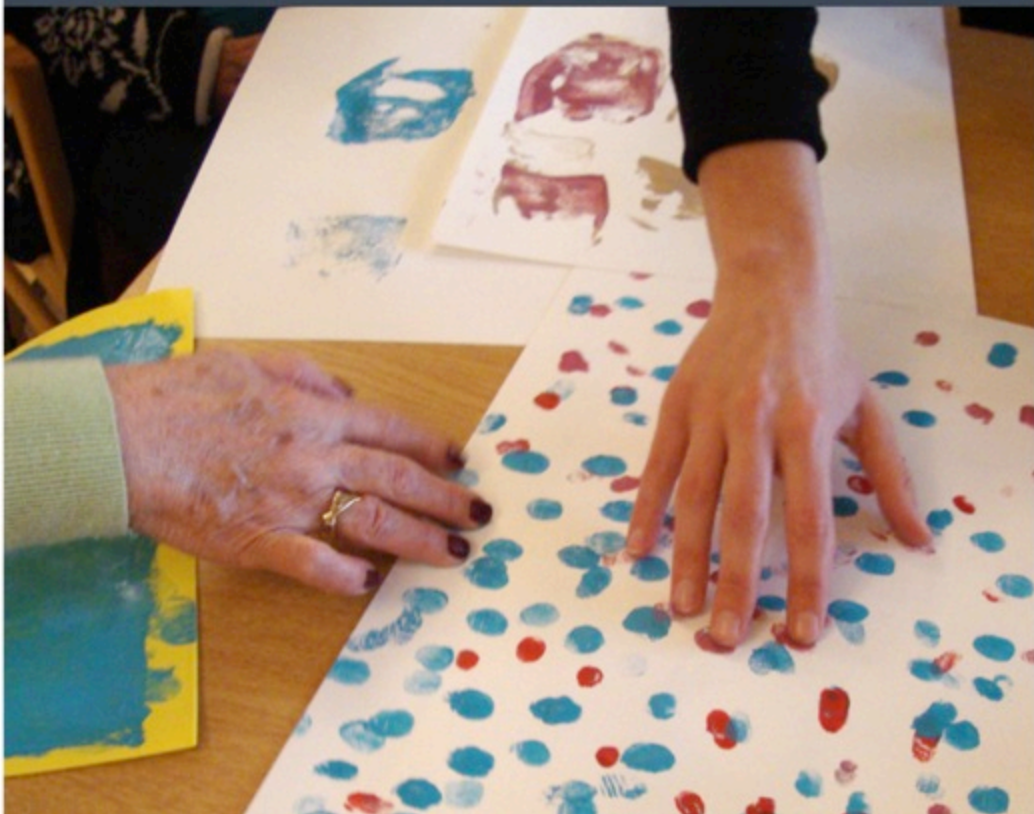
Reminiscence Arts and Dementia Care: Impact on Quality of Life, 2012-2015:

A Final Report of the Evaluation, December 2015

Co-authored by Helen Nicholson, Frank Keating, Jayne Lloyd and Laura Cole.

# Reminiscence Arts and Dementia Care: Impact on Quality of Life, 2012-2015

A Final Report of the Evaluation, December 2015





Reminiscence Arts is a fusion of different art forms and reminiscence practices that is unique to Age Exchange. It responds to the interests and life-histories, abilities and creativity of people living with dementia.



## CONTENTS

INTRODUCTION	2
EXECUTIVE SUMMARY	3
ABOUT THE RESEARCHERS	5
THE RESEARCH CONTEXT	5
AIMS OF THE EVALUATION	6
RESEARCH METHODS	6
QUALITATIVE ARTS EVALUATION	6
DEMENTIA CARE MAPPING	8
ETHICS AND REGULATORY APPROVALS	9
OUR FINDINGS	10
DEMENTIA CARE MAPPING FINDINGS	10
QUALITATIVE ARTS EVALUATION FINDINGS	14
CHALLENGES FOR THE EVALUATION	24
RECOMMENDATIONS	26
BIBLIOGRAPHY	28

## INTRODUCTION

This report documents the activities and findings of an inter-disciplinary evaluation of *Reminiscence Arts and Dementia Care: Impact on Quality of Life* (RADIQL) designed and led by Age Exchange Theatre Trust. The evaluation was conducted by a research team at Royal Holloway University of London. RADIQL is a three-year programme of creative activities funded by Guy's and St. Thomas' Charity Trust, 2012-2015.

The RADIQL programme responds to the challenges presented by the increased number of people living with dementia. The Alzheimer's Society report that 850,000 people live with dementia in the UK, with a cost of £26.3 billion per annum. If no action is taken they predict this number will rise to over two million by 2051.<sup>1</sup> In response, there has been increased interest in the role of creative practice and the participatory arts with and for people living with different forms of dementia.

The RADIQL programme is developing and modelling a range of creative participatory practices which are potentially adaptable for use in other settings. It is clear throughout this report that the value of this work is demonstrable, and there are rich opportunities for collaboration between creative practitioners, artists, care staff and people experiencing dementia and other age-related conditions.

The evaluation findings reported here comprised of two elements. One, the quantitative component that consisted of direct observations of Reminiscence Arts group sessions that were facilitated by Reminiscence Arts Practitioners (RAPs). The aim was to assess to what extent Quality of Life improved during the group sessions. Two, a qualitative component that focused on the embodied experience of participants in the Reminiscence Arts one-to-one and group sessions.

<sup>1</sup> <http://www.alzheimers.org.uk/infographic>



## EXECUTIVE SUMMARY

**1. Age Exchange as a charity has long sustained a deep commitment to supporting creativity in later life. The ambition of RADIQL reflects the charity's commitment to social justice, community cohesion and individual wellbeing.**

RADIQL represents a development of Age Exchange's work in dementia care. The project has enabled Age Exchange to maintain and extend the quality of its artistic provision, and to work effectively within a caring environment. Through RADIQL, Age Exchange has deepened an understanding of the importance of Reminiscence Arts in the lives of people living with dementia.

**2. Age Exchange has developed an approach to Reminiscence Arts that is appropriate for people at different stages of dementia, extending new forms of creative participation and relational arts practice.**

Throughout RADIQL, it was recognised that reminiscence can encourage people living with dementia to engage with artists and care staff. Researchers working within the arts have questioned creative practices that rely primarily on memory, however, suggesting that reminiscence activities based on cognitive recall alone can re-enforce a sense of failure (Harries et al. 2013; Basting, 2009). The introduction of different art forms into reminiscence practice has developed the practice by supporting diverse ways for participants to reminisce and engage with the sessions. Reminiscence Arts supplement or sometimes replace oral recall, significantly through embodied memory and engaging with sensory experiences and the materiality of objects.

**3. During the group Reminiscence Arts sessions our observations showed that the positive behaviour and mood of participating care home residents increased. The residents were observed for a further 30 minutes after the sessions, and there was a sustained positive effect for the full 30 minute period.**

This pattern was sustained over the whole study and was found to be statistically significant. In each group session the positive behaviour peaked at 50 minutes. This could be explained by the way sessions were planned. Most of the sessions were very energetic but wound down towards the end with slower less demanding activities. Most sessions did not end abruptly but transitioned back into the daily life of the care home, for example, tea was served at the end of many sessions whilst some residents and the Reminiscence Arts Practitioners began to leave.

**4. The positive behaviour of care home residents participating in group Reminiscence Arts sessions increased as the 24 week projects progressed.**

We observed at 3 weekly intervals that the participants' mood and behaviour (Quality of Life) was more positive than the previous session. This pattern was sustained

over the period of the study and was statistically significant. However, it has to be noted that at 3 month follow-up the mood and behaviour of participants dropped, but not below the baseline.

**5. Relationships within the group developed over time and there was an increased familiarity between all those involved as the project progressed. In the group sessions this included the development of the relationships between the Reminiscence Arts Practitioners who were co-facilitating the sessions as well as between Reminiscence Arts Practitioners, participants and care home staff.**

Taking a relational approach to understanding why the participants' well-being rose suggests that it was not just dependent on the participant's increased positive engagement with the project but on the engagement of all those who engaged with them: the Reminiscence Arts Practitioners, the care staff and the other participants.

**6. The type of activity, for example, dance, music, visual arts, theatre, oral reminiscence, had less impact on the quality of participants' engagement in the sessions than the ways in which they were supported to interact with the activities. It was observed that the majority of participants could engage meaningfully with a wide range of reminiscence and arts activities when supported by Reminiscence Arts Practitioners.**

Findings showed that over a longer timescale, behaviour and Quality of Life of participants increased slowly but steadily from one session to the next. This was achieved through the full range of arts and reminiscence activities suggesting that it is not the type of activity that is the primary influence on the well-being. The way Reminiscence Arts Practitioners engage care home residents in the activities is one of the primary skills involved in delivering Reminiscence Arts Practice.

**7. Group and one-to-one sessions provided the most meaningful engagement with participants' interests and reminiscences when opportunities for reciprocal learning were facilitated.**

Care home residents have diverse and rich life experiences. Supporting them to share their knowledge and interests with each other, care staff and Reminiscence Arts Practitioners offers access to new experiences and opportunities for them to learn, teach and be experts. It develops a role for reminiscence practice that has relevance to the present.

**8. Residents interacted with the Reminiscence Arts Practitioners in one-to-one sessions with increased confidence and expressed interest and sometimes joy in the activities. One-to-one activities were particularly appropriate for participants who did not interact in group sessions or who lacked a strong voice in group situations.**

The one-to-one sessions provided a focussed space to develop reciprocal learning, skills and interests to which it was difficult to devote time in the group sessions. The projects lasted for seven to ten weeks, building strong attachments in a short period of time. When they ended, this had an emotional effect on participants. For example, at the end of each session and the end of the project some residents appeared visibly saddened by the Reminiscence Arts Practitioner leaving.

**9. Sensory and material engagement in the sessions responded to some of the sensory, material and activity deficits of the care setting.**

Experiences of life beyond the walls of the care setting were often evoked in the Reminiscence Arts sessions by introducing sensory stimuli. This responded to the sessions taking place in the care homes and participants not leaving their home to attend the sessions. It further addressed the limited access they had to environments and experiences outside the care home, particularly activities they used to do and places they used to frequent.

**10. There is further potential for Reminiscence Arts to impact on the culture of care. From RADIQL, care staff were insufficiently equipped with the skills, knowledge and resources to extend creative approaches to care that built on Age Exchange's sessions.**

After the 24 week projects had finished, the effects on the positive behaviour of the participants receded. There was limited evidence that Reminiscence Arts

were continued by care staff beyond Age Exchange's sessions. Three main reasons for this were identified. Firstly, the care staff had other demands on their time. Secondly, the training Age Exchange provided was insufficient to equip them to incorporate creative practices into their caring roles. Third, Reminiscence Arts Practitioners are highly creative and very skilled and, as valued visitors, they were associated only with the Reminiscence Arts sessions and not with the daily life of the care setting. This raises questions about what aspects of Reminiscence Arts practices might be passed on to care staff in training, and how the professional knowledge of carers and Reminiscence Arts Practitioners might further complement each other.

**11. Reminiscence Arts practice is better defined by its underlying principles rather than attempting to create replicable models of practice.**

Age Exchange is developing an increasingly clear identity of the potential for Reminiscence Arts through their work on the RADIQL programme. The scope of the Reminiscence Arts intervention and the nature of creative practice, however, means that it is better understood by its underlying principles than by models or toolkits of practice that aim to be replicable. At best, Reminiscence Arts Practitioners combine creative abilities with knowledge and understanding of dementia and dementia care. This combination of skills enables them to develop interventions that are responsive to each care setting and its residents.





## ABOUT THE RESEARCHERS

Research at Royal Holloway, University of London in the arts and social care is recognised as world-leading. This evaluation forms one element of Royal Holloway's wider research project into a cultural response to dementia and to the phenomenological and aesthetic qualities of dementia care.

Professor Helen Nicholson is Professor of Applied Performance at Royal Holloway, University of London. The author of several academic books and many peer reviewed articles, her research into the significance of the arts in community settings is widely read across the world.

Dr Frank Keating is Senior Lecturer in Social Work at Royal Holloway, University of London. His research and writing focuses on mental health, ethnicity and gender. Frank is particularly interested in addressing racial disparities in mental health.

The researchers on this project are Jayne Lloyd and Dr Laura Cole. Jayne Lloyd is a fine artist with extensive experience of artistic practice, research and evaluation in care settings and is currently completing her PhD on the role of Reminiscence Arts in dementia care. Dr Laura Cole is a social psychologist with over ten years of experience of working with people with dementia in multiple clinical and care settings. Her research has included evaluating the effectiveness of health and social care services, and investigating patient experiences and satisfaction of statutory services. The statistical analyses were conducted by Robert Grant who is a Senior Lecturer in Health and Social Care Statistics at Centre for Health and Social Care Research, Kingston and St Georges University of London. He is a medical statistician, contributing to a variety of research projects and postgraduate teaching in research methods and statistics.

## THE RESEARCH CONTEXT

The evaluation of RADIQL exists in the wider context of several well-funded research projects into the efficacy of cultural participation and creative practice for older adults and people living with dementia. There is already significant evidence that participating in the arts and creative practice has positive benefits (Zeilig et al, 2014). This research falls into three broad categories:

- Analysis of the potential for the arts to deliver health and social care outcomes, often emphasising its cost-effectiveness (Buttrick et al. 2013; Cohen et al. 2006, 2007; Hanna and Perlstein 2008; Noice et al. 2013; Ramsey 2013).
- Analysis of creative approaches to living with dementia and dementia care based on sociological analyses of memory, citizenship, embodiment and selfhood (Katz, 2013; Twigg, 2013; Barlett, 2014; Barlett and O'Connor, 2010)

- Analysis of the effects of the arts on the mood and feelings of social isolation of people living with dementia (Guzmán-García et al. 2013; Eekelaar et al. 2012; McLean 2011; Smith et al. 2012).

Within this burgeoning research field, many studies are relatively small-scale and address specific audiences of funders and stakeholders. Some are written to persuade, and the lack of a major research project that analyses the social experience of dementia is often noted (Zeilig et al, 2014). It is anticipated that the major inter-disciplinary research project at the University of Bangor will address this gap. *Dementia and Imagination* is part of a research programme that has been awarded in excess of £7 million to investigate the ways in which people with dementia experience community engagement. With a budget of £1.2 million dedicated to researching the role of art in the lives of people with dementia, the results are eagerly anticipated.<sup>2</sup> By comparison the RADIQL evaluation is small in scale (£140,000), whereas the research at Bangor University is exclusively focused on the visual arts, Age Exchange's practice also includes music, drama, dance and creative approaches to reminiscence.

RADIQL takes place in a research context in which models of care are subject to critical scrutiny. Person-centred care for people with dementia was conceived in the 1980s as an alternative to the medicalisation of the condition. Critical dementia researchers have demonstrated that models of research that focus solely on brain function tend to isolate individuals from the wider social environment (Dumit, 2004; Whitehouse and George, 2008). Person-centred care offers an alternative to care that was primarily task-centred, and recognises the social and personal implications of the condition. According to Brooker (2006), person-centred care aims to:

- treat people as individuals;
- look at the world from the perspective of the person with dementia;
- regard 'personhood' as way of informing a moral vision of care in which the person living with dementia can experience relative wellbeing.

More recently, relationship-centred care has also gained currency, as outlined by Michael Nolan (Nolan et al, 2006). Relationship-centred care has many similarities with person-centred care, but stresses the following qualities of caring relationships:

- Sees the care home as a community, where quality of life for everyone in that community is valued, including care staff, family, friends, residents and visitors;
- Values the network of relationships that exist within care environments, and the reciprocity and inter-dependence of caring relationships (Bartlett and O'Connor, 2007)

<sup>2</sup> <http://dsdc.bangor.ac.uk/di-project.php/en>

- Understands that the body is a source of selfhood that 'does not derive its agency from a cognitive form of knowledge' (Kontos, 2004)
- Recognises that everyone involved in care needs to have a sense of security, sense of continuity, sense of belonging, sense of purpose, sense of achievement and sense of significance. This is described by Nolan (2006) as the 'Six Senses Framework', and argues that good care will nurture these 'senses' with everyone.

The RADIQL evaluation drew on both theories of person-centred care and relationship-centred care. These theories are inter-related with many cross-overs, but differ in that the former places the emphasis on the individual needs of the person being cared for, whereas the latter focuses on the reciprocal relationships involved in the caring process.

The unique perspective that the evaluation of RADIQL brings to the research community lies in its emphasis on defining, developing and modelling the affective and aesthetic qualities of Reminiscence Arts practice. Using this knowledge and quantitative evidence of the effects of Reminiscence Arts, Age Exchange aims to influence the culture of care by training care staff to work creatively with people with dementia, and alongside skilled creative practitioners. The evaluation of RADIQL provides evidence that will lead to an understanding of the relationship between the quality of life and the qualities of Reminiscence Arts.

## AIMS OF THE EVALUATION

This report documents findings that address two aims of the RADIQL the evaluation:

### 1. To define, develop and model Reminiscence Arts

Reminiscence Arts has been developed intuitively by highly skilled creative practitioners. In order for different models of practice to be developed into a pedagogic framework for training purposes, implicit or tacit knowledge needs to be turned into explicit knowledge, skills and understanding (Polanyi, 1998). Royal Holloway researchers are contributing to the programme by providing a strong theoretical underpinning for Reminiscence Arts that is informed by ethnographic and practice-based research. This will provide a clear conceptual framework for Reminiscence Arts that will sustain high quality practice and develop models of training.

### 2. To provide quantitative evidence for the efficacy and effectiveness of Reminiscence Arts on people living with dementia

The quantitative research measures the improvement RADIQL brings to the quality of life of older people living with dementia against the criteria of a person-centred care approach. Person-centred care is defined as care that 'respects others as individuals and is organized around their needs' (Department of Health,

2001). This part of the evaluation, therefore, measures the extent to which Reminiscence Arts practice impacts on individuals' psychological and emotional well-being.

### 3. To analyse how the environment and culture of care is affected by the RADIQL programme.

To improve relationships and change the social interactions outside the hour-long weekly Reminiscence Arts sessions RADIQL needs to involve the whole care community. This part of the evaluation identifies the extent to which RADIQL has responded to the culture of care. It primarily focuses on how Reminiscence Arts practice has been passed on to care staff to enable the projects to have an impact outside and beyond Age Exchange's sessions. The first section draws on the qualitative arts researcher's observations and interviews to identify how and to what extent the care staff are involved in the Reminiscence Arts sessions and what has been passed on to them from the sessions. The second part of the section focuses on research undertaken by the social science team that identifies challenges in engaging care staff in the research project.

## RESEARCH METHODS

The evaluation was undertaken from two distinct academic disciplines: social psychology and the creative arts. These disciplines complement each other. Research methods drawn from the arts provide a context for the quantitative study by critically engaging with the 'how' and 'why'; a process of questioning that clarifies and defines the specific artistic, aesthetic and communitarian qualities of Reminiscence Arts.

The social scientific research provides statistical evidence of the effects of Reminiscence Arts on individuals living with dementia. Importantly, these statistical results demonstrate clearly the effectiveness of Age Exchange's practice, and document the extent to which individuals are engaged in the activities. The evaluation, therefore, captures robust evidence from multiple perspectives.

### QUALITATIVE ARTS EVALUATION

This part of the evaluation acknowledges that the care environment and all those who live and work there have a significant affect on the Reminiscence Arts practice and, in turn, are affected by it. It is, therefore, researched within this relational context.

The qualitative strand of the evaluation used mixed methods, gathering data in different locations. The ethnographic research included observation (Reminiscence Arts Sessions, both group and one-to-one sessions; care staff and RAPS training sessions); conversations, interviews and focus groups with key stakeholders (care staff, RAPS, Age Exchange managers and, where possible, residents and family members). The ethnographic research provided the questions and context for Jayne Lloyd's practice-based research



(PbR). Practice-based research in the creative arts is a well-established methodology that enables artists to extend understanding of the processes and practices of art-making. Working in similar ways to the sciences, artists develop a hypothesis, experiment and test ideas in practice. The aim is not, however, to develop models that can be replicated, but to identify underlying principles that inform artistic creativity in a given context. Both evaluators have skills in the arts as practitioners, and drew on their knowledge of arts practices to define the qualities of the arts intervention and the processes and principles of Reminiscence Arts.

This strand of the evaluation addresses the following research questions:

- 1) Innovation - How is the practice of Reminiscence Arts artistically innovative as well as socially and personally beneficial?
- 2) Participation - How does the presence of artists encourage social interaction, aesthetic engagement and a culture of participation with older adults?

- 3) Environment - How does the on-going presence of artists transform the social space of care settings?
- 4) Culture of Care - How far has the RADIQL programme introduced creativity into the everyday lives of carers and residents beyond the Reminiscence Arts sessions?

Acknowledging that dementia is a disease that impacts on the whole body, not one that only affects the brain (Phinney and Cesla, 2003), the creative arts research took a phenomenological approach to evaluating the Reminiscence Arts practice. Tim Ingold advocates an approach to anthropological research that acknowledges thinking as an embodied and mobile experience and does not isolate the research site from its surrounds (Ingold, 2011). Drawing on Ingold's approach, the researcher aimed to gain an embodied experience of being in the Reminiscence Arts sessions and of the care homes within in which they took place. To understand the site and context within which the intervention took place, she included in her research her experiences of travelling to the care home and accessing



and walking in the care home prior to the sessions. She participated in Reminiscence Arts projects facilitated by Age Exchange's Reminiscence Arts Practitioners and planned and facilitated her own Reminiscence Arts projects. This enabled her to gain an embodied experience of being a participant and a facilitator in the Reminiscence Arts sessions.

The Reminiscence Arts projects the researcher designed and facilitated enabled her to investigate areas of Age Exchange's Reminiscence Arts practice. One of these projects involved co-facilitating a Reminiscence Arts project with a Reminiscence Arts Practitioner from a dance background to learn about the process of co-planning and co-facilitating sessions and to understand how different arts disciplines, in this case dance and visual arts, could be integrated in the sessions. The other two projects look at how participants' reminiscences could be materially represented in the present and provide opportunities for reciprocal learning between the participant, Reminiscence Arts Practitioner and care staff.

The research acknowledges that it is not possible to completely understand another person's experience and that the participants' dementia and age will inevitably affect their experience in a way that cannot be embodied by the researcher. However, drawing on the work of Judith Okely, sensory ethnographer Sarah Pink argues that although it is impossible to share the same sensory experiences as others because the senses are always mediated, it is possible to find points of connection:

Through being there, we cannot claim to have exactly the same sensory experiences as others, but we can 'creatively construct correspondences between' experiences (Okely 1994: 47). Pink, 2007: 34

Working alongside and experiencing with care home residents, care staff and Reminiscence Arts Practitioners gave the researcher some insights into how they could experience both the care home and the Reminiscence Arts practice.

The researcher, Jayne Lloyd, supported a care home resident to stand and walk slowly arm-in-arm with her down the corridor from the lounge to the dining room. She realised that the corridor seemed much longer to her when they walked it together than when she had walked it alone. It was the same distance she had walked to get to the lounge but with the care home resident it took far more time to cover the same ground. This gave her an insight into the resident's pace of walking and her perception of the distance the corridor appeared to cover.

This approach to the research offered the researcher, Jayne Lloyd, an embodied understanding of the culture of care. It was recorded in diaristic reports that focussed on her experience of working with participants and her engagement with the sensory and material qualities of both the care home where the sessions took place and what materials and objects the Reminiscence Arts Practitioners introduced into the setting. These observations were supplemented, confirmed and sometimes challenged by interviews and focus groups conducted with care staff, care home managers and Reminiscence Arts Practitioners and managers from Age Exchange.

This part of the evaluation included the following research activity: weekly participatory observations of four 24 week group Reminiscence Arts projects in residential care settings, monthly observations of two 12 month group Reminiscence Arts projects in Healthy Living Cafes that took place in community settings, five observations of three one-to-one Reminiscence Arts projects in residential care settings, three Reminiscence Arts projects facilitated by the researcher in residential care settings, participation in three care staff training sessions and three training sessions for Reminiscence Arts Practitioners, the design and facilitation of two focus groups for Reminiscence Arts Practitioners, and feedback interviews with care staff, care managers and managers at Age Exchange.

#### DEMENTIA CARE MAPPING

For the quantitative study, the primary method of data collection was Dementia Care Mapping (Bradford Dementia Group, 2005). Dementia Care Mapping is a quantitative methodological approach that measures a range of types and levels of wellbeing of participants. It is an observational tool that assesses behaviour and well/ill-being. It was used in this study as an indicator of the quality of life of the person with dementia.

Dementia Care Mapping was used to observe participants with dementia and record their behaviour using one of 23 behaviour category codes [BCC], and their mood and engagement in an activity using a mood-engagement [ME] value. Observations were recorded before (30 minutes), during (one hour) and after (30 minutes) each Reminiscence Arts session at three-weekly intervals. The qualitative evaluation used a Person Centred Approach to care (Kitwood, 1997).

Behaviour Category Codes describe the activity in which the participant is taking part (e.g. eating, talking, dancing, praying). Dementia Care Mapping uses a letter of the alphabet to distinguish between the 23 different Behaviour Category Codes.

The mood-state of a participant is determined by observing facial expressions, verbal and non-verbal interactions. Levels of mood are assessed in terms of degrees of happiness, contentment, comfort, relaxation





and pleasure. According to the *Dementia Care Mapping 8 Manual* engagement is 'about how connected a participant is with people, activities or objectives around them' (Bradford Dementia Group, 2005, p. 11). Engagement can be on a sensory, social or occupational level.

Positive mood-engagement (ME) scores are +1, +3, +5 where +5 is recorded for the most engagement or / and positive mood. Negative ME scores are -1, -3 and -5. -5 is recorded for very distressed mood.

This methodology enables researchers to ascertain whether their perception of the participants' engagement in Reminiscence Arts causes a statistically significant difference in their wellbeing. This strand of the evaluation addressed the following questions:

- a) What difference, if any, does Reminiscence Arts practice make to the quality of life and well-being for people living with dementia?
- b) How successfully has Reminiscence Arts practice reached its specific intended outcomes for people living with dementia?

This evaluation report is one of three outcomes to which the research contributes. The other two outcomes are Jayne Lloyd's PhD thesis and an exhibition of artworks that aimed to communicate some of the concepts of the research to an audience of health and social care and arts professionals. The PhD thesis is due to be completed in early 2016 and will be available from Royal Holloway, University of London, Digital Repository.<sup>3</sup> It focuses on how Age Exchange's Reminiscence Arts practice represents in the care home experiences its residents might no longer be able to access and questions the specific role artists can play in

care homes and as researchers evaluating arts projects in these settings. It will include chapters on the embodied experience of the care home environment, the role of objects in the care home and in Reminiscence Arts sessions and the interactions between the participants, RAPs and care staff in Reminiscence Arts sessions, including the social space the Reminiscence Arts sessions create.

## ETHICS AND REGULATORY APPROVALS

The study protocol and other documentations for the care home observations were submitted to National Health Service [NHS] Research Ethics Committee at Queen Square, London and gained favourable approval on October 23, 2013.

A subsequent amendment to the original application was made and given favourable opinion by the same Ethics Committee on November 6, 2013.

Ethical Approval was also sought from Royal Holloway, University of London's Ethics Committee. Approval for the qualitative arts-based research was given on October 22, 2013.

Royal Holloway's policy on ethical conduct can be found at: [www.royalholloway.ac.uk/iquad/collegepolicies/documents/pdf/research/codeofgoodresearchpractice.pdf](http://www.royalholloway.ac.uk/iquad/collegepolicies/documents/pdf/research/codeofgoodresearchpractice.pdf)

Following the receipt of favourable opinion by the NHS Ethics Committee, Research and Development (R&D) approval was sought for the three NHS care homes in South London and Maudsley NHS Foundation Trust (SLAM) and Guy's and St. Thomas' NHS Foundation Trust (GSST).

3 <https://repository.royalholloway.ac.uk/access/home.do>

## OUR FINDINGS

This section outlines the findings from the quantitative evaluation that uses Dementia Care Mapping to measure participants' well-being and quality of life, and the qualitative arts evaluation that analyses how Reminiscence Arts has developed as an art form and how this affects and is affected by the environment of the care setting and those who live and work there. A joint findings section brings together evaluation findings from questionnaires conducted by the social science team and interviews and observations undertaken as

part of the qualitative arts evaluation. Together, they discuss the impact RADIQL had on the culture of care.

The findings from the Dementia Care Mapping and the qualitative arts evaluations use very different methods and focus on different aspects of the work. Not all the findings speak to each other and the findings are presented as separate studies. However, there are some points of dialogue, particularly where the qualitative arts study offers a context for the Dementia Care Mapping findings. In the qualitative arts evaluation section these areas are discussed as the relevant areas of the study arise.

## DEMENTIA CARE MAPPING FINDINGS

Table 1. People with dementia demographics

	Intervention Group N=39	Control Group N=32	Total
<b>Age (years)</b>			
(Range) mean	(69-98) 85	(71-100) 87	(69-100) 86
<b>Gender</b>			
Female	73%	78%	76%
Male	27%	22%	24%
<b>Ethnicity</b>			
White British	50%	47%	49%
White Irish	3%	6%	5%
White Other	3%	16%	8%
Asian Other	3%	3%	3%
Black Caribbean	13%	9%	8%
Black African	5%	0%	3%
Other / missing	25%	19%	
<b>First language (7 missing data)</b>			
Yes	83%	86%	73%
<b>Type of dementia</b>			
AD	36%	16%	29%
VD	18%	16%	18%
Mixed	5%	6%	5%
Unspecified	41%	63%	42%
<b>Participants per home (range) mean</b>			
Baseline	(5-8) 7	(3-8) 6	77
24 weeks	(4-8) 6	(3-8) 6	68
<b>Mobility (2 missing data)</b>			
Walk unaided	38%	30%	35%
Walk assisted	38%	50%	43%
Able to stand	8%	7%	7%
Unable to stand	15%	13%	14%

The only notable difference between the two groups was in the prevalence of recorded Alzheimer's disease as the type of dementia. We do not know if this reflects more thorough diagnosis or a true difference in the groups, and the difference is not large enough to be incompatible with chance variation (it is not statistically significant,  $p=0.35$  by chi-squared test).

Key findings from the DCM data are:

- At baseline, the 'control' homes had more positive behaviour and mood codes recorded than the 'intervention' homes, (See figure 5)
- During sessions, positive behaviour increased and peaked at 50 minutes;
- Our observations showed that after sessions, there was a sustained positive effect for 30 minutes,
- Every 3 weeks, the behaviour and mood was more positive than at the start of the previous session – this pattern was statistically significant (see Figures 4 and 5);
- At 3 month follow-up, we found that the behaviour returned almost to baseline, but not below it (see figures 4 and 5).

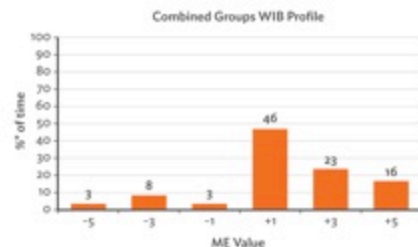
### QUANTITATIVE ANALYSIS OF DCM WELL/ILL-BEING SCORES

#### ANALYSIS OF CARE HOME A'S DCM DATA

The following analysis provides a summary of findings from one of the care homes, (care home A), from the intervention group.

**Baseline** (figure 1.1a): combined mood and engagement (ME) scores for the participants in the study were distributed across the six different scores (i.e. -5, -3, -1, +1, +3, +5). This shows that at baseline participants experienced both ill-being and well-being. Nearly half of the well/ill-being scores were attributed to ME +1. According to the scoring of DCM, +1 is a neutral ME value, which meant that participants were not particularly engaged in activity and were neutral in mood.

Figure 1a. Care home A at baseline



\* % indicates the number of times a particular ME value was observed during a session for all participants in the group, which was aggregated and calculated as a percentage of all the ME values observed during that session.

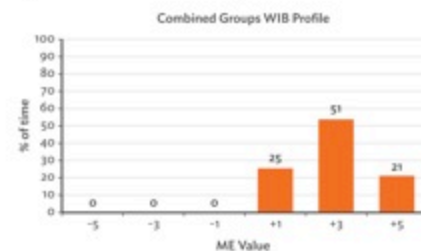
**Week 3** (figure 1.1b.): the combined group WIB profile has shifted towards the higher end of the scale. This indicates that during the RA group, participants experienced well-being more often. In addition, negative ME values are fewer than baseline, and higher positive ME values (e.g. +3 and +5) have increased.

Figure 1b. Care home A at 3-weeks



**Week 24** (figure 1.1c.): at the end of the intervention the combined groups WIB profile shows that no participants experienced ill-being (poor quality of life) whilst taking part in the RA group. Positive ME scores are observed throughout. In addition, +1 ME values have decreased and +3 values account for over half of all the total ME values recorded for the group. This means that the majority of the participants in the group experienced high well-being (good quality of life) when in the intervention group.

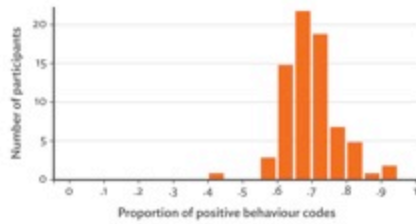
Figure 1c. Care home A at 24 weeks



Seventy-five residents contributed to a total of 385 person-sessions. Measurements on DCC were recorded every five minutes, with a total of 6429 measurements. Quality of life values were missing in 389 measurements but behaviour codes were complete for all.

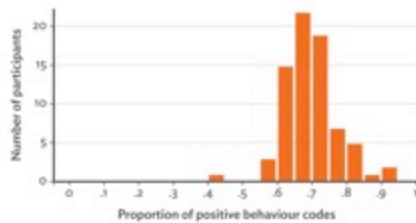
Mean quality of life, averaged over the whole study, for each participant varied from -0.7 to 4.1, and is shown in the histogram below (Figure 2). This distribution among the participants was not evidently different between intervention and control over the whole course of the study, but there were some differences between homes. However, with small numbers per home, the uncertainty outweighs any pattern.

**Figure 2: Histogram showing mean quality of life for all participants in the study**



The behaviour codes, dichotomised into high (A, D, E, F, G, I, J, K, L, O, P, R, S, T, V, X, Y) and low (B, C, N, U, W), provide us with a proportion of time in positive behaviour codes for each participating resident. The distribution across the participants is shown in Figure 3.

**Figure 3: Histogram showing proportion of positive behaviour codes for all participants in the study**



### REGRESSION MODELS

The multilevel linear regression for ME demonstrated a significant non-linear effect of time within each activity period, but not for longer-term trends over the weeks. The variation (random intercept) between participants was significant, with standard deviation 0.51, 95% CI 0.35 to 0.73.

The control group had a significantly higher quality of life at baseline by a mean of 0.64 points (95% CI 0.28 to 1.00,  $p < 0.001$ ). During each intervention, the quality of life of residents rose and levelled off according to the formula:

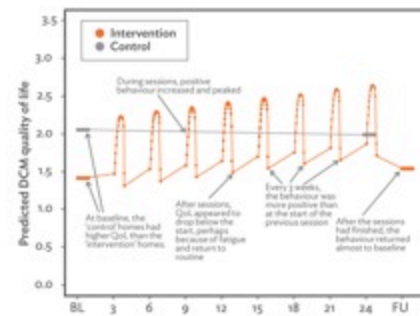
$$0.148t - 0.007t^2$$

where  $t$  is the time counted in measurements since the intervention began (5-minute increments). Both coefficients are statistically significant; the linear has 95% CI 0.126 to 0.171, and the quadratic -0.009 to -0.006, both have  $p < 0.001$ . This suggests that the benefit peaks after about 50 minutes and perhaps declines, although the exact shape of the curve is not

precisely known. After each activity, the quality of life dropped to 0.157 points below the pre-intervention level on average (95% CI -0.271 to -0.043,  $p = 0.007$ ).

Each activity (spaced three weeks apart) in the intervention group saw a steady increase of 0.019 points on average (95% CI 0.014 to 0.024,  $p < 0.001$ ). At 24 weeks, the control group were not statistically significantly different to baseline, with an average change of -0.077 (95% CI -0.308 to 0.153,  $p = 0.51$ ). At follow-up, the intervention group were not significantly different to baseline (mean change 0.130, 95% CI -0.066 to 0.325,  $p = 0.19$ ). Figure 4 shows the model's predicted values over time.

**Figure 4: Graph showing the model's predicted DCM quality of life values over time.**



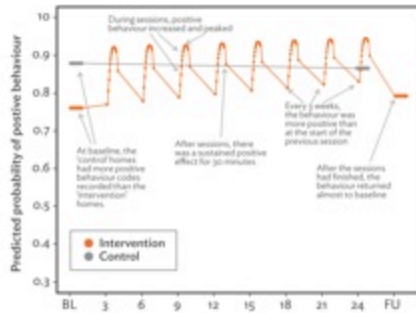
The multilevel logistic regression for positive behavioural codes showed the same pattern of change over time as that for quality of life, with one exception: the behaviour codes after the activity had ended in the intervention homes was significantly higher than prior to the activity (OR 1.84, 95% CI 1.47 to 2.30,  $p < 0.001$ ). The control group had significantly more positive behaviour at baseline (OR 2.32, 95% CI 1.27 to 4.25,  $p < 0.001$ ). Behaviour improved and plateaued within each intervention period with odds ratio relative to the start given by:

$$e^{(0.232t - 0.011t^2)}$$

Both linear and quadratic coefficients are significant with  $p < 0.001$ . The increase over weeks was significant (OR 1.02, 95% CI 1.01 to 1.03,  $p = 0.001$ ), but the difference between baseline and 24 weeks in the control group, and between baseline and follow-up in the intervention group, was not (respectively, OR 0.88, 95% CI 0.52 to 1.49,  $p = 0.63$  and OR 1.20, 95% CI 0.85 to 1.69,  $p = 0.29$ ). The random intercept for inter-participant variability had standard deviation of 1.07 on the log-odds scale (95% CI 0.85 to 1.34).



**Figure 5: Graph showing the model's predicted probability of positive behaviour values over time.**



The findings from this part of the evaluation show that participants in the intervention benefited by engagement in structured activity such as reminiscence and arts practice regardless of diagnosis, levels of dependency, and impairment. We found that well-being rose incrementally over the course of the intervention. At baseline we noted evidence of ill-being as can be seen in the Fig 4 (page 22), but during the course of the intervention there was an incremental increase in positive well being scores. The hold groups showed more

positive behaviours than the intervention group and the difference was statistically significant. Explanations for this are not clear, but we are aware that there have been other activities taking place in those homes that could partially explain higher levels of engagement in the control groups. We were not able to assess whether the severity of dementia was a predictor for improved well-being given that over half of the intervention group had a diagnosis of unspecified dementia. Given that the age range is small, we were unable to reach conclusions about the possible effect of age on QoL. However, we were interested to see whether the intervention worked for people with dementia in care homes and can conclude that our findings show that QoL of life improved from the start of the session and peaked at 50 minutes and that there was an upward trajectory over time.

The peak can be explained by the fact that sessions would normally start winding down at this point. We have noted that that follow up there was a drop in well-being to near the baseline, but not below it. Even though this was not statistically significant, it is an important finding given that we focused on a degenerative condition and we would have expected to see a decline in overall QoL. Overall, this part of the evaluation supports, builds and strengthens the evidence base for Reminiscence Arts practice for people living with dementia in continuing care homes.



## QUALITATIVE ARTS EVALUATION FINDINGS

### RESEARCH QUESTION ONE: INNOVATION – HOW IS THE PRACTICE OF REMINISCENCE ARTS ARTISTICALLY INNOVATIVE AS WELL AS SOCIALLY AND PERSONALLY BENEFICIAL?

Age Exchange has developed an approach to Reminiscence Arts that is appropriate for people at different stages of dementia, extending new forms of creative participation and relational arts practice. Throughout RADIQL, reminiscence activities have been used to encourage people living with dementia to engage with artists and care staff. Researchers working within the arts have questioned creative practices that rely primarily on memory, however, suggesting that reminiscence activities based on cognitive recall alone can re-enforce a sense of failure (Harries et al. 2013; Basting, 2009). Reminiscence Arts is a creative practice that integrates different art forms and finds ways to recognise and value embodied and sensory memories as well as verbal or narrative recall. As Stephen Katz points out, 'memory is an act of agency and imagination, not simply a passive cognitive process, and can be expressed through the body' (Katz, 2013: 311).

This area of the evaluation responds to two important developments in the artistic form of Age Exchange's reminiscence practice. Firstly, it includes of diverse range of arts practices. Secondly, it demonstrates how participants with dementia interacted with arts activities and materials and how they were supported to engage in the sessions.

a. The introduction of different art forms into reminiscence practice has developed the practice by supporting diverse ways for participants to reminisce and engage with the sessions that supplement or sometimes replace oral recall, significantly through embodied memory and engaging with sensory experiences and the materiality of objects.

In Reminiscence Arts creative practitioners trained in different arts disciplines co-facilitate activities with people with dementia. Age Exchange also offers Reminiscence Arts Practitioners training in reminiscence practices and dementia awareness. The combination of a range of arts and reminiscence practices thus enabling participants with complex and diverse abilities to engage imaginatively in their environment in different ways. Reminiscence Arts recognises and values embodied and sensory memories as well as verbal or narrative recall. This creative approach to working with people with dementia is built on Katz' neurocultural analyses of ageing that demonstrate that memory is not only a passive cognitive function but, importantly, a creative act of imagination. The arts activities extend reminiscence practices, which often rely on verbal

discussion, by involving all the senses and enabling participants to communicate non-verbally through mark making and movement. This multi-sensory approach develops a practice that is responsive to the needs of the participants in RADIQL, particularly those with advanced dementia.

Reminiscence Arts is at its most innovative when reminiscence activities are integrated with different art forms. Highly skilled Reminiscence Arts Practitioners find ways to merge or move fluidly between their art forms, and this enables participants to engage in multiple ways. For example, there was a high level of engagement when dancers supported participants to develop movement that was based on verbal reminiscences triggered by reminiscence practices based on narrative re-call.

b. The type of activity, for example, dance, music, visual arts, theatre, oral reminiscence, had less impact on the quality of participants' engagement in the sessions than the ways in which they were supported to interact with the activities. It was observed that the majority of participants could engage meaningfully with a wide range of reminiscence and arts activities when supported by Reminiscence Arts Practitioners.

Age Exchange is developing an increasingly clear identity of the potential for Reminiscence Arts through their work on the RADIQL programme. Led by skilled practitioners, Reminiscence Arts encourages improvisation, creativity and engagement in the community of care, and invites people with advanced dementia to draw inspiration from the past, to develop meaningful and reciprocal relationships in the present, and to look to the future.

It was observed that the skill and innovation of the Reminiscence Arts Practitioners was not primarily held in the type of activities that they were facilitating but in the way they facilitated them. The Reminiscence Arts Practitioners worked alongside the participants by positioning themselves physically next to rather than in front of them and by adapting the activity to the ways participants interacted with it. Some of the most important skills were the ability to adjust the pace of the activity to match that of the participant, to break down activities into single tasks that could be remembered and accomplished by participants and to improvise to incorporate participants' embodied and oral reminiscences and representations of self even or especially when they did not follow the theme of the session. Working responsively to the participants enabled them to accomplish in the session and to engage without the need to follow a pre-set plan.

Dementia Care Mapping findings showed that over a longer timescale, behaviour and Quality of Life of participants increased slowly but steadily from one session to the next. This was achieved through the full range of arts and reminiscence activities suggesting that it is not the type of activity that is the primary influence on the well-being scores.

The Reminiscence Arts practice often brought activities that participants used to do in the past into the care setting and recognised them as still forming part of the

person's identity. Often this enabled an engagement with past activities and agency within the setting. However, it sometimes also raised a participant's awareness of what they could no longer do.

The following two case studies illustrate how the findings outlined in this section apply to some of the different combinations of arts and reminiscence activities and to how participants interacted with the Reminiscence Arts activities.

#### CASE STUDY 1: FLAGS

During a focus group with Age Exchange's Reminiscence Arts Practitioners on the 30th April 2015 they were asked how working with people with dementia had affected their arts practice. A craft practitioner who was new to Age Exchange described her facilitation practice outside dementia care settings to the researcher (Jayne Lloyd) as 'teaching people how to make something' (Gillian Elam, Reminiscence Arts Practitioner). However, she identified a shift in how she had begun to work with people with dementia saying 'it's not we're going to make something together, it's we're going to experience something together'. She describes her process as tuning into both the person she was working with and the process involved in making a craft object. The making process was substantially slowed down in comparison to how she would usually make objects or teach others to make them, and broken down into the smallest possible steps. Working alongside the participant the actions and the sensory properties of the materials involved in each part of the process were closely explored. Applying these principles to the making process acknowledges each participant's abilities, and where possible their contribution is extended. Most importantly, each step was valued as an event in itself, not primarily as part of a longer process. The aim was not to make an object but to experience the interactions with the materiality of it at each stage of the making process.

This breaking down of a process is exemplified in the Reminiscence Arts Practitioner's facilitation of a flag making session. She modelled how to make the flag demonstrating each step in the process: laying the flag material on the table; moving her hands across it to smooth it out; pulling the end of the double sided tape to unroll a length of it; holding it taut; cutting

it; positioning the tape along one edge of the fabric; patting it down; peeling the paper backing off the tape; selecting colours of ribbon; unrolling the ribbon; cutting lengths of ribbons; laying the ribbons on the tape; pressing them down; placing a stick on top of the tape; pressing it down; rolling the fabric around the stick and finally waving the finished flag. Each step involved an engagement with the material and a corresponding action. Most of the steps could involve two people, for example, one person holding the tape whilst the other cut it encouraging interaction between them. Most importantly, each step was valued as an activity in itself. The aim was not to make the flag but to experience the materials and actions involved in the process.

Once the flags were completed the Reminiscence Arts Practitioner who was co-facilitating the session and was from a reminiscence and music background put some music on and encouraged participants to wave their flags to it. Different types of music were selected to set the scene for different occasions when flags might be waved that related to interests the Reminiscence Arts Practitioners had learnt the participants had, for example, carnival music, theme tunes from sporting shows and patriotic music that might be played at the end of a boat race. Whilst the music was playing the RAPs skilfully elicited oral reminiscences from the participants, for example, a participant who used to live by the sea talked about an annual local boat race he used to enjoy. At the end of the session each participant was invited to hold up their flag to show the group and given a round of applause to celebrate their achievement in creating it. One participant who enjoyed drawing and had carefully decorated her flag with intricate patterns beamed as she held her flag up to show the group.





## CASE STUDY 2: CLEANING

During a focus group with Age Exchange's the following case study is taken from session nine of a ten week project the researcher Jayne Lloyd co-facilitated with Age Exchange Reminiscence Arts Practitioner Christina Argjiropoulou. It describes how Betty<sup>4</sup>, one of the participants in the group, engaged with the objects in the session. This example illustrates how a participant might engage in ways that do not fit with the theme of the session, but appear to be an important form of self-representation and way of interacting with the activities. It highlights the importance of the meaning and use of objects being understood in a flexible way.

The theme of the session was night-time, with a particular focus on starry skies. For one of the activities the facilitators covered the carpet in the centre of the circle the group were sat in with large sheets of paper. They placed paper cut outs of stars on the paper, shook flour, rice and glitter over them before removing them to reveal stencilled star shapes. The second part of the activity involved drawing into the flour, rice and glitter using long garden canes with sponge wrapped around one end. The canes enabled participants to draw whilst seated or stood, alleviating the need to bend down to reach the paper.

Betty was a regular participant in the group and always enthusiastically took part. However, she did not place her stars on the paper, instead, almost as soon as other members of the group started to arrange the stars they had been given, Betty began picking them up again. Knowing she had a good sense of humour the Reminiscence Arts Practitioner and the researcher began playfully throwing more stars down and the other participants joined in. After a while they thanked her for collecting the stars she was holding and the researcher asked if she could take them in return for a shaker full on flour. Betty agreed and with support

began shaking its contents onto the paper. Once this was over she immediately returned to collecting the stars. Having observed Betty in previous sessions, it became evident that she was tidying up, however, it also contributed to the aesthetics of the activity and as she collected each star it revealed a star shaped image on the paper. When she was handed a cane, with some encouragement she began to draw. After a while, however, Betty put her cane down, stood up and began to tip all the flour, rice and glitter onto one sheet of paper collecting the empty sheets of paper as she went. She was given a bin bag and supported to tip into it the flour from the remaining sheet of paper. This marked the end of the activity.

Betty cleaned and tidied in most of the sessions, folding sheets the group were waving to music or had hung to create shadow puppetry behind, dusting glitter off umbrellas and using sponges that were intended for painting to clean. This was not, however, a misunderstanding of the activities nor a misinterpretation of the use of the objects, as the focus of the sessions was on the process of making together not on creating a finished piece of art. The flexible process accommodated and encouraged many different interpretations and interactions with the objects. Betty appeared to be drawing on her previous experience to understand how objects should be used, many of which did bore some visual and material resemblance to cleaning products, particularly the painting sponges. Betty's cleaning and tidying set a rhythm for the sessions, punctuating them by letting the group know when an activity was over. It also changed the direction and theme of activities, for example, as the group joined in with her cleaning of the umbrellas or folding of the sheets. Betty had a strong sense of her role in the group. She told an autobiographical story through her interactions with the objects and her confidence with which she enacted it grew as the project progressed.



<sup>4</sup> The participant's name has been changed to protect her anonymity.



## RESEARCH QUESTION TWO PARTICIPATION – HOW DOES THE PRESENCE OF ARTISTS ENCOURAGE SOCIAL INTERACTION, AESTHETIC ENGAGEMENT AND A CULTURE OF PARTICIPATION WITH OLDER ADULTS?

This area of the evaluation develops an understanding of Reminiscence Arts as a practice that is always reciprocal and relational, affecting everyone involved, not just the people living with dementia. Analysis of creative practice is, therefore, best supported by methodological models of relationship-centred care that recognises 'the uniqueness of each individual, but also the interdependence that shapes our lives' McCormack (2001). This area of evaluation identifies how Reminiscence Arts projects create social spaces that are an important response to the residential care setting as a home that houses diverse groups of people who usually do not know each other prior to moving there. Further, it discusses how Reminiscence Arts projects provide a space for professional carers to spend time with those they care for. It identifies how Age Exchange's Reminiscence Arts practice creates and builds on social interactions over time as well as developing a space for participants to express themselves and things about their lives.

At the beginning of each Reminiscence Arts project most of the people involved did not know each other. For many of the Reminiscence Arts Practitioners it was the first time they had worked in the care home to which they were assigned and they were not familiar with the staff or residents. Some Reminiscence Arts Practitioners undertook an introductory visit the week before the first session to meet the residents and staff and were given some background information about the residents during these visits. It takes time to get to know people living with dementia and this process happened as the projects progressed rather than before they started. In a focus group with the Reminiscence Arts Practitioners in January 2014 some reported that they were given little information about the residents before the start of the project and, therefore, were unable to start planning activities in response to their interests and abilities until the project had begun. Further, some RAPs had not worked together before and were building relationships between themselves over the course of the project as well as with the group.

Relationships within the group developed over time and there was an increased familiarity between all those involved as the project progressed. In the group sessions this included the development of the relationships between the Reminiscence Arts Practitioners who were co-facilitating the sessions as well as between Reminiscence Arts Practitioners, participants and care home staff.

This adds some context to the Dementia Care mapping finding that the quality of life of the participants increased over the course of the project. Taking a relational approach to understanding why the participants' well-being scores rose suggests that it was not just dependent on the participant's increased positive engagement with the project but on the engagement of all those who engaged with them; the Reminiscence Arts Practitioners, the care staff and the other participants.

The social space of the Reminiscence Arts sessions and the ways the Reminiscence Arts practice enabled participants to express themselves and things about their lives were developed in a range of ways during RADIQL. Different art forms supported different types of interaction and created a range of social spaces and interactivity. The following six points identify different ways in which the Reminiscence Arts practice supported the development of the social interactions and forms of self-representation. Each point is followed by one or more example that illustrates how this was achieved.

### a. Music, movement and physical games, including throwing a ball or balloon usually engaged the majority of participants as a group creating group interactions.

During the music and movement activities group interaction was highly visible and there were many instances of participants with dementia interacting with each other as well as with Reminiscence Arts Practitioners and staff. An example might help to illustrate this. When participants and Reminiscence Arts Practitioners threw a large balloon to each other, they evoked a lot of laughter and playfulness. Building on this warm-up, when participants mirrored each other's dance movements and gestures the group came together, enabling their actions to be reinforced, shared and celebrated.

Mirroring has formed an important form of non-verbal communication between participants in group movement activities and at times enabled residents to take the lead in activities in a kind of follow my leader role. Through the communication and sharing enabled by mirroring a sense of 'groupness' can often be built. There has been less evidence of mirroring in the visual arts and object based activities than there has in the dance/movement and music activities. The following is a quote from one of the Reminiscence Arts Practitioner's weekly reports that reflects on how mirroring supported interactions between the group and the sharing and reinforcement of participant's embodied reminiscences:

*While doing some movement with the hand and arms, [participant] moved her fingers as if playing the piano. We commented on that saying, "let's all play the piano" and all participants did that. There was a lot of mirroring going around. Participants danced, clapped, and improvised movements. All participants knew how to fold their scarves each one of them with their individual way.*

**b. Arts and craft activities that involved making usually require one-to-one support and, therefore, provided opportunities for one-to-one dialogues, both verbal and non-verbal.**

All the arts and craft activities were opportunities for Reminiscence Arts Practitioners and care staff to spend time with the people in their care, where they could learn more about their interests and abilities. For example, one participant in a group Reminiscence Arts session demonstrated how to weave strips of paper to a member of care staff whilst talking about how she used to weave rugs when she lived in India. In some instances the interaction with participants was as simple as choosing colours together or often, as in the example in section one of the flag making, engaging together with the different materiality, sensory experiences and actions involved in the different steps of the making process.

Often the things that were made during these activities were shown to the group and some of the oral reminiscences developed into group conversations, but the interactions during these activities were primarily one-to-one and developed relationships between residents and care staff or residents and Reminiscence Arts Practitioners not between a resident and other residents.

**c. One of the skills the Reminiscence Arts Practitioners demonstrated was the ability to move between a more general group activity or theme and identifying and eliciting personal reminiscences.**

The following extract from a case study written by one of the Reminiscence Arts Practitioners describes his work with Nora, one of the participants in a Reminiscence Arts project he co-facilitated. It gives one example of how a group movement activity elicited an embodied memory and how this was recognised and nurtured by the Reminiscence Arts Practitioners eventually leading to an oral reminiscence.

Relationships within the group developed over time and there was an increased familiarity between all those involved as the project progressed. In the group sessions this included the development of the relationships between the Reminiscence Arts Practitioners who were co-facilitating the sessions as well as between Reminiscence Arts Practitioners, participants and care home staff.

During musical exercise, Nora started to offer up moves to the group. We began to observe and interact with a capable, rhythmic woman who clearly enjoyed movement and dance. During these moments, I began to notice the lightness of Nora's expression, the smiles and openness of her body. She started to shimmy, she excelled at it, her shoulders moved so freely and

naturally it was a joy to watch. As the project progressed, the shoulder shimmy became Nora's signature move. Just a few weeks ago, whilst exercising to a Glenn Miller song, Nora suddenly connected with the music. Her face lit up and she told the assembled group how she had 'twirled around dance floors throughout the war to this tune'. She seemed genuinely touched by the memory, it was a moving experience to observe.

**d. Group and one-to-one sessions provided the most meaningful engagement with participants' interests and reminiscences when opportunities for reciprocal learning were facilitated.**

The following observations from a Reminiscence Arts project (facilitated by Jayne Lloyd, as researcher) provide an example of how reciprocal learning can enhance the engagement and value of a resident's reminiscences and give them a role in the present.

Jayne Lloyd had observed John's<sup>5</sup> contribution in the Reminiscence Arts sessions run by Age Exchange's Reminiscence Arts Practitioners, where he often talked passionately about the meals he enjoyed cooking and eating. He was originally from Jamaica and could give detailed instructions of how to cook numerous Caribbean dishes, communicating memories related to food with a clarity that was rarely evident when he discussed other topics.

<sup>5</sup> The participant's name has been changed to protect his anonymity.



Once the group sessions had concluded the researcher began running one-to-one sessions with John. Each week she brought in food items or photographs of food she had bought in Brixton Market where John used to shop. John and Gloria, a member of care staff who had grown up in the Caribbean and joined the sessions, would explain what they were and give her a recipe she could cook with them. Following their direction she would source additional ingredients and cook the dishes at home. She would return the following week with photographic documentation of the cooking process and samples for them to taste. They would give her their verdict and tips on how she could improve the dish. For example, John's tip for improving her attempt at ackee and salt fish was to 'add black pepper and more tomatoes and serve yam and banana plantain on the side'. Often an ingredient she had brought would lead to discussions of another dish and ingredients that she would go away and source to bring in the following week.

John recognised her interest in his recipes by saying that 'we could go into business' and telling her that 'it was good that she was interested in them [him and Gloria]'. It was notable that when she returned nearly a year later to visit the home he did not initially recognise her but as soon as she told him he had taught her to cook ackee and salt fish, a smile and look of recognition spread across his face and he said 'that was a good day'. They then proceeded to talk for nearly half an hour about the different Caribbean recipes they had cooked together.<sup>6</sup>

**e. Residents interacted with the Reminiscence Arts Practitioners in one-to-one sessions with increased confidence and expressed interest and sometimes joy in the activities. One-to-one activities were particularly appropriate for participants who did not interact in group sessions or who lacked a strong voice in group situations. One-to-one sessions provided a focussed space to develop reciprocal learning, skills and interests to which it was difficult to devote time in the group sessions.**

The following are two short descriptions of one-to-one Reminiscence Arts sessions that illustrate how participants interacted differently in the one-to-one sessions than in group sessions. They demonstrate the importance of this space for some participants.

Jean<sup>7</sup> was often brought into the group Reminiscence Arts sessions but nearly always closed her eyes and often fell asleep. She rarely engaged with the activities or interacted with people in the group. She stopped coming to the group sessions but the activity coordinator at the home suggested that one of the Reminiscence Arts Practitioners might try running one-to-one sessions with her. These sessions took place in a quiet room over a cup of tea. The Reminiscence Arts Practitioner often brought the same visual arts activities that he had facilitated with the group and supplemented them with music he thought she might like or recognise and images and magazines for them to discuss. Jean did still sometimes fall asleep in these sessions, but there were also times when she laughed and joked with the Reminiscence Arts Practitioner, when she told him things about her life and when she showed an interest in drawing. She spoke very softly and there was often several minutes pause between the activity being introduced and her showing any sign of active participation. The sessions seemed to give her space to interact on her own terms with the full attention of the facilitator and without the noise or distraction of the group.

Alice<sup>8</sup>, a participant in a group Reminiscence Arts session in another home was described by the Reminiscence Arts Practitioner as a 'people pleaser'. The Reminiscence Arts Practitioner, who co-facilitated both group and subsequent one-to-one sessions, described how in the group she seemed to want to make others happy by agreeing with them and not expressing an opinion or appearing to do what she wanted. In the one-to-one sessions the Reminiscence Arts Practitioner set up a table each week at which they sat together. In one of the early sessions the Reminiscence Arts Practitioner placed many items that might be found on a dressing table in a bag and asked Alice to pick them out one by one. This took away the pressure of choosing and made it into a game. As the session went on Alice appeared to forget herself and began picking them out with increased confidence and testing the perfumes and colours of lipstick to decide which she would wear on a night out.

<sup>6</sup> A more detailed account of this research will be in Jayne Lloyd's PhD due for completion in early 2016

<sup>7</sup> The participant's name has been changed to protect her anonymity.

<sup>8</sup> The participant's name has been changed to protect her anonymity.





f. One-to-one activities were particularly appropriate for participants who did not interact in group sessions or who lacked a strong voice in group situations. The one-to-one sessions often built strong relationships between the Reminiscence Arts Practitioners and the participants. The projects lasted for seven to ten weeks, and when they ended this seemed to have an emotional effect on participants.

The ending of a one-to-one session or project was upsetting for some participants and they behaved in ways that suggested they did not want the Reminiscence Arts Practitioner to leave. For example, after the one-to-one session with Jean the Reminiscence Arts Practitioner would walk with her back to the lounge wait until she had sat down before saying goodbye and going to leave. Jean would invariably get up from her chair again and follow the Reminiscence Arts Practitioner to the door.

Alice also demonstrated that she did not want the Reminiscence Arts Practitioner to leave. Alice did not show any sign of remembering who the Reminiscence Arts Practitioner was or why she was there at the start of each session. She would often ask why she was there and worry about the time, where she was and if she should be somewhere else. When the Reminiscence Arts Practitioner went to leave, however, she got upset and told her she did not want her to leave shouting after her as she left.

In the last session of one of the one-to-one Reminiscence Arts projects facilitated by Jayne Lloyd she cooked ackee and salt fish with John, the participant. Going to leave at the end of the session she told John that she had put the left overs in the fridge for him so he could eat them later. He replied "but where will you be?".

Projects that aimed to build relationships between family or carers provided potential strategies for closure, and ways to continue the work once the project was over. There was some evidence that this did take place during RADIQL, but in a very limited way. Because some residents became very attached to the RAPs during the process of working together, they became distressed when the project ended. As noted in the Recommendations section of this report, it imperative that care staff are properly trained, involved in the projects and facilitate the projects' closure with care.

#### **RESEARCH QUESTION THREE: ENVIRONMENT - HOW DOES THE ON-GOING PRESENCE OF ARTISTS TRANSFORM THE SOCIAL SPACE OF CARE SETTINGS?**

This section identifies how Reminiscence Arts practice responds to the materiality and sensory experience of being in a care home. The participants did not leave the care home to attend the sessions and they have limited access to environments and experiences outside

the care home, particularly activities they used to do and places they used to frequent in the past. Reminiscence Arts often evokes memories of experiences in places and times outside the care home. It is important to remember, however, that the sessions take place within the physical, social and aesthetic space of the care setting. Reminiscence Arts often aims to enhance participants' lives by improving their connection both to the place they currently reside and to their memories and imaginations.

**a. Sensory and material engagement in the sessions responded to some of the sensory and material and activity deficits of the care setting.**

Experiences of life beyond the walls of the care setting were often evoked in the Reminiscence Arts sessions by introducing sensory stimuli. The sounds of birds chirping, the crunch of autumn leaves, smell of scented spring flowers and the dance and music heard in dance halls introduce sensory and material experiences into the care setting that are not usually present there. These multi-sensory interventions inspired participants to imagine themselves in a world outside the care setting by triggering a feeling of 'leaving of the home' that was often evidenced by verbal reminiscences, embodied movements or facial expressions. For example, one participant closed her eyes and smiled whilst listening to a soundtrack of bird sounds and another participant looked straight ahead whilst walking on the spot in a purposeful manner that suggested she was imagining going somewhere special. Other times the multi-sensory interventions simply re-engaged participants with sensory and material experiences that the care environment does not usually provide, for example, crunching leaves in their hands or smelling and tasting foods that are not served at meal-times.

**b. The role of RAPs as visitors was recognised as important because they were associated only with the Reminiscence Arts sessions and not with the daily life of the care setting (note this is different in community settings where participants were also visitors)**

The first session of both the group projects observed in the second year of RADIQL was an informal visit. Reminiscence Arts Practitioners went to meet residents in corridors, their rooms or where they were sitting in the common area. This enabled RAPs to meet the residents they would be working with on a one to one basis and to get a sense of the home as a whole. During one of the visits Reminiscence Arts Practitioners took flowers to offer to the people they met. This multi-sensory object successfully engaged residents in looking, smelling, holding and talking about the flower and gave an indication of the experiences the Reminiscence Arts Practitioners would offer in their sessions. The flowers also functioned as a gift, taking on a similar

role to the type of offering that might be offered as a visitor to any house. There was a real awareness from the Reminiscence Arts Practitioners of going into the participants' home. This is illustrated in the following extract from one of the Reminiscence Arts Practitioner's weekly reports:

*We took flowers to hand out to residents, creating a focal point for conversation and connection, to see how people would respond to our presence in their home.*

During an interview with one of the management team of a care home, the importance of the role of the Reminiscence Arts Practitioner as a visitor was noted:

*David<sup>9</sup> thoroughly enjoyed the one to one time. This is possibly because it was an experience that did not revolve around care. It was facilitated by a new face belonging to someone who does not deliver other aspects of his care. For staff, they can have a nice one to one time, but then they have to come back and hoist someone to take them to the toilet. This takes away from the experience. David sees the Reminiscence Arts Practitioners coming and knows 'it's time for me'.*

**RESEARCH QUESTION FOUR  
CULTURE OF CARE - HOW FAR HAS THE  
RADIQL PROGRAMME INTRODUCED CREATIVITY  
INTO THE EVERYDAY LIVES OF CARERS  
AND RESIDENTS BEYOND THE REMINISCENCE  
ARTS SESSIONS?**

This section identifies the extent RADIQL has responded to the culture of care. It primarily focuses on how Reminiscence Arts practice has been passed on to care staff to enable the projects to have an impact beyond Age Exchange's sessions.

When Reminiscence Arts involves the whole care community, it has the potential to improve relationships and change the social interactions outside the hour-long weekly sessions. However, overall the evaluation found the care staff's engagement was limited both in the Reminiscence Arts sessions and in the evaluation process. For example data was collected on staff well-being and only a small number completed the questionnaires at baseline and an even smaller number at follow-up.

The first section draws on the qualitative arts evaluator's observations and interviews to identify how and to what extent the care staff were involved in the Reminiscence Arts sessions and what has been passed on to care staff and how. The second part of the section focuses on research undertaken by the social science team that identifies challenges in engaging care staff and care home managers in the research project.

<sup>9</sup> The participant's name has been changed to protect his anonymity.

## SECTION 1: CARE STAFF INVOLVEMENT WITH REMINISCENCE ARTS PRACTICE

### a. Care staff appeared to understand and often led music and dance interactions.

Care staff usually appeared enthusiastic about taking part in music and dance activities in the sessions. Care staff sometimes extended or took the lead on parts of these activities. For example, in one session a participant was about to leave part way through a session and a member of care staff suggested to him 'let's have a dance'. He accepted and they danced in a ballroom style until the song finished. In another session a member of care staff recognised a musical instrument from the country she was from and demonstrated how to play it.

Dancing was also observed happening outside the Reminiscence Arts sessions suggesting it sometimes had a role in the day-to-day life of the care settings. For example, a participant in one of the groups was often found dancing in the lounge before the start of the sessions. Staff joined in and danced with her as they passed her. In another care home a member of care staff and a resident were observed dancing together.

### b. Care staff often demonstrated a lack of understanding of the aim of the visual arts and crafts activities. They usually tried to make the product and were concerned with 'getting it right'. This often resulted in them doing the activity for the participant and leaving very limited choices and engagement for the participant. Care staff who did have an interest in visual arts often used the session as a space to draw or make their own art without engaging participants.

The following example from a training session illustrates the difficulty many care staff appeared to have in understanding their role in facilitating of arts and crafts activities.

The training was facilitated by two Reminiscence Arts Practitioners who had run a project in the care home where the training session took place. The Reminiscence Arts Practitioner who had run the flag making session discussed in case study one (see page 15) tried to train the care staff to run similar activities using the flag making as an example. She paired the trainees up and asked one of them to take on the role of the care home resident and the other to take on the role of a member of care staff supporting them with the activity. She demonstrated the steps involved in making the flags and how to engage the participants with each stage.

Jayne Lloyd was paired with a member of care staff. She was given the role of the care home resident and he was asked to support her to make the flag. When the activity started, however, he made a flag for her only consulting and involving her in the activity when prompted. It is possible he would have worked differently if he was supporting an actual care home resident, but the way

he undertook the activity was representative of the way many members of care staff engaged with arts and crafts activities in the sessions. The training did not appear to have developed his understanding of how to work with participants more effectively. Much of the culture of care is task-based, and the flag-making was seen as a task to complete rather than a process of sharing an activity.

### c. We observed small-scale shifts in the staffs' practice in the ways in which staff who were already interested in arts and activities worked.

The most common things that care staff said they took away from the sessions were ideas for activities and learning about what residents were interested in and still able to do. The following quotation from a member of care staff who took part in the training and the Reminiscence Arts sessions describes what she took away from it:

The RADIQL training was really good.

The equipment that involved the whole group – the textured ribbon thing – was particularly good. I learnt a lot about improvising to make things with materials that I already have or are easy to get hold of. I learnt how easy it is to make a flag and that it doesn't have to cost much money. (member of care staff)

There were some small changes in how activities were run that were acknowledged as important, for example, this activities co-ordinator describes how she learnt to set the room up differently:

I often set the room up in a circle without a table in the middle now because this is good for movement and music activities. Before we always sat round tables. (activities co-ordinator)

The activities coordinator has learnt ways to encourage and support them [residents] to participate. I can see that she has developed new skills that have built on her existing ones and that this learning has been put into practice. For example, she now sets up the music sessions in the round. This is something she has continued from the RADIQL sessions. (Care home deputy manager)

A further influence the Reminiscence Arts sessions had on the care staff in one of the residential care settings was the managers discussed the sessions and what the care staff had learnt from them in supervisions. Through this the managers hoped to develop the way staff delivered activities with residents.

## SECTION 2: INVOLVEMENT OF CARE HOME STAFF IN THE RADIQL STUDY

We aimed to collect data from staff to assess General Health and well-being, burnout and their views on the work environment via the General Health Questionnaire, Work Environment Scale, and Maslach Burnout Inventory. Out of 31 respondents, up to 27

provided answers at baseline, but only 11 at follow-up. In both time points, the answers dwindled with progress through the questionnaire. The poor response at follow-up makes any conclusions from those data unreliable and they were not considered further.

The limited presence and involvement of staff in the Reminiscence Arts (RA) groups has already been highlighted in the qualitative part of this evaluation. Consequently, this section will focus on the care staffs' participation in RADIQL in terms of completing staff questionnaires at baseline and at the end of the 24-week intervention or control period.

Engaging staff in RADIQL overall was problematic at times. The aim was to invite keyworkers of the residents involved in the group to take part in the study. However many of the keyworkers were unavailable (e.g. worked nights) or declined to participate. Consequently, any care staff who worked with the participants in the group were approached and invited to take part in the study. Although many care staff returned their signed consent form, some did not complete the four questionnaires.

It became apparent that many of the care staff found the questionnaires difficult to understand, lengthy (and therefore time consuming), and intrusive. Care staff asked what some of the questions meant and had problems with allocating their answer (using the Likert scale provided) to the question. It was evident that some care staff were avoiding completing the questionnaires. Activities coordinators reported that this maybe because some staff did not have English as a first language and others were not confident in their academic abilities. Consequently, the WES (90 statement questionnaire) was not used at follow-up, and some care staff completed the measures with other colleagues or with the assistance of the researcher (and Belinda Sosinowicz, from Age Exchange).

Another issue that was reported were concerns regarding confidentiality. Some of the questions or statements in the staff measures were quite personal and asked recipients to give their views on their work place, environment and supervisors. Unsurprisingly, care staff were concerned about where this information would go, and whether they would be identified. This issue was overcome for those voicing this concern by providing staff with large, stamped addressed envelopes so that they were able to send their questionnaires

directly to the research team, who ensured complete anonymity and confidentiality.

#### **Multi-layers of authority in care homes**

The multi-layers of authority within each care home had a great significance for the study. Some managers were very involved in the research and knew a great deal about the study. However, some managers (perhaps due to work pressures) did not wish to be engaged and left their activities coordinators to work exclusively with the researcher and Reminiscence Arts Practitioners (RAPs). However, this meant at times that not everyone in the care home were involved or aware of RADIQL. Some care staff did not know anything about the research and failed to have residents ready (i.e. out of bed and dressed) in time for the groups to start. Some managers did not allocate enough staff to cover a shift, which meant that staff allocated to the Reminiscence Arts (RA) groups were no longer able to join the group.

It was noted that some care staff had come into the care home on their day off or worked overtime to attend the RA group. Care staff voiced their frustrations when they saw the value in the groups and the research but felt unsupported by their managers to effectively facilitate the RAPs.

In addition, even though permission had been gained from the manager of the care home and consent obtained from residents or their consultee, some nursing staff (head of the unit or section that the resident was under) queried the research and the appropriateness of the resident attending such a group and being involved in research.

A lack of understanding of the research was particularly prominent for care staff in the control arm of the study. They seemed to have difficulty with understanding why residents needed to give consent for the group six months in advance. Managing the expectations of care staff played a major part in maintaining their cooperation and assistance with the study.



## CHALLENGES FOR THE EVALUATION

One of the challenges of projects such as RADIQL run by small to medium sized charities is that they are often tied into three year funding cycles with the uncertainty of how or if funding will be found to continue the work that has been developed. At a time of significant cuts to arts and health and social care budgets financing projects is increasingly challenging. There have been significant changes in the health and social care sector throughout the duration of RADIQL. Several homes have closed and there have been stresses on the existing homes. There has been a corresponding financial impact on commissioning. RADIQL has not been commissioned and Age Exchange currently has no funding to continue working in the care homes they worked in during RADIQL. Age Exchange are, therefore, currently exploring other funding and commissioning routes.

RADIQL was designed by Age Exchange and the research teams were commissioned to evaluate the project after plans for the Reminiscence Arts interventions had been finalised. This approach created significant challenges for the two strands of the evaluation and their findings. There was an expectation from Age Exchange that the evaluation would produce proof that Reminiscence Arts 'worked'. There is a central tension in measuring an arts intervention in quantitative terms, as artistic practice is, by its very nature, different in each context. Reminiscence Arts is better defined by underlying principles than replicable models. The following sections document the main ways the design of RADIQL impacted on the research:





### DIALOGUES BETWEEN THE QUANTITATIVE AND QUALITATIVE ARTS STUDIES

The RADIQL programme was designed by Age Exchange as an intervention rather than a research project. For the qualitative and quantitative researchers this led to logistical challenges in how they conducted their research in the care homes and to difficulties in drawing their findings together. One of the challenges was that the qualitative arts researcher needed to participate in some of the groups that were being observed by the Dementia Care Mapper. This potentially impacted on the measures for those groups because they had an extra person supporting them. The quantitative study limited the residents the qualitative arts researcher could facilitate her sessions with and delayed this part of the research.

The ways the findings from the two strands of the evaluation could be brought together was limited because the research included different combinations of care homes with findings recorded using very different methods at different intervals: the Dementia Care Mapping observations of the Reminiscence Arts sessions were completed every three weeks in the six care homes that took part in the first year of RADIQL with measures recorded at five minute intervals; the qualitative arts evaluation researched projects in two care homes in the first and second year of RADIQL as well as one-to-one sessions, sessions in community settings and projects facilitated by the researcher.

The research methods and findings were constrained by the timescale needed for ethical approval, and the urgency of producing results in time to attract further funding. Time was a significant concern for the evaluation of the RADIQL study, particularly in the start-up of the study. The following section documents some of the contributing factors.

### NHS ETHICS

Gaining NHS ethical approval for RADIQL took a considerable amount of time to obtain. In addition to completing the lengthy online form through the Integrated Research Application System [IRAS], additional multiple research documents (e.g. participant information sheets and consent forms) were submitted in accordance with NRES guidance.

### RESEARCH GOVERNANCE

Following the receipt of favourable opinion by the NHS Ethics Committee, Research and Development (R&D) approval was sought for the three NHS care homes in South London and Maudsley NHS Foundation Trust (SLAM) and Guy's and St. Thomas' NHS Foundation Trust (GSTT).

### ENGAGING CARE HOMES IN THE SET-UP OF RADIQL

Changes in the structure of care homes: Restructuring of management, and care staff having to reapplying for their existing jobs, brought instability to some work places.

### IDENTIFICATION OF RESIDENTS FOR THE STUDY

Whilst working with care staff to gain consent from residents, it became apparent that the researcher was in fact identifying potential participants for the RA groups. Consequently, the referral process of residents to Age Exchange did not appear to work adequately, as care staff were bypassing this route and using the researcher as the referrer. Some residents had not been approached by care staff about the study in advance of speaking with the researcher. This resulted in multiple visits to the care home to speak with the residents about the RA groups before embarking on gaining their consent to participate in the evaluating research.

### DIAGNOSIS OF DEMENTIA

Some care staff did not know whether the resident they had suggested to join RADIQL had a diagnosis of dementia to be included in the study. Two residents were inappropriately referred to RADIQL; one in the control arm and one in the intervention arm. The participant in the intervention arm had already participated in a few RA groups and appeared to be gaining a lot from the experience. This caused an ethical dilemma for the research and RAs. For this resident it was decided that they should continue to join the study, and his data for the study was excluded; the participant was informed and content with this decision. However, to help clarify the appropriateness of including further residents to the study who did not have a formal diagnosis of dementia, a short assessment was used (i.e. ICD-10).

### CONSENT ISSUES FOR RESIDENTS IN CARE HOMES

In line with guidance by the Mental Capacity Act (MCA), it was assumed that residents had the capacity to make an informed decision about whether they wanted to take part RADIQL, unless it was demonstrated that they did not have mental capacity to do so.

Many people with dementia did not have mental capacity to make a decision about whether they would like to take part in the study. Consequently, their next of kin were asked to act as their consultee to sign a declaration form. Although time consuming, the consent process took a person-centred approach, and aimed to be as inclusive as possible within the limits of MCA.

Some residents did have the mental capacity but required time and support to decide whether to take part in the research or not. Others wanted time to think about the information that had been provided, and to discuss it with a relative or friend before making a decision. We found that devoting additional time to gaining consent yielded positive results. For example, with one resident it took over an hour to explain the study, ascertain their mental capacity, answer their questions and gain their consent. At the end of this process, the participant said how she had appreciated the researcher spending time with her to explain the study and answer her questions so that she was able to decide what to do.

## RECOMMENDATIONS

Age Exchange as a charity has long sustained a deep commitment to supporting creativity in later life. The ambition of RADIQL reflects the charity's commitment to social justice, community cohesion and individual wellbeing. As part of its priorities, Age Exchange has an ambition to change the culture of care by adapting and embedding aspects of Reminiscence Arts practice into the daily life of care settings. There is further potential for Reminiscence Arts to impact on the culture of care. The underlying principles of Reminiscence Arts practice have the potential to affect care positively, they prioritise the creative process of art-making and relationship-building over task-orientated ways of working that often dominate daily life in care settings. However, a creative approach to care can only be achieved if care staff are properly equipped and supported to embed it into their roles.

From RADIQL, care staff were insufficiently equipped with the skills, knowledge and resources to extend creative approaches to care that built on Age Exchange's sessions. There was limited evidence that care staff continued Age Exchange's work beyond the Reminiscence Arts sessions. Three main reasons for this were identified. Firstly, the care staff had other demands on their time. Secondly, the training Age Exchange provided was insufficient to equip them to incorporate creative practices into their caring roles. Third, Reminiscence Arts Practitioners are highly creative and very skilled and, as valued visitors, they were associated only with the Reminiscence Arts sessions and not with the daily life of the care setting. This raises questions about what aspects of Reminiscence Arts practices might be passed on to care staff in training, and how the professional knowledge of carers and Reminiscence Arts Practitioners might further complement each other.

The following recommendations identify how Reminiscence Arts may be adapted and embedded into care practices.

### 1. COMMUNICATE THE PRINCIPLES OF REMINISCENCE ARTS

It was clear throughout the evaluation that there are principles that define and underpin the practice of Reminiscence Arts. These combine creative abilities with knowledge and understanding of dementia and dementia care. Drawing on the learning from RADIQL, the definitions offered in this report and Jayne Lloyd's PhD need to be communicated by Age Exchange as a working document. This will support the charity to continue to develop their practice in care settings and will inform their training programmes.

### 2. TRAINING: PLACE-BASED TRAINING, CLEAR PROGRAMME

Training sessions were provided for care staff, and many people involved in the project attended at least one training session. The training introduced Reminiscence Arts and gave care staff ideas for different Reminiscence

Arts activities. It was less successful at communicating the underlying principles of the Reminiscence Arts Practice and how they could be adapted by care staff and incorporated into their daily work. As was exemplified on page (please add page no. of flag making example – currently page 19), many care staff took a task based approach to supporting Reminiscence Arts activities which failed to engage the residents fully.

A clear training programme with defined learning objectives, outcomes and structured progression was missing from RADIQL. There is a need for a bespoke training programme for care staff, where they can understand the principles of Reminiscence Arts and learn how to adapt some activities and apply creativity to care provision. We recommend that some of this training is undertaken in the care home as place-based training, with structured support and mentoring from experienced Age Exchange practitioners.

### 3. DEFINE THE ROLE OF CARE STAFF IN REMINISCENCE ARTS SESSIONS

There was a missed opportunity to support care staff during the Reminiscence Arts sessions themselves. Attending the sessions did not always equate to meaningful participation. Most care staff took part enthusiastically in some of the activities, but there were also sessions where they spent a significant amount of the time standing at the edge of the room or sitting in the group but not actively participating. One of the Reminiscence Arts Practitioners wrote in her weekly report that '[g]enerally care staff support felt more at arm's reach today.' This comment illustrates a wider concern with the inconsistent levels of engagement observed throughout RADIQL.

During RADIQL Reminiscence Arts Practitioners were centrally focused on the residents, which was entirely appropriate. Reminiscence Arts Practitioners adopted a friendly and welcoming approach, and encouraged care staff to take part in the sessions. If they are to undertake training for care staff, they will need to develop additional skills as trainers and acquire an understanding of appropriate place-based training methods, including shared planning and structured support in order to facilitate their learning effectively.

### 4. DIFFERENTIATE BETWEEN THE KNOWLEDGE, SKILLS AND UNDERSTANDING OF REMINISCENCE ARTS PRACTITIONERS AND THOSE REQUIRED BY CARE STAFF TO INTEGRATE EVERYDAY CREATIVITY INTO CARE SETTINGS

The skills, knowledge and understanding required by care staff to integrate everyday creativity into care settings are not identical to the artistic skills of Reminiscence Arts Practitioners. The care staff and Reminiscence Arts Practitioners have different roles in care settings, and their complementary approaches to care need to be developed accordingly.

Reminiscence Arts Practitioners are highly creative and, as valued visitors, they were associated with the Reminiscence Arts sessions and not with the routines and daily life of the care setting. Their skills, knowledge and understanding of creative practice have been developed over time and cannot be passed on wholesale to care home staff.

Care staff do not usually have advanced artistic skills nor training in the arts. They are responsible for the day-to-day running of the care home and the needs and personal care of those who live there. The aim of developing the practice of care staff needs to be balanced with an understanding of what is compatible with their care role and existing skills. Throughout RADIQL, care staff had many other demands of their time, and this impacted on their ability to participate in Reminiscence Arts sessions. They often left Reminiscence Arts sessions to attend to personal care responsibilities. In a follow-up interview, an activities co-ordinator who attended all the sessions explains why no care staff were present in any of the Age Exchange's Reminiscence Arts sessions in that care home:

Care staff are busy. They sometimes join in but can be called away at any moment. (Activities Co-ordinator)

Age exchange should focus on equipping care staff to take a creative approach to everyday dementia care that can be integrated into their caring roles, not to emulate Reminiscence Arts Practitioners and deliver Reminiscence Arts sessions.

#### 5. INVOLVE THE WHOLE CARE COMMUNITY IN DEVELOPING A CREATIVE APPROACH TO CARE.

The culture of care cannot change without the support of the management of the care settings. In many care homes there were multiple layers of management. Without their investment, no programme will have a lasting or significant impact. RADIQL had the most effect when

managers supported its implementation. This happened in small ways throughout RADIQL and could be extended in future projects. It is recommended that the demands on care provision need to be understood when the scope of any intervention is designed.

Throughout RADIQL different members of staff in the care home became involved in Reminiscence Arts activities, including cooks, cleaners and maintenance workers. This involvement could be developed further to widen the scope of the project. In one residential care setting different care staff attended each week, rather than two care members of the staff attending for the duration of the project. This limited the extent individuals learnt from the project, but it did have the advantage of most of the staff in the home gaining some knowledge of the project.

#### 6. MANAGE CLOSURE AND ENDINGS

The one-to-one sessions provided a focussed space to develop reciprocal learning, skills and interests to which it was difficult to devote time in the group sessions. The projects lasted for seven to ten weeks, building strong attachments in a short period of time. When they ended, this had an emotional effect on participants. For example, at the end of each session and the end of the project some residents appeared visibly saddened by the Reminiscence Arts Practitioner leaving.

One-to-one sessions should involve family or carers who will provide potential exit strategies and ways of continuing the work once the project is over. A clear goal and exit strategy should be developed with family or carers and, where possible, the participant at the start of the project and reviewed throughout the project.

One-to-one projects have the potential to be further developed to meet a growing need for meaningful social interactions for older adults living with dementia in their own homes/the community.





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## **Appendix 2**

Practice-based Research Project 1: Weekly Reports and Photographs<sup>137</sup>

Including reports by Jayne Lloyd and Christina Argiropoulou

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<sup>137</sup> Throughout the reports names of all participants and care staff have been changed to conceal their identity. All photographs are by Jayne Lloyd.

## Practice-based Research Project 1

Weekly Report 1

Jayne Lloyd

<b>Session No:</b>	<b>1</b>
<b>Date:</b>	<b>17/02/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Sangeeta volunteer Sian, care staff plus one other member of care staff Tara on annual leave</b>
<b>Participants present</b>	<b>Betty, Iris, Fred, Joan, Marjory, Albert, Agnes, Nora, Margot</b>
<b>Focus of session and main activities</b>	<b>To get to know the residents and see how they respond to different movement and drawing activities.</b> <ul style="list-style-type: none"><li>• <b>Movement with ribbons to music</b></li><li>• <b>Drawing using actions from movements</b></li><li>• <b>Discussion of two pictures taken from the wall in the room</b></li><li>• <b>Movement with coloured scarves</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session?**

**Betty**

Betty said that she wasn't an artist but she said she enjoyed drawing. She said something about seeing what her parents had drawn as a starting point and her father saying she wouldn't be an artist. She said she had been hop picking in Kent.

**Iris**

Iris said she liked to draw in the air when she was younger but that wouldn't mean anything now. She didn't seem to really engage with the drawing or drawing in the air in the group. When asked what she liked to draw she said fashion drawings. She said she would use pencils to draw. She mentioned the Mission to me again at the start of the session. When I met her a few weeks ago she thought she was working at the mission. Albert said she had a good voice but she seemed reluctant to sing in this session. She said she hadn't been hop picking in Kent but she did like the countryside.

**Fred**

Fred didn't move his ribbon much during the first activity and then he fell asleep for quite a bit of the rest of the session. When he woke up at the end though he did seem in good spirits and left the room singing – maybe he had been listening to some of the music.

**Joan**

Joan left a bit before the end of the session but said she'd see us next week. I didn't work with Joan much.

**Marjory**

I met Marjory in the lounge and walked down to the room with her. She was quite chatty. She kept saying 'eenie meenie miney mo' and we talked about picking 'one'. I showed her the picture of the hop picking and she seemed interested when I described it to her. She said she had enjoyed the session as she left at the end.

**Albert**

Albert drew my attention to the pictures on the wall. He talked a lot about hop picking in Kent. He thought he recognised his uncle in the photo. He said the children went to work there when they were very young. Mixed in with talking about his family and hop picking he mentioned Lionel Richie several times. He said he didn't know if he was still around. He also mentioned at one point that most of his family were gone. He told a story of a man and a boat with the Queen – I think the man was him. He seemed to be able to talk about the painting of the gate in a garden wall that didn't have any obvious link to a memory as much as the other picture and this was the one he had initially picked out. What he was saying about the picture wasn't as easy to understand as with the other one. He kept trying to convince Iris to sing saying she had a good voice. He also mentioned liking a sing-a-long. At one point he did mouth the words of one of the songs that was playing. His only engagement with the drawing was to begin drawing a map to explain where somewhere was to me. He liked the red scarf. At one point he playfully flicked it.

**Agnes**

I followed some of Agnes movements with the ribbon and we made our ribbons dance together for a while. She also engaged in a similar way with the movements of the crayon and our lines of drawing followed each other for a while. She seemed to take part in the session more when there was someone working one to one with her than when she was left to take part by herself. I think she also said she had been hop picking.

**Nora**

Nora left part way through saying she was 'not amused' and it was like being back in the reception class. She had seemed to enjoy pretending to fish with the ribbon earlier in the session. We had cast our lines together but then later when I asked her what she had caught she no longer seemed interested.

**Margot**

Margot is Nora's friend and she left with her. The manager said after the session that she had said to Nora in the lift that she had been enjoying it.

**How did care staff or other staff or volunteers engage with the session?**

There was a volunteer and member of care staff present throughout the whole session. They sat in the circle and I observed them trying to engage residents at several points during the session. It was a bit hectic because it was the first session so didn't get to speak to them much or talk to them after. Hopefully we will have the same volunteer throughout the ten weeks.

**How did the space affect the session and how was it animated or interacted with?**

The room is quite spacious but there is a pole in the centre, which limited the size of the circle we could make. It was also really hot. We sat in a circle for the movement activity then brought tables in for the drawing, which we also did the movement activity with the ribbons round at the end. There was the usual disruption of moving tables into the space. We had tried to plan the seating so we wouldn't have to move people but because there were more people



than expected we ended up still having to move a lot of people. The movement activity at the end seemed to work ok with the tables still there. The pictures on the wall are always in the room and a discussion of them became a focus of part of the session. I wonder if these are ever discussed outside of the session or how often/much people notice them.

**How did you/your practice and your co-worker/co-worker's practice work together?**

I felt we worked well together to keep the group going but as with any first week it was a bit trial and error. It was difficult to engage participants with the drawing. I think it was too free and abstract for them and maybe more prompts are needed. I didn't manage to link the movements in Christina's activities to the drawing the way I had hoped. The only person I felt really engaged with the movements across the dance and drawing was Agnes. Perhaps need to think of other ways of framing the activities or slightly different activities that will still enable us to bring our two practices together.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

**Themes that arose this week:**

Fishing, sing-a-longs, hop picking in Kent, boats, the Queen, having a million pounds, fashion drawing.

**Next week I would think about:**

Pictures as prompts for discussion and drawing

Theme of walking/weather and going on a journey, perhaps including maps, boats or a picture on this theme

Tracing to get people started with the drawing

Good quality arts materials

## Practice-based Research Project 1

Weekly Report 1

Christina Argiropoulou

<b>Session No:</b>	<b>1</b>
<b>Date:</b>	<b>17/2/14</b>
<b>Time</b>	<b>2.30-4pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne, Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Sangeeta, Sian</b>
<b>Participants present</b>	<b>Margot, Nora, Iris, Fred, Albert, Agnes, Joan, Betty, Marjory</b>
<b>Focus of session and main activities</b>	<b>To warm up in movement with ribbon sticks creating shapes on the air, to transfer shapes and colours on paper, to talk about art and things that we like, to cool down and transition to ending</b>

**Please write something about the following:**

### **How did the participants engage with the session?**

This was the first session and it takes some time to get to know participants and their ways of interacting. In overall some people seemed to enjoy, most of them stayed throughout the whole session and a couple of them left before the end. People were at times chatting to each other. Albert seems to be quite chatty and was telling the group stories from his life. It was sometimes hard to keep people focused or interested in our proposed activities. Iris looked very positive, she moved the ribbon stick in lots of different ways and smiled a lot. Participants enjoyed singing and commenting on a couple of paintings, which we took down from the wall. There was a pleasant group atmosphere.

### **How did care staff or other staff or volunteers engage with the session?**

Both volunteer and staff members helped us get participants in the session and offered their presence, however they seemed at times a bit puzzled about their role and involvement. Resistance was present, which is very common during the first sessions.

### **How did the space affect the session and how was it animated or interacted with?**

The space seemed fine; we could fit a circle of 11 chairs and there was space to bring in a couple of tables. The room is open plan, overlooking a garden and next to the reception. Today it was decorated with coloured flags.

### **How did you/your practice and your co-worker/co-worker's practice work together?**

Today it felt more like a trial and we are still exploring ways of merging the practices. Jayne and I have met in other projects and we have a positive interaction. During the session we were supportive to each other's practices.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Few ideas came up from this session, which we will try on the next one.

Possibility of swapping activities- beginning with drawing

Bringing in better quality of arts material

Allow space for singing- participants seem to recognise songs and sing

Ideas for making boats, for having the theme of a journey, in art making and movement, which is one of the themes that came up today.

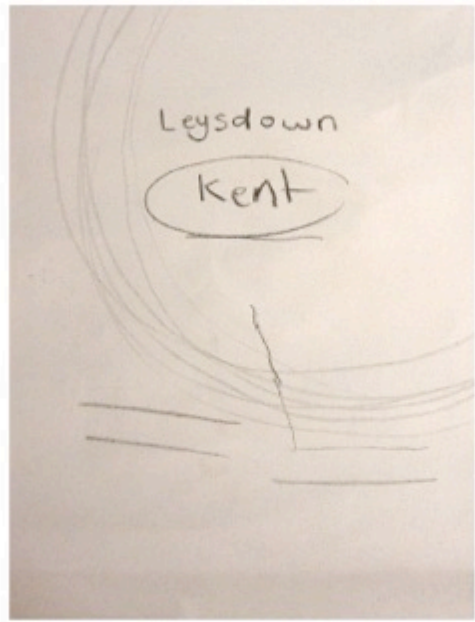
**Practice-based Research Project 1**  
Photographs of Session 1



Drawing with Agnes. The grey marks are hers and the orange and blue marks are mine.



A photograph of hop pickers on the wall that Albert talked about. We took it off the wall to look and discuss it with the group.



A map of Leysdown in Kent that I drew with Albert. He told me he used to go fruit picking there.

## Practice-based Research Project 1

Weekly Report 2

Jayne Lloyd

<b>Session No:</b>	<b>2</b>
<b>Date:</b>	<b>25/02/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Kate – covering for Tara who is still on annual leave</b>
<b>Participants present</b>	<b>Marjory, Iris, Betty, Anna, Val, Jill, Eunis, Albert</b>
<b>Focus of session and main activities</b>	<b>The theme was ‘journeys’.</b> <ul style="list-style-type: none"><li>• <b>Hop picking song to link to last week’s discussion</b></li><li>• <b>Discussion of famous pictures of trains</b></li><li>• <b>Drawings of trains/other</b></li><li>• <b>Movements with different types of travel – walking, swimming, driving etc.</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

We had some different participants this week. The first week some people were brought down that weren’t supposed to be in the group. Hopefully this is now resolved. The dynamic of the group was slightly different to last week – I found it quieter and calmer overall. It still feels like we’re getting to know people and find what they like to engage with. Music, movement and discussion prompted by pictures have worked well for most of the group. There was a bit more engagement with the drawing this week.

### **Marjory**

Marjory seemed to move between enjoying the session and feeling anxious about not knowing where she was. She was much better when there was someone sat with her and often needed 1-1 support to participate, but this wasn’t possible throughout the whole session. She was animated during the hop picking song saying ‘yippee, yippee’ in a delighted way. We did a drawing together. I drew a line on the paper and at times she would add small marks. I felt like she tentatively engaged with this but was concerned about getting it right. She joined in swimming actions when I held her hand and moved my arm with hers and seemed to enjoy the music.

### **Iris**

Iris was very expressive during the hop picking song and again during the movement at the end making large arm movements and smiling. She selected the bold train print. I told her which gallery collections the prints were from and she seemed to show interest and possible

recognition. I'd brought a tin of drawing pencils because she had said she used to make fashion drawings in pencil. She was interested in them and selected the HB. She didn't draw in this session, but did critique a drawing I made. She seems to enjoy talking about art and it feels like she wants to draw but there's something holding her back.

### **Betty**

I discussed the prints of trains with Iris and Betty. Betty said she didn't like the Rembrandt train picture because it was dull. When I showed her the Monet one she said she liked that more because of the colours and the clouds and flowers. She told me she thought the hop-picking photo was a good photo and when asked why gestured at it as if she knew but couldn't find the words. She held a pencil and said it was a good pencil and I should be careful with it. Like Iris she seems to enjoy talking about art but hasn't yet engaged with making anything.

### **Anna**

Anna left quite early on. I'm not sure how much she engaged with the activities.

### **Val**

Val liked green and looked at the pastels with me. She engaged a bit with the movement but seemed to need someone with her to engage with the activities.

### **Jill**

We made a drawing together. Jill selected colours and followed the line of my pen at a couple of points leading. She told me at the start that she couldn't draw but seemed pleased with the result and happy for me to show it to the group.

### **Eunis**

At the end when Eunis stood up to leave she danced to the music for a while and at times she mouthed the words to songs.

### **Albert**

Albert sat outside the circle at the start of the session but wanting to see the images and talk about hop picking and Kent he joined the group. Kate discussed the pictures of trains with him. He drew green lines on the map of Kent I had printed for him and took this with him at the end. He talked about going on train journeys with his wife, who had been really nice 'better than him', but said that he didn't go anywhere now. He has engaged in discussions starting from images and drawn maps in both sessions.

### **How did care staff or other staff or volunteers engage with the session?**

Tara was still on annual leave and Sangeeta, the volunteer I was told would join us each week, wasn't around. Kate, who was covering for Tara, joined us for half the session. It would be nice to have time at the start and the end of the session to talk to the staff or volunteers who are joining us about what we've planned, how they can support the session and to get feedback or ideas.

### **How did the space affect the session and how was it animated or interacted with?**

We started with the table in the circle this week and then moved it out at the end. This still caused some disruption, but the space is big and there were less people than last week so it was easier to move around. The space was extremely hot again.

### **How did you/your practice and your co-worker/co-worker's practice work together?**

I think the practices were linked by the theme, joint planning and supporting each others' practices. I feel like we're still experimenting with ways they can come together and it's early days. I'm still trying out ways to engage people with drawing or making, which I think just takes time and trial and error.

**Did you use any 'resilience building' techniques – if so what and how?**

Talking to Christina after the session and jointly planning.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

I felt quite tired in this session and like I wasn't on best form. The next session is the last one before we break for a week. Would be nice to encourage people to make a bold mark on the paper before the break. Printing might be a more directed way of doing this than drawing.

**Next week I would think about:**

- Printing shoes to link to journey and to encourage people to make a mark.
- Using a suitcase, possibly to put shoes in
- Opening with hop picking song again
- Repeating journey movements that worked really well
- Perhaps, putting some fashion drawings of shoes in the frames
- Old McDonald song that Doreen made a link with from the hop picking song?
- Bringing maps again for Albert if he doesn't engage with other activities.

## Practice-based Research Project 1

Weekly Report 2

Christina Argiropoulou

<b>Session No:</b>	<b>2</b>
<b>Date:</b>	<b>25/02/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Kate who is covering for Tara who is still on annual leave</b>
<b>Participants present</b>	<b>Marjory, Iris, Betty, Anna, Val, Jill, Eunis, Albert</b>
<b>Focus of session and main activities</b>	<b>The theme was 'journeys'.</b> <ul style="list-style-type: none"><li>• <b>Hop picking song to link to last week's discussion</b></li><li>• <b>Discussion of famous pictures of trains</b></li><li>• <b>Drawings of trains/other</b></li><li>• <b>Movements with different types of travel – walking, swimming, driving etc.</b></li></ul>

**Please write something about the following:**

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Anna left quite early on. I'm not sure how much she engaged with the activities.

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### **Jill**

We made a drawing together. Jill selected colours and followed the line of my pen at a couple of points leading. She told me at the start that she couldn't draw but seemed pleased with the result and happy for me to show it to the group.

### **Eunis**

At the end when Eunis stood up to leave she danced to the music for a while and at times she mouthed the words to songs.

### **Albert**

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### **How did care staff or other staff or volunteers engage with the session?**

Tara was still on annual leave and Sangeeta, the volunteer I was told would join us each week, wasn't around. Kate, who was covering for Tara, joined us for half the session. It would be nice to have time at the start and the end of the session to talk to the staff or volunteers who are joining us about what we've planned, how they can support the session and to get feedback or ideas.

### **How did the space affect the session and how was it animated or interacted with?**

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### **How did you/your practice and your co-worker/co-worker's practice work together?**

I think the practices were linked by the theme, joint planning and supporting each others' practices. I feel like we're still experimenting with ways they can come together and it's early days. I'm still trying out ways to engage people with drawing or making, which I think just takes time and trial and error.

**Did you use any 'resilience building' techniques – if so what and how?**

Talking to Christina after the session and jointly planning.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

I felt quite tired in this session and like I wasn't on best form. The next session is the last one before we break for a week. Would be nice to encourage people to make a bold mark on the paper before the break. Printing might be a more directed way of doing this than drawing.

**Next week I would think about:**

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- Using a suitcase, possibly to put shoes in
- Opening with hop picking song again
- Repeating journey movements that worked really well
- Perhaps, putting some fashion drawings of shoes in the frames
- Old McDonald song that Doreen made a link with from the hop picking song?
- Bringing maps again for Albert if he doesn't engage with other activities.

**Practice-based Research Project 1**  
Photographs of Session 2

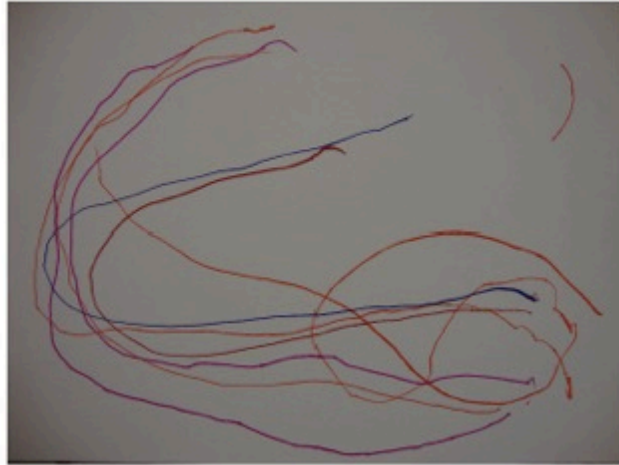


Framed photographs of well known paintings and prints of trains. These were passed round the group to start discussions about travelling and journeys.



The hop picking photograph that Albert talked about during the first session. This was passed around the group again and inspired a hop picking song that we opened each session with.





Drawings made with participants following and leading the marks they make.





Participants sat in a circle moving to music and copying actions including walking, swimming and driving.

## Practice-based Research Project 1

Weekly Report 3

Jayne Lloyd

<b>Session No:</b>	<b>3</b>
<b>Date:</b>	<b>03/03/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Tara</b>
<b>Participants present</b>	<b>Iris, Betty, Eunis, Albert, Bill, May for a while at the start</b>
<b>Focus of session and main activities</b>	<b>The theme was 'journeys and outdoors'.</b> <ul style="list-style-type: none"><li>• <b>Hop picking song to open</b></li><li>• <b>Movements with different types of travel – walking, swimming, driving etc and looking at and discussing shoes our shoes and where might walk.</b></li><li>• <b>Handling and printing shoes</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

It felt like the participants had begun to come together as a group this week and overall engaged enthusiastically with the activities throughout.

### **Iris**

Iris made a print of a shoe. This seemed positive because in previous weeks she had talked about making art in the past but had not made anything in the group. She was very upbeat. At the end of the session she confided that she was an artist and it was good to find people interested in doing creative things.

### **Betty**

Betty seemed very happy to be in the session and smiled and greeted us enthusiastically. She made a print of a shoe and then was looking at the paint on her fingers. I put my fingers in the paint and made a print on the paper. She copied and Christina joined in.

### **Eunis**

Eunis sang to some of the songs. She was very engaged with the movement activities and made her own versions of some of the movements. She became very aware of her shoes/feet during the movement and discussion of shoes. She seemed to be trying to find shoes that would fit her out of the ones I had brought and asked what size they were. She watched me making a print and seemed to be directing my brush strokes. When I went to put the shoe in the paint she said 'don't get it dirty'. She seemed quite pleased and maybe a bit surprised when I lifted the shoe to reveal the print. Eunis's speech is quite slurred and I found it difficult to understand at times which I think she found a bit frustrating.

**Albert**

Albert talked about Kent again and was very interested in the map of Kent, at one point putting it in his jacket pocket then asking me to look after it. He said the last time he saw it was when we'd been there – perhaps a memory of the last session. He began to paint on the foam to make a print but I moved away to work with Eunis and he drew a five then asked why I had made him draw this. He talked about his wife dying again and mentioned a dog that they had had – not the one there now that I couldn't see. He chatted to Bill quite a bit during the session.

**Bill**

Bill sang to some of the songs, including the hop picking song, and told us who sang some of them. At one point he got up to dance. He didn't want to make a print and worried about the fumes – linking the paint to the chemicals he used in his job as a film editor. He joined in the discussions and picked some shoes out that were a bit like his and seemed to like them but not others that he said were dirty. He talked about going to the Irish centre, Irish dancing and Michael Flatley. He said he was from central Ireland and when we were doing swimming actions said he used to swim in the Shannon.

**How did care staff or other staff or volunteers engage with the session?**

Tara was in the whole session. She took part in the activities and helped bring residents to the session. She was actively involved throughout and was enthusiastic about the session at the end.

**How did the space affect the session and how was it animated or interacted with?**

There was a lot of colour and movement that animated the space. Christina and I discussed briefly at the end making a trail with the shoes to the space and maybe hanging some of the pictures.

**How did you/your practice and your co-worker/co-worker's practice work together?**

The session seemed to flow well and the shoes, walking and walking songs linked it thematically. The shoes linked the activities in the session – looking at, moving, discussing and printing with them.

**Did you use any 'resilience building' techniques – if so what and how?**

Talking to Christina after the session and jointly planning.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions****Ideas for next week/next few weeks:**

- Continue the journey/outdoor theme throughout the whole ten weeks.
- The finger printing reminded me of raindrops. Could maybe do more finger printing and link it to rain. I wondered about making a big picture with cocktail umbrellas and fingerprints as raindrops. Perhaps to rain sounds/music. This could be followed by painting the larger umbrellas the following week.
- Finger printing could lead to more abstract drawing/painting. I felt when working with Betty that some of the rhythm, play and groupness that I'd initially hoped to introduce was beginning to happen.
- Maps – it would be nice to see if we could engage Albert with the rest of the group. Perhaps a group activity that involves maps/mapping.
- Shoes – drawing round and maybe cutting out to make trails/journeys.
- Making a trail to the room with shoes or shoe prints
- Hanging or somehow displaying work from this week.

- Walking on different surfaces – leaves, sand, crumpled paper. I really liked that people became aware of their feet in the session.



## Practice-based Research Project 1

Weekly Report 3

Christina Argiropoulou

<b>Session No:</b>	<b>3</b>
<b>Date:</b>	<b>03/3/14</b>
<b>Time</b>	<b>2.30-4pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne, Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Tara (activity coordinator)</b>
<b>Participants present</b>	<b>Eunis, Betty, Iris, Bill and Albert. May came in at the beginning but left after 10min.</b>
<b>Focus of session and main activities</b>	<b>Connecting to last week's theme of journeys, we did a physical warm up of walking on different surfaces (on concrete, on ice, in water, running), moving the legs, looking at the shoes that participants from the group are wearing and also embodying other ways of travelling. Then we made some prints of shoes, using shoes and water paint. He sang the 'hopping down to Kent' song at the beginning and end of the session.</b>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

The sessions are gradually building up. We had some new participants today (Bill, May) and others who joined last week didn't come. Tara said that a few people were feeling unwell today.

People sat in a circle and engaged with the warm up positively. Some were singing to the music (songs related to walking, boots or shoes), others were improvising their own movements. The art activity of printing shoes went well, participants either actively engaged or observed with interest. They all had a look on the outcome.

Eunis seems to enjoy physical activities. She joined in the warm up and from the beginning of the session she was tapping her feet and hands rhythmically. With Jayne's support she made some shoe prints.

Betty arrived a bit later but joined in. I was very drawn to her interest of touching the paint with her fingers and making fingers prints on a separate paper. She seemed to enjoy the tactile feeling.

Iris engaged in the warm up and the painting activity with positivity and enthusiasm. At the end she congratulated us, saying that it was very interesting and that she likes to see other people who are also into arts, reminding us again how she used to draw many years ago.

Bill seemed to be at ease and joined with the group. He liked to sing. He joined in part of the warm up and mostly observed the printing activity. He often went out to smoke and had a long chat with Albert.

Albert stayed for the whole session. He preferred to chat, mostly with Bill and observe. He was very animated from a map of Kent that Jayne brought and opened the map, looked at it and talked about his traveling. Iris noticed how interested he was in the map.

**How did care staff or other staff or volunteers engage with the session?**

Tara was supportive, she brought down all participants, encouraged them gently and smiles a lot.

**How did the space affect the session and how was it animated or interacted with?**

The space was is large and we first used a circle of chairs for the movement activity and then brought in a table to create the shoe printing.

**How did you/your practice and your co-worker/co-worker's practice work together?**

The theme (walk, shoes, journeys) seemed to link the practices quite well.

**Did you use any 'resilience building' techniques – if so what and how?**

Being in contact throughout the week for planning and exchanging ideas, checking in with each other during the session and reflect together

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

**Practice-based Research Project 1**  
Photographs of Session 3











## Practice-based Research Project 1

Weekly Report 4

Jayne Lloyd

<b>Session No:</b>	4
<b>Date:</b>	17/03/14
<b>Time</b>	2.30-3.30pm
<b>Location</b>	Deleted
<b>RAPs present</b>	Christina and Jayne
<b>Care Staff/Other staff/volunteers present</b>	Kate and Sangeeta
<b>Participants present</b>	Iris, Betty, Bill, Albert, Agnes and Jill
<b>Focus of session and main activities</b>	<p>The theme was 'rain'.</p> <ul style="list-style-type: none"><li>• Rain sounds as people enter</li><li>• Hop picking song</li><li>• Rain movements, songs and instruments including a 'thunder' instrument and rain stick</li><li>• Twirling and looking at cocktail umbrellas</li><li>• Rain painting – finger painting and placing cocktail umbrellas</li><li>• Tea brought at end drunk around 'rain painting' with singing, music and discussion</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

### **Betty**

Betty really engaged with all the activities and seemed to have some recollection of the activities in previous sessions. She again really engaged with the finger painting with Christina and applied the paint on the paper with different movements of her fingers to make different marks. She seemed delighted and fascinated by the thunder instrument and appeared to enjoy the music and movement in general, continuing playing the coconuts after the song had finished and playfully blowing her hands when Christina was making wind movements with people. She said how much she'd enjoyed it at the end.

### **Iris**

Iris took part in all the activities. She was very expressive in the movement activities and sang along enthusiastically to the hop picking song. I asked her where she would put an umbrella on the painting and she arranged several of them. We talked about the composition of the painting as she tried to balance the colours of the umbrellas. This seemed to point to some memory of making art.

### **Bill**

Bill seemed to enjoy the thunder instrument. When he came back from going out for a cigarette he said jokingly that he had heard thunder referring to the thunder instrument. He didn't join in the painting and said we needed pens to draw not this. He did place an umbrella though. He sang a song at one point and seemed to recognise others. He said he'd been

waiting seven months for some shoes and laughed at ours scattered and hung around the room.

### **Albert**

When he arrived Albert said he'd not been well. He engaged quite a bit with the shoes on the ground asking what they were doing there and picking up a flip-flop towards the end and placing it on the table. He didn't finger paint but did place umbrellas on the painting. He chose the red one, saying he didn't like the green one. He talked about the hop picking painting again and the other painting and later Betty remarked that she did like those paintings.

### **Agnes**

Agnes is on rest bite but had joined the first session and enjoyed it so I agreed that she could participate. I sat next to Agnes and moved my hands with hers during 'Singing in the Rain'. At the end of the song she thanked me. Finger painting was difficult with Agnes because she kept nearly wiping paint on herself. She put an umbrella in the paint and we printed it. She seemed to enjoy being part of the activity and said it was clever. She seemed quite happy and contented throughout the group, sometimes actively taking part and other times just being in the group.

### **Jill**

Jill was brought despite giving the volunteers the list and explaining that we needed to stick to it and couldn't take people who were in the other group. She did seem to enjoy the group. We did some finger printing together and there was quite a bit of mirroring and following of each other's movements.

### **How did care staff or other staff or volunteers engage with the session?**

Tara was away. Kate was very helpful and took part enthusiastically and Sangeeta was friendly. Both stayed throughout the group.

### **How did the space affect the session and how was it animated or interacted with?**

We hung shoes on the bunting that was already in the room and placed some of them on the floor. Participants noticed these as they came in and at points during the session. It was interesting having something that residents just came across at different points in the session and wasn't introduced.

I felt that the sounds really affected the space in this session. The rain sounds filled the space with a sensation of rain and the sound from the thunder stick was very evocative and really filled the space.

The rain painting that we made stayed on the table whilst we drank tea at the end so the tea cups became part of the picture and I think it altered the atmosphere of the teatime a bit, prompting conversations and looking a bit like a sea with little islands floating in it. I said to Iris that they looked a bit like islands and she remarked 'islands of dreams'.

### **How did you/your practice and your co-worker/co-worker's practice work together?**

Some of the rain movements and mirroring that happened into the dance crossed over into the rain painting. The twirling of umbrellas connected movement to the picture and giving these out before the table was brought in linked the two activities.

The theme and sounds linked our practices and the thunder instrument was used again later in the session after/during the rain picture. The session felt cohesive and like the practices fed off each other.



**Did you use any 'resilience building' techniques – if so what and how?**

The session felt quite positive and residents were supporting and interacting with each other so I didn't find it too difficult, intense or emotionally draining. Christina and I did discuss the session at the end and are jointly planning for next week.

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**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Next week we're planning to do movements with umbrellas and to paint larger umbrellas. I really liked the sounds and music this week and would maybe be nice to have some of the same or similar ones in the next session.

## Practice-based Research Project 1

Weekly Report 4

Christina Argiropoulou

<b>Session No:</b>	<b>4</b>
<b>Date:</b>	<b>17/4/14</b>
<b>Time</b>	<b>2.30-4pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne, Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Kate and Sangeeta (volunteer)</b>
<b>Participants present</b>	<b>Betty, Iris, Bill, Albert, Agnes and Jill (although we asked them not to bring her in as she is part of the other RADIQL group)</b>
<b>Focus of session and main activities</b>	<b>Theme of rain</b> <ul style="list-style-type: none"><li>- singing the opening to the session song</li><li>- movement warm up, actions related to rain</li><li>- music and sounds related to rain</li><li>- choose, hold, twirl little cocktail umbrellas who were in a suitcase</li><li>- create a group drawing of rain drops, decorate it with the cocktail umbrellas</li><li>- End with cup of tea and some singing</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

Participants engaged positively in the session. They sang all together, were quite alert during the movement part and looked very interested and focused during the art part.

Jill seemed to enjoy dipping her fingers in paint and then doing fingerprints on the paper. From time to time she would wave her hand so that we can see her covered in blue paint fingers.

Bill was in a singing mode and sang few songs for the group today. Other participants joined him in the singing. He commented in the art making saying it looks very nice.

Albert was quite chatty. He talked or observed. He looked very entertained when holding the instrument that creates a thunder sound. He shook it and spun it around many times. Also he seemed to enjoy twirling the tiny umbrella.

Agnes joined in the session with a big smile. She came up with lots of movements for the group to follow during the warm up. At times she observed, but kept positive and present during the whole session.

Iris engaged in everything and was great to see her doing fingerprints on paper quite passionately. Today she engaged in art making process more fully.

Betty was smiling, laughing and commenting with Iris and she also joined in in all activities. She used different ways to put the paint on paper, other times doing fingerprints and other times spreading the paint.

**How did care staff or other staff or volunteers engage with the session?**

Both Kate and Sangeeta joined in with openness and were supportive to participants.

**How did the space affect the session and how was it animated or interacted with?**

The space worked well. We decorated around the shoe prints and shoes from our last session. We created a circle of chairs and brought in a table for the art activity.

**How did you/your practice and your co-worker/co-worker's practice work together?**

Our theme linked our practices quite nicely. Also, there was a subtle continuation to the journeys theme (having shoes around, using the suitcase, singing the hopping to Kent song)

**Did you use any 'resilience building' techniques – if so what and how?**

Being in contact throughout the week for planning and exchanging ideas, checking in with each other during the session and reflect together

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Next week we are keeping the same theme but taking it into a larger scale; we are planning to paint and decorate real size umbrellas and dance with them.

Using the 'hopping song' to start the session with, seems to be going quite well and there is some recognition.

Participants seem physically quite able and are fully engaged in the movement warm up. It seems during the warm up they come up with their own ideas, which is good to support and follow.

Bill was singing some songs today which I will try and find for next week.

**Practice-based Research Project 1**  
Photographs of Session 4







## Practice-based Research Project 1

Weekly Report 5

Jayne Lloyd

<b>Session No:</b>	5
<b>Date:</b>	24/03/14
<b>Time</b>	2.30-3.30pm
<b>Location</b>	Deleted
<b>RAPs present</b>	Christina and Jayne
<b>Care Staff/Other staff/volunteers present</b>	Tara called in a few times
<b>Participants present</b>	Iris, Betty, Bill
<b>Focus of session and main activities</b>	<b>Continuing 'rain' theme</b> <ul style="list-style-type: none"><li>• <b>Discussing paint colours</b></li><li>• <b>Hop picking song</b></li><li>• <b>Rain movements, songs and instruments including a 'thunder' instrument and rain stick</b></li><li>• <b>Movements with umbrellas</b></li><li>• <b>Painting umbrellas</b></li><li>• <b>Movements with painted umbrellas</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

The group was small this week but still lively and felt very creative and engaged. There was recognition of previous sessions, especially when thunder stick was passed round and the hop picking song was played 'we know this one' (Iris).

Bill wasn't on good form. He was upset because he wasn't allowed to leave the care home to go for a walk and said he felt like a prisoner. The priest came to see him near the start of the session. When he came back he kept asking what sect Christina and I were from and seemed suspicious about what our motive was. He did stay until the end of the session though and took part in some of the movement activities, spinning the umbrella and painting. However, he wanted to talk a lot about things not related to the activities we were doing and seemed very discontented at times.

The session felt like it was a lot about learning and exploring new things at the same time as drawing on existing experiences and knowledge. Betty and Iris were fascinated by the thunder instrument again. Iris said she'd 'never met anything like it before coming here' and acknowledged several other things that were new to her in the session. When I asked Iris and Betty what they might like to do with the umbrellas next week they said they didn't know because it was all new to them but seemed open and enthusiastic about what we might do next.

Betty and Iris took part in the visual arts activities much more readily, with less self consciousness and more confidence than earlier sessions, particularly the first two where they did not draw and seemed sceptical. Even Bill took the brush for the first time and painted a section of the umbrella. Betty seemed to really enjoy sprinkling glitter on the umbrellas.



Iris said the art was different to what she'd done in the past and that she used to sketch. She seemed to enjoy the new experience saying 'we never did anything like this at the Mission' (Iris often thinks she works at the Mission). Her art background was apparent in her gestures when she painted, the way she seemed to be thinking about composition – looking then adding an extra dash to balance the painting on the panel of the umbrella – and how she described the colours – the soft green and the turquoise blue that real 'popped'.

**How did care staff or other staff or volunteers engage with the session?**

Tara came in to take photos but prioritised a deadline to complete resident files for an inspection they were having over attending the session.

**How did the space affect the session and how was it animated or interacted with?**

The sounds, colours and activity in the session all seemed to bring the space to life or perhaps enable people to temporarily forget they were in a care setting by evoking outdoor environments, particularly rain, or just by becoming immersed in the creative process, its colours, materials and rhythm, for example.

The scale of the activity, especially the umbrellas, brought colour and something out of place to the space. Betty held the umbrella above her head and listened to the rain sounds for quite a while seeming like she was connecting to something outside the physical space. When Betty painted and poured glitter she seemed very involved in the activity and, because of the scale of the umbrellas, she stood up walking within the 'painting environment'.

We covered the floor with a plastic dustsheet which drew attention to the need to protect the carpet and, when residents arrived, ensuring that they were careful not to trip or slip.

**How did you/your practice and your co-worker/co-worker's practice work together?**

It felt like it came together well and that there was a continuity to the session and a fluidity when moving between art forms, materials or techniques. Finding a way to paint on the floor without having to move the table into the middle of the circle felt less disruptive and the umbrellas moving between movement and painting activities and back again worked well. Painting on a larger scale meant that there was less of a difference in scale between the art forms – visual arts often ends up being a smaller and more individual or 1-1 activity.

**Did you use any 'resilience building' techniques – if so what and how?**

Discussing and planning the sessions with Christina.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Christina, I really liked your ideas. Below is a suggestion of what else we might do and how they could be divided between the next two sessions. I think there's enough to continue with until we break for Easter.

**Week 6**

- Look at pictures of rainbows to introduce theme. I could put some of the pictures in the frames we've used in previous sessions.
- a rainbow dance
- Shape of rainbow in body
- I'd really like to add the colours of the rainbow - red, orange, yellow, green, blue, indigo and violet – to the umbrellas. I was thinking about different ways of applying colour. Sprinkling glitter seemed to work well and I quite liked those vessels. We could also pour small amounts of paint, drip ink, dust them with powder paint, maybe shaking from a sieve, squeezing from a sponge etc. I was thinking of trying to find a different way of applying each colour.



- Would we be able to integrate the painting into the rainbow dance or other movement activities so it's not all done together in one block? Could be nice to think about the movement in the application of the paint as well as the mark it makes.

### **Week 7**

- Light umbrellas like sun in middle of circle
- Wave a rainbow parachute – could we do this over the lit umbrellas so the light comes through?
- Participants make ribbon sticks with long ribbons in the colours of the rainbow to move and draw with.
- Might be nice to find a prism to make rainbows with light.
- Repeat/develop some of the rainbow dance or movements from previous session?

## Practice-based Research Project 1

Weekly Report 5

Christina Argiropoulou

<b>Session No:</b>	<b>5</b>
<b>Date:</b>	<b>24/4/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne, Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>none</b>
<b>Participants present</b>	<b>Betty, Iris and Bill</b>
<b>Focus of session and main activities</b>	<b>Continue and develop theme of rain from last week</b>  <b>-Hopping song to begin the session</b> <b>-Sounds of rain and related music</b> <b>-Thunder and rain stick instruments to look and shake</b> <b>- Gentle warm up stretching</b> <b>- Movements related to clouds, wind, light and heavy rain, walking on mud and holding umbrella.</b> <b>-Looked at and moved with umbrellas</b> <b>-Painted umbrellas</b>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

A good session with a lot of creative input from participants.

Iris seemed to be in a good mood today, she sang and danced and seemed very focused during the painting activity. She expressed her positive feelings about the session. Often during the sounds playing, she would notice them and say 'I can hear water' or 'Thunder!' She did lots of movements with her arms, which she seemed to repeat while drawing with paint on the umbrella.

Betty was very engaged. She participated in the physical warm up and movements, although she seemed to have stretched her arm a bit too high and she felt in pain. Later, during the drawing activity, she stood up and sprinkled some glitter on the umbrellas. She seemed to enjoy doing that.

Bill attended the session and took some breaks to have a cigarette. From the beginning he said that he wasn't too well. He complained to Tara about not being permitted to leave the home for a walk, he said they keep him in as in prison. At times he joined in the activities- part of the movement, explored the instruments and part of the drawing. But it seemed like a bad day for him and he was more interested to talk.

**How did care staff or other staff or volunteers engage with the session?**

No care staff attended the session. Tara however was in and out taking pictures.

**How did the space affect the session and how was it animated or interacted with?**

Iris said 'it's nice in here' when she arrived. The space is quite large and there are a lot of colourful drawings around. The circle of chairs worked quite well. Bringing out the umbrellas, moving with them and painting them animated the space.

**How did you/your practice and your co-worker/co-worker's practice work together?**

They worked well and complemented each other.

**Did you use any 'resilience building' techniques – if so what and how?**

Checking in with Jayne before, during and after the session.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

We left the umbrellas there to dry and we were thinking to somehow use them again next week.

Jayne suggested to bring lights (torches?) and explore them in relation to the umbrellas.

We also thought about rainbows which come after the rain and how we can link them in the session.

Few ideas are:

- a rainbow dance
- Shape of rainbow in body
- wave a rainbow parachute
- Related songs
- Look at pictures of rainbows
- Draw rainbows

**Practice-based Research Project 1**  
Photographs of Session 5







## Practice-based Research Project 1

Weekly Report 6

Jayne Lloyd

<b>Session No:</b>	6
<b>Date:</b>	30/03/14
<b>Time</b>	2.30-3.30pm
<b>Location</b>	Deleted
<b>RAPs present</b>	Christina and Jayne
<b>Care Staff/Other staff/volunteers present</b>	Tara on holiday and no other staff or volunteers attended
<b>Participants present</b>	Iris, Betty, Bill, Albert, Marjory, Hannah (on respite)
<b>Focus of session and main activities</b>	<b>Rainbow theme</b> <ul style="list-style-type: none"><li>• Hop picking song and movements</li><li>• Looking at rainbow pictures</li><li>• Movements with umbrellas</li><li>• Painting umbrellas using different ways of applying paint – spraying, rolling, dabbing, squeezing, dripping, shaking</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

There were some really lovely interactions between the participants. Betty held onto Hannah's hand and continued to move with her after everyone else had let go. Iris interacted quite a bit with Marjory during the session making arm movements/dances with her and telling me how much Marjory was enjoying it. Betty and Iris have an established friendship and usually sit together but it was nice to see them interact with other people and they really helped engage Hannah and Marjory in the session.

Bill and Albert sat together and talked quite a bit amongst themselves. They seemed to enjoy looking at and discussing the pictures of rainbows and both took part in some of the other activities – Bill twirled the umbrella and did some movements and Albert put the umbrella up and seemed to enjoy the paint spray. I feel that some of the things we do in the group aren't quite their 'thing' but they do come back each week and stayed for most of the session.

Iris said she didn't recall painting the umbrellas before but really engaged with painting them again. She seemed to show some embodied memory of the gestures in applying the paint and had a very strong idea of how she wanted to apply it and when enough of one colour had been applied. She made some lovely sweeping movements that were not unlike the ones she made in the movement activities. She again told us about how she used to paint in the air. Looking at a photo of a rainbow she discussed how the rainbow lit the landscape.

Betty sang a verse of 'Old MacDonald' during the hop picking song, which has some similarities to the chorus. We then played Old MacDonald and she continued to sing along. She adapted some of the movements, moving her legs in different ways, and during the swimming actions said 'we shouldn't jump in'. She initially needed some direction with the painting activities mistaking the sponges for cake, but once she got started she seemed to enjoy painting the



umbrellas. She apologised to me at the start of the session for not making it last week because of the weather.

Marjory said 'yippee' and 'goody, goody, goody' a lot during the session, particularly during the hop picking song. She seemed to enjoy the music and the company. She needed a lot of support with the painting but did hold some of the paint containers and watched as I applied paint.

Hannah initially really engaged with the movements and painting but then got some paint on her shoelace, which distracted her for quite a bit of the session.

**How did care staff or other staff or volunteers engage with the session?**

No staff present.

**How did the space affect the session and how was it animated or interacted with?**

There was lots of colour and movement in the session. Christina had brought lots of small umbrellas and hung them around the space. We then moved and twirled them along with the ones from last week.

The painting was quite messy in contrast, perhaps, to the room we were in. The scale of the umbrellas meant that many of the participants stood rather than sitting for the whole session.

**How did you/your practice and your co-worker/co-worker's practice work together?**

They linked thematically and some of the movements transferred between the activities. The umbrellas were used throughout the session and the table was not brought in or the layout of the space changed. Participants seemed to move between different activities quite fluidly, some dancing whilst others painted, and the music created continuity.

**Did you use any 'resilience building' techniques – if so what and how?**

Discussing and planning the sessions with Christina and checking in with Christina during the session.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Below is a suggestion for next week. I've just edited a bit from the ideas on the last report. Let me know if you've other ideas etc.

**Week 7**

- Light umbrellas like sun in middle of circle. I was thinking of using torches then participants could hold them after and see if we can move/draw with light. I don't think there are curtains but if I get a few torches it should show up a bit. Might bring some coloured tissue or acetate that we can put over the torches to change the colour of the light.
- Wave a rainbow parachute – could we do this over the lit umbrellas so the light comes through? The scarves are also really nice. We could maybe hang these around the space and/or make movements with them.
- Participants make ribbon sticks (attach ribbon to stick) with long ribbons in the colours of the rainbow to move and draw with.
- Might be nice to find a prism to make rainbows with light?
- Repeat/develop some of the rainbow dance or movements from previous session?



## Practice-based Research Project 1

Weekly Report 6

Christina Argiropoulou

<b>Session No:</b>	<b>6</b>
<b>Date:</b>	<b>31/3/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Delete</b>
<b>RAPs present</b>	<b>Jayne, Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>none</b>
<b>Participants present</b>	<b>Betty, Iris, Bill, Albert, Marjory, Hannah</b>
<b>Focus of session and main activities</b>	<b>Following the rain theme, we introduced the theme of rainbow. Activities:</b> <ul style="list-style-type: none"><li>- Hop picking song, singing, moving</li><li>- Looking at rainbow pictures</li><li>- Shape of rainbow in body</li><li>- Rainbow dance</li><li>- Dancing, moving with small umbrellas</li><li>- Adding to the painted umbrellas from last week the colours of the rainbow, using different ways of applying the paint</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

A good session with many interactions and a lot of creative input from participants.

Betty was actively engaged, in all the activities. She smiled a lot. She got a bit confused during the painting and when applying colour with sponge she put the sponge in her mouth. We explained to her that this was not food and she understood. At the end of the session her daughter visited her and Betty proudly explained to her what we have been doing

Iris seemed to be in a good mood. She enjoyed the rainbow dance and was very focused when applying the paint to the umbrellas. She used all colours and different movements when doing it, expressing how much she enjoys it and that she loves art. She was very creative.

Bill seems to enjoy discussions and for part of the session was chatting to Albert. He participated in the singing, part of the movement and painting, at times he observed or took a break for a cigarette. He was the first to come to the session and stayed throughout. He seems to remember us

Albert sat next to Bill. He talked with Bill and observed the activities.

Marjory seemed to be enthusiastic, repeating 'goody goody goody'! It looks like she feels safer when sitting close to me or Jayne, she likes holding hands and physical proximity. She joined in the activities with some assistance and taking few breaks

Hannah was very engaged and active, but accidentally some paint dropped on her shoe and she spent the rest of the session worrying about her shoe and trying to clean it.

**How did care staff or other staff or volunteers engage with the session?**

No members of staff attended the session.

**How did the space affect the session and how was it animated or interacted with?**

We decorated the space with small umbrellas to create a connection with last week. Then we used these umbrellas and moved them in the space. The large umbrellas and the colours were stimulating.

**How did you/your practice and your co-worker/co-worker's practice work together?**

They worked well and complemented each other. We moved from one activity to the other quite smoothly, without interruptions.

**Did you use any 'resilience building' techniques – if so what and how?**

Checking in with Jayne before, during and after the session.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

I like Jayne's idea about continuing with the theme of the rainbow, before we have the Easter break. As you said Jayne, we could do

- light the umbrellas in the middle
- movements/dance with scarves
- wave a rainbow parachute
- create some rainbow ribbon wands
- perhaps at the end we could tie together some of these ribbons to create visual connections between participants?

**Practice-based Research Project 1**  
Photographs of Session 6





## Practice-based Research Project 1

Weekly Report 7

Jayne Lloyd

<b>Session No:</b>	<b>7</b>
<b>Date:</b>	<b>07/04/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Christina and Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Tara and another member of staff who's not been before</b>
<b>Participants present</b>	<b>Iris, Betty, Marjory, Hannah (on respite)</b>
<b>Focus of session and main activities</b>	<b>Rainbow theme</b> <ul style="list-style-type: none"><li>• <b>Umbrellas lit up in centre of circle</b></li><li>• <b>Hop picking song and movements</b></li><li>• <b>Looking at rainbow pictures</b></li><li>• <b>Movements with colourful scarves</b></li><li>• <b>Making ribbon sticks and drawing in air</b></li><li>• <b>Parachute movements</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

Overall the session felt very creative, engaged and uplifting.

**Marjory** moved between becoming anxious and disorientated and seeming joyful or contented. Music, particularly when she knew the words, seemed to reassure her and sometimes she would sing along. At one point I held her hand when she was upset and gradually started to sway it to the music. This seemed to relax her and as she connected to the music I was able to let go of her hand, which she continued to move. She also held a ribbon stick and moved it with Christina and listened whilst I spelt her name and wrote it in the air with the ribbon.

**Betty** greeted us warmly and was cheerful and in good humour throughout the session. She commented that the umbrellas that we'd lit up had lasted well but needed a bit of a dust, perhaps showing some recollection of them from last week. We talked about the heat and pretended to warm our hands on the light from the umbrellas. Betty kept commenting that they weren't very warm. When I gave her a ribbon stick she wove the ribbon together around the stick. Discussing her creation with her she talked about how different parts of it worked. When I asked her what she would like to do with the ribbon she said she didn't know 'it was my game' and we joked that she was just playing along. She interacted playfully with Hannah and Christina with the ribbons, tangling and flicking them at each other.

**Iris** seemed to be very engaged throughout the session, particularly in movements or gestures to music. She copied Betty's weaving of the ribbon and made her own version that was more open with the ribbon draped loosely around the stick. She immediately chose a red ribbon when offered a choice of colours.

**Hannah** was in the room when we arrived and chatted to us as we were setting up. She was concerned at the start about the safety of using the big umbrellas and that we weren't using

paint again because it was messy but she took part and seemed to really enjoy the movements to music. She playfully flicked the ribbons with other people and laughed a lot during the session.

**How did care staff or other staff or volunteers engage with the session?**

Tara was there for most of the session. She took part and at the end said it had been a really good session and that it was very sensory and we'd worked well with Marjory. She said she'd just got a big parachute for the home and asked if I could get her some ribbons to do a similar activity with to the one we'd done in the session.

**How did the space affect the session and how was it animated or interacted with?**

The lit umbrellas created a focal point and a warm glow as they lit up the space. There was a lot of colour and movement in the session with the parachute, ribbons and scarves that brought a liveliness and vibrancy to the space.

**How did you/your practice and your co-worker/co-worker's practice work together?**

The session felt quite fluid. The objects, colours and movements worked really well together thematically and aesthetically and because things were used in multiple ways – selecting colours of ribbon, attaching the ribbon to stick, weaving ribbon, moving/drawing/writing in air, interacting with other people's ribbon movements, for example.

**Did you use any 'resilience building' techniques – if so what and how?**

Discussing and planning the sessions with Christina and checking in with Christina during the session.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Christina, I really liked your suggestion of getting some black umbrellas to shine the torches on. I wondered about a 'night' theme for the next couple of sessions looking at light and dark, shadows, stars, night-time sounds etc. The last session we could then maybe use things from the previous sessions to create an installation/journey from rain to rainbow to sun to night.

## Practice-based Research Project 1

Weekly Report 7

Christina Argiropoulou

<b>Session No:</b>	<b>7</b>
<b>Date:</b>	<b>07/4/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne, Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Tara</b>
<b>Participants present</b>	<b>Betty, Iris, Marjory and Hannah</b>
<b>Focus of session and main activities</b>	<b>Continue with rainbow theme</b> <ul style="list-style-type: none"><li>- Installation of umbrellas lit up in the centre of our circle of chairs</li><li>- Hop picking song to begin the session, singing and moving to its rhythm</li><li>- Looking at pictures of rainbows</li><li>- Moving with coloured scarves</li><li>- Listening to related music</li><li>- Craft activity; create ribbon sticks, used them to interact with each other and move</li><li>- Cool down with rainbow parachute</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

A positive and creative session. Participants looked enthusiastic and animated. They were aware of each other and the use of arts and music seem to connect the group.

Betty was in good spirit. She spoke a lot about rainbows and the pictures of the rainbows, choosing her favourite one. She was trying to take the dust off the umbrellas, using the ribbon. She sang, danced with the ribbon and made connections with other participants.

Iris was very active, she joined in all the activities with a big smile and a sense of appreciation.

Marjory seemed to be a bit anxious, at times she looked unsettled. But she stayed throughout the whole session, sitting close to Jayne who reassured her often. She observed and commented on the activities.

Hannah was very playful and although she was a bit concerned about the possible danger of using umbrellas and paints she joined in the activities.

**How did care staff or other staff or volunteers engage with the session?**

Tara joined us for most of the time. She seemed to be very pleased about the session, which gave her ideas for activities.

**How did the space affect the session and how was it animated or interacted with?**

The installation with the lit umbrellas created a warm, sensory environment and a visual focus for participants when they arrived. The musical themes were all around colours and all the props- scarves, ribbons, parachute, painted umbrellas brought colour in the space.

**How did you/your practice and your co-worker/co-worker's practice work together?**

They worked well and complemented each other.

**Did you use any 'resilience building' techniques – if so what and how?**

Checking in with Jayne before, during and after the session.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

We spoke about playing with light and light/shadow effects.

Some ideas are:

- using the torches- perhaps shine light on black umbrellas
- playing with shadows- perhaps some shadow puppetry
- pictures of moon and stars
- create glowing mobiles; with shapes of umbrellas and strings and glowing stickers. They can take them in the room for nighttime?



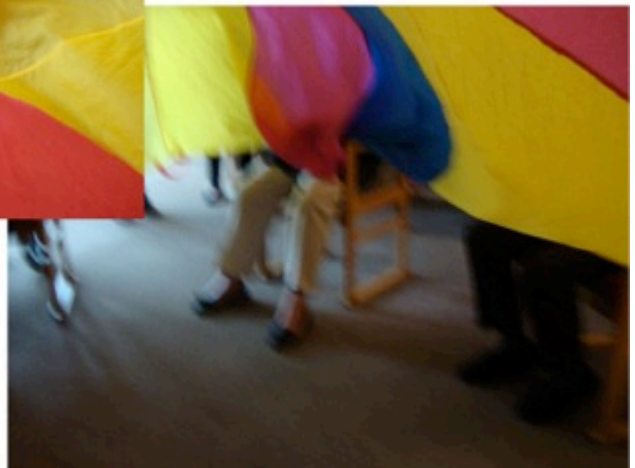
**Practice-based Research Project 1**  
Photographs of Session 7











## Practice-based Research Project 1

Weekly Report 8

Jayne Lloyd

<b>Session No:</b>	<b>8</b>
<b>Date:</b>	<b>28/04/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Christina and Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Tara</b>
<b>Participants present</b>	<b>Iris, Betty, Bill, Marjory</b>
<b>Focus of session and main activities</b>	<b>The theme was 'night-time'.</b> <ul style="list-style-type: none"><li>• <b>Hop picking song</b></li><li>• <b>Black umbrellas lit up in dome</b></li><li>• <b>Night-time sounds and songs with movements</b></li><li>• <b>Shining torches on umbrellas and around space and putting coloured paper over them</b></li><li>• <b>Shadow puppetry</b></li><li>• <b>Waving fabric and catching stars</b></li></ul>

### **Please write something about the following:**

Overall the session was very creative and participants were very engaged.

#### **Marjory**

Marjory seemed to be having a good week. She was much more relaxed than in previous sessions and didn't get distressed when left to participate on her own. There was quite a bit of interaction between her and Betty who was supportive to her. She enjoyed the music saying 'yippee', smiling a lot and feeling the starry fabric.

#### **Betty**

Betty seemed very happy when she arrived at the session and throughout. She took part in everything enthusiastically, especially catching the stars. She got very involved in the discussion about the shadow puppetry and at one point made a dog shape with her hand to talk to the shadow of a dog that Christina was making. She laughed about the hedgehog that she described as being too fat to be a porcupine. She helped fold the starry fabric at the end and was keen to help fold the sheet we were hanging up for the shadow puppetry. It perhaps brought up some memory of folding washing.

#### **Iris**

Iris took part enthusiastically throughout. At times she seemed a bit annoyed by Betty when she felt she was saying things that were a bit confused. She seemed very interested in the shadow puppetry and watched it with what seemed like delight. She spoke again about how she'd enjoyed arts in the past but said there wasn't much of that now.

#### **Bill**

Bill left before the end of the session but took part in many of the activities early on moving the torch around the room and commenting that it made a telephone dial shape through the

paper. He said he thought the black umbrellas were morbid. He sang to and seemed to enjoy listening to some of the songs.

**How did care staff or other staff or volunteers engage with the session?**

Tara was there throughout the session and took lots of photos. She said she liked to stand back and watch the sessions so she could take ideas from them to try out in the week. She said the activities we were delivering were really engaging people.

**How did the space affect the session and how was it animated or interacted with?**

The lit black umbrellas felt very different to the colourful ones in previous weeks and maybe a bit more mysterious. The night-time sounds, use of light and shadow puppetry I think brought a bit of a sense of night-time into the space. It felt, like Christina said in her report, that there was a sense of magic. I became less aware of being in the care home lounge as the session went on.

**How did you/your practice and your co-worker/co-worker's practice work together?**

Movement, imagery, sounds and objects interacted throughout. Some of the activities like the shadow puppetry seemed to sit between our practices so there wasn't always a clear divide.

**Did you use any 'resilience building' techniques – if so what and how?**

Just checking in with Christina. The session felt very positive and I came away feeling quite uplifted.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Really like the ideas you put on your report Christina. If I plan some kind of night-time sky floor drawing are you happy to plan the movements of the planets, stars and moon shining etc? I'll probably do something with stencils or shapes of stars etc that we can arrange on the paper then shake glitter and powder paint over. I might also bring the sticks with sponges on that we used to paint to umbrellas to draw into and move the glitter and powder paint around with – we could maybe combine some of the movements with drawing with these?

## Practice-based Research Project 1

Weekly Report 8

Christina Argiropoulou

<b>Session No:</b>	<b>8</b>
<b>Date:</b>	<b>28/4/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne, Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Tara</b>
<b>Participants present</b>	<b>Betty, Iris, Marjory and Bill</b>
<b>Focus of session and main activities</b>	<b>Theme of night and dark and shadows</b> <ul style="list-style-type: none"><li>- <b>Hop picking song</b></li><li>- <b>Dancing and movements of catching stars; related music</b></li><li>- <b>Explored shining light from torches to black umbrellas, to the ceiling and through coloured sheets</b></li><li>- <b>Sounds of night and owl</b></li><li>- <b>Shadow puppetry; created shadows and movements using different shapes and hand movements. Participants were commenting on what they were seeing and on the stories unfolding</b></li><li>- <b>Waving starry fabric and touching 'the stars'</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

The session was creative, fun and had a sense of 'magic'. Participants engaged positively and with enthusiasm. The session provided triggers for ideas, memories and shared discussions.

Betty got up to dance and showed us how to catch the stars. She was very active and talkative and came up with lots of movement ideas and improvisations. She was curious about the torches and their light effect. She watched the shadow puppetry with focus and interest, commenting on it. She was very eager to help with folding the fabrics.

Iris was excited throughout the whole session. She mentioned memories of doing creative things and said she doesn't meet anyone who likes this stuff now. She sang, danced, explored the lights and enjoyed the shapes of the shadows. She enjoyed the starry fabric, commenting on its texture and colour.

Marjory was smiling and laughing a lot today- looking more at ease than other times. She participated actively some times and as an observer often. She repeated ' 'goodie goodie' and 'yeppe yeppe'

Bill sang and explored the lights and the torches. He was interested in the torches but a bit worried that he was wasting the batteries. Through the shine of the torch on a paper he saw a dial phone. For the last part of the session he left and went outside.

**How did care staff or other staff or volunteers engage with the session?**

Tara was present in our session, observing and taking pictures and videos. She told us that this is her way of learning and that during the week she applies some of our ideas with the residents.

**How did the space affect the session and how was it animated or interacted with?**

The black umbrellas installed in the middle of the circle connected our session to past themes and also provided the atmosphere for the colour of our theme- dark, shadows, night, lights.

The use of torches created a mysterious scenery.

We used a white sheet hanging, lights and different shapes to create a shadow puppetry experience which transformed the space into looking a bit like a little theatre.

**How did you/your practice and your co-worker/co-worker's practice work together?**

Our practices matched well, movement and art were merged within the experience

**Did you use any 'resilience building' techniques – if so what and how?**

Checking in with each other, planning and reflecting together

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

The idea is to continue with the theme of dark, night and stars next week.

We talked about draw on a large paper on the floor a picture of the sky and perhaps embody in movement the planets moving and the stars and moon shining.



**Practice-based Research Project 1**  
Photographs of Session 8







## Practice-based Research Project 1

Weekly Report 9

Jayne Lloyd

<b>Session No:</b>	9
<b>Date:</b>	05/04/14
<b>Time</b>	2.30-3.30pm
<b>Location</b>	Deleted
<b>RAPs present</b>	Christina and Jayne
<b>Care Staff/Other staff/volunteers present</b>	None
<b>Participants present</b>	Iris, Betty, Bill, Albert and Marjory
<b>Focus of session and main activities</b>	<p>The theme was stars and planets.</p> <ul style="list-style-type: none"><li>• Hop picking song</li><li>• Movements inspired by planets and stars</li><li>• Keeping the starry balloon in the air</li><li>• Looking for the moon in a bucket and story</li><li>• Making a group drawing on the floor using star stencils, flour, rice, glitter and drawing sticks.</li><li>• Waving starry fabric and reaching for the stars</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

The start of the session was a bit disrupted because we didn't have access to the room as early as usual and participants were brought in whilst we were still setting up. The participants were also quite distracted at the start. As the session went on though they became more focussed and it turned out to be a very creative and engaged session. There was a lovely playful moment when we were drawing into the flour with the sticks and everyone moved them very energetically to the music and there was a lot of interaction between people's movements.

### **Betty**

Betty did a lot of clearing up, cleaning and tidying in the session. She collected the stars we placed on the ground, swept the flour with the stick as if cleaning the paper, tipped the flour onto one sheet of paper and folded the starry sheet. When I handed her a stick to draw with she told me that Iris would know about this and asked her to come and show her 'what would suit her'. I felt that this was her acknowledging Iris's arts background. Iris, with some encouragement, started to draw. Everyone else then joined in. When I showed Betty the moon in the bucket and told her the story she said I'd got the 'larkings' and seemed amused.

### **Iris**

Iris was sat next to Albert and seemed a bit distracted at the start by him talking. Once she started listening to the music though she moved to it expressively. She helped with the composition of the group drawing adding extra stars to balance it. She made some lovely gestures and marks in the flour.

**Bill**

Bill stayed for the first half of the session then went to have a cigarette and didn't come back. He recognised the hop picking song saying that it's the one we always have. He took part in the starry balloon activity but also talked a lot to Albert and was a bit distracted by his friend who was sat in the garden.

**Albert**

Albert talked to Bill a lot when he was there but seemed happier to take part once he had left. He was interested in the starry balloon that he said he'd seen one like that cost £50. He took part in the activity with the starry balloon and seemed to enjoy that. I gave him a star to put on the picture but he held onto it and placed it in his shirt pocket. At one point he became very engaged and animated moving the stick on the floury paper. He talked about Leysdown in Kent again and said he thought I was from there. I'm not sure if it was the hop-picking song that reminded him of this or he remembered the map and talking about it in previous sessions. It seems like it is somewhere that's important to him. When we told him it was our last session next week he said he'd kidnap us so we'd stay.

**Marjory**

Marjory was having a good week again and seemed content throughout the group. She said 'yippee' a lot and sang to the hop picking song. She took part in all the activities. She watched as I dropped stars onto the paper and she picked one of them back up. With support she shook flour on the star stencil. She also held one of the sticks without support and moved it on the paper.

**How did care staff or other staff or volunteers engage with the session?**

There were no staff in the session. Someone brought people down but immediately left and collected them quickly at the end seeming a bit impatient to get on. It was a bank holiday and felt like there weren't many staff on duty. Tara was away.

**How did the space affect the session and how was it animated or interacted with?**

The space became very animated during the drawing, particularly when the sticks were bounced on the page and the flour and glitter jumped with them. This seemed like a good way to draw because we didn't need to move tables in, which always stops the flow of the session, and because it was one drawing and filled the space in the centre of the circle it felt very much like a group activity. The starry sheet and balloon also added colour and movement to the space.

**How did you/your practice and your co-worker/co-worker's practice work together?**

The session flowed well. During the drawing with the sticks movement and drawing really came together.

**Did you use any 'resilience building' techniques – if so what and how?**

Checking in with each other and joint planning.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**



## Practice-based Research Project 1

Weekly Report 9

Christina Argiropoulou

<b>Session No:</b>	9
<b>Date:</b>	5/5/14
<b>Time</b>	2.30-3.30pm
<b>Location</b>	Deleted
<b>RAPs present</b>	Jayne, Christina
<b>Care Staff/Other staff/volunteers present</b>	None
<b>Participants present</b>	Betty, Iris, Marjory, Albert and Bill
<b>Focus of session and main activities</b>	<p>Theme of sky, stars and planets</p> <ul style="list-style-type: none"><li>- Hop picking song</li><li>- Large starry balloon to pass around and keep on the air</li><li>- Movements and dancing inspired from planets and stars</li><li>- Story of moon fallen in river- reproduced using a bucket with water and a torch</li><li>- Drawing the sky and stars on large papers on floor; use of stencils and powders</li><li>- Moving the large sponge sticks on the paper to create shapes on the sky- synchronising movements as a group</li><li>- Waving starry fabric and touching 'the stars'</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

The participants were all engaged with the session, either actively, or observing or asking questions. It was a nice and fun session.

Betty was active throughout the session. She sang, moved, enjoyed creating the sky on paper. She seemed curious and interested and smiled a lot.

Iris was excited, she told us at the end how much she enjoys this session. She was making movements of floating in the sky and enjoyed creating the sky. She sparkled the glitter on the paper with enthusiasm. The sessions seem to motivate her creativity.

Marjory was again at ease and at times observing the activities although often very active. She tuned into the rhythm during the movement part and engaged holding the sponge stick to draw.

Albert engaged in his own way, mostly observing but was very active towards the end. He got distracted at times, telling us stories of people that he knows. He seemed frustrated that the sessions end next week and said that after that they will kidnap us so we can stay.

Bill was in and out of the session- he left for a cigarette. He was quite chatty.

**How did care staff or other staff or volunteers engage with the session?**

We did not have any staff members in the session today. Due to the bank holiday Tara was away. A couple of staff members directed participants to the session.

**How did the space affect the session and how was it animated or interacted with?**

We hung the black umbrellas to make a link with last week, which also related to today's theme, as they looked a bit like a dark sky. The art material and creation on the floor gave to the space a very nice, artistic quality. It was interesting how we began the session moving on the upper level of the space and then the attention was guided to the lower level of the space, the floor.

**How did you/your practice and your co-worker/co-worker's practice work together?**

The theme connected our practices, but also there were lots of movements happening today during the art making activity.

**Did you use any 'resilience building' techniques – if so what and how?**

Checking in with each other, planning and reflecting together

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Jayne your ideas about next week are all brilliant. I like taking them on a journey of all we've done these weeks and end with cocktails.

I was wondering in addition to the rain theme- perhaps we could have wet sponges to squeeze on top of the umbrellas?

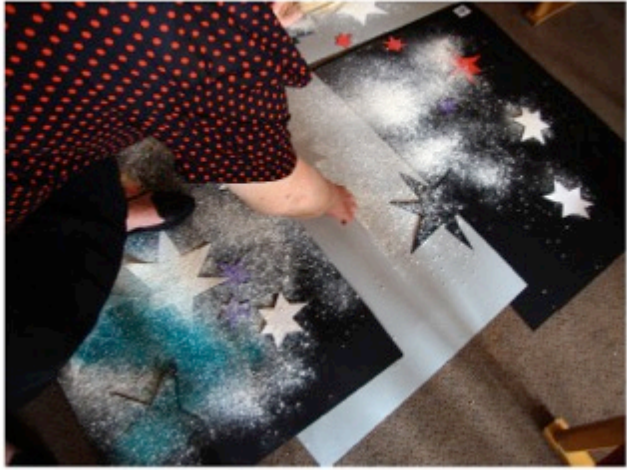
**Practice-based Research Project 1**  
Photographs of Session 9

















## Practice-based Research Project 1

Weekly Report 10

Jayne Lloyd

<b>Session No:</b>	<b>10</b>
<b>Date:</b>	<b>12/04/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Christina and Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Tara and Helen (visiting from RHUL)</b>
<b>Participants present</b>	<b>Iris, Betty, Albert and Marjory</b>
<b>Focus of session and main activities</b>	<p>We facilitated a journey through the themes we had explored in previous sessions – rain, rainbows, sun and night-time</p> <ul style="list-style-type: none"><li>• Room set up with shoes on floor, umbrellas lit in centre with blue fabric draped over and umbrellas hanging around room.</li><li>• Hop picking song and movements</li><li>• Rain sounds, movements and rain stick.</li><li>• Movements with umbrellas to ‘Singing in the Rain’</li><li>• Using sponges to squeeze water onto umbrellas. This turned into cleaning the umbrellas.</li><li>• Rainbow songs and movements.</li><li>• Pulling a thread of coloured ribbons and scarves from behind the chair. Followed by movements with the scarves.</li><li>• ‘You are my Sunshine’ and removing fabric to reveal the ‘sun’</li><li>• Placing black umbrellas over colourful ones and listening to night-time sounds.</li><li>• Starry fabric waved over participant’s heads and ‘Catch a Falling Star’</li><li>• Weather themed cocktails.</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

The session felt like a nice and appropriate end to the project with a journey through many things we had done during the previous nine sessions. There seemed to be quite a bit of familiarity with the activities, songs, sounds and materials. The session felt

upbeat, creative and people generally seemed very at ease with the activities and each other.

### **Betty**

Betty was cheerful and engaged throughout. She was very energetic and stood to catch the stars. Again for Betty cleaning came up when she cleaned the umbrella with the sponge. Throughout the project she has adapted many of the activities into cleaning or tidying ones – folding sheets, tidying stars and dusting the glitter from the umbrellas. Betty didn't want to leave at the end, although told us she would see us next week.

### **Iris**

Iris enthusiastically led the sprinkling of 'star dust' on the umbrellas. She seems to have become more confident being 'creative' as the weeks have gone on. From the start she took part in the dance and movement activities and was always very expressive during these, often creating her own movements. During the drawing and painting, however, she initially didn't make any marks on the page, although she talked about drawing and drawing in the air and enjoying art in the past. I felt that she might not have drawn or painted in the sessions because of a lack of confidence or knowing where to start and perhaps because the initial activities I tried were too open with not enough direction. The first time she made a mark on the paper was a shoe print. Since then she seems to have grown in confidence making some lovely gestural marks with the paint on the umbrellas and completing/balancing compositions others in the group have started by adding marks or arranging stars. I think for Iris a lot of her reminiscence during the group was around being an artist again.

### **Albert**

Albert talked a lot about football, his dog Lucky that he had lost, money and the hop-picking picture. As is often the case, he often seemed to want to talk more than take part in the activities we offered. There were times in the group though when he really participated. Early in the session he danced by the door, which made other participants laugh. He tied a red scarf around his neck like a bowtie and he helped pull the ribbons from behind the sofa. When we were waving the starry fabric he hauled it in in a mischievous way, looking pleased with himself as he held the whole piece of fabric. Helen questioned whether our sessions were gendered and how we might think of ways of offering more 'male' activities or aesthetics.

### **Marjory**

Marjory seemed happy and at ease in the group as she has done in the previous two sessions. She held an umbrella and scarf and moved the umbrella a bit. She discussed with Helen whether she liked the rain or not, saying 'sometimes but not too much'. She seemed a bit more conversational this week and what she was saying was a bit more specific than I had noticed previously. We watched Marjory spin her umbrella and discussed its movements together.

### **How did care staff or other staff or volunteers engage with the session?**

Tara usually watches and takes photos and this week was similar although she did take part a bit, particularly with the ribbons. Helen participated in the group and talked to the participants.

### **How did the space affect the session and how was it animated or interacted with?**

We tried to change the space with light, umbrellas, fabric and sounds to take people on a journey through rain, rainbows, sun and night-time. I think this worked reasonably well. It was all very low tech and more about triggers than creating a complete

immersive environment. It perhaps took some imagination to experience but I think that the participants complete the work and that it is open to some interpretation is very much part of it.

**How did you/your practice and your co-worker/co-worker's practice work together?**

Helen commented that the session flowed well and to me it felt like the practices were really integrated. I think this is something that has really developed during the sessions. I've enjoyed that Christina's practice has helped me to think about the role of movement in my practice and how some of the objects and materials can move. Also the scale of my practice has expanded – most drawing and painting in care settings seems to take place on tables but towards the end we used more of the space and different levels within it.

**Did you use any 'resilience building' techniques – if so what and how?**

Planning and checking in with Christina.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions.**



## Practice-based Research Project 1

Weekly Report 10

Christina Argiropoulou

<b>Session No:</b>	<b>10</b>
<b>Date:</b>	<b>12/5/14</b>
<b>Time</b>	<b>2.30-3.30pm</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne, Christina</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Tara, activities coordinator / also Helen from Royal Holloway University</b>
<b>Participants present</b>	<b>Betty, Iris, Marjory and Albert</b>
<b>Focus of session and main activities</b>	<p>This was our last session and we planned a journey through the activities we have done so far- from rain to rainbow to sunshine to night</p> <ul style="list-style-type: none"><li>- Room decoration; Shoes on floor, painted umbrellas lit in dome in the middle of circle with starry fabric covering them, coloured umbrellas hanging around the room</li><li>- Hop picking song, singing and movements</li><li>- Rain sounds and rain stick</li><li>- Bubble machine, bubbles to catch</li><li>- Dancing with umbrellas</li><li>- Squeezed wet sponges on top of umbrellas</li><li>- Passing around a long thread of coloured ribbons and scarves, dancing the rainbow song with the scarves</li><li>- Removing fabric from umbrellas to reveal light, singing and dancing 'you are my sunshine'</li><li>- Black umbrellas were placed on top of the lighted ones, turned of light and listening to night sounds</li><li>- Waving starry fabric and touching 'the stars'</li><li>- Throwing bits of paper and glitter over the umbrellas like shooting stars</li><li>- Finished with decorated non alcoholic cocktails</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

They engaged positively. There seemed to be recognition of all the activities that we brought together as a closure to the project. There were many interactions between participants.

Albert was very chatty, as he usually is. At some point he attempted to go outside in the garden, but instead he danced sitting up, close to the door. Everyone else who was moving and dancing noticed that and laughed. Today he was talking a lot about football and Arsenal and he put one of the red scarves around his neck. He was playful and making lots of jokes.

Marjory seemed to enjoy holding and moving the umbrella. She was singing a lot today, tapping her hand and repeating 'goodie goodie' and 'lovely'. She gave me a warm hug for goodbye at the end.

Betty was very active and engaged. She stood up few times, to move the scarves and throw them on top of the umbrellas, also to throw pieces of paper and glitter. When given the sponge she used it to clean the umbrella's surface. Betty seemed sad that this was the last session. At the end she didn't want to leave.

Iris was very creative, using her hands to express herself through movement. She actively participated, she had a big smile and told us again, how much she enjoys this.

**How did care staff or other staff or volunteers engage with the session?**

Tara likes to observe, but she also participated actively today. She took many pictures and gave us very positive feedback. She said she has learned a lot from our sessions.

Helen was kind and discrete. She joined in the session and spoke to all participants.

**How did the space affect the session and how was it animated or interacted with?**

We had shoes on the floor, painted umbrellas lit in dome in the middle of circle with starry fabric covering them and coloured umbrellas hanging around the room. The umbrellas hanging were used for movements and dancing. The umbrellas in the middle created a point of attention. Participants interacted with the fabric, which we all held and waved together. They also threw bits of paper and glitter on the umbrellas in the middle, like shooting stars

**How did you/your practice and your co-worker/co-worker's practice work together?**

There was a good flow, the practices felt integrated.

**Did you use any 'resilience building' techniques – if so what and how?**

Checking in with each other, planning and reflecting together

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Interesting and useful feedback from Helen about thinking on how to adapt the session's theme to participants who might be more masculine and have men oriented interests.

**Practice-based Research Project 1**  
Photographs of Session 10





















## **Appendix 3**

Practice-based Research Project 2: Weekly Reports and Photographs<sup>138</sup>

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<sup>138</sup> Throughout the reports names of all participants and care staff have been changed to conceal their identity. All photographs are by Jayne Lloyd.

## Practice-based Research Project 2

Weekly Report 1

Jayne Lloyd

<b>Session No:</b>	<b>1</b>
<b>Date:</b>	<b>22/05/14</b>
<b>Time</b>	<b>10-11.30am</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Gloria</b>
<b>Participants present</b>	<b>John, Mary, Pearl</b>
<b>Focus of session and main activities</b>	<p><b>Introductory session to introduce and test out topics.</b></p> <p><b>John</b></p> <ul style="list-style-type: none"><li>• <b>Ackee – looking at pictures, discussing which parts you can eat, recipes, where to buy, ackee growing in Jamaica and being an important part of Jamaican cuisine</b></li></ul> <p><b>Mary</b></p> <ul style="list-style-type: none"><li>• <b>Dog walking on Streatham Common – looking at pictures of the common, discussing where she walked, talking about her dog and her granddaughter’s dog.</b></li></ul> <p><b>Pearl</b></p> <ul style="list-style-type: none"><li>• <b>Music and dancing – I had brought some Duke Ellington and pictures of the Rivoli Ballroom but Shelly wasn’t sure this is what would interest her. We talked with Shelly about what music she might like and where she would dance.</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

All three of the participants were asleep when I arrived and had to be woken up, but once awake they all seemed alert and happy to take part. I ran the sessions 1-1 spending 15-20 mins with each participant. We stayed in the lounge where they were seated.

### **John**

John spoke enthusiastically about ackee. He told me loads about it and answered all my questions. He has a really good memory around food and is able to talk in detail about it. He seemed to enjoy teaching me about Jamaican food. He looked at the pictures and they prompted further discussion. I learnt that you can only eat certain parts of the ackee because some of it is poisonous and because of this you can only buy it in tins in England. He told me that I could buy ackee from Brixton Market. At the end he said that it was good that I was interested in them (him and Gloria).

**Mary**

Mary told me about her large dog, Angus, and her granddaughter's small dog, Tiny. She seemed to enjoy talking about them. I showed her pictures that I had found on the internet of Streatham Common, where I remembered her saying in the group sessions that she'd walked her dog. Some of them she recognised – a covered archway and some benches. She told me there were more trees and it was on more of a slope. She talked about the Rookery, but she didn't recognise some of the images of it that I showed her. She told me that she walked her dog before lunch to avoid crowds and she walked back from the common down Beulah Hill to West Norwood. At the end I told her I'd see her next week and she said she'd look forward to it.

**Pearl**

Pearl laughed when I played her a Duke Ellington song and began to move her hands to the music a bit. Gloria joined us and asked Pearl if she would dance to this. Pearl smiled and said 'no'. Gloria then explained that Pearl danced in church and liked African drum music, although I have seen her dancing to other music in the group sessions. Gloria also told me that Pearl grew up in Cape Town and that she had lots of visitors to the care home, including her daughter, who played music and massaged her hands and feet, and a disabled man and his mother who she had looked after when he was a child. The session was quite short but Pearl seemed to enjoy the company.

**How did care staff or other staff or volunteers engage with the session?**

Gloria was there for nearly the whole session. She was really helpful particularly with John because they seem to have a good rapport, some cultural things in common and she was able to confirm things I wasn't quite sure of like the location of Jamaican restaurants that John told me about. Gloria said she'd never heard Pearl talk so much and seemed surprised that she talked at all. She told me that it was difficult to get time to spend with people and it was good to have this time.

**How did the space affect the session and how was it animated or interacted with?**

I worked with people in the seats that they were sat in, except John who moved to a quieter part of the lounge. The lounge was quite quiet, the TV was turned down and most of the other residents were asleep. I didn't try to change the space.

**Did you use any 'resilience building' techniques – if so what and how?**

Gloria was very supportive in the session and the sessions were all quite positive.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

## Practice-based Research Project 2

Weekly Report 2

Jayne Lloyd

<b>Session No:</b>	<b>2</b>
<b>Date:</b>	<b>29/05/14</b>
<b>Time</b>	<b>10.30-11.45am</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Gloria. One of the cleaners and a handyman also joined in for a bit.</b>
<b>Participants present</b>	<b>John, Pearl and Mary</b>
<b>Focus of session and main activities</b>	<b>John</b> <ul style="list-style-type: none"><li>• <b>Looking at my shopping which was nine tins of ackee, all different brands, from Brixton</b></li><li>• <b>Talking about ackee – which brand was best, recipes and how to cook</b></li></ul> <b>Pearl</b> <ul style="list-style-type: none"><li>• <b>African drum music</b></li><li>• <b>Images of Cape Town to discuss</b></li></ul> <b>Mary</b> <ul style="list-style-type: none"><li>• <b>Sticks, leaves and water from Streatham Common to hold and discuss</b></li><li>• <b>Film of Streatham Common to watch and discuss</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

### **John**

A huge smile came across John's face when he saw there was ackee in the carrier bag. As he pulled more and more tins out he said I'd 'done good shopping' but that it was a lot of ackee – one tin apparently feeds four people. Both John and Gloria picked out the Jamaica Sun brand. Gloria called one of the cleaners over who was Jamaican and she said she would only look for that brand. There were some lovely discussions between John and Gloria, who is from Trinidad, about ackee recipes and a good humoured but passionate disagreement about whether to add tomatoes to the ackee and whether to drain it or not – this was settled by the cleaner. They agreed that they liked to eat bread with their ackee and salt fish but that you could also have rice. Gloria told me about something called a breadfruit that she said I could get in Brixton Market and that could also be eaten with ackee.

### **Pearl**

Pearl smiled and danced a bit in her chair when I played her some African drum music. She seemed to enjoy it but when Gloria asked her if she would dance to it she laughed and said 'no'. I wasn't sure if this was the case or not. I had brought pictures of Cape Town that Gloria and I described and discussed with each other and Pearl. Pearl seemed interested and at times delighted by the images we conjured up. She participated in the conversation at times telling us things that, although not always easy to interpret the specific meaning of, seemed related

to the topics we were discussing. I realised during the group sessions that Pearl doesn't tend to look at pictures but if you describe them to her she does engage. She would also often listen to other people's conversations in the group. Recreating this as a way of working with Gloria and Pearl worked well.

### **Mary**

I told Mary I'd been on a walk in the rain on Streatham Common and we talked about getting wet and walking dogs in all weathers. She showed interest in what I was telling her and it felt more of a two-way conversation than I've had previously had with her.

I showed her stick I had collected from the common that I thought looked like one you would throw for a dog but she saw a dog's face in it and said it was a big dog. She selected some leaves she liked from the bowl of water I had brought with leaves in to represent a puddle. She dipped her hands in the water and we watched the water drip off the leaves. She was very definite about liking the one she had picked out.

I had made a film of the walk I'd taken on Streatham Common. I'd filmed the gate at the entrance and she asked if this was where she started her walk. She picked up on the archway that she'd recognised in the picture the week before and the long grass and flowers. We also talked about the squirrel in the film. She said she liked to watch them but wouldn't touch one. She didn't recognise the café in the park.

### **How did care staff or other staff or volunteers engage with the session?**

Gloria was there throughout and really engaged in the conversations and seemed to enjoy finding out more about the residents and contributing things about her self that linked to the topic. One of the cleaners also joined us to tell us about ackee and one of the handymen came over when he saw pictures of Cape Town and talked about a trip he had planned.

### **How did the space affect the session and how was it animated or interacted with?**

We worked in the dining room this week because they were installing a fireplace in the lounge and it was noisy. I think it was better to go into another space, although it took time for residents to walk there. I didn't alter the space that much but because it was 1-1 we were quite focussed on the images and objects I'd brought in and discussion. I played some sounds that I'd collected in Brixton Market in the background when I was working with John but I'm not sure how much he noticed them.

### **Did you use any 'resilience building' techniques – if so what and how?**

Gloria was very supportive.

### **Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

## Practice-based Research Project 2

Weekly Report 3

Jayne Lloyd

<b>Session No:</b>	<b>3</b>
<b>Date:</b>	<b>05/06/14</b>
<b>Time</b>	<b>10.30-11.45am</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>No care staff present for the whole session. Gloria wasn't working today. Another two members of care staff joined in very briefly at different points in the session.</b>
<b>Participants present</b>	<b>John, Mary, Pearl</b>
<b>Focus of session and main activities</b>	<b>John</b> <ul style="list-style-type: none"><li>• <b>Discussing ackee</b></li><li>• <b>Listening to sounds from Brixton Market</b></li><li>• <b>Discussing photos of Brixton Market</b></li></ul> <b>Mary</b> <ul style="list-style-type: none"><li>• <b>Discussing what animals the drift wood looked like</b></li><li>• <b>Listening to sounds from Streatham common</b></li><li>• <b>Watching film of Streatham Common and discussing</b></li></ul> <b>Pearl</b> <ul style="list-style-type: none"><li>• <b>Listening to the Day O Banana Boat song</b></li><li>• <b>Listening and discussing the sounds I'd recorded for Lesley and Hazel</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

### **John**

John was asleep when I arrived and seemed a bit more tired than usual throughout the session. He was very interested in the tin of ackee and again started telling me how to cook it and what to eat it with. A Jamaican member of staff came over at one point and joined in the conversation adding her opinions about what it should be eaten with. John seemed to remember talking about ackee last week, he said she bought it last week, but didn't seem to remember it was me that bought it. He didn't really engage with the sound recordings but did discuss the pictures of Brixton Market. He was most interested in the ones that had food in. He came out with a lovely phrase about ackee that he repeated several times 'It's a taste of life'. I thought this would be a nice title if we made a book or other about the project.

### **Mary**

I had to wake Mary up because she was asleep. She said she was too tired to walk to the dining room so we stayed in the lounge. She became more animated as the session went on.

Because Mary had seen a dog's face in the stick I'd brought in last week I thought I'd bring in some drift wood I'd collected recently from a beach in Cornwall. One of the pieces I'd picked up because I thought it looked like a duck. I showed it Mary and she agreed saying it looked like it hadn't been fed for ages and it looked starving. She also saw animals in the other pieces of wood and we had a discussion about them. This activity seemed to work well as a way of keeping the discussion open and letting Mary take it in different directions and use her imagination.

Mary really liked the sounds of the birds on the common. At first she thought they were chickens but then said it was like small birds chirping and it was nice to hear them. We watched some clips of the film of Streatham Common again. She was interested in the squirrel again but seemed to recognise the archway less. I showed her the film of the road outside the common, which she seemed to have some recognition of and asked if the hill was Biggins Hill, which was the road off the side of it. She said she didn't walk there but would go in a car.

### **Pearl**

Pearl was also asleep and I had to wake her up. I worked in the lounge with her because I didn't think she would get up. She tapped her hands to the Banana Boat song, smiled and at one point sang 'Banana'. Another resident was shouting and swearing and Pearl pulled a face and indicated that she didn't like hearing that. I think she was a bit offended by the language. I played her a clip of the sounds I'd recorded on Streatham Common that had children in it and she began talking about children. We also talked about going to church and singing.

### **How did care staff or other staff or volunteers engage with the session?**

I really missed having Gloria in the session, partly because she is able to help bring people to the dining room, but mostly because she has a really good rapport with John and brings a lot of enthusiasm, warmth and her own stories to the session. There were some positive interactions with other members of staff. The Jamaican member of staff contributed to the ackee discussion and told me there was a kitchen downstairs that John could cook it in with support. John said she was a very good Jamaican cook and would be a good person to cook it – he seemed sceptical about my ability to do so. She also recognised the Banana Boat song and told me it was Jamaican and who originally sang it. When John and I walked back to the lounge he began telling a member of care staff about our discussion and that I was interested in ackee. The member of care staff said to me as I left that John seemed happy.

### **How did the space affect the session and how was it animated or interacted with?**

I didn't really work with the space but the corridor and lounge had been decorated when I arrived and are now very bright coloured. They had moved the TV so it was less of a focal point.

### **Did you use any 'resilience building' techniques – if so what and how?**

Writing about the session. It was a mostly positive experience.

### **Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**



## Practice-based Research Project 2

Weekly Report 4

Jayne Lloyd

<b>Session No:</b>	4
<b>Date:</b>	12/06/14
<b>Time</b>	10.30-11.45am
<b>Location</b>	Deleted
<b>RAPs present</b>	Jayne
<b>Care Staff/Other staff/volunteers present</b>	There was a member of care staff present throughout. I can't remember her name.
<b>Participants present</b>	Pearl, Mary, John
<b>Focus of session and main activities</b>	<p><b>Pearl</b></p> <ul style="list-style-type: none"><li>• Listening to sounds of birds and children recorded on Streatham Common</li><li>• Listening to an African Lullaby from Songs From The Baobab</li><li>• Describing pictures from Songs From The Baobab</li></ul> <p><b>Mary</b></p> <ul style="list-style-type: none"><li>• Discussing things I had collected on Streatham Common and photos I had taken. I had brought some film but we were sat outside and it was too bright to see it.</li></ul> <p><b>John</b></p> <ul style="list-style-type: none"><li>• I showed John the step by step pictures I had taken of me making ackee and salt fish and we discussed them.</li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

### **Pearl**

Pearl was sat outside when I arrived. I began by playing her the sounds of children on Streatham Common that I had played the week before. The sound was a bit lost in the other 'outdoor sounds' and I wasn't sure if she'd heard it. At the end she did say 'the children' which indicated that she had. I then played an African lullaby, part of which was sung by a child. She smiled, closed her eyes and moved her shoulders to the rhythm. She was a bit distracted at one point by someone who had spilt a drink. I think the sun was also maybe a bit much for her. I then worked with the member of care staff to describe pictures that went with the song, mostly of women and children. Pearl said a few things about the children, possibly being naughty, and something that happened over there last year, but it was hard to understand exactly what she meant. She seemed to enjoy the conversation, company and descriptions. Sometimes it seemed like she could almost see or picture what we were describing to her and the member of care staff comment on this.

### **Mary**

Mary was sat outside and seemed to be enjoying the sun. We talked about the weather a bit then I showed her the dried grass I'd brought from the common and we discussed the smell of cut grass, a smell she said she liked. We discussed her dog, what you would throw for a dog, getting up at 5.30am to walk him in all weathers before work, she mentioned Biggins Hill again and we talked a lot about squirrels. I had brought a picture of a hole in a tree and we discussed a squirrel living there – alone but then maybe having a family where it was high up and safe from people because, Mary said, squirrels are very protective of their young and that's why I probably hadn't seen many baby squirrels. Mary seemed more awake than last week and in a good mood, maybe in part because of the weather. When I left she said she'd see me next week.

### **John**

I worked with John in the dining room because I wanted to show him on my computer the pictures I'd taken of making ackee and salt fish. He greeted me as his 'good friend'. He seemed impressed that I had actually cooked the ackee and seemed to think I had done a good job. He said I could open a business. He said something at the end that seemed to suggest that he was pleased that someone from another culture was interested in learning about his. I think the images made him hungry and he said I needed to bring it in for him to taste, which I'm going to do next week. He was really engaged throughout and seemed to really enjoy talking about the food and that he'd taught me how to make it.

### **How did care staff or other staff or volunteers engage with the session?**

The member of care staff who was there (I feel bad that I can't remember her name) was really helpful and tried to take part in all the discussions. It would be better to have the same member of staff for consistency though.

### **How did the space affect the session and how was it animated or interacted with?**

A lot of the residents, including Pearl and Mary, were sat outside in the sun wearing brightly coloured straw hats when I arrived. Everyone seemed a bit more awake than last week and I felt there was quite a cheerful, relaxed, 'holiday' atmosphere. One of the residents kept talking to everyone about a trip to Margate. I didn't want to bring the participants in out of the sun so worked with Pearl and Mary outside. This was nice but there were a lot of distractions and it was difficult to see the screen to show films or hear soundtracks. I think future sessions I would try and run inside.

### **Did you use any 'resilience building' techniques – if so what and how?**

Writing about the session. It was a mostly positive experience.

### **Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Next week I want to try bringing Mary, John and Pearl together to work in a small group rather than working 1-1 as I have been doing. I'm going to make ackee and salt fish for them to try and think about how to create a dialogue between this and Mary's dog walks and some of the themes of children, family, stories and songs that I've been working on with Pearl.

I am going to contact the manager to ask if I can use the kitchen to cook with John before the end of the project. This might be an extra session, unless Mary and Pearl can also take part.

## Practice-based Research Project 2

Weekly Report 5

Jayne Lloyd

<b>Session No:</b>	<b>5</b>
<b>Date:</b>	<b>19/06/14</b>
<b>Time</b>	<b>10.30-11.45am</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>No staff present</b>
<b>Participants present</b>	<b>Pearl, Mary, John</b>
<b>Focus of session and main activities</b>	<b>This week I brought everyone together for a group session</b> <ul style="list-style-type: none"><li>• <b>Tasting ackee and salt fish</b></li><li>• <b>Discussing photos, plants and film from morning walk</b></li><li>• <b>Finished with South African lullaby</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

### **Mary**

Mary was very interested in the Jamaican food and in Jamaica itself saying she'd never been and probably never would but that she liked to travel. She seemed to enjoy learning about new things.

Mary was very interested in the ackee and salt fish. She asked questions about what it was like – is it like a nut? Is it like rice? She said she'd try it to see if she liked it and if she did she might have some more – she had thirds. Later she must have forgotten she'd had some and asked if I'd ever tried ackee. When I told her you ate ackee with salt fish she replied that she wasn't a fan of fish.

Mary was more interested in the ackee tins than the flowers I'd put in them, although we did talk about them a bit. The photos of the walk also prompted her to talk about walking her dog. She told me that he was a country dog. That she would drive for miles into the country, let him off his lead and he would run.

Mary commented on the lullaby I brought in for Pearl saying she like the song.

### **John**

As John and I walked to the dining room he told me that things weren't so good. He was in bed when I arrived and still seemed half asleep. He didn't seem that happy to find it was a group session at the start, although joined in group discussions after a while – I think Mary's interest in Jamaica helped this.

John enjoyed the ackee and gave me some tips on how to improve it – more black pepper and tomatoes and yam and banana plantain on the side.

John seemed quite interested in the film on my computer and turned the screen towards him. He also discussed the photos I brought in for Mary of my walk and said the flower had a good structure. He was interested in the fig I'd found and asked me to bring a ripe one in next week.

### **Pearl**

Often it's difficult to encourage Pearl to sit down but today she walked to the dining room and asked where to sit. She said she didn't want to try the ackee and salt fish and because there was no care staff support and I knew she needed support eating I didn't push this. She did say something about her aunty that I think was related to the food so I spoke about family for a bit. She closed her eyes briefly at one point but mostly seemed quite engaged and responded to a lot of the things I'd brought in. She seemed interested in the picture of the church, she rolled her eyes when I told her the park was closed, as if to say what can you do, and she smelt and held the fig then said she didn't like it. She laughed a lot during the lullaby at the end and seemed very happy.

### **How did care staff or other staff or volunteers engage with the session?**

There were no care staff in the session and the staff on duty weren't very helpful. I felt like I was in the way. Mary and Pearl were at the hairdressers when I arrived. John was in bed and I was asked if I could get him up. I felt uncomfortable about this and eventually someone got him up. I spoke to the care home manager after the session and she assured me that Gloria would be there next week and the hairdresser will be back to her usual day.

### **How did the space affect the session and how was it animated or interacted with?**

I decorated the table with a green tablecloth, ackee tins with flowers in, a pressed leaf hanging from the lampshade in the centre and a film of walking outdoors played on my laptop to combine the Jamaican food theme with bringing the outdoors in.

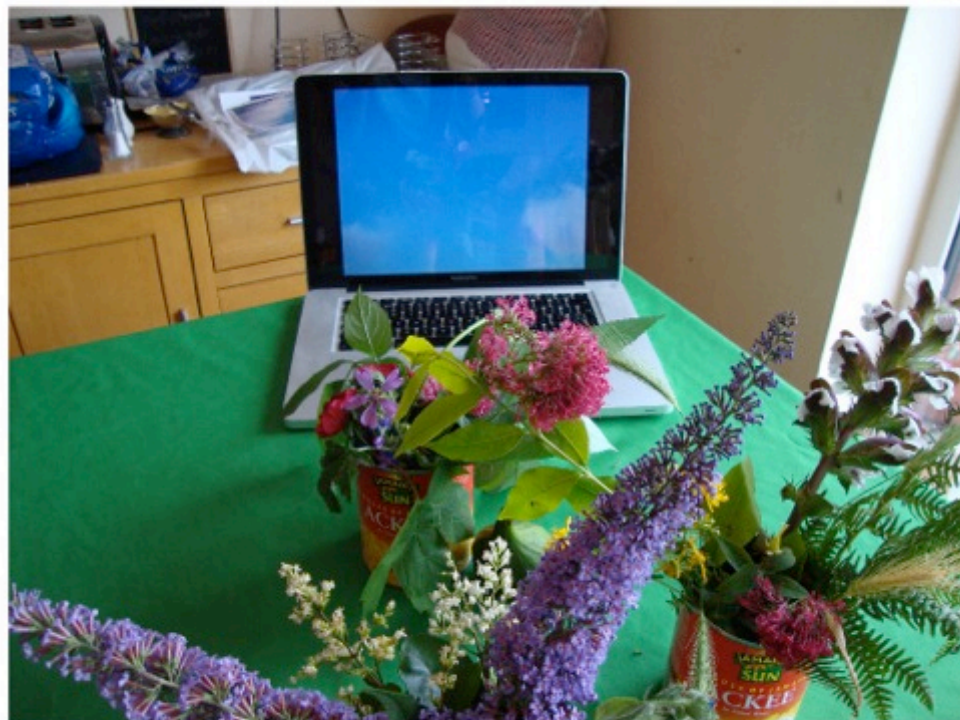
### **Did you use any 'resilience building' techniques – if so what and how?**

Only writing about the session.

### **Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

I spoke to the care home manager about using the kitchen to cook with John. We are hopefully going to arrange an extra session on a Friday to do this with the cook and a member of care staff. She said it should be fine for Mary and Pearl to take part.

**Practice-based Research Project 2**  
Photographs of Session 5



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Film of one of my walks on Streatam Common playing on laptop and flowers and greenery in ackee tins at start of session.



Room at start of session.



## Practice-based Research Project 2

Weekly Report 6

Jayne Lloyd

<b>Session No:</b>	6
<b>Date:</b>	03/07/14
<b>Time</b>	10.30-11.45am
<b>Location</b>	Deleted
<b>RAPs present</b>	Jayne
<b>Care Staff/Other staff/volunteers present</b>	Gloria
<b>Participants present</b>	Pearl, Mary, john
<b>Focus of session and main activities</b>	<ul style="list-style-type: none"><li>• Handling and discussing fruit, veg and various plants from Brixton Market and Streatham Common</li><li>• Looking at African fabrics and discussing imagery in them</li><li>• Soundtrack of food related songs and African songs</li></ul>

Please write something about the following:

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

### **Pearl**

Pearl interacted a lot during this session and seemed engaged throughout. She listened intently and smiled and said 'oh yes' a lot during the conversations about food. She smelt the fig and the breadfruit and seemed to have some recognition of the breadfruit. Later she tasted the fig and pulled a face that suggested she really didn't like it. She also looked interested in descriptions of the fabric. I placed the speaker near her and her facial expressions seemed to give away how she felt about each song. She looked at the speaker a few times with interest. Her and Mary even had a little bit of a conversation. Mary asked Pearl if she had a dog and Pearl replied a small one not a big one (we'd been talking about the size of Mary's dog). I'm not sure if Pearl was talking about dogs or not but what was interesting was that I've never seen her talk to another resident in the group before.

### **Mary**

Mary seems to really enjoy the Jamaican and African things I've been bringing in which aren't culturally specific to her. She was really interested in the breadfruit and plantain and asked questions about what they were like and said the breadfruit didn't smell like anything else. She said she'd try any food once and seemed enthusiastic about trying the plantain next week. She seemed to enjoy discussing the African fabric I'd brought in and we talked about what the patterns looked like and the colours. Mary saw ackee and bananas in a lot of them – the inside of the banana, the seeds and a bunch of bananas. She said that one piece would be nice hung in the window as curtains.

We discussed some sticks I'd collected from Streatham Common, which she said was near to where she lived. She asked if the small stick was an old version of the large one. We talked about dogs chewing sticks and Gloria asked if her dog was a 'chewer'.

**John**

John gave me instructions of how to cook the breadfruit. He seems to really enjoy sharing his knowledge of food and to take great pride in this. He left before the end of the session though. I think he felt that other people were taking over the conversation and that he wasn't being listened to as much as he would like. He didn't seem that happy to be in a group this week and I think he preferred the 1-1 work with Gloria and myself. I spoke to him after the group and he seemed in good spirits and was enthusiastic about cooking together.

**How did care staff or other staff or volunteers engage with the session?**

Gloria was there throughout. She spoke enthusiastically about breadfruit and plantain and gave me recipes for both. The cleaner also came over during the group and spoke to me for quite a while whilst I was setting up about the Jamaican vegetables and other things I'd brought. Because quite a few of the staff are Caribbean they're often interested and give me advice and recipes. The only difficulty with this was that at points the staff dominated the group and it was difficult to move on and include Mary, Pearl and even at times John in the conversations.

**How did the space affect the session and how was it animated or interacted with?**

I used the green tablecloth again, placed figs and pieces of wood inside the ackee tins and arranged the fruit and veg and other things I'd brought on the table.

**Did you use any 'resilience building' techniques – if so what and how?**

Writing about the session. Gloria was very supportive.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

I had a printing activity planned linked to the fabric that there wasn't time for so I'll include that in next week's session. I'm also going to try cooking some plantain and breadfruit for people to try. I'm going to bring the food out at the end of the session next week to ensure we have time to focus on other things as well.



**Practice-based Research Project 2**  
Photographs of Session 6



**Fruit, vegetables and other objects from Brixton Market and Streatham Common on table at start of session.**



## Practice-based Research Project 2

Weekly Report 7

Jayne Lloyd

<b>Session No:</b>	<b>7</b>
<b>Date:</b>	<b>10/07/14</b>
<b>Time</b>	<b>10.30-11.45am</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Gloria and three work experience students</b>
<b>Participants present</b>	<b>Pearl, Mary, John</b>
<b>Focus of session and main activities</b>	<ul style="list-style-type: none"><li>• <b>Looking at and discussing African fabric.</b></li><li>• <b>Making prints with fruit, veg, leaves, feathers, wood etc.</b></li><li>• <b>Tasting breadfruit and plantain</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

### **Pearl**

Pearl was quite chatty in the group and spoke with Mary again. She dozed off very briefly a few times but was mostly really engaged and seemed happy. She said 'it's beautiful' when I described the fabric to her. She really enjoyed tasting the breadfruit saying 'ummmm' and smiling.

### **Mary**

Mary arrived before the other participants and asked about the ackee tins that I'd put objects in to print with. We talked about ackee for quite a while and she asked lots of questions about whether it was a fruit and what it tasted like. She noticed one of the tins said Jamaica on the label and this led the conversation on to Jamaican food. I think she has some memory from previous weeks of the over all themes and seemed to recognise me this week. She saw bananas in the patterns on the fabrics again and seemed pleased that I'd used it as a tablecloth. She said it made her happy to see. She had several helpings of the breadfruit and tried the plantain, although I'm not sure if she liked that as much. When I was in the kitchen heating the food up I over heard her asking John about Jamaica.

### **John**

John talked about fabrics similar to the ones I'd brought that you could buy in Jamaica. He said he liked them and they reminded him of caramelising food. He didn't want to print anything but looked at the objects I brought for printing and especially liked a piece of wood. I painted it yellow and he said I should leave it like that and it was very important. He told me that he liked to go to the park and draw trees and that he was very keen to go to the park soon. He really enjoyed the plantain and breadfruit.

**How did care staff or other staff or volunteers engage with the session?**

Gloria was there throughout and was very supportive. Three students on work experience also joined us. They seemed to enjoy taking part in the printing and it was nice to have them in the

group. They didn't interact with the participants much though. I understand that it might be difficult for them to know how to or to have the confidence if they've not had much experience. I sometimes find with care staff as well though that the groups provide a space for them to be creative but they don't always engage residents in their creative process. It's difficult in the group to directly address this and wonder if this is an area of training that could be helpful.

**How did the space affect the session and how was it animated or interacted with?**

I layered the African fabrics on the table like tablecloths so that after we had looked at each one we could peel it back to reveal the next one. The changes in colour and pattern and the 'reveal' had an impact on the space and the way the table was seen/used. Someone came in and vacuumed the room during the session, which was disruptive.

**Did you use any 'resilience building' techniques – if so what and how?**

Writing about the session. Gloria was very supportive.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

I couldn't get my speaker to work so there was no music in this session. Next week we're going to make a shopping list and recipe cards for the cooking session and press flowers and leaves from Streatham Common.



**Practice-based Research Project 2**  
Photographs of Session 7



**Table covered with layers of fabric at start of session.**



Table covered with layers of fabric at start of session.





Objects for printing with in ackee and coconut milk tins.



Prints on tablecloth.



## Practice-based Research Project 2

Weekly Report 8

Jayne Lloyd

<b>Session No:</b>	<b>8</b>
<b>Date:</b>	<b>17/07/14</b>
<b>Time</b>	<b>10.30-11.45am</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Gloria</b>
<b>Participants present</b>	<b>Pearl, Mary, John</b>
<b>Focus of session and main activities</b>	<ul style="list-style-type: none"><li>• <b>Choose and press leaves from trees in Streatham Common</b></li><li>• <b>Write ingredients list aided by pictures for cooking session</b></li><li>• <b>Listen to South African Lullaby and other songs</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

It was really hot weather and everyone, including myself, seemed to be struggling with the heat and was a bit lethargic. Everyone still took part enthusiastically though it just slowed the pace of the session down a bit.

### **Pearl**

Pearl was sat outside in the sun when I arrived. She greeted me warmly and slowly walked inside with me. She seemed to be listening to the conversations about food and joined in at times, at one point said 'oh yes cooking' and nodded. She smiled, swayed slightly and looked into the distance when I played the South African lullaby at the end.

### **Mary**

Prompted by seeing the tins Mary asked about the ackee again. She thought the leaves were part of the ackee or from Jamaica and said they looked a lot like ones you would find in this country. I think she was more interested in the cooking than the things from Streatham Common and I think because of that I'm going to focus more on food in the remaining two sessions. She told me that she used to have Jamaican friends who would cook for her. I wasn't sure if this was a memory from her past or a memory of previous sessions. At the end of the session Gloria asked her if she enjoyed it. She replied that she always found the sessions very interesting.

### **John**

John seemed exhausted by the heat but he brightened up when we started putting the shopping list together. He looked happy after we'd finished the list and as if he was imagining tasting the food. He mentioned the social side of food again today – eating in good company – this was something he spoke about in earlier sessions and that would be interesting to explore further. John seemed interested in the book I'd brought in to press the leaves in. He talked about learning again and there was a real sense that he was teaching me and the rest of the

group something and learning himself. This valuing of his knowledge seems an important thing the group offers to him.

**How did care staff or other staff or volunteers engage with the session?**

Gloria was there throughout and was very supportive, although, like the rest of us, was struggling with the heat. We talked about the cooking session which we confirmed before I left.

**How did the space affect the session and how was it animated or interacted with?**

A few of the residents not in the group noticed the table I'd covered with the green cloth we'd printed last week and scattered leaves and placed the ackee tins on. They asked me what I was doing or if we were painting again. Another residents said that it looked nice and very fancy.

I turned the radio off that was on incredibly loudly when I arrived and played songs I'd chosen with the residents in mind.

**Did you use any 'resilience building' techniques – if so what and how?**

Writing about the session. Gloria was very supportive.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

The cooking session has been moved to the Friday after next.

**Practice-based Research Project 2**  
Photographs of Session 8



**Table set up with leaves and printed cloth made the previous week at the start of session.**



Detail of table shown on previous page.





Detail of leaves on table and a leaf about to be pressed in a book.

## Practice-based Research Project 2

Weekly Report 9

Jayne Lloyd

<b>Session No:</b>	<b>9</b>
<b>Date:</b>	<b>24/07/14</b>
<b>Time</b>	<b>10.30-11.45am</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Gloria</b>
<b>Participants present</b>	<b>Pearl, Mary, John. Pat, another resident, came and sat at the table before the start of the session and stayed for the group</b>
<b>Focus of session and main activities</b>	<ul style="list-style-type: none"><li>• <b>Jamaican sorrel drink to taste and discuss</b></li><li>• <b>Different fruits to try</b></li><li>• <b>Spices in ackee tins to smell</b></li><li>• <b>Listen to South African Lullaby and other songs</b></li><li>• <b>I'd brought some blank cookbooks to write in but didn't use them in the end</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

Again, it was really hot weather. I planned the session around this this week keeping it quite relaxed and focussing the discussion around a cool Jamaican sorrel drink and refreshing fruit snacks. The pace and activities suited the weather and everyone coped well with the heat.

### **Pearl**

Pearl was really talkative in this session. She showed an interest in cooking and from odd words she said she seemed to understand we were talking about food. Pat spoke of helping people and Pearl joined in saying 'oh yes', seeming to agree with her. I know that Pearl used to be very involved in the church community and is a very warm person, with this in mind it seemed like a very genuine agreement. With Gloria's support Pearl drank most of the sorrel drink. Gloria said she wouldn't have swallowed it if she didn't like it. She also enjoyed the music, moving her shoulders and singing one of the South African songs after the music had finished.

### **Mary**

Mary ate a lot of the fruit saying 'can I be greedy?' She said the sorrel drink tasted peppery and had an unusual taste but said that you got use to it and had seconds. Like previous weeks she enjoyed trying new things. Gloria also commented this week on how much Mary enjoyed the Jamaican food. There was a bit of conversation between Mary and John about the taste of the drink. Overall the group seem to interact with each other more than they did at the start of the project.

**John**

John described a strawberry I gave to him at the start of the session as a welcome fruit. He enjoyed the sorrel drink but said it needed a splash of rum. He said it should be drunk in the garden with rum. Shortly after he took it outside and finished it on the patio. I took him a refill and fruits out and he seemed happy sitting in the sun.

**How did care staff or other staff or volunteers engage with the session?**

Gloria was there throughout and was very supportive. I'd brought a fruit that I thought was a guava but turned out to be cho-cho. She explained what it was and told the group how to cook it. She also told us how to make juice out of pineapple skin and talked about the sorrel drink. She encouraged other staff and residents to join us towards the end to try the fruit and drink.

**How did the space affect the session and how was it animated or interacted with?**

I decorated the table again with an African fabric tablecloth and objects for the session. Like other weeks residents not in the group asked me about it whilst I was setting up.

**Did you use any 'resilience building' techniques – if so what and how?**

Writing about the session. Gloria was very supportive.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

Next week there are two sessions – the last regular session on Thursday and cooking on Friday.



**Practice-based Research Project 2**  
Photographs of Session 9



**Table set up with fruit, images and objects at start of session.**

## Practice-based Research Project 2

Weekly Report 10

Jayne Lloyd

<b>Session No:</b>	<b>10</b>
<b>Date:</b>	<b>31/07/14</b>
<b>Time</b>	<b>10.30-11.45am</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>Gloria. Belinda from Age Exchange also joined us.</b>
<b>Participants present</b>	<b>Pearl, Mary, John and another resident who came and sat at the table before the start of the session and stayed for the group</b>
<b>Focus of session and main activities</b>	<ul style="list-style-type: none"><li>• <b>Pineapple drink from Gloria's recipe and fruit</b></li><li>• <b>Mobile made from pressed leaves from Streatham Common</b></li><li>• <b>Ingredients for cooking tomorrow</b></li><li>• <b>Listen to African Lullabies</b></li></ul>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

Again, it was really hot weather. I planned the session around this as I did last week keeping it quite relaxed and bringing in drinks and fruit. There were a few other residents, including Ivy A, who stopped by for a drink and fruit at different points during the session.

### **Pearl**

Pearl contributed slightly less to the conversation than last week but seemed to be listening to the conversations and enjoying the company. She drank the pineapple drink with Gloria's support and smelt the breadfruit. She began singing when I spoke to her before the session – I don't know if this was because she remembered the music from last week or just something she was doing anyway. She connected a bit less to the music this week than last week but at points showed signs of enjoyment and possible recognition in her facial expressions.

### **Mary**

Mary sat a bit back from the table and couldn't be encouraged to sit closer in. She was having more difficulty than usual hearing at the start of the session, perhaps because of where she was sat – I realised that she seems to be able to hear better in one ear than the other. She enjoyed the food and drink as she has previous weeks having three helpings of pineapple juice and was interested in the Jamaican food again. She seemed to like the leaf mobile and understand the connection between it and the trees on Streatham Common. We had quite a good conversation at one point about her dog walks on Streatham Common.

**John**

John continued his role as a kind of teacher in the group, explaining what ackee was to Mary and how to cook breadfruit and plantain. He contributed a lot to the conversations explaining how he made pineapple juice by drying the skins and how he used to grow ginger. He began to leave before we'd looked at the shopping but with encouragement stayed and looked through. He seemed pleased to see the breadfruit and plantain.

**How did care staff or other staff or volunteers engage with the session?**

Gloria was there throughout and was very supportive. She also helped me organise the cooking session for tomorrow. She told us lots of recipes and seemed to enjoy talking about Jamaican food. She supported Pearl a lot in this session both with drinking and including her in the conversation.

**How did the space affect the session and how was it animated or interacted with?**

I decorated the table again with an African fabric tablecloth. We made a mobile out of the pressed leaves that we hung in the dining room window and will hopefully remain there for a while.

**Did you use any 'resilience building' techniques – if so what and how?**

Writing about the session. Gloria was very supportive. Discussed the session with Belinda afterwards.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**

This was the last Thursday session. There's a cooking session tomorrow and then the project is finished.

**Practice-based Research Project 2**  
Photographs of Session 10



**Mobile made from pressed leaves hung in care home window at the end of the session.**



## Practice-based Research Project 2

Cooking Session Report

Jayne Lloyd

<b>Session No:</b>	<b>11</b>
<b>Date:</b>	<b>01/07/14</b>
<b>Time</b>	<b>2.00-4.00am</b>
<b>Location</b>	<b>Deleted</b>
<b>RAPs present</b>	<b>Jayne</b>
<b>Care Staff/Other staff/volunteers present</b>	<b>The cook</b>
<b>Participants present</b>	<b>John</b>
<b>Focus of session and main activities</b>	<b>Cook ackee and saltfish, plantain and breadfruit</b>

**Please write something about the following:**

**How did the participants engage with the session? Please include any mood/behaviour changes you noted.**

I waited for half an hour before being told that Gloria wasn't coming in because she had gone to the dentist with toothache. I felt very let down by this and, although I understand she may have genuinely been in a lot of pain, I did wonder if it had something to do with the way the cook spoke to us the day before.

I ended up agreeing with the floor manager, who organises the rotas, to cancel the session because she said she was understaffed and couldn't spare anyone else to support the residents. I spoke to John and Mary and explained that we couldn't do the cooking. They seemed to understand and I promised to reorganise it.

As I was about to leave another member of staff told me that the cook, had prepared the salt fish and I shouldn't let her down by not running the session. I had planned to go and speak to her on my way out and explain. There was no care staff support but I was told the cook would support me, which she did.

Mary said she didn't want to come 'maybe next week'. I knew that I probably could have convinced her but didn't try because I felt really unsupported and didn't know how the session was going to turn out. The member of staff who'd come up to fetch us said that she didn't 'see the point in taking Mary, unless it was to bake a cake'. I presume because we were cooking Jamaican food.

John and I were taken down in the lift and the cook told us to wait in the staff room whilst the kitchen floor dried. We interrupted a couple of other members of staff's lunch break who were sitting in the staff room. I understand that people need a break and they weren't unfriendly but also didn't make us feel very welcome.

We were told we could go into the kitchen 15 minutes or so later. The cook cooked her own recipes and didn't use all the ingredients I'd bought from John's shopping list. She let John chop a pepper but it felt more like she was demonstrating/teaching us how to cook. This maybe could have been communicated better on my part but she didn't seem very open to listening to us, either when I went down with John or when I'd been down with Gloria the day before.

The cook was quite good with John in some ways having a few jokes with him and she was ok with me in the end but I felt like she was a bit off or put out to start with and it was all very much on her terms. Maybe this was just her manner, but I got the impression that she wasn't very pleased that the manager had okayed the session and that she didn't think she'd been properly consulted.

We took the food back to the second floor and quite a few of the residents, including Mary, had some.

**How did the space affect the session and how was it animated or interacted with?**

It was interesting taking John to another part of the care home that he wouldn't normally see. I think in some ways he enjoyed this and was quite interested in the kitchen, although I'm not entirely sure what he made of it all. I thought the staff maybe found it strange having John in parts of the care home usually out of bounds for residents.

The mobile we had made in the session on Thursday had been taken down.

**Did you use any 'resilience building' techniques – if so what and how?**

I don't know what resilience building techniques I used. The session felt really unsupported and I found it really difficult. No one knew what was going on and some people weren't particularly helpful or welcoming. It seems really hard to organise anything in care homes and that's for me one of the most difficult things that impacts on the work, this session was just one example of this. I was disappointed that Gloria wasn't there and that the mobile had been taken down, although I understand they might have had to move it for a reason.

I found it quite sad leaving knowing that I probably wouldn't see people again. I told John that I'd left him some ackee in the fridge and he said 'but where will you be'.

**Please use this space for any other comments, things you would change about the session if you did it again or ideas for future sessions**