

CREATIVE EXPRESSION, DEMENTIA AND THE THERAPEUTIC ENVIRONMENT

By

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Abstract

This study aims to explore the physical environment in arriving at an understanding of the administration of and level of success of creative expression programs that were carried out with seniors who have mild cognitive impairment to moderate dementia at the L'Chaim Centre and at the Margaret Fulton Centre, two adult day care centres. I am interested in the circumstances that enhance or limit the seniors' ability to express themselves creatively. Understanding the physical, cognitive and social abilities of this population helps establish the foundation for strategies that can manifest themselves in the shape and form of the physical environment. The physical envelope that surrounds the seniors, spiritually, emotionally and physically, embodies the reflection of the seniors' world whether at home, in a residential setting or in institutional care. This envelope could serve as a therapeutic environment that fits with one of my long-term goals: To provide opportunities for creative expression activities with educational components that are supported with appropriate architectural planning and design. This study is based on qualitative research in which a/r/tography is employed as the overall philosophical approach and as a methodology for data collection. A/r/tography seeks knowledge through relational conditions, living inquiry and a commitment from the researcher as an artist and educator to a process of questioning. It also invites participants to be part of the study process and experience an ongoing process of inquiry. This method fits well with the making of architecture as practice and theory. The research shows that the physical environment has the potential to attract seniors with dementia to stay in the space and become engaged in creative expression activities. But the space alone is not enough to engage the seniors in these activities. Success in implementing a creative expression program is linked strongly with an understanding of the seniors' physical and cognitive abilities and with the commitment of the facilitator to implement a flexible approach to each individual.

Acknowledgments

This research was achieved with the help and input of many people and organizations. True to its interdisciplinary approach to research, this compelling topic on creative expression, dementia and the therapeutic environment reached across many disciplines.

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Table of Contents

Abstract	ii
Acknowledgments	iii
Table of Contents	v
List of Figures	viii
List of Attachments	ix
List of Drawings	ix
CHAPTER I: INTRODUCTION	1
Thesis Organization	1
Foreshadowing	1
Overview of the Research Problem	3
Research Questions	4
Objectives	4
CHAPTER II: LITERATURE REVIEW	6
The Therapeutic Environment	6
Current Arts-Based Programs	7
Definition of Dementia	8
Definition of Everyday Creativity	9
Arts-based Programs in Dementia Care: The Literature on Special Care Units (SCU) versus Non-special Care Units (non-SCU)	10
<i>Music Therapy</i>	14
Strengths and Weaknesses as Music Therapy Links to Creative Expression Abilities and Dementia	15
Music Therapy and the Arts Room in a Therapeutic Environment	17
<i>Occupational Therapy</i>	17
Occupational Therapy and the Arts Room	19
<i>Art Therapy</i>	19
Dalley's View on Art Therapy and the Therapeutic Environment	23
McNiff's View on Art Therapy and the Therapeutic Environment	24
Rubin's View on Art Therapy and the Therapeutic Environment	25
<i>The Performing Arts</i>	26
<i>Reminiscence Therapy, Life Review, Life Reflection and Storytelling</i>	28
Reminiscence, Life Review, Life Reflection, Storytelling and the Therapeutic Environment	31
Review	31
New Directions for Research and Implications for Practical Implementation	32
Recommendations	33
Emerging Approaches to Creativity Research	34
Other Perspectives on Creativity and Expression	38
The Meaning of Creativity, Gaps in Information	40
Creativity and Aging	41
Why Creativity and Creative Expression Are Important	43
How Seniors with Dementia Experience Everyday Creativity within the Aging Process ..	43
Physiological Changes Associated with Aging and Dementia	45
Cognitive Changes Associated with Aging and Dementia	50
Social Cognition, Aging and Dementia	52

CHAPTER III: METHODS	56
Qualitative Research	56
Selecting Qualitative Inquiry	56
<i>A/r/tography</i>	57
Summary of Research Methods.....	66
Ethics in Research	66
Sites Selected.....	69
The Margaret Fulton Adult Day Care Centre	69
The L'Chaim Adult Day Care Centre.....	72
Participants Selected	72
Data Collection	74
Analyzing Data	75
Tools for Collecting Data: Interviews.....	76
Interviews with Participants at Margaret Fulton Centre	76
Interviews with Participants at L'Chaim Centre.....	78
Significance of Interviewing Participants at Their Home.....	79
Tools for Collecting Data: <i>A/r/tography</i> Field Notes.....	79
Significance of <i>A/r/tography</i> Field Notes and Analysis	85
Tools for Collecting Data: Filming	87
Tools for Collecting Data: The Intervention – The Creative Expression Activities Program	88
Timeframe for the Sessions	89
Selected Sessions from the Creative Expression Activities Program.....	89
Observed Everyday Creativity.....	89
Engaging in Creative Expression Activities	90
Tools for Collecting Data: Space Diagrams	91
Example of Video Transcript and Analysis	92
Analysis of Videotaped Session.....	113
CHAPTER IV: UNDERSTANDINGS DERIVED THROUGH INQUIRY	115
Themes That Emerged from the Literature Review.....	115
Design Principles for a Therapeutic Environment	115
Applying the Five Design Principles at the L'Chaim and Margaret Fulton Centres	116
General Recommendations	120
Design Principle 6: Provide Opportunities for Different Levels of Participation in Creative Expression Activities.....	121
Design Principle 7: Provide Opportunities to Celebrate One's Ethnicity.....	122
Physical Changes to the Environment and the Users' Response to Them	124
Summary of Understandings Based on the Inquiry	127
Furniture Arrangements at the Margaret Fulton and L'Chaim Centres	127
CHAPTER V: DISCUSSION	164
Reviewing the Themes	164
Reviewing the Design Principles.....	165
Reviewing the Understandings Reached	167
In Dementia	167
In Creative Expression Activities.....	167
In the Therapeutic Environment.....	168
Questions for Future Inquiry and Closing Comments.....	171
The Overall Significance of the Thesis.....	172

Epilogue	175
Bibliography.....	179
Appendices	199
A. Samples of Field Notes and Interviews at Margaret Fulton and L'Chaim Day Care Centres	
B. A/r/tography Field Notes at Margaret Fulton Adult Day Care Centre	
C. Session Planning	
D. Samples of Consent and Assent Forms	
E. Sample of Interview Questions	

List of Figures

Figure 1: Overview of Thesis	5
Figure 2: Selected Approaches to Creativity Research.....	9
Figure 3: The Conceptual Framework of the Person-Centered Model versus Medical Model	55
Figure 4: Locations of Margaret Fulton and L'Chaim Centres.....	69
Figure 5: Exteriors of Margaret Fulton Centre in North Vancouver, BC	69
Figure 6: Interior Shots of Margaret Fulton Centre in North Vancouver, BC.....	70
Figure 7: L'Chaim Centre Exterior Shots.....	71
Figure 8: L'Chaim Centre Interior Shots	72
Figure 9: Participants at the MFC and LC Centres.....	73
Figure 10: Margaret Fulton Centre Art Facilitator and a Participant.....	76
Figure 11: L'Chaim Participants Engaged in Art Activity	78
Figure 12: A Senior with Moderate Dementia at the L'Chaim Centre Designs her Creative Expression Studio	84
Figure 13: Participants at L'Chaim and Margaret Fulton Centres	85
Figure 14: Participants at the L'Chaim Centre Engaged in Music Activity	86
Figure 15: David L Brown, the Videographer, Sets up the Cameras at the L'Chaim Centre	87
Figure 16: Turning the U Table Around with the Opening Towards the Windows	88

List of Attachments

A: Gottlieb-Tanaka, D. (Producer/Facilitator) & Brown, D.L. (Videographer). (2006). Margaret Fulton Adult Day Care Centre in North Vancouver, BC. (DVD Video 1 of 2). Canada. Unpublished raw data.

B: Gottlieb-Tanaka, D. (Producer/Facilitator) & Brown, D.L. (Videographer). (2006). L'Chaim Adult Day Care Centre in Vancouver, BC. (DVD Video 2 of 2). Canada. Unpublished raw data.

C: Gottlieb-Tanaka, D. (2006). *Creativity, Dementia and the Therapeutic Environment*. (CD 1 of 1). Unpublished doctoral dissertation. University of British Columbia, Vancouver.

List of Drawings

Drawing LC – 1.....	131
Session One – Music, All tables are arranged into one large rectangular shape	
Drawing LC – 2	134
Session Two - Repeated Music Activity, Tables arranged in a U-shape with opening facing main entrance	
Drawings LC – 3A and 3B	137
Session Three – Friendship	
3A – Detached dining tables	
3B – Back to a U-shape arrangement with opening facing main entrance	
Drawing LC- 4	140
Session Four – Bending Wires. Strength versus Weakness, Triangle	
Drawing LC – 5	142
Session Five – Designing Creative Expression Studio	
Drawing LC – 6A	146
Hand Sketch of Proposed Floor Plan at L'Chaim Centre	
Drawing LC – 6B	147
Proposed Floor Plan at the L'Chaim Centre	
Drawing LC – 6C.....	148
Proposed Floor Covering Design –Implemented at the L'Chaim Centre	
Drawing MF – 1 (small room in the back)	151
Session One – Friendship, Two tables are arranged into L shape	
Drawing MF – 2 (art Therapy Room)	154
Session Two – Music, Two tables side by side creating one table (8 feet wide by 8 feet long)	
Drawing MF – 3 (courtyard).....	157
Session – Music and Drumming, Two round garden tables	
Drawing MF – 4 (small room in the back).....	159
Session Four – Massage and the Walkout	
Drawing MF – 5	162
Proposed Changes to Floor Plan at Margaret Fulton Centre, Adding a new deck to the back room and expanding art area and interior wandering path	

CHAPTER I: INTRODUCTION

Thesis Organization

This dissertation is composed of five chapters. Chapter one, the introduction, includes a section on foreshadowing, which explains how I came to work on this topic. It includes an overview of the research problems and the thesis objectives. Chapter two is a literature review of the therapeutic environment as it relates to arts-based programs and persons with dementia. In this chapter I review current arts-based programs, such as music and art therapies, while looking for relevant information on dementia care that are relevant to my creative expression program. The review is designed to identify the strengths and weaknesses of each program type, in relation to creative expression abilities and the therapeutic environment. Chapter three, methods, explains the rationale behind the selection of *a/r/tography* as a method for data collection for this inquiry. It includes a thoughtful consideration of the ethical issues of doing research with this vulnerable population. It provides background information on the selected sites and the participants. In this chapter I discuss techniques such as interviewing, filming, and conducting the program on creative expression activities in collecting data. To analyze the data collected I used color coding throughout the textual material to identify themes and patterns. At the end of the chapter I include a transcript of one of the 27 videos that were taken as an example, where, again, I used color coding for analysis. Chapter four, understandings arrived at, discusses the themes that emerged from the inquiry and applies the design principles to existing conditions at the two facilities as I change the furniture arrangements and document them in writing, drafting and photographing. At the end of this chapter I propose architectural resolutions for the two sites, some of which have already been implemented at the L'Chaim Centre. Chapter five is a discussion that reflects my understanding of the themes and the application of understandings to dementia, creative expression activities and the therapeutic environment. Issues raised are examined from an *a/r/tography* perspective as I apply my multiple roles as facilitator/architect/artist/educator and researcher. The chapter includes suggestions for further research. The epilogue returns to the personal note on which I began the dissertation, with my design for stained-glass connecting doors at the L'Chaim Centre as my gift in gratitude for the love and care the staff and participants showered on me.

Foreshadowing

I was born into a family of Holocaust survivors. I can count my family members on one hand. Only one uncle out of many uncles and aunts who lost their lives in the war remain alive to day. It took years to realize that my family situation was not what would be considered a normal functioning family. Nevertheless, both of my parents were very creative people and it showed in the way my mother taught her students, in her lesson preparation, class decoration, in the way she was dressed and how she made my dress-up costumes.

My father was one of the last carpenters of his era who could still decorate his handmade furniture with traditional wood inlay. As a child I would spend hours in my father's shop watching the dance of creation. I can still smell the glue, the varnishes, hear the screaming sound of the saw, the hurried instruction of my father to his intern, and the calls of joy or disappointment as the work progressed. I think my father appreciated my fascination with his work. Years later, after I decided to continue my studies in architecture, he offered his small manufacturing space to me as he was thinking about retirement. We both knew deep in our hearts it was not a realistic move at that time of my life. Just before he closed his shop forever, he helped me build a chair that I designed for a school project I would later take back to Bezalel, a unique school of art and design that followed the Bauhaus tradition.

The school was established by designers who fled Germany at the onset of the war in Europe, and were later joined by survivors of the war. Throughout my childhood I ached for grandparents, who did not survive and the sight of older people embracing their grandchildren would pierce my heart with jealousy.

And so the Holocaust, with its taxing issues of life and death and the lack of extended family, has been an invisible extension of self and an active partner in shaping my experiences as I went through life.

From an early age I was encouraged artistically and my efforts always met with great enthusiasm and approval. Looking back, trying to understand those rare moments of happiness with my mother as we painted or sewed together, I can see the early foundation for my skills in communicating with seniors with dementia.

As I grew up, high school was my first encounter with formal education in the design world. The more the situation at home and the relationship with my mother grew complicated, the more I turned to the creative aspect of my studies. I loved those moments of searching for the best space solution, the most suitable colour and discovering the most appropriate materials and techniques to resolve design problems. It took years to realize that there were multiple approaches to design problems and that many of those solutions were equally valid.

After high school I served for three years as a draft person in the naval headquarters in Israel. Once more, as the country struggled to sustain itself, issues of life and death re-emerged from my childhood. I experienced war after war until the day I moved to Canada and even afterwards, I was caught up in wars during visits to Israel. The memories of past persecutions and present violence intermingled in a mad, frenzied dance, threatening to destroy the passion to create. My mother told me that even in the most difficult times during the war, people still tried to write or paint (if they could find paper and pencil or walls). They felt a desperate need to leave something of themselves for the next generation. These paintings were intended to serve as documents recording present events. They were the shortest and most economical way to describe the horrors of the war.

After my service in the navy I applied to an academy of art and design in the jewellery program, but that program was already full. Instead I was accepted into the program on industrial and environmental design. There I found myself designing such products as furniture, cars, pleasure boat interiors, cutlery, tents, playgrounds and hospital equipment.

In my fourth year I met my Canadian husband, who came on a student exchange program from the University of British Columbia (UBC). I followed him to Vancouver. I left my country, my family, and a potentially brilliant career in architecture and substituted it with years of cultural struggle, language difficulties, being misread and misunderstood. I was uprooted into the unknown and the unfamiliar. Having to learn everything from scratch, the confidence I worked so hard to build gave way to feelings of insecurity and self-doubt. And so, to escape the disappointments and harsh reality, I went back to school to immerse myself in the world of design. I deliberately selected a research topic from a local situation to help integrate my efforts as quickly as possible into this new environment and its people. Although integration was a priority, my struggle to maintain my own identity continued. After graduating from UBC with a master's degree in architecture, I joined my husband in running our architectural office and raising our two daughters, now age 18 and 26.

About 7 years ago I was introduced to a wonderful old lady in a long-term care facility who suffered from dementia. I had no knowledge as to how dementia manifested itself behaviourally or biologically. It was like stepping into a different world; once more having to learn the medical jargon of health service providers, the terms of social work, of cognitive impairment and the issues of aging. Now, in the midst of my latest endeavour, I am trying to understand, in depth, the world of people who suffer from dementia.

Long before the decision was made to go back to the academic world, I was intrigued by a new world I had entered four years earlier: the world of seniors with dementia in a long-term care facility. Nothing in my 50 years of living prepared me for this complicated experience. In my youth, I was not exposed to many old people and even less exposed to older people with dementia.

I started as a volunteer in a care facility spending time with Ruth, who was 86 years old, frail and suffering from early dementia. Her health was deteriorating fast. With my limited knowledge I tried to alleviate the situation and faced many unanswered questions. It did not take long to realize that something special was happening to me. I needed to understand what was going on. And that is precisely the focus of qualitative research: it is the quest to understand what is going on in the world of a specific individual or group of people, to make sense of it and perhaps turn that new understanding into action, depending on the goals set by the various parties involved in the research. In searching for answers to Ruth's deteriorating health, I learned that nothing could cure her; we could only make the best of the situation with whatever activities Ruth could still manage. At that moment I went back to school to see what else I could do for Ruth and people like her. Ruth died a year later as have many others I worked with.

I knew right from the start that understanding seniors with dementia and their abilities for creative expression would not be enough for me. I wanted my direct interaction with them to be meaningful and bring new knowledge that would benefit all of the stakeholders involved. I needed a way to record the new information so it would not be lost or forgotten. I was looking for ways to make sense of my observations, a system that would allow me to go back to it and access specific information, to explore individuals at different stages of the dementia, events, activities, architectural spaces and myself as a researcher/artist/facilitator/ educator and watch if concepts, patterns or any new information would emerge from all the data collected.

Although contradicting each other at times, order and a fair tolerance for ambiguity are important to my style of work. Before beginning my doctoral studies, the direction for my inquiry was based on common sense, my acquired knowledge and my own analytical way of problem solving. The desire to understand what was going on by being directly involved with those who use spaces within dementia care facilities has ultimately guided my inquiry.

Overview of the Research Problem

The aging population in Canada will peak between 2025 and 2045 when the Baby Boom generation reaches 75+ years of age (Health Canada, March, 2001). Significant pressure will be brought to bear on the healthcare system and on support services for older people. Various levels of care facilities are expected to experience higher demand for their services. According to Health Canada, one of every four persons over the age of 80 will have some form of cognitive impairment. These pressures may threaten the quality of services to seniors with dementia in the future. Today, most services are geared to serve basic needs, while existing quality of life programs, such as those based on creative self-expression, have never really reached their potential. The consensus among researchers is that creativity enhances the quality of life at every stage in human development from cradle to grave (Runco and Richards, 1997, Harbet and Ginsberg, 1990 and Holden, 1995). Runco and Richards, who support the idea of everyday creativity, say that creativity manifests itself in being curious, in an ongoing process of self-evaluation and personal growth. If we accept the premise that creativity improves psychological health (Robbins, 1994) and contributes to the empowerment process (Cox & Parson, 1993), the ultimate goal is to enable persons with dementia to maintain and enhance the quality of their lives and to use their remaining abilities to express themselves.

This study aims to explore the physical environment in arriving at an understanding of the administration of and level of success of creative expression programs in two adult daycare centres. It is based on qualitative methods of data collection. I am interested in the circumstances that enhance or limit the seniors' ability to express themselves creatively. Understanding the physical, cognitive and social abilities of this population helps establish the foundation for strategies that can manifest themselves in the shape and form of the physical environment. The physical envelope that surrounds the seniors, spiritually, emotionally and physically, embodies the reflection of the seniors' world whether at home, in a residential setting or in institutional care. This envelope has the potential to create a therapeutic environment that fits with one of my long-term goals: To provide opportunities for creative expression

activities with educational components that are supported with appropriate architectural planning and design.

Research Questions

The following questions explore two main themes that focus on the environment and human behaviour. They cover the built environment, the facilitator/artist, the creative expression abilities of seniors with dementia and the intervention of creative expression activities.

1. How does the physical setting support, stimulate or hinder the learning environment for seniors with dementia to express their creative abilities?
2. As an a/r/tographer, how does this study influence my perception of educational learning environments when working with seniors with dementia?

Objectives

The goal of this inquiry is to investigate the physical environment, how it helps or hinders arts activities and how the space is being used by the participants. In addition, we investigated how the facilitator's approach affects the creative expression abilities of seniors with dementia selected specifically for this project. That approach includes an investigation through the lens of a/r/tography where the facilitator participates and documents the seniors' activities from the point of view of artist, researcher and educator.

The results of this inquiry may lead to the following desired outcomes:

- (1) To encourage persons with dementia to have a sense of personal control as long as possible;
- (2) to help health service providers, formal and informal caregivers, understand the importance of the arts in maintaining quality of life and as a tool for communication;
- (3) to offer an additional assessment tool to help understand the manifestation of neuropsychological problems that arise from dementia in a variety of functional domains;
- (4) to provide concrete information for management in making decisions about facility programs to show that creative activities benefit the seniors, the staff and the overall operation of care;
- (5) to help management in making decisions about facility renovation or new construction to include appropriate spaces for creative expression activities; and
- (6) to explore applications in other situations where cognitive and physical abilities may be impaired.

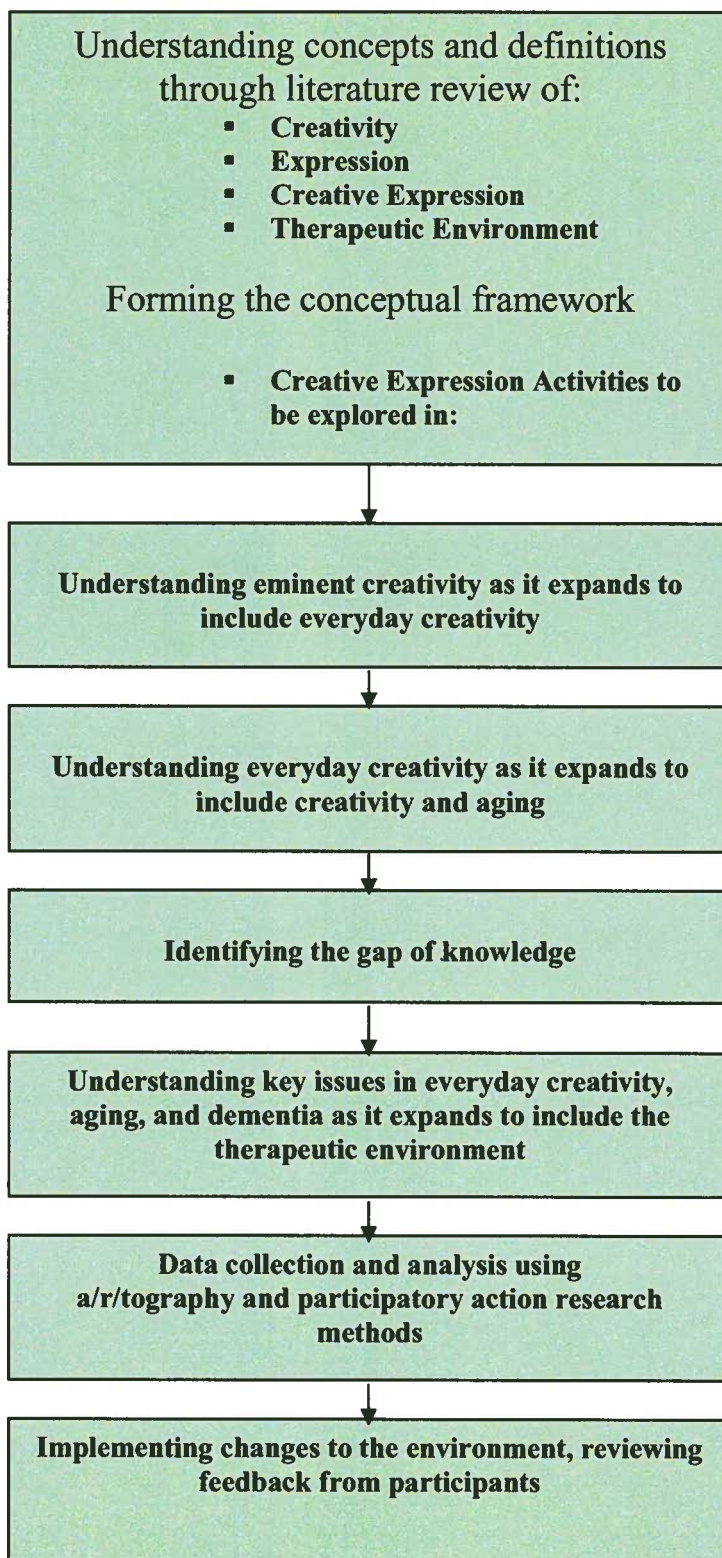


Figure 1: Overview of Thesis

CHAPTER II: LITERATURE REVIEW

This chapter considers the literature about the therapeutic environment as it relates to current art-based programs for seniors with dementia, such as music therapy, art therapy, the performing arts, reminiscence therapy, life review, life reflection and storytelling. At the end of each program outline, I review the literature about the type of therapy as it relates to the therapeutic environment. In the next section of this review I explore the meaning of everyday creativity and how seniors with dementia experience it, with reference to the physiological changes and cognitive changes associated with aging and dementia.

The Therapeutic Environment

A literature review of 20 references dealing with issues in the therapeutic environment in special care units revealed a complete lack of information regarding space design for creative expression activities in long term care facilities for seniors with dementia. As a result, there are no scientifically tested situations to learn from. However, there is a rich source of information on the institutional therapeutic environment. From this source we may be able to extract general design principles and apply them to space design for people with dementia while engaged in creative expression activities. See Lawton & Nahemow, 1973, Lawton, Fulcomer & Kleban 1984, Lawton, Weisman, Sloane, Calkins, 1997, Lawton 2001, Zeisel 1999, Cohen & Weisman 1991, Cohen & Day 2000, Day, Carreon & Stump 2000 and Amabile 1990.

By asking what role the physical environment plays in creative expression activities for seniors with dementia, I look to the desired outcomes I aim to achieve in linking the environment with the behaviour of these seniors (Lawton, 2001). I will not know the impact of the environment until I carry out tests engaging participants in various experimental conditions of the environment, observe their reactions, and interview a range of stakeholders including the seniors themselves (Lawton, 2001). The physical environment provides a mirror image of the physical and cognitive needs of seniors with dementia. Ideally, the physical environment is the final step in a long process of planning and designing a space, a place and/or an atmosphere.

In this review, I have considered the physiological and cognitive changes associated with aging and dementia with references that link them to creative expression abilities of seniors with dementia and to environmental considerations. Those references will assist later in the formulation of a theoretical approach to space design for these seniors as they engage in creative expression activities.

Four different studies describe the role of the environment and its impact on the behaviour of different groups of people: Amabile (1990) on creativity and a normal population in the workplace, Lawton and Nahemow (1973) on older persons, Zeisel (1999) on Alzheimer's patients and McNiff (1988) on the concept of a "studio" as a space that inspires artistic activity.

In her article on *Motivation and Personal Histories* (1990), Amabile found that ranking first in her interviews was the need for "Qualities of environments that promote creativity" (p. 71). When assessing environments for older adults with reduced competence, Lawton and Nahemow (1973) argued that the lower the competence of an aging person, the greater the negative impact of the environment, and the more likely it was to result in maladaptive behaviour. They quoted Murray (1938) who stated that the "forces in the environment that together with an individual need evoke a response" and named these forces "the environmental press" (p. 3). Zeisel's (1999) article on *Life-quality Alzheimer care in assisted living* describes well the importance of the therapeutic environment for seniors with dementia. Zeisel identifies eight design characteristics: exit control, walking paths, personal places, social places, healing gardens, residential features, independence and sensory comprehensibility. He lists eight organizational criteria: personhood, purpose, adaptability, staff suitability, life richness, family responsiveness, real-worldness and responsibility. When the criteria and design characteristics interact, they form the basis for

a positive and therapeutic environment. Although there are references to the need for meaningful activities, no description or space criteria are provided.

The literature review did not deal in-depth with the therapeutic environment because there were so few sources. However, Cohen and Weisman (1991) in their discussion of institutional environments, specifically in a special care unit, did outline five design principles for a therapeutic environment. They report that non-therapeutic environments "can result in frustration and disruptive behavior" (p. 74). They may also affect policies and programs. Cohen and Weisman recommend:

- Principle 1: clusters of small activity spaces
- Principle 2: opportunities for meaningful wandering
- Principle 3: positive outdoor spaces
- Principle 4: other living things
- Principle 5: spaces from public to private realms

I will return to these principles and consider them at length in evaluating the work of this inquiry. In addition, I intend to consider these further elements that Cohen and Weisman (1991, p. 65- 89) recommended to minimize the negative impact of institutional settings on seniors with dementia, when they asked that the therapeutic environment allow for:

- regulated stimulation and challenges
- autonomy and control
- ties to the healthy and familiar
- functional ability through meaningful activity
- safety and security
- orientation to space and time
- wandering treated as an opportunity
- social contact
- opportunities for privacy

These elements are discussed in detail in Chapter 4 in connection with the drawings related to understandings based on physical changes to the environment.

Current Arts-Based Programs

The use of arts-based programs, as therapeutic interventions, is a relatively new concept and is still evolving. This concept was developed by Shaun McNiff (1992) in his book *Art as Medicine: Creating Therapy of the Imagination*. In it he introduced the concept of "multi-arts experimentations" (p. 23). This approach to arts therapy is based on his work going back to the '70s. Of all the publications reviewed for this paper on various arts-based programs, McNiff's philosophical approach to arts therapy offers the closest definition of this topic:

Art as medicine embraces life as its subject matter, and separations among the arts are countratherapeutic. As I work with individuals, I am open to their poetic speech, stories, body movements, dramatic enactments, sounds, and other expressions as well as to the pictures they paint. I try to establish contact with as many aspects of the person's presence as possible. (p. 22) ... Art itself benefits from a community of creation that involves different art forms and incites imagination through diversity. (p. 24)

To identify and describe these current arts-based programs, I conducted a literature review. The selected programs were based on the parameters established in the revised definition of "everyday creativity" that was formulated in Question One and on McNiff's approach to creative expression therapies. These programs include: music therapy, occupational therapy, art therapy, the performing arts;

drama, dance/movement and storytelling therapies, reminiscence therapy and life review and poetry writing, and they are the ones in use with elderly persons with "dementia". Dementia is the term most often used to define this population of cognitive and physical impairments; it is my area of interest and therefore was used as a keyword in this search through the literature. This review focuses on current art-based programs with brief references to historical developments in order to clarify current points of view or a specific approach to the arts in health care.

The review covered relevant literature published between 1995 and 2004, including some articles published as early as 1985, to identify the arts-based programs and the physical environment the programs operate in, mainly in long-term care facilities, adult day-care programs and recreational centres for seniors. Although some aspects are extremely important – such as race and gender, medical models of care, social and economic status of residents and their families – they are not covered by this review.

The initial intention in this literature review was to focus on qualitative studies. However, the majority of the studies found were based on quantitative research carried out in the field of health care, mainly by psychologists or scholars in the arts. Therefore, both quantitative and qualitative approaches had to be considered for their relevance. Relevant literature on the topic was analyzed for its applicability of theoretical, methodological and practical approaches with some attention to the size of the samples, to the criteria for subjects' selection, the measurement technique used, how the data was collected and analyzed, whether the findings could be replicated in another location with other subjects (reliability) and whether the findings answered the research question posed (validity). Learning what techniques other researchers used or didn't use helped me form my approach and understanding about how to proceed with the inquiry. I did find out that no matter what methodology was used, almost all researchers mentioned the difficulties in doing behavioural science research in dementia, and the sensitivity and flexibility that needed to be exercised.

In the selection of literature I was not concerned with what quantitative research would see as failing to answer all the requirements of scientifically rigorous research. I was more concerned to learn about the approach and the reasons for selecting it. As in the arts, each situation is unique created by people who have their own stories to tell, which are influenced by their various abilities to express themselves creatively. And although the situation may not meet the standards of quantitative research may provide parts to the puzzle of how to use the arts in the service of health care for the benefit of the people, especially seniors with early to moderate dementia.

Definition of Dementia

Dementia refers to the development of multiple cognitive or intellectual deficits that involve memory impairment of new or previously learned information and one or more of the following disturbances: 1. Aphasia, or language disturbances. 2. Apraxia, or impairment in carrying out skilled motor activities despite intact motor function. 3. Agnosia, or deficits in recognizing familiar persons or objects despite intact sensory function. 4. Executive dysfunction, or impairment in planning, initiating, organizing, and abstract reasoning. (Agronin, 2004, p. 2- 3, as published in "The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition)

Dementia is divided into seven subtypes that include over 72 brain diseases. Although, new medicines have been introduced to alter the progression of the condition, a cure has not yet been found (Agronin 2004). While the search goes on, people with dementia are in need of special care and constant supervision wherever they reside, whether at home or in long-term care facilities.

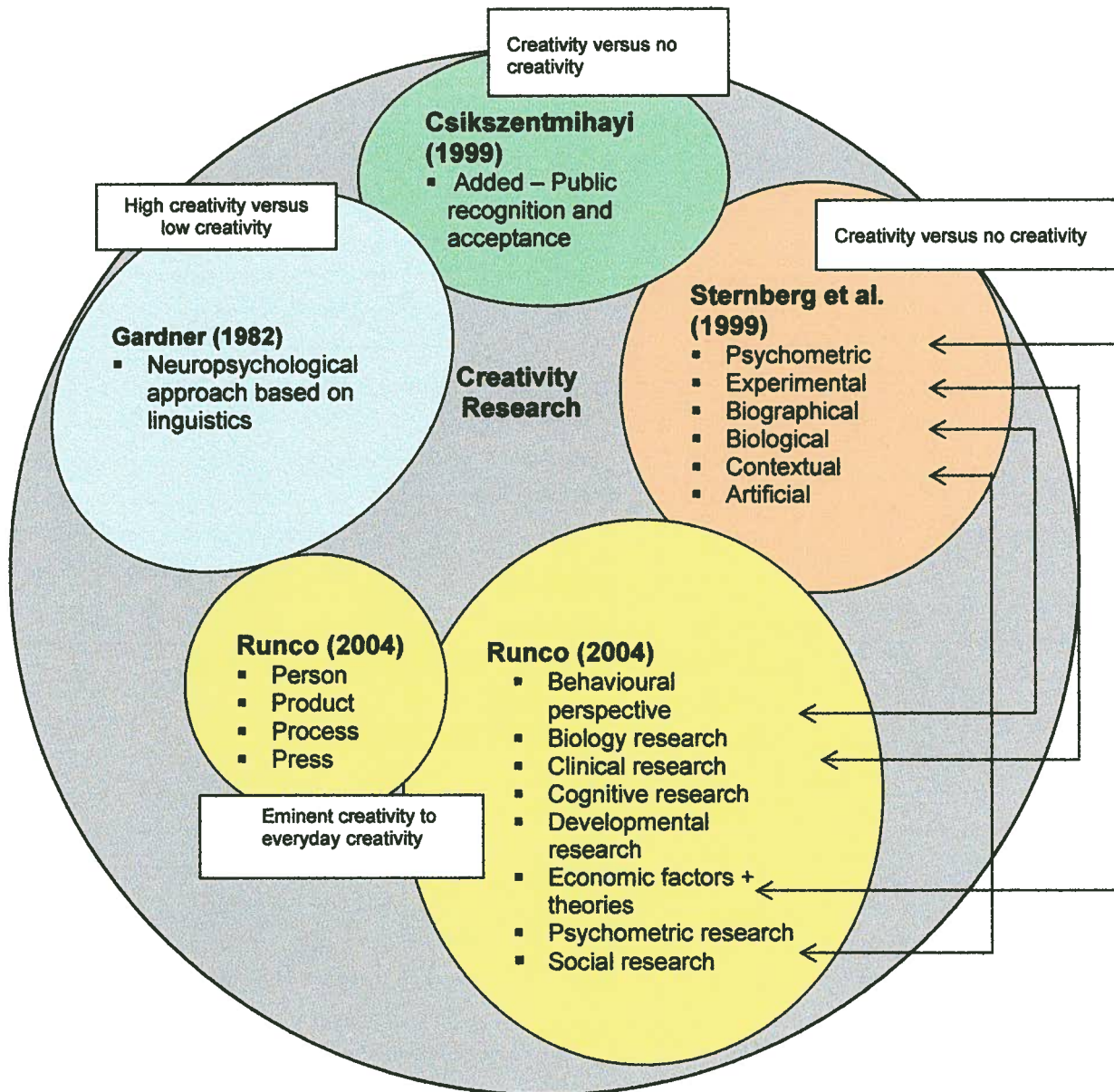


Figure 2: Selected Approaches to Creativity Research

Definition of Everyday Creativity

I have proposed this definition of everyday creativity:

Creativity in the context of dementia adds something new and different to the world whether through intrinsic self-exploration as an individual, or sharing creative expression through interaction with others. The creative process is demonstrated through creative thinking and imagination in everyday living and may or may not result in a product. Through creativity, people with dementia could (can) enjoy meaningful, satisfying and (at times) unpredictable experiences that may last for only a very short while or as long as memory allows it.

This review focuses on arts-based activities programs and the physical environments they take place in. Both aspects are addressed through theoretical and practical perspectives, which are tightly

intertwined. In the theoretical approach I was wondering whether I had the appropriate tools (quantitative) and observations (qualitative) to measure or observe changes in mood and behaviour of people with dementia. Which of the interventions are most effective in producing positive changes in the quality of life of people with dementia? How do we define positive changes, by whose standards? Would pleasures of the moment count as positive changes, although short lived? Are the people with dementia to be included in self-reporting and interviews? Can they or should they be included in the various stages of the research process? The last question is of major interest, since it leads to important ethical issues of giving consent.

Another interesting question is whether or not arts-based programs play a role in slowing down the symptoms of dementia and therefore may be essential for individuals of normal aging to be engaged in. This question is being addressed now in the field of dementia research and there is a definite trend to pay attention to the arts in the service of health care more carefully. In addition I ask whether or not the physical environment matters? Could it be that a very capable arts-based facilitator can overcome less favorable environmental conditions and still achieve positive changes working with seniors with dementia? In short, does the physical environment really matter?

Arts-based Programs in Dementia Care: The Literature on Special Care Units (SCU) versus Non-special Care Units (non-SCU)

Arts-based programs in dementia care are often listed in the literature as one activity out of many others ranging from bath-taking or laundry-folding to drawing. Many times programs that are referred to are medical care programs, or government initiated programs that have nothing to do with artistic pursuits. The terminology used by various health care providers is at times confusing. While expecting to read information on arts-based activities, I was surprised to learn that arts-based activities were many times lumped together with activities that have nothing to do with the arts. To find information on arts-based programs for the elderly with cognitive and physical impairments, mainly in dementia care, the review was expanded to studies on special care units as they are compared to non-special care units in long-term care facilities. Special care units are believed to be environmentally safer than non-special care units for seniors with dementia and provide activity programs more suitable to the needs of confused and wandering elderly people with dementia. While there is an agreement on the safety issue, there are disagreements on the quality and benefits of arts programs provided in special care units.

The Office of Technology Assessment's (OTA) 1992 study, *Activities in Special Care Units (SCU)*, included: "singing, dancing, exercises, painting, crafts, games, parties, pet therapy, field trips, reality orientation, sensory and cognitive stimulation, reminiscence therapy, religious services, housekeeping, cooking, gardening, and sheltered workshop activities" (p. 95) OTA reports that the lack of appropriate activities is a frequent complaint in nursing homes. At the time of the report, OTA was not "aware of other available data on the proportion of special care units that provide particular types of activity programs" (p. 96)

One of the descriptive studies reviewed by the OTA's report in 1992 was an early study conducted in 1985-1986 by Weiner and Reingold and published in 1989. This study found that physical exercise and music therapy were the activities most used in the 22 SCUs they surveyed and in specialized programs in other settings, followed by reality orientation and sensory stimulation. In a study of 31 SCUs carried out by the University of North Carolina and reviewed by OTA, both SCUs and non-SCUs provided almost the same activity programs for their residents. Studies, such as Leon et al. (1997), OTA, (1992), Lawton (2001), where activity programs are mentioned, provide no details as to the structure of the activities, the philosophical approach, or way of implementation. A study by Itkin Zimmerman, Sloane, Gruber-Baldini, Calkins, Leon, Magaziner, & Hebel (1997), on various philosophical principles that drive special care in SCUs, identified "activities that are specifically designed for cognitive impaired" (p. 171) but no details were provided as to the specific characteristics of the various activities. However, Itkin Zimmerman et al. (1997) did identify the need to support self-expression and "a right to dignified care and appropriate

mental and physical stimulation" (p. 176). Again, no descriptions are provided as to what constitutes appropriate mental and physical stimulation. In Sloane, Mitchell, Weisman, Zimmerman, Foley & Long (1995), researchers were advised to describe the characteristics of the SCU with care, including a description of program activities. In the 1999 revised publication *Guidelines for Care* by the Alzheimer Society of Canada, there is a short section on meaningful programs and activities, which emphasizes the theoretical aspect and the philosophical approach appropriate for a person with Alzheimer's disease. However, no details are provided for the kind of activities or their implementation.

In a review paper by Gloria Gutman (1999), on the physical environment and Alzheimer's care, she points out that "various authors recommended that care facilities, through environmental design and programmed activities, provide opportunities for people to 'burn-off' excess energy" (p. 17). The paper recommends several physical solutions such as wandering paths, loops and tracks in indoor and/or outdoor space. However, no details are given as to the kind of programmed activities for people with dementia and their implementation.

In Gerdner and Beck's (2001) survey of SCUs and non-SCUs in Arkansas, it was found that "the types of activities provided in SCUs and non-SCUs did not differ significantly" (p. 293). Examples of activities included: aromatherapy, social functions, simple exercises, beach ball toss, children and volunteer visits, church, and sing-a-long. The survey described the state's proposed regulations calling for programs that "encompass gross motor, self-care, social, and sensory-enhancement activities" (p. 293). However, no references were made to the structure of the activities or the implementation. In Marian Deutschman's article (2001) on quality of care in nursing homes, she emphasizes the importance of "search for breakthrough projects" (p. 35) that may produce "options, opportunities, and learning" (p. 35). She mentioned a facility that introduced 12-hour activity programming in its SCU. No further details were given of the kind of programs involved. In Grant, Kane and Stark's article (1995), based on a telephone survey of 436 nursing homes in Minnesota, 31 program features were identified in SCUs and non-SCUs. Grant et al. (1995) found that SCUs were more likely than non-SCUs to use:

outdoor activities, large motor skill activities, shortened or simplified activities, music therapy, art therapy, ordinary task activities, intensive structured programs, programs using special activities staff, occupational therapy, small group activities, pet therapy, spiritual activities, and sundowning programs. Non-SCUs were more likely than SCUs to use reality orientation and one-on-one activities. (p. 572)

In addition to comparing these features, Grant, Kane and Stark (1995) concluded that music therapy was the only program used by a majority of SCUs (55%). They broke down some of the programs into further descriptions, for example: large motor skill activities were broken into balloon ball, balloon volleyball, rolling balls or ring toss. Ordinary task activities included cooking, baking, washing tables, cutting coupons, folding linen or mending clothing. Intensive structured programs included scheduling a greater number of activity programs on the unit at shorter intervals. Special activities staff included psychologists or other specially trained activities staff.

The most important finding was that many non-SCUs use similar approaches to SCUs in staff training, environmental design and programming, which could mean that "some SCUs offer rather meager specialized features beyond whatever advantages are achieved by a homogeneous population" (p. 575). Although more detailed information is provided in this article regarding the various features of the various activities, no description of implementing the activities is provided.

In Kuhn, Kasayka and Lechner's article (2002), they make behavioural observations and comment on the quality of life of 131 persons with dementia in 10 assisted living facilities in a Midwestern state in the U.S. Kuhn et al. examine "the types of interactions and activities taking place among residents and staff on a given day". He notes "the lack of purposeful activity ..." (p. 291) for residents in LTC facilities and the need for structured activities. Kuhn, Kasayka and Lechner compare smaller facilities that are specifically planned for dementia care to larger facilities that are not dementia specific. This study found

that people with dementia in larger facilities interacted less with other residents or staff, while in smaller facilities, residents were more interactive. The study found that "there were generally few structured activities in which residents engaged apart from eating and drinking" (p. 297). In all the 10 facilities in the study it also found "a lack of diversity in terms of activities engaged in by residents" (p. 297).

In the 24 categories of behaviour, the study included a category for expression that was explained as "Engaging in creative activity" (p. 294). In the breakdown of the time spent by the residents on various activities, "engaging in expressive or creative activity (code E)" (p. 295) was observed 4 percent of the time. Kuhn, Kasayka and Lechner (2002) suggested that activities in the smaller dementia-specific sites "were not appropriate to their (the residents) level of need" (p. 297). No definition was provided as to what constitutes creative behaviour. However, other categories offered in the list could have been classified as creative activities if the definition of creativity was clear.

Creativity has the potential to manifest itself in other activities that were mentioned in Kuhn's observation such as: participating in a game, craft, intellectual activities and being engaged with media. Again, with no descriptions, definitions or examples as to how each behaviour manifests itself, it is difficult to determine whether or not creative behaviour was present and observed.

In Chappell and Reid's empirical study (2000) on dementia care in SCUs and non-SCUs, residents' activities are mentioned as resident-relevant activities or individualized care planning and are considered as one of the "dimensions of care" (p. S235) important to quality of care practices. Chappell and Reid mentioned studies that included the importance of activities in their review of articles written by Morgan & Stewart, 1997, Grant & Potthoff, 1997 Anderson, Hobson, Steiner, & Rodell, 1992. A quote from Grant & Potthoff's in Chappell and Reid's article expresses the frustration of documenting residents' activities and overall, perhaps, the reason for the lack of detailed activities in the literature. "The specific type of activities that should be encouraged is difficult to document, and certain activities may be more suited to residents of SCUs and others better suited to residents of non-SCUs" (Grant & Potthoff, 1997, p. S236).

Chappell and Reid did not elaborate on resident-relevant activities. They explained that the data collected on this dimension was limited and therefore did not allow "the development of extensive categories for this dimension" (p. S238). Chappell and Reid question the efficacy of SCUs in comparison to non-SCUs. They concluded that SCUs and non-SCUs are similar in care implementations and suggest that "SCUs are not homogenous and do not necessarily provide better care than non-SCUs" (p. S234).

In a study by Phillips, Sloane, Hawes, Koch, Han, Spry, Dunterman and Williams (1997), it was found that "no statistically significant difference was observed in the speed of decline for residents in SCUs and traditional units in any of the 9 outcomes" (p. 1340). This study's view came from a medical model emphasizing bodily functions such as, transferring, toileting, eating, walking, dressing, activities of daily living, bowel continence, urinary continence and weight loss. No other activities were mentioned. A study conducted in Finland in 1998 by Ulla, Johanna & Raimo, on the effect of respite care of people with dementia in SCUs, concluded that no deterioration of cognitive functions or mood were observed as a result of the respite care and that "rehabilitation of demented patients seems to be possible to some extent" (p. 224). Activity programming is included in the features mentioned, which contribute to positive outcomes. However, some activities were mentioned indirectly for possible opportunities such as shopping, visiting a coffee place, restaurants, museums, galleries, kitchen activities, cooking and baking, gardening and outdoor activities, as well as dancing, singing and reminiscence. The study by Ulla, Johanna & Raimo (1998) has a different philosophical approach to care than the previous studies mentioned in this review that advocated for structured activities. Ulla, Johanna & Raimo see a limited rehabilitation potential by providing an "atmosphere of approval, success and confidence" (p. 227) and by not providing structured activities at a specific time that could contribute to agitation. They found a 24-hour supportive atmosphere that "came from the ways of living normal every-day life" (p. 227) was more effective. This study did not support patients being "pushed throughout the day according to rules and schedules" (p. 227). No details were provided as to how the activities were integrated into the daily life of the patients.

A non-comparative study by Bober, McLellan, McBee and Westreich (2002) focuses on group therapy programs in SCUs, led by a social work philosophy to person-centred dementia care, presented a more developed practical and conceptual framework for art-based activities. This study responds to a gap in the literature regarding group work with people with dementia. The program, The Feelings Art Group, was developed "as a stimulus for uncommunicative emotions." It exposed its participants "to a variety of sensory stimuli and artistic activities on a series of universal topics including family, work, music, spirituality, nature, holidays, seasons, and end of life issues utilizing visual, audio, tactile, and olfactory stimulation" (p. 74). The article goes into a detailed explanation of the theoretical and practical approaches to the program. This is a clear change from previous studies, which touched upon the topics of activities in SCUs but did not explore them in depth. This qualitative study presents case studies and quotes participants to demonstrate their remaining abilities. Bober, McLellan, McBee and Westreich. (2002) believe that this model of group work could be replicated in other settings. However, at the time of submission, no replication trials had been undertaken. Bober et al. (2002) stated that "Clinicians, with the support of researchers, need to explore the efficacy of both individual and group interventions with this population in order to provide the best possible care" (p. 84).

While the latter approach to art-based activities shows flexible and sensitive understanding of the cognitive abilities of the participants and tries to minimize a sense of failure, the next study of Seifert (2000) adopts a research approach reminiscent of a scientific medical approach, which emphasizes the process of data collection with less sensitivity to the participant's own needs. This is a case study of one individual with dementia who expressed a desire to restore a family heirloom. Although the researcher warns others about the complexity and frustration that was attached to the project, she still went ahead with the consent of the family and the participant to conduct this study. She also suggests the use of a psychologist, psychiatrist, or other professionals from related mental health field. The art project is presented in detail, down to the materials and painting technique. The replication of this study would depend on a researcher's comfort level exposing participants to potential failure.

The following study is a valuable review and critique of 33 studies conducted by Marshall and Hutchinson (2001) on the use of activities with persons with Alzheimer's disease (AD). They open the topic by discussing the difficulties in doing research with this population and sum up the current state of research on activities engaging people with dementia. The study concludes that although "researchers have demonstrated interest in the use of activities with persons with AD, theoretical and methodological difficulties, unclear findings and gaps exist ..." (p. 488). The review, based on the work of about 20 researchers, concluded that activities are valuable to self-esteem, sense of accomplishment, socialization, communication and pleasure. In several places, Marshall and Hutchinson also point out that "To date the knowledge, we have about the use of activities with persons with AD is minimal and fragmented" (p. 489). From their own review they found that:

many researchers did not identify a theoretical framework that influenced their decision about choice of an activity, and how they used the activity. Rather, researchers alluded to a theoretical rationale or embryonic framework ... Theoretical models did not guide the majority of studies reviewed and were used with varying degrees of clarity and integration. Theory was never tested in the research, but was used to provide a theoretical perspective. (p. 490)

In breaking down the types of activities used in the 33 studies, Marshall and Hutchinson found that music was "the activity of choice" (p. 493). "Music was used alone in 16 studies and was combined with other activities in seven studies" (p. 493). Marshall and Hutchinson's review goes on to discuss methodology.

The literature review on arts-based programs in SCUs versus non-SCUs did not produce detailed studies that adequately described arts-based programs and the physical environments they occur in. It is not clear as to why there is such a gap of information. Perhaps there are practical reasons that could explain the lack of detail, although most of the studies acknowledged the importance of arts-based

programs. The lack of detail may have to do with the researchers' professional background and training. Many of them come from fields of psychology, social work, gerontology, medicine and nursing, and unless they have a personal interest in the arts or have been trained in the arts, they seem to ignore the research that may provide further detailed information regarding arts-based programs. However, in the absence of detailed information on arts-based programs for people with early to moderate dementia in the literature reviewed so far, I will further examine individual areas of arts-based therapies such as music therapy, occupational therapy, art therapy, the performing arts; drama, dance/movement and storytelling therapies, reminiscence therapy and life review and poetry writing,

Music Therapy

Music as an intervention that contributes to mood changes is not a new phenomenon. "It has been used throughout history as a healing force to alleviate illness and distress" (Bunt, 1994, p. 2). Leslie Bunt, a qualified therapist, Director of The MusicSpace Trust and Research Fellow in Child and Mental Health at the University of Bristol in the UK, gives an historical overview on the changes in the development of music therapy as a profession. It started as an intervention with mentally challenged adults and with adults suffering from psychiatric problems, especially schizophrenia. According to her analysis, current music therapy has its roots at the beginning of the twentieth century when hospitals invited musicians to entertain mentally ill patients to relieve mental stress. During World War II music therapy experienced a significant growth and, although it was employed by the medical profession, it always was accused of a lack of rigor and systematic research to validate the influences music can bring about.

The profession responded to the scientific call and in 1992, the Music Therapy for Older Americans Act was signed. This act gave public recognition to the power of music to increase cognitive and psychosocial functioning and well-being in areas of working with children with learning and physical disabilities, with children and adults with visual and hearing impairments, with offenders, with AIDS and HIV patients, with hospice and cancer patients and with sexually abused people. Music therapy also provides services to older people in long-term care facilities and in hospitals (Bunt, 1994).

In her historical review of the profession, Bunt (1994) brought forward seven different variations on definitions of music therapies. Her own definition includes many aspects of what music therapy is about: "Music therapy is the use of sounds and music within an evolving relationship between client and therapist to support and encourage physical, mental, social and emotional well-being" (p. 8).

In their articles, researchers like Bunt (1994), Butterfield Whitcomb (1994), Mathews, Clair and Kosloski (2000), Kneafsey (1997), Aldridge (1993) and Chavin (2002) state that music therapy allows therapists to observe and assess a range of abilities and behavioral aspects of their clients. In a case study Bunt described ten different elements affecting behaviour and ability that form the theoretical basis of music therapy: the ability to observe physical movement, organization of time and space, manipulation of instruments, making vocal sounds as a response to musical stimuli, level of attention and concentration, social skills, self expression, feelings, communication and the level of motivation.

Bunt also recognizes the interdisciplinary nature of being a music therapist. She acknowledges the role of other therapy providers who contribute to a team effort in treating clients. She mentions speech therapists, psychologists, physiotherapists, occupational therapists, psychotherapists, arts therapists and social workers.

Music therapy evolved into an intervention that "is not solely a means of occupying people for a short time with music as a diversionary and entertaining activity" (Bunt 1994, p. 9), but also evolved into a tool that allows assessments of cognitive and physical abilities. Within the field of music therapy, Bunt acknowledges four therapeutic models: "a medical model, psychoanalysis, behaviour therapy and humanistic psychology." (p. 16). The last model is of a major interest here and will be described in the next section. Bunt also states that the current trend in music therapy is shifting from the medical model of patient and therapist relationships, where the therapist is in total control, towards a more balanced

relationship where clients have more input into their treatment or at least where the therapists become aware of the clients' individual needs, a process which echoes the theoretical approaches of person-centered interventions in dementia care.

Music therapy as it affects dementia care is considered a relatively new addition to the diverse list of applications in this field. Among the articles on music therapy and dementia care, or music therapy and Alzheimer's of a dementia type, there are studies that explore the influences of music therapy on people with dementia. Smith-Marchese (1994) explored the effects of participatory music on reality orientation and sociability in long-term care settings; Sambandham and Schirm (1995) explored music as a trigger for memory that would contribute to better communications; Johnson, Cotman, Tasaki & Shaw (1998) tested whether listening to a Mozart piano sonata may enhance spatial-temporal reasoning in people with Alzheimer's; Ashida (2000) explored the effects of reminiscence music therapy on depressive symptoms in elderly persons with dementia; Brotons and Koger (2000) explored the impact of music therapy on language functioning in dementia; Glynn (1992) looked into using music therapy as an assessment tool for psychological, physiological and psychosocial conditions; Aldridge (1994) explored how music could reduce the need for tranquilizing medication, which helps reduce agitation; Gotell, Brown & Echman. (2002) looked into how background music may impact bathing activity, which is known to create stressful times for people with dementia and their caregivers; Hope (1998) explored how music contributes to relaxation in a multisensory environment, also known as the Snoezlen intervention; Fitzgerald-Cloutier (1993) explored the use of music therapy to reduce the urge for wandering and therefore reduce the need for restraints.

Strengths and Weaknesses as Music Therapy is Linked to Creative Expression Abilities and Dementia

The consensus among these researchers is that music has a significant impact on people with dementia in changing moods, recalling some memories, improving communication and social skills, helping to relax, to bring enjoyment, and to get in touch with one's own feelings. In spite of the consensus and the variety of concerns raised regarding disturbed behaviours and various levels of abilities of people with dementia, most of the researchers lack outright references to the creative expression of seniors with dementia and only on rare occasions allude to it as self-expression. Before starting the readings on music therapy, I assumed that creative expression abilities of seniors with dementia would be discussed whenever music was concerned; however, it was not so. Depending on the direction the therapy takes, the activity described may stay only in the listening mode with no purposeful planned opportunities for creative expression.

Another interesting finding was that the term music intervention or music therapy is not necessarily limited to certified music therapists. Music is not restricted to one group of therapists. However, the deep understanding and commitment to provide opportunities for people with dementia to express themselves creatively was most apparent in literature produced by music therapists and not by healthcare givers, such as nurses or psychologists. I don't exclude the possibility that some healthcare givers are quite capable of conducting interventions based on music activities. However, this realization did not come through the literature on this topic. As the reading progressed I realized that selecting articles based on their titles caused confusion since the terminology used by various healthcare givers was not always the same terminology used by various arts therapists.

For instance, the word program or activity may refer to bathing and not necessarily to artistic activity. Some authors did make vague references to creative expression abilities or activities but failed to name them as such. Understanding that various terminologies may become a barrier to finding the bigger picture of what music therapy is about, I rearranged my approach to reading source material and looked for concepts and ideas behind the titles and even behind the written text. I started to look more carefully at case studies and arts programs as they were implemented, while looking for clues and hidden meanings that may indicate the authors' awareness of the topic of creativity in dementia care.

The following sources were selected based on their deliberate inclusion of creative expression abilities or activities in music therapy: In their literature review on music and dementia, Brotons, Koger and Pickett-Cooper (1997) mentioned the positive effect music was found to have on "creative self-expression" (p. 211). No definition nor explanation of what creative self-expression means was provided. Halpern and O'Connor (2000), in their study on implicit memory (memory that creeps out after being exposed to previous experiences), refer to music in connection with Alzheimer's disease. Instead of using the words creative expression, Halpern and O'Connor use the terminology "esthetic framework" (p. 395). Not surprisingly, Halpern and O'Connor both come from healthcare fields – psychology and behavioural neurology. They also observe that they did not find any studies that explored the ability of Alzheimer's patients to appreciate artistic objects.

In a curious observation, Chavin (2002) states that music activity may not be suitable for everyone. York (1994) attributes to music therapy intervention the ability for creative self-expression. York offers no definition for creative self-expression; however, she does mention in her quantitative study "spontaneous singing" and "musical behavior to recorded music" (p. 288).

Butterfield Whitcomb (1994), in her article defending the use of music by other healthcare professionals and not only by certified music therapists makes several references to the importance of encouraging creative expression by people with dementia. In her words "Music is a temporal medium. As it unfolds in a moment to moment flow, it moves us along with it, and we respond in spontaneous and often creative ways" (p. 67). Aldridge (1993) refers to singing as "an activity correlated with certain creative productive aspects of language ..." (p. 27). Silber and Hes (1995) in Carruth (1997) report on creative songwriting produced by patients with Alzheimer's disease.

Although a definition of creativity in these articles is missing or lacking, there is an acknowledgment of the importance of creative expression as an independent factor that has the potential to improve the quality of life of seniors with dementia. Bunt's book on music therapy (1994) stands out in providing rich information that specifically supports activities that emphasize creative expression abilities, and her practical approach to music therapy demonstrates her deep understanding of what creativity means.

In her program Bunt (1994) provides "... freedom to improvise and explore." (p. 23) She is always ready to change direction to accommodate the needs of the people she works with. She takes account of changes moment by moment as the activity unfolds and makes sure her clients know that there is no right or wrong way to play an instrument. She points out that the arrival of her music instruments "attracts some interest and curiosity" (p. 23), which are some of the attributes that constitute creative behaviour and which were addressed in Question One. Bunt describes music-making as a "creative process" (p. 29); she supports it with Jung's (1922) approach to creativity and quotes him: "The creation of something new is not accomplished by the intellect but by the play instinct acting from inner necessity. The creative mind plays with the object it loves" (p. 36). Bunt goes to great length in analyzing creativity, as described by Freud, Jung and others who laid some of the theoretical foundation to art therapy. Bunt bases her work on humanistic psychology, which focuses on "helping people realize their full potential ... and growth rather than treatment." (p. 42). She also includes issues such as: Respect for individuals and their unique differences, the notion of 'wholeness', development of purpose and personal intentions, freedom of choice, self-growth, or self-actualization, particular in relation to others, creativity, love, peak experiences, self-esteem (p. 42).

Bunt reports that after listening to music, some clients were inspired and could imagine "very rich images" (p. 70). Music has the ability to connect to our inner feelings and it "is very much beyond words, articulating inner forms beyond language" (p. 73). The structure of some music sessions are described in detail and are characterized as free floating sessions that start with listening to some music and improvising on some instruments that may lead to a discussion on various topics. She stresses the potential collaboration between music therapy and other creative arts therapies such as art, drama and dance movement. She supports the idea of creating resource centers that would include the various therapies. Although Bunt's writing on music therapy stands out among the others in its rich material

supporting creative expression at all ages, it lacks in-depth analysis on creative expression and dementia. She does make brief mention of people with dementia but quickly returns to discuss children, young adults and older adults with mental illness. Although not stated explicitly, she may be linking dementia to mental illness. In another brief reference to dementia, Bunt suggests indirectly that perhaps people with dementia revert back to their childhood. This position is acknowledged in the field of gerontology and dementia care but it is not well supported.

Music Therapy and the Arts Room in a Therapeutic Environment

My original intention was to search for information on spaces dedicated to creative expression activities programs, especially in the articles selected for their information regarding arts programs. Surprisingly, space description was scarce, which raises questions as to why the physical environment that surrounds arts program is totally ignored. Is it because the authors felt it was not in their domain of expertise to comment on it? Was the environment so unimportant that it was not included in the scope of research, or was it simply a matter of being unaware of it? Perhaps the environment does not always play a critical role in some arts programs. Perhaps it is a reflection of the conditions many arts program facilitators and therapists work under, who have to make do with whatever space is available due to economic constraints and the prevailing attitude that the arts are expendable and that arts programs are an item of choice and not of necessity.

Most studies on music therapy mention in general the location of the study such as at long-term care facilities, recreation centers, or a house in rural Spain. No other details are provided. A quote such as: "Both experimental and control conditions took place in the dining room with chairs arranged in a circle" (Olderog, Millard and Smith, 1989, p. 62), may have been mentioned since the furniture became an important factor in the dynamic that took place between the music therapist and the subjects of the study.

Out of the relevant articles selected on music therapy, only two articles and their authors went into more detailed description. Mathews, Clair and Kosloski (2000) described the setting for their study in detail from the size of the day-room and living room to the various items in the rooms such as furniture, microwave, dining tables and chairs, storage cabinets, telephone and more. They described the shape of the dining table and briefly mentioned reading lights and the proximity of the dining room and living room to the nurses' station and courtyard. Butterfield Whitcomb (1994) utilized her long time experience working with seniors with dementia and came up with several suggestions to improve the space used for music therapy. She made a number of suggestions, such as eliminating all auditory stimulation except the music that was selected, drawing the drapes, providing incandescent lighting, forming the group in a circle and paying attention to the acoustics of the environment. She also recommended small sitting rooms or even bedrooms for listening to music.

The word environment carried different meaning to different authors. Authors from the field of healthcare refer at times to the environment as a symbolic representation for the ambience of a space or the atmosphere created by the people using it. The ambience is usually created by staff and occasionally by the designers hired to design those environments. Failing to find information on the arts room linked specifically to the needs of people with dementia, I turned to literature published on the therapeutic environment, especially in dementia care, that I have consulted before for other purposes. Surprisingly, well-known authors such as: Powell Lawton and Kristen Day, do not include details on the arts room in the scope of their work either, and briefly mentioned space allocations for arts activities.

Occupational Therapy

Stein and Cutler (2002) relate occupational therapy most closely to arts-based programs. Both authors approach occupational therapy from a holistic point of view and call it Psychosocial Occupational Therapy. Stein and Cutler consider occupational therapy to be "compatible with the Uniform Terminology for Occupational Therapy (3rd ed., 1994, p. xii)", and define it as:

... an applied science and rehabilitation profession concerned with enabling individuals with disabilities to reach their maximum potential in performing functions in daily living, employment, and leisure, through the use of purposeful activities. The occupational therapist's treatment goals are to maintain, restore, and develop physical and psychological functions ... (p. xii)

In a longer version of the occupational therapy definition, Stein and Cutler include creative expression and arts and crafts, among others, in the description of purposeful activities. They also refer to the environment as an important factor in assessing treatment outcomes. Occupational therapy started in the 1800s and has its roots in treating the mentally ill in hospital settings. Today, occupational therapy is a combination of two major influences that developed in medical care. One is holistic medicine, focusing on wellness, which is based on "man's harmony with nature" (p. 28), while the other influence is the "moral treatment" (p. 28), which "emerged as a counterbalance to the inhumane care of those with mental illness ..." (p. 28). Stein and Cutler identified four theoretical models for treatment that are based on medicine, psychology, education and sociology.

First is the psychodynamic model, which focuses on interpretation and analysis of personality and behaviour. Freud, Adler, Jung, Rogers and Erikson are mentioned as major theorists who influenced this direction. These scholars are referred to repeatedly in arts-based programs and by adopting their approaches to psychological treatment, there are bound to be some similarities in the various interventions. Those similarities will be discussed later. The second theoretical model in occupational therapy is behaviorism, which focuses on changes to thinking, behavior and environment. The third model is based on the biopsychosocial model, which relates to sequential patterns of growth. The fourth model, systems theory, is the basis for the holistic approach in occupational therapy. It is an "eclectic model that focuses on the individual's daily occupations as a means to master the environment" (p. 114).

At first glance, as Stein and Cutler laid out the theoretical foundation for their profession with references to creative expression and person-centered care, I assumed that their mandate "to maintain, restore, and develop physical and psychological functions ..." (p. xii) would change accordingly to accommodate people with dementia. However, the definition did not change and their mandate continued to carry overtones of prospective rehabilitation even in the section on dementia. Unfortunately, rehabilitation is not a reasonable consideration at present, due to the nature of the disease, which is characterized by a progressive slow decline. On the other hand, no testing was done to prove otherwise – that increased creative expression activities could halt further deterioration of the brain.

Some scientists, like Remi Quirion, at McGill University and Howard Feldman at the University of British Columbia, believe that increased exposure to creative expression activities may increase new cell growth and connections among cells in the brain. Stein and Cutler also linked dementia to mental illness, although that showed poor understanding of the nature of this disease. According to Agronin (2004), dementia becomes a mental illness when it is accompanied by other psychiatric disorders such as depression, agitation and psychosis. It depends on the type of dementia and how it manifests itself. Seniors with dementia may have reduced memory but still may maintain a global intellectual function intact and in this case would not be identified as mentally ill. I suspect that if Stein and Cutler had a better insight into dementia, they would have rephrased some of their statements such as: "... occupational therapy and psychotherapy are interactive processes that rely on the client's active participation. In this process, the client discloses personal information, identifies problems, and tries out new behaviors to cope more effectively with life tasks" (p. 188). Practitioners in dementia care know that it is extremely difficult or next to impossible to teach new information that will be remembered long enough to influence changes in behavior over time. Studies that assess clients with dementia before and after intervention (Brooker & Duce, 2000) show that changes in behavior are short lived unless the intervention is repeated.

The psychosocial occupational therapy supports an interdisciplinary approach to treatment and borrows from art, dance, music, poetry, psychodrama and storytelling therapies. It is easy to criticize such a formidable effort to cover so many areas of creative expression. However, the intentions of meeting a

client's needs in the area of creative expression that suits them should be applauded. The concern, then, is how capable is the occupational therapist in conducting each type of creative expression, and does it matter? When Stein and Cutler discuss art therapy they see no problem in including artwork analysis as a diagnostic tool.

Reid and Chappell (2003) raise the issue of activities programs for seniors with dementia in special care units. Although they found theoretical and empirical evidence in their literature review to support the value of activities in dementia care, they recognized the importance of how these activities were implemented and whether the staff was trained and available to facilitate those activities. No details were provided about the types of programs, nor the physical environment.

It is interesting to read the opinions of various scholars on each other's field of expertise and the comparisons between them. From the literature review it is obvious that there is a sense of competition, and there is definitely confusion about the boundaries between the various programs as they grow closer and cross over. Rubin (1998), an art therapist, writes on occupational therapy: "All these fields use art as one of many possible activities, forms of recreation, or ways of being constructively occupied ... occupational therapy teaches task analysis – a method of breaking a task into its smallest components ... especially valuable for those who are neurologically impaired and/or developmentally disabled" (p. 72). Dalley (1984), also an art therapist, writes: "Art therapy is not a form of occupational therapy ... occupational therapy is concerned with working on a conscious level, with the aim of developing technique in making products, using methods which are really more compatible with those of teaching ..." (p. xxiv).

Occupational Therapy and the Arts Room

Although the environment was acknowledged in the definition of occupational therapy, this subject was rarely explored. Stein and Cutler's book devoted less than one quarter of one page to it in a book of 666 pages. In the section on the environment, while three questions were addressed, only two had direct relevance to the environment – questioning whether lighting, background sound, color, temperature, atmospheric pressure, visual distractions had an affect on the treatment outcome.

In contrast to the lack of attention to the physical environment – specifically the arts room in Stein and Cutler's book – an article by Perrin (1997), a senior occupational therapist at the well-known Bradford Dementia Group, discusses the possibility that the physical and social environments may not play such an important role in the lives of people with severe dementia as "commonly imagined" (p. 940). Perrin goes on to say that for a "severely impaired person ... the environment has 'shrunk' to envelop him in kind of a plastic bubble, which is about 3 to 4 feet in diameter" (p. 940) and that staff have no problem interacting with this group as long as they are close physically to the clients and within the suggested 'bubble'. Perrin brings up the notion that if the closeness encourages interaction, it may be an important factor in space design and the attention given to activities in it. To make her point clearer she writes:

Maybe what is really important is not as much matching the lounge curtains to the wallpaper, as the smile on our face as we enter the bubble; not so much the TV in the corner, as the colourful magazine we look through with the client ... (p. 940)

Art Therapy

J.A. Rubin (1998) in *Art Therapy: An Introduction* provides a brief historical overview of art therapy. Art therapy was introduced in 1914 by Margaret Naumberg, who founded a school where the arts were central. In 1920, Florence Cane, a gifted teacher in New York, discovered that "art had power to liberate not only the creativity, but also healthy psyches of "The Artist in Each of Us" (1951, p. 4). The field gained momentum when Victor Lowenfeld, "A sensitive educator, who studied the nature of creative activity by teaching sculpture to blind children" (p. 5) joined in 1939. Key therapists like Mary Huntoon, who worked with psychiatric patients in 1935, Adrian Hill, who wrote the first book on art therapy, Edith

Kramer, who developed a theoretical approach to art therapy working with children, all contributed to the expanding field. Many art therapists entered the field through the pathway of art education, bringing with them the understanding of child psychology. Other known artists turned therapists are Don Jones, Hanna Yaxa Kwaitkowska, Robert Ault, Arthur Robbins, known for his Expressive Analysis, Helen Landgarten and Shaun McNiff.

The field of art therapy is still going through growing pains and self-examination. Some in the field believe that the creative process is the main contribution towards healing and named it "art as therapy ... Those who felt that art therapy's primary value was as a means of symbolic communication sometimes called it art psychotherapy" (p. 61). Art therapy is also called: expressive analysis, clinical art therapy, psychoaesthetics or expressive therapy (p. 61).

There are about 13 different approaches:

1. Psychoanalytic theory – one of many ways to try to understand how and why people function as they do.
2. Freudian Psychoanalysis and Jungian Analytical Psychology – based on an understanding of the dynamics of the patient's internal world.
3. Humanistic approach – emphasizes the acceptance and development of individuals in the present
4. Person-Centered or Client-Centred approach – developed by Carl Rogers in England.
5. Gestalt approach, emphasizing the here-and-now – based on Gestalt Psychology, which focuses on sensation and perception.
6. Rudolf Arnheim focused on visual perception and influenced many in art therapy.
7. Human Potential – Erickson Milton, a psychologist, advocated collaboration vs. an authoritarian model of psychotherapy; pioneered the clinical use of hypnosis.
8. Creative Reframing
9. Phenomenological approach – emphasizes the uniqueness of each individual experience of reality at each moment of time.
10. Existential approach – emphasizes man's capacity to take charge of his life and use free will.
11. Behavioral approach – examines what can be measured systematically; studies of appropriate and inappropriate behaviours that provide the base for therapeutic intervention.
12. Cognitive Therapies – focusing on habitually distorted thought processes. Patients are taught new and more adaptive ways to think and behave. A known Cognitive psychologist, Howard Gardner, realized the value of making art in cognitive operations.
13. Developmental and adaptive approaches – closely related to cognitive and behavioral approaches, these are based on the understanding of growth itself. Viktor Lowenfeld, Mary Wood (special educator), and Geraldine Williams (art therapist) combined the developmental therapy and the adaptive approach, which works towards normalization (Rubin, p. 158 to p. 180).

Based on my own experience and some of my colleagues', I use the visual arts as one of many ways to open communication with seniors with dementia. It is done in an effort to access their memories, provide an opportunity to express themselves creatively and most of all provide an opportunity for enjoyment, which in turn leads to improved quality of life.

In examining the role of art therapy in relation to my own work in creative expression activities and dementia, I selected a sample of authors from several arts modalities as well as occupational therapy in order to represent the larger community. An exhaustive examination of the full extent of the literature is beyond the scope of this dissertation. I also contacted the Director of the Vancouver Institute for Arts Therapy for advice and had numerous discussions with her on the role of art therapy and the population it

serves. These discussions helped tremendously to sort out some misunderstandings and brought to light the similarities and differences between arts therapy and my program on creative expression activities for seniors with dementia.

Three key books that create the foundation for students of art therapy were selected for detailed study: T. Dalley (1992), *Art as therapy: An introduction to the use of art as a therapeutic technique*, S. McNiff (1988), *Fundamentals of art therapy*, and A.J. Rubin (1998), *Art therapy, an introduction*. These publications vary in their philosophical approach to current art therapy interventions. Although art therapists claim expertise in working with a wide range of clients, the following review will bring to light why there are so few articles on art therapy with a focus on dementia. One example in particular demonstrates the lack of knowledge of dementia as a disease. Cathy Malchiodi (2003), an internationally recognized authority on art therapy, lists the people art therapy serves. Among them are "people with cancer, HIV, or other serious illnesses, older adults with dementia, Alzheimer's disease, or disabilities ..." (p. 2). According to medical classifications (Agronin, 2004), dementia is an umbrella name that includes 72 different brain diseases and Alzheimer's is one of them.

Teresa Dalley

T. Dalley, in *Art as therapy: An introduction to the use of art as a therapeutic technique* (1992) introduces a philosophical approach to art therapy. In the following passages Dalley defines and explains what art therapy is: Art therapy is the use of art and other visual media in a therapeutic or treatment setting (p. xii).

Therapy involves the aim or desire to bring about change in human disorder Effective therapeutic procedures are those which result in fundamental and permanent change, and so, as Ulman argues, therapy is "distinguished from activities designed to offer only distraction from inner conflicts; activities whose benefits are therefore at best momentary. (p. xiii)

Dalley states that although painting is somewhat therapeutic to the artist, the final product is an end in itself, and is exhibited as a work of art; the process of creating it is secondary. ... In therapy, the person and process become most important, as art is used as a means of non-verbal communication (p. xiii).

However, Dalley recognizes that not all clients can be rehabilitated and she points to "those people with severe mental or physical handicaps, psychogeriatrics, and the long-term institutionalized" (p. xviii). With this population she agrees that the arts should be used "for enjoyment, exploration, and stimulation" (p. xviii). She also places less emphasis on the final product and sympathizes with people in hospitals and institutions, where "art therapy is probably their only outlet and opportunity for individual expression, stimulation, and creative occupation" (p. xviii). For them, Dalley suggests a "variety of sensory and tactile experiences; making things with others help interaction, communication, and awareness of other people" (p. xviii).

The initial thought of Dalley's view of art therapy is that there is an expectation of rehabilitation for clients entering the treatment of art therapy, except for mentally ill people with whom the expectation is lower in terms of artwork quality and their ability to produce it. Perhaps she is right in her view, but what is continually disturbing is the tendency to lump the elderly in long-term care facilities together with mentally ill people without discrimination. The lack of understanding of what dementia is all about is apparent. Dalley's book was published in 1992, but must have been written in the late '80s, when the new person-centred approach to dementia care was in its infancy and not yet a recognized force. The sensitivity and the compassion for the elderly with cognitive and physical disabilities are present, but the knowledge of dementia as a disease is lacking.

This is most apparent in one chapter in Dalley's book, written by Suzanne Charlton (1984) who discusses art therapy with long-term residents of psychiatric hospitals. Charlton states that "[O]lder

people often develop fixed thought processes with a deterioration in their ability for abstraction and expression" (p. 19). Such a statement would draw harsh criticism from scholars in the field of gerontology who would identify it with ageism (prejudice against older people). According to Teague, McGhee, Rosenthal and Kearns (1997), "Despite the progression of senescence from a biological, psychological, and social perspective, the aforementioned changes are not universal" (p. 75). As decline in aging is not universal, so are the symptoms of dementia, which differ from person to person and take on various cognitive and physical impairments. Not all seniors with dementia suffer from depression and not all display mental disorder except for forgetfulness and disorientation. It all depends on the stage of the disease, how much damage has occurred to the brain and where in the brain it happened.

Charlton (1984) also suggests that "too many art materials can add to the confusion of older residents ... keep the length of the session short" (p. 19). Based on my experience working with seniors with dementia, a rich presentation of meaningful resource material was one of the highlights of enjoyment and delight that contributed towards improved communication, engagement and interaction with seniors with dementia. It was also a source of inspiration. The Creative Expression Activities Program was planned to be long enough to allow meaningful socializing, gain trust of the participants, refresh memories or provide resource information for immediate use, and allow seniors to take their time to digest information and react to it.

Dalley focuses mainly on children, adolescents, young adults and the mentally ill. People with dementia are included in the group of the mentally ill. Although there are gaps in knowledge of dementia as a disease and the care for it, arts therapy still contains many elements that are important for seniors with dementia. With time and broader education, arts therapy will adjust to the specific needs of seniors with dementia. It is almost redundant to say that Dalley understands the importance of providing opportunities for people to express themselves creatively, since her occupation is focused on providing such opportunities. In her writing she sums up her thoughts about creativity: "Any theoretical approach to art therapy must take account of the concept of creativity, which has its roots in all art processes" (p. xv). She also recognizes the important role the therapist takes on in stimulating responses and social interactions. Depending on the approach to intervention, "Art therapists are participants as well as observers in the therapeutic process" (p. xx).

The art therapy session is basically divided into two stages: the first stage involves painting or other creative activities, while the second stage is a discussion that focuses on the art produced, how it makes the client feel and how it reflects their feelings. Dalley shares some concerns regarding the artwork's analysis produced during the intervention: "Even the most experienced art therapist cannot be totally confident about correct interpretation without active participation and co-operation from the client within the therapeutic encounter" (p. xx). This statement has implications when interacting with seniors with dementia: a. How do we define co-operation? b. Would stories based on illusions still be considered as co-operation? c. How can drawings based on active participation but on no memory recollection be approached in the process of art analysis? The most critical question that is yet unanswered is: is there a valid reason why the artwork produced by people with dementia needs to be analyzed psychologically? What knowledge are we going to gain from it? How relevant is the content in the drawings when the past may have been forgotten and so is the present? Why analyze the work of seniors with dementia if rehabilitation is not a serious consideration in a progressive disease with no cure? Charlton (1992) in Dalley's book does bring up the issue that art analysis is not always the right thing to do, especially with long-term residents who just want to paint. In this situation according to Charlton "... therapeutic interpretation are neither appropriate nor beneficial" (p. 187). It is not clear if people with dementia are included in this observation. Yet, the emphasis is always to encourage creative expression.

At the beginning of my work with seniors with dementia, I often asked myself whether I was missing an important source of information by not going into art interpretation for therapeutic reasons. I also asked myself whether my direction in trying to understand creative expression and dementia should be explored under the wings of arts therapy. The more understanding I gained about art therapy and about dementia as a medical condition, the more I realized that there was no point in using the arts for

psychoanalytical purposes. I was there to enjoy the moment together with seniors who have dementia. I had no need to probe into their problematic behaviour or attempt to change it – even though I wished to improve problematic behaviour, such as restlessness, pacing and shouting. However, the prevailing goal was to improve the quality of life of seniors with dementia. And so, this approach did not become part of the creative expression program.

Dalley recognizes that art therapy is an evolving profession that still struggles to gain full recognition. According to her "The ultimate goal must be to establish art therapy as an integral and valued part of every treatment programme" (p. xxvi).

Dalley's View on Art Therapy and the Therapeutic Environment

Dalley refers to the therapeutic art room briefly here and there in her book; Charlton actually devotes a separate title to it: "The art room" for mentally ill patients in psychiatric hospitals. "The art room provides a setting where residents can experience trust, experiment with different behaviour, exercise choice, and feel a sense of competence" (p. 175). She states that most hospitals "lack space and facilities for creative work" (p. 185). She would like to see art rooms where residents are allowed "to get messy, to experiment, to ponder, or to invent" (p. 185). The art room should include stimulating things such as books, pictures and other interesting objects. Charlton (1984) would like to see a variety of space, including spaces for one-on-one intervention and for group activities. She even suggests specialized areas individuals can claim as their own, doing activities such as "pottery, weaving, and printmaking" (p. 186).

Shaun McNiff

McNiff is another key scholar in art therapy whose work was recommended by Lois Woolf, in particular his book *Fundamentals of Art Therapy* (1988). Out of the three publications recommended, it was the writing by McNiff that caught my imagination and became a source of inspiration. As a result, I have been reading most of his writing; his philosophical approach to arts therapy and to the engagement in the arts in general is very relevant to creative expression in dementia care. Although I differ with him on several issues, the overall concept of going with the flow fits within the program on creative expression activities for people with dementia:

McNiff defines and describes art therapy as: The engagement of both materials and emotions (p. 8)...Art therapy is an expression of our desire to know more about images and people and to do more with them ... whether in words or images, they are concerned with exchange and opening to whatever presents itself (p. 6). McNiff also states that art therapy is about contradictions, "[T]he Psyche is not as predictable as the highway ... It is not fixed in material forms" (p. 7). He also tries to reassure therapists who feel the need to be in control by planning every detail in advance and advises them not to be "... afraid of chaos ... looking for themes and messages ..." (p. 7). This statement is actually the theoretical foundation for qualitative research, such as ethnography and grounded theory, and may lead to beneficial observations in a clinical setting. Although the overall themes in the creative expression activities program are pre-planned and the first segment of each session is directed through visual and verbal stimulations, the rest of each session is free flowing and 'spontaneous' as McNiff calls it (p. 5). By having all sessions planned in advance, Lisa, an art educator who became an art therapist, commented in a dialog with McNiff that advanced planning to reduce risks of chaos in the classroom might have jeopardized the flow of creativity (p. 7).

McNiff believes that children in unstructured lessons do not need much to start drawing. However, in my experience, seniors with dementia need to be stimulated and provided with information to initiate the process of creative expression. Pre-planned sessions versus spontaneity raises very interesting questions that are worth exploring in future research. Would seniors with dementia initiate art work if: a) art supplies were displayed in view and in easy reach? b) Would they start drawing if a facilitator was not present? In short, c) What would it take to engage seniors with dementia to become involved with art work?

McNiff does not limit himself to the visual arts only. He believes in endless possibilities within the media. He is interested in what other colleagues are doing with other materials and likes to integrate them in his own work, such as rhythmic expression, storytelling and the performing arts (p. 29). He sees the motions of dance when helping a person hold a brush and he likes to talk during the intervention. Unlike Dalley, McNiff does not feel comfortable in therapeutic art interpretation alone for the following reasons:

The use of diagnostic labels is actually one of the most anti-therapeutic things we can do... The label serves the purpose of keeping people in their designated places. This can be catastrophic with psychopathological labels. Even positive and illustrious labels, titles and degrees can become serious obstacles to change and imaginative transformation. (p. 97)

McNiff finds it is more important to approach clients in a comprehensive way through interaction, to find out what they want and meet them where they are at that moment. As stated before, he is not worried about unpredictable situations that may not fit "within the confines of the psychopathological diagnostic drawing test clichés because we fear what we can be, what we are not" (p. 20). He continues to explain that "Interpretation is both intuitive and intellectual, verbal and non-verbal. Art interpretation is sensual and imaginative ... For me it includes both cognition and perception" (p. 46).

Interestingly, McNiff reveals that art therapists don't participate in the art activity with their clients. They act more as observers:

Art therapists ... rarely communicate through their medium because their artistic values are not based on interactive process, and this makes it unnatural for them to work together with clients ... If images are generated by the patient for the purpose of diagnostic assessment, then it does lead to role confusion when the therapist paints. (p. 41)

McNiff raises an interesting question as to what makes an act an artistic act. According to him "Art is whatever manifests itself" (p. 28) and needs to include the soul of the person.

Art is a matter of intent. What is perceived as art depends upon the attitude and values of the person. Anything, a found object, or a series of lines can become art. The only limits are the range of the artist's perception, available materials and imagination. (p. 28)

He does not see the products produced during psychological testing as art, but rather as graphic exercises, since no soul was attached. Occasionally someone manages to produce an artistic product.

McNiff's View on Art Therapy and the Therapeutic Environment

McNiff sees a link between the environment, health and creative activities. He focuses on the importance of a designated space for artwork—the studio. However, no other details are provided:

I emphasize the studio because we need it more right now. I know that I desire the studio. There is not enough of it in my life. Two decades of working with graduate students and art therapy colleagues has shown me that they hunger for it too, and the phenomenon of art therapy needs the studio. If I walk into a medical environment with its chemical and antiseptic smells, my soul is aroused only to the extent that I want something else. The medical environments can sometimes be the antithesis of art. The studio summons the artist in me and the artist in art therapy. (p. 135)

J. A. Rubin

In *Art Therapy: An Introduction* (1998), J. A. Rubin's book is the third publication recommended by Lois Woolf as an excellent resource with a detailed overview of art therapy and its history. In this book, the focus is on children and young adolescents. Rubin's clinical vignettes did not include seniors with dementia. Here is Rubin's definition and description of art therapy:

... combination of genuine expressive art activity with some kind of thoughtful reflection on the process ... In fact, it is what distinguishes it most clearly from related disciplines. In almost all approaches to art therapy, there is an image-making time and a reflection time. The proportions may vary, and the thoughtful component may be silent. Art therapy, however, is the involved doing plus the relaxed reflection ... Creating art can indeed be therapeutic, and verbal therapy can be very effective. But there is something about the two together that is really spectacular. (p. xxi)

Rubin states that all art therapists understand the importance of the creative process: Equally central in effective art therapy is knowing how to observe another's creative process acutely, sensitively and unobtrusively. Becoming aware of all the temporal, spatial, and other non-verbal aspects of people's behaviour with materials takes time and practice (p. 135). Rubin then quotes Robert Ault, one of the key figures in the art therapy field, who wrote in an unpublished 1983 manuscript, "a picture may be worth a thousand words, but to observe the making of a picture is worth ten thousand words" (p. 135). According to Rubin, the best way to understand what art therapy is all about is to observe an actual session, and even better is to participate in it.

Rubin brings to light a debate within the art therapy community regarding the multi-arts therapy or generalist approach, as some prefer to call it. Unlike McNiff and his colleague Paolo Knill, Rubin seems reluctant to support the multi-arts therapy approach and she states:

It is easy to tell the difference between art therapy and close relatives like music, movement, dance, drama, or poetry therapy – at least when each is offered separately. But there is considerable confusion about approaches, which use multiple modalities. Multimodal approaches are usually called by names like "expressive (arts) therapy" or "creative (arts) therapy". Although there are a few individuals with the ability to evoke and facilitate expression in more than one art form, such people are rare. More often, a therapist has training in one creative art modality, along with an openness to and comfort with others. (p. 73)

Although she has some concerns about the multimodal approach, she realizes the growing interest in it. It is evident in Britain (p. 78) and in Canada (p. 80). In Canada she mentions Stephen Levine and Ellen Levine, who co-direct a training program in expressive arts therapy in Toronto (ISIS-Canada). "Although most art therapists are still trained and skilled primarily in the visual arts, there seems to be a greater openness to the use of other art forms than in the past" (p. 80). Rubin also differentiates between what is therapy and what is therapeutic, "If the primary purpose of the activity is learning and/or fun, it is certainly therapeutic, but it is not art therapy" (p. 63).

Rubin's View on Art Therapy and the Therapeutic Environment

There is a brief comment in Rubin's book regarding the therapeutic environment: "Regardless of what is done, there are a series of necessary steps ... They begin with setting the stage, a major element in promoting expression in art therapy. A well-prepared environment can inspire creativity, whereas a confusing or uncomfortable one can have [a] most inhibiting effect" (p. 280).

D. Fausek

D. Fausek produced *A Practical Guide to Art Therapy Groups* (1997), whose title promised an interesting look at the subject. Some of Fausek's suggestions seem to fit less well with seniors with dementia. Although the guide is planned for them, the need to focus on task completion and choice-making activities for low functioning clients, some of her suggested activities do not fit her own classification of abilities. One example is a suggestion for rubber cement glue to be used with low-level clients. I am puzzled by this suggestion, since low-level clients may end up taking it in their mouths or spreading it on their clothes or hands. There are better substitutes for rubber cement, which is a toxic glue. On the other hand I do agree with Fausek about using written comments around the artwork. The artwork serves here as a tool for communication and therefore as a platform for non-verbal communication. She also has no problems helping hand-over-hand if needed. Fausek likes to display the artwork for enjoyment and stimulation.

The Performing Arts

I have combined the discussion of the two therapies of drama and dance/movement for two reasons: The literature on drama and dance/ movement with a focus on therapy is so new that hardly any material has been written on them. And, as the two are linked together under the title of the performing arts, they share many characteristics. If anything surprised me in the process of reviewing literature on creativity and dementia, it was the literature on therapeutic performing arts. I was not expecting to see it linked to a research inquiry for assessments purposes and outcomes. Perhaps, like many others, I assumed that the performing arts are there to draw on our emotions and provide artistic experiences. But to try and measure the impact on people with dementia is an interesting concept. Is it then measurable? Do we have the tools for it? If not measuring, then how are we going to describe drama, dance and movement? Do we even have the language to describe them? And what are we going to describe? It is clear to me more than in any other form of artistic therapy that this research needs to be conducted by the artists themselves. They need to be an integral part of it, intimately immersed in it, fused with the process and with the clients involved.

Dance/movement therapy dates back only as recently as the 1950s. The dance/movement therapy was started by several women who used dancing to interact with people who suffered from severe psychological disturbances (Levy, 2001). The new field got organized under the American Dance Therapy Association (ADTA) in 1966 "to establish and maintain high standards of professional education and competence." (<http://www.adta.org>) ADTA is a member of the Creative Arts Therapy Coalition that includes other associations of music, art, poetry, drama and expressive arts (Wadsworth Hervey, 2000).

Here is a definition and description of dance/movement therapy. "Dance/Movement therapy is the psychotherapeutic use of movement as a process, which furthers the emotional, cognitive, social and physical integration of the individual. Dance/Movement therapists work with individuals who have social, emotional, cognitive and/or physical problems. They are employed in psychiatric hospitals, clinics, day care, community mental health centers, developmental centers, correctional facilities, special schools and rehabilitation facilities. They work with people of all ages both in groups and individually. They act as consultants and engage in research." (<http://www.adta.org>).

Research on this topic reveals only a handful of publications. According to Wadsworth Hervey (2000) "there is no scholarly dialog on the subject in professional publications" (p. 43). Two articles were found that discussed dancing. One article by Milchrist (2001) is an autoethnographic narrative on the relationship between the author and her mother who has dementia. The author initiated dancing with her mother over a period of 5 years until she could not dance any longer due to advanced Alzheimer's. Dancing was very much a part of the author's mother's life and the ability to dance lasted long into the disease. Milchrist tells us how her mother enjoyed the dance and how they could continue to communicate although verbal communication was almost impossible. It is a wonderful first-hand story that had many moments of joy in spite of the limitation imposed by the disease.

The second article is by Palo-Bengtsson and Ekman (2002), who discuss social dancing with people with dementia residing in a nursing home in Stockholm. It is a phenomenological study that explores a dancing activity that has taken place in that nursing home for 10 years. The study was carried out in 1995. The results of the study suggest: "that dance music was a good stimulus for making social contacts. The earlier-trained social patterns, old social habits, and general rules seemed to awaken to life in the persons with dementia" (p. 101).

Palo-Bengtsson and Ekman (2002) also observed that the people with dementia would wait for their caregivers to initiate the invitation to dance and then would follow them. The study concluded that it was important for caregivers to show "individual creativity, spontaneity, and supportive nursing care" (p. 101). Although the authors observed "response to rhythm, attention to dance music, and joy and amusement" (p. 101) demonstrated by the people with dementia, creativity was not included in the list of observed behaviour. I wonder why creativity was important enough to be linked with the caregivers but was omitted when describing the people with dementia. Was it because of low expectations that people with dementia were not capable of creative expression? Or did the authors have a different understanding of what constitutes creative behaviour? The physical environment is described with very few words: "The dances took place ... in a large hall which was used for several activities for elderly patients, relatives, and caregivers" (p. 103).

The main scholar on drama therapy is Dr. Davis-Basting, who is Director of the Center on Age and Community and an Associate Professor in the Department of Theatre and Dance at the Peck School of the Arts, University of Wisconsin-Milwaukee. Her creative work includes nearly a dozen plays and public performances. Davis-Basting, who received her Ph.D. in Theatre Arts and Dance from the University of Minnesota in 1995, continues to direct the *TimeSlips Creative Storytelling Project*, which she founded in 1998, and makes numerous presentations on creativity and aging across the United States. TimeSlips is an innovative method of group storytelling by seniors with dementia. In the training materials for the program, she writes:

Creativity is: adding something new to the world, how we know ourselves, how we grow ourselves, how we connect to others ... through creative expression, we share ourselves and connect to others. Creative expression is important for everyone, but it is even more important for those with dementia for whom other avenues of self-expression can be severely limited. (p. 8)

As in other therapies, Davis-Basting combines several creative activities such as storytelling, reminiscence and drama. In a visit to Milwaukee to meet with Karen Stobbe, who facilitates TimeSlips under the direction of Davis-Basting, I observed the interaction between Karen and her seniors with dementia. The stories that were produced in a collective effort by as many as 20 seniors with dementia brought joy, laughter, sadness, jokes, and even slight criticism of peers and staff.

Besides Davis-Basting's work in drama therapy, I found only two qualitative articles on drama intervention. In one by Lepp, Ringsber, Holm and Sellerjo (2003), the authors, who are mainly from the nursing profession, refrained from calling it drama therapy. The focus of their study was on the caregivers. Two categories emerged from the analysis: interaction and professional growth. What was so interesting in this article was the fact that the caregivers were surprised at the level of expression demonstrated by their patients with dementia. Although reluctant to join the program, the caregivers found the program personally rewarding while their patients bettered their quality of life; they "showed their feelings, both joy and sorrow, more openly, their self-confidence grew and they showed greater interest in their surroundings" (p. 873). Drama intervention for therapeutic reasons is so new that the authors in this article had to rely on the definition of drama in education: "...defined as the dynamic embodiment of events involving human beings, is described as a valuable tool for intellectual and emotional growth" (p. 875).

In another publication by O'Toole and Lepp (2000), they add: "Drama is both a method and a subject, seen from an holistic perspective, and integrates thoughts, feelings and actions" (p. 875). Lepp, Ringsber, Holm and Sellerjo (2003) found that a combined program of dance, rhythm, song, storytelling and conversations, designed especially for seniors with dementia, worked well. There were no references to the physical environment.

Drama programs, drama therapy, drama intervention – whatever name is adopted in the future – is such a new area that empirical literature on this topic is next to nonexistent. Anecdotal reporting from practitioners in the field of creative expression programs is rich in stories of interesting experiments using a host of activities including drama. It is difficult to isolate drama from other creative expression interventions when it contains so many elements of others. Based on the literature review so far, there is undoubtedly a great deal of overlap among the various models of creative expression interventions. Many try to box combined interventions under the roof of one discipline or another, but in reality it is the mix of interventions that appeals so much to so many of the facilitators who work with seniors with dementia.

Reminiscence Therapy, Life Review, Life Reflection and Storytelling

Reminiscence, life review and storytelling are all ways to communicate with others and express ourselves verbally. A literature review revealed a wide range of publications that focused mainly on these topics in regard to people of normal aging. However, specific literature on reminiscence, life review and storytelling in regard to people with dementia is less available. Ten articles and two books were found to be relevant to this discussion in the pursuit of creative expression abilities demonstrated by seniors with dementia and the environment associated with these activities. Although the literature differentiates between reminiscence, life review and storytelling, based on my experience, these elements are interchangeable when facilitating discussion sessions with seniors with dementia. However, understanding the fine differences is important in this relatively new area of research, started in the 1960s by Robert Butler (1963). The fine differences are important because they are linked directly to the qualifications and training a facilitator may need to acquire to handle the analysis part of life review or life reflection. Reminiscence therapy and storytelling could be left at the first stage of expression without going into depth of evaluation and explanation of one self (Staudinger, 2001). Ursula M. Staudinger (2001), a prominent researcher in human lifespan development at the Dresden University of Technology, Germany, defines reminiscence and life review:

Reminiscence is defined as the remembering of life events, and life review is defined as the remembering of events plus the further analysis of these events. (p. 149)

... the distinction refers to the extent and sophistication of the further analysis and possibly also the intentionality of such analysis ... Reminiscence is defined as reconstructing life events from memory, and life review is conceptualized as reconstructing life events from memory plus further analysis (explanations and evaluation) of the materials. (p. 150)

The function of either of the two processes, reminiscence and life review should be determined only in a second step ... for instance, establishing intimacy could be achieved both by sharing memories and by uncovering insights about one's life. Reminiscence, in particular, may be linked to functions such as boredom reduction, oral history, or conversational pleasure. Functions specific to life review may include, for instance, alleviating depression, teaching others, solving a problem, enhancing life insight and wisdom. (p. 149-150)

In her literature review on this topic, Staudinger finds that the aim of life review is "to repair and return to normal levels of functioning ..." (p. 154), while remembering the past usually follows a chronological timeline. She felt that a new term needed to be introduced to capture "single life events and sequences of events" (p.154) and named it life reflection. In an empirical study of life reflection versus

life review, Staudinger (2001) found that older participants engaged in life reflection to "balance and integrate their life as lived" (p. 157).

Although Staudinger does not refer directly to creative expression abilities in discussing life reflection, she does bring up elements that follow the definition of everyday creativity such as growth in self-understanding and finding the meaning of "life as lived". To encourage the process of life review, Butler (1974), in Kasl-Godley and Gatz's article (2000) on psychosocial interventions for individuals with dementia, used triggers such as: written or taped autobiographies; pilgrimages, either in person or through correspondence; reunions; construction of a genealogy; creation of memorabilia through scrapbooks, photo albums, collection of old letters; verbal or written summary of life work; and preservation of ethnic identity (p. 760).

Although literature on reminiscence in normal aging is growing, Kasl-Godley and Gatz concluded that "little attention has been given to how dementia might affect the ability to reflect ..." (p. 760). According to Butler (1974), brain damage should not prevent health service providers from using life review therapy with people with memory impairment. On the contrary, Kasl-Godley and Gatz refer to Cook (1984) and Kiernat (1979):

that reminiscence may be particularly important for demented individuals' psychological health given that the progressive deteriorating nature of the disease erodes the ability to achieve present successes and makes individuals increasingly dependent on past accomplishments for a sense of competency ... demented individuals retain much of the capacity to recall and integrate the past because remote memory is spared through most of the disease process. (p. 761)

Although the memory of factual details such as dates, names and locations may be affected with seniors with dementia, other aspects of memories may still be intact. In my interactions with seniors with dementia I have witnessed numerous similar situations, for example, one may remember learning how to ski, but may not remember where and when it took place. One may remember being married, but have forgotten to whom and if children were involved. Comments such as "I must have been married at some point, aren't we all?" are common. This fascinating behaviour has been observed by researchers and practitioners in the field of dementia care and was discussed in depth in Question One. Understanding the fine differences of how memory manifest itself in people with dementia is most important, especially when facilitating sessions on creative expression activities.

Until I read Patrick Colm Hogan's (2003) book, *The Mind and its Stories, Narrative Universals and Human Emotions*, I struggled with finding literature that would support my approach to creative expression activities where fabricated stories told by seniors with dementia were as important and meaningful as those perceived to be true stories. One could never be absolutely sure whether a story may also include experiences of others to be claimed as their own. Hogan compares this behaviour to children's storytelling and supports it with quotes from Miller, Hoogstra, Mintz, Fung and Williams (1993), "a child might appropriate and use for his or her own purposes someone else's experiences, someone else's story. Framed in this way, any story has the potential to be personalized story" (p. 91). Hogan sees this behaviour in adults as well and states:

...it seems likely that this sort of thing occurs with authors all the time. It seems likely that authors incorporate autobiographical material even in entirely nonautobiographical works (for example, in filling out characters in historical novels) through just such a process ... retellings supports not only our account of aesthetic responses, but parallel accounts of artistic creation." (p. 69)

So, according to Hogan (2003), we are all capable of incorporating experiences of others into our own storytelling intentionally or unintentionally. Although Hogan does not discuss dementia, he does discuss the link between literature and the human mind, which includes storytelling and memory and which he

calls "verbal art" (p. 3), where people share their "ideas, perceptions, desires, aspirations, and ... emotions ... It is an activity engaged in by all people at all times ... something people do, and always have done, in all parts of the world ..." (p. 3). Verbal art is a form of creative expression. While Hogan calls it verbal art, Cheston (1996) describes the action of storytelling as a "new shape and form to the present" (p. 582). Yen-Chun Lin, Yu-Tzu Dai and Shioh-Li Hwang (2003) define reminiscence "as a mechanism for adapting to stress" (p. 298). All of these authors support the definition of everyday creativity that was discussed previously. Bernie Arigho (1997) summarizes very well the relationship between reminiscence and creativity:

The success of reminiscence work is measured in terms of the extent to which it enables people to participate in meaningful and enjoyable activities. The focus is on being active and creative in the here and now, though the inspiration is derived from the there and then. (p. 188)

From medical observation, we learn that people with dementia suffer from illusions and that fabricating stories is considered a common symptom of the disease. From a medical point of view this is problematic behaviour, less tolerated and in need of being treated. From a societal point of view, there is a perception that these people may have lost their minds, they may be considered unreliable and living in their own world, one that is disconnected from reality. However, if we accept their reality, we can help remove the stigma attached to their behaviour. The change needs to occur in our attitudes towards people with dementia. By creating a friendly and accepting environment, we allow the persons within the disease to continue to live their life to the best of their remaining abilities. Cheston (1996) in his article *Stories and metaphors: talking about the past in a psychotherapy group for people with dementia* reacts to the common perception that people with dementia are engaged in meaningless talk, "their memories are defective, and their reminiscences are of little importance..." (p. 598). He argues "that there are other stories to be told about the talk produced by people with dementia if we can only allow ourselves to listen to the poetical, the metaphorical aspects of language" (p. 598). He also sees:

Self-narratives and stories ... as a mean of communication and as a focus for exploration. They can permit a rich world, a place of re-membrance, a re-creation of people, ideas and images so positioned and constructed that they lend new shape and form to the present. The creation of a story permits a world in which present dilemmas, uncertainties and hopes can be lived through. (p. 582-583)

Since we cannot, at the present, change dramatically the progression of the disease, we might as well work with it instead of against it. The question is then, how do we go along with realities experienced by seniors with dementia? How does reality manifest itself in the physical environment and in human relationships? The answers lie in our services, interventions, planning and in design solutions for people with dementia. For example, in a documentary *Memory Lane* (2003) on architectural design for people with dementia, one solution provided was very imaginative. Given the average age of seniors with dementia today, we can trace back to the 1950s and 1960s when these people were in their prime. Through research we can recreate old streets, neighbourhoods, colors, furniture, fashion, ice cream parlours, cars, music, dances, food, customs, and so on. In this documentary, a long-term care facility recreated a section of a street along its property that was designed to replicate the 1950s in a typical North American urban setting. The 'neighbourhood' provided opportunities for seniors to sit in coffee places and purchase their own ice cream as they used to in the past.

For normal aging people it may look like a Hollywood movie set, however, it is real to seniors with dementia who can still remember some of their past. Speakers at an American Society on Aging conference on generation gaps in Denver, 2001, commented that about every ten years, there is a significant shift in the western society's taste in clothing, music, customs and so on. If that is true, then the present generation of Baby Boomers could adjust the make-believe street to include Elvis Presley, Bob Dylan, mini-skirts, portable phones, fat-free foods, photos of known citizens and politicians and more.

This approach is the exact opposite of reality orientation as developed by Dr. Camp Cameron in Ohio (discussed earlier) for seniors with dementia, which is still being practiced in various facilities. Instead of constantly repeating information that may sound foreign, meaningless or hard to retain, seniors with dementia would be less stressed if we did not confront them or try to train them in the hope they may change. A study by Woods (1992) on reality orientation has shown that long-term memory retention was not very successful or significant after the interventions were completed. Kasl-Godley and Gatz (2000) also concluded that reality orientation as an intervention has "little to no effect on behavioural functioning" (p. 769).

In comparison to reality orientation that focuses on training individuals to be more aware of the time of the day, the month, meal times and room finding, reminiscence therapy, according to Yen-Chun Lin, Yu-Tzu Dai and Shiow-Li Hwang (2003), focuses on developing "new relationships [that] meet psychosocial and developmental needs" (p. 299). Still, reminiscence therapy is not appropriate for everyone and may have dangerous consequences (Thorgrimsen, Schweitzer and Orrell, 2002). Careful consideration needs to be exercised. If facilitators are not qualified to handle crises, there is a need to arrange backup professional help in case of emergency.

Reminiscence, Life Review, Life Reflection, Storytelling and the Therapeutic Environment

In the articles on reminiscence as it is linked to dementia care, very little attention is addressed to the environment. *The source for reminiscence therapy* by Joyce L. Harris (1998) mentioned the physical environment:

A conversational grouping in a small, quiet, well-lit area is ideal for a reminiscence group. A small area is likely to have better acoustical properties which creates a better listening environment for everyone. A small area also creates a feeling of greater intimacy among group participants (p. 46)

Harris also points out that furniture and seating arrangements are very important contribution to successful reminiscence sessions.

Review

Only seven years ago when I started to look for practical ideas to implement in my work with seniors with dementia, I was struck by the lack of information. What I did find was inappropriate, comprising child-like activities that did not reflect the seniors' cognitive and physical abilities. Nor did I find detailed information that made a link between seniors with dementia, their abilities to express themselves creatively, and the physical environment to accommodate these activities. Today's literature offers a wide variety of arts-based programs for seniors with dementia; however, there are still major concerns to be dealt with. The literature review revealed the following outstanding issues:

Lack of understanding. Dementia as a medical condition is misunderstood due to misinformation, lack of education, lack of experience working directly with seniors with dementia.

Some scholars from medical backgrounds lack deep understanding and first-hand experience of what creativity is all about. They may understand it intellectually, but depending on their definition of creativity, they may fail to see how creativity manifests itself in spite of the disease.

Artists who are also researchers have a tendency to rely on the medical model for psychological assessments of seniors with dementia.

Expectations. There is a tendency to lump people with dementia with the mentally ill without discrimination.

There are lower cognitive and physical expectations of seniors with dementia.

There is a tendency in the literature to agree on minimizing the sense of failure when interacting with seniors with dementia. However, some may enjoy an appropriate challenge that may reflect respect and appreciation of their remaining abilities.

Programs. Most articles focus on methodological aspects of art-based programs while very few discuss how those programs are implemented.

There is a shortage of meaningful programs, with purposeful and diverse activities. There is a need for structured activities that allow the seniors to set the pace that suits them.

The consensus among researchers is that music has a significant impact on people with dementia in changing moods, recalling some memories, improving communication and social skills, helping to relax, to bring enjoyment, and to get in touch with one's own feelings. At the same time, some consideration may be given that music may not be suitable for everyone.

A strong pattern is emerging that a mix of arts-based programs is the most popular intervention among facilitators who work with seniors with dementia. However, there is definitely confusion about the boundaries between various programs.

Facilities. In reviewing the literature on special care units (SCUs), an important finding was that many non-SCUs use approaches similar to SCUs in staff training, environmental design and programming. This could mean that some SCUs offer rather meager specialized features that SCUs are not homogenous and they do not necessarily provide better care than non-SCUs.

An approach is developing that perhaps residents in long term care facilities should not be pushed throughout the day to follow rigid rules and schedules, but rather enjoy a calmer pace.

People with dementia in larger facilities interacted less with other residents or staff, while in smaller facilities, residents were more interactive.

One observation made by Perrin (1997) may have a great impact on the architectural design and communication with seniors with dementia. Perrin found that people with dementia respond best when other people and objects are placed within 3 to 4 feet diameter around them. In Perrin's words, the environment has 'shrunk' to envelop the person with dementia in kind of a plastic bubble and that staff has no problem interacting with this group as long as they are close physically to the clients and within the suggested 'bubble'. Perrin brings up the notion that if the closeness encourages interaction, it may be an important factor in space design and the attention given to activities in it. In other words, the "bubble" concept may have an impact as to how physically we interact with seniors with dementia, display our stimulating objects such as art materials, furniture arrangements, locations of easels, strategically placed instructors and so on.

New Directions for Research and Implications for Practical Implementation

Numerous articles stated that doing research with seniors with dementia presents many difficulties. The population is frail and vulnerable and usual research methods may not be practical. Researchers need to take these limitations into account.

Lack of understanding. Need for programs that educate medical personnel, potential caregivers and arts-based program leaders about dementia – differentiating mental illness from mental deterioration and considering the implications for care and activities.

Expectations. Need for research on seniors with dementia to study their reactions to programs in care situations. Are expectations appropriate to their cognitive and physical abilities?

Programs. Need for research on successful programs with emphasis on practical applications.

Facilities. Need for research on the effect of facility design on the well-being of seniors with dementia, on caregivers and medical personnel as it is linked to creative expression activities.

Recommendations

The literature review revealed that there is a strong need for a multidisciplinary program of creative expression activities for seniors with dementia. In order to achieve it there is a need for educational programs to train facilitators that would combine expertise in dementia care with programs on creative expression activities in a comprehensive way. In addition, architectural schools need to include courses on designing for the elderly with a focus on dementia.

There is a need for forums where researchers and practitioners from various arts-based programs can meet to exchange ideas and create new alliances. Ideally, such forums would include input from the medical community.

A strong pattern is emerging that a mix of arts-based programs is the most popular intervention among facilitators who work with seniors with dementia. There is a great deal of overlap among the various models of creative expression interventions. As they grow closer and cross over, many try to box combined interventions under one discipline or another, but in reality it is the mix of interventions that appeals so much to so many of the facilitators who work with seniors with dementia.

Clearly, much more research is needed in the area of creative expression and dementia, especially with a focus on what works and what does not work with these seniors. There are no studies that explore the ability of Alzheimer's patients to appreciate artistic expression. This is, potentially, a new area for research.

Researchers should be encouraged to cross the boundaries of their own fields and expertise. They should be allowed to stretch their imagination and develop fresh new ideas without being constrained in the name of science. I believe that every bit of new information has the potential to spiral into new adventures and trigger additional new thoughts. Working with seniors with dementia is full of opportunities to learn about them and about oneself. It is a mutual journey where the researcher and the seniors being studied can learn from each other through layers and layers of rich information.

This section of the literature review covers the meaning of everyday creative expression and how seniors with dementia experience it. The recent literature on research in creativity focuses on the work of several prominent scholars. It contains their definitions of creativity to further develop an understanding of what creative expression means and how it manifests itself (fig. 2, see page 9). It is based mainly on the *Handbook of Creativity* (1999) that describes the work of Sternberg and his 30 colleagues, on *Creativity*, Mark Runco's (2004) most recent work, and on *Art, Mind and Brain: A Cognitive Approach to Creativity* by Howard Gardner (1982).

Following this review, I will provide selected definitions of creativity followed by a discussion of how they follow or contradict the assumptions and approaches to research on creativity and dementia I have pursued. These definitions may derive from quantitative or qualitative studies and from less rigorous studies due to the complexity of this topic and the difficulties arising from conducting research in this field. Gaps in the understanding of the two domains of creativity and dementia and in the combination of them will be identified to provide the base for a new definition that may be more appropriate to research on creativity with seniors with dementia. The new definition will provide a fresh starting point and will continue to evolve as the inquiry progresses.

Eight models were reviewed for their appropriateness to tackle research on creativity and dementia and although no one specific model was definitive, many of these models provided important information as the backbone for this study. The eight models cover the six approaches in Sternberg's (1999) *Handbook of Creativity*, along with Runco (2004) and his colleagues' approach in his review article *Creativity*, and Gardner's (1982) cognitive approach. Although Sternberg and Runco's work are more recent, I found that Gardner's approach fills in gaps of information missing in the others and appears to be more relevant to research on creativity and dementia.

Emerging Approaches to Creativity Research

Robert Sternberg (1999) introduces the work of 30 scholars in the field of creativity and identifies six approaches to creativity research:

- a. **Psychometric:** "creativity ... as a measurable human factor or characteristic" (Mayer, 1999). Sternberg and O'Hara (1999) were looking for multiple answers "as opposed to one single correct answer" from their subjects. The answers were quantified and rated for creative abilities based on comparative scoring of creative versus non-creative persons. Psychometric assessments take place in a controlled environment. This control may limit the ability of creativity to be expressed spontaneously and in an unpredictable manner.
- b. **Experimental:** the study of creativity in which subjects are engaged in creative thinking through solving problems. The aim is to identify factors that improve or inhibit creative thinking. As in the psychometric approach, the experimental approach utilizes quantitative measurements in controlled environments while analyzing tasks prepared in advance that were administered to the subjects. The aim of this approach is to identify the various phases in creative thinking a person goes through. According to Ward, Smith and Finke (1999), research on differences between creative and non-creative thinking in experimental observations found two kinds of cognitive processes: first, generative processes based on existing knowledge and which are part "of ordinary minds" (p. 190); this knowledge may or may not inhibit creativity. Second, processes that are of an exploratory nature and, based on potential function, can be untested proposals that are marked by "originality and appropriateness" (p. 191). Ward, Smith and Finke report on examples of exploratory and generative processes experienced by a writer (Ward et al., 1995) or by an inventor (Finke, 1990). The two processes may happen independently or be combined and operate under various restrictions. They may be generated with a specific goal in mind or for an open-ended situation (Ward, Smith and Finke, 1999, p. 192).
- c. **Biographical:** A qualitative, richly detailed narrative study (Gruber & Wallace, 1999) of a creative person through a single case history or through a comparison between creative persons. The biographical approach can also be studied through quantitative analysis of a group of creative people (Simonton, 1999). The aim of this approach is to identify factors in life events that foster creativity. A positive aspect of this approach is that the subject is studied in a personal authentic environment, in contrast to the controlled environments used in psychometric and experimental approaches. The down side of this approach is the concern that the findings of one case study may not be applicable to another case. However, this approach is useful in combination with other approaches as a rich source for qualitative data.
- d. **Biological:** The study of creativity through cognitive neurosciences that examine brain activities as the subjects are engaged in creative thinking (Martindale, 1999). None of Sternberg's 30 colleagues in the *Handbook of Creativity* discusses how biological impairments impact creativity.
- e. **Contextual:** The study of creativity in a social and cultural context. Collins and Amabile (1999) examine intrinsic and extrinsic motivations and their effects on creativity. Based on empirical studies, they concluded that intrinsic motivation is "conducive to creativity" (p. 299) and is generated by the individual for enjoyment. Extrinsic motivation is defined as

having to meet external requirements such as awards and competitions. This motivation is harmful to creativity. Csikszentmihalyi (1999) uses the “systems perspective” to explain the creative process and its external variables. Csikszentmihalyi concludes that in order for creativity to be considered valid, it must be accepted and recognized by the community.

- f. **Artificial creativity:** This approach seems to be irrelevant to the topic of creativity and dementia and was omitted.

In the review chapter *Fifty Years of Creativity Research* in Sternberg (1999), Richard Mayer analyzes the various approaches to creativity research and comments on the gaps and challenges that still exist in the pursuit of answers to questions such as: Can creativity be measured? Which cognitive processes are involved in the creative process? Do life experiences matter? What motivates creative people? What role do biological and evolutionary factors play in creativity? How do social and cultural contexts affect creativity? Can creativity be enhanced? He also sees a need for “new and useful methodologies” to study creativity. He suggests that some of the discussions lean towards “speculation that is only loosely related to empirical data, by sweeping generalizations that are not tightly supported by research evidence, and by a level of theorizing that is too vague to yield testable predictions” (p. 459).

Mayer’s comments on the state of research on creativity resonate with some of the thoughts, questions and difficulties that impede the process of gathering relevant information on creativity and dementia. Providing empirical evidence to support the assumptions of scholars’ statements on creativity can be a formidable task. The literature is short on empirical studies, and the ones provided do not offer an appropriate approach that can capture the essence of creativity in formation. Publications in general cover views that are so widely spread that the focus on creativity and dementia is rarely addressed. It is clear that scholars in this field are grappling with understanding creativity and how to conduct appropriate research that would fit multiple situations. One clear message from Mayer’s review is that there is a need for a multidisciplinary approach to creativity research.

One approach some scholars (Gardner, 1982 Redfield Jamison, 1997) find attractive is to focus on people who are already known for their creative powers, since their creative abilities are obvious and easy to access for quantitative evaluation or qualitative observations. Perhaps understanding acknowledged creative people could assist in analyzing what makes these people think or act creatively. What external (environmental) and internal (personal) conditions promoted their creativity? Could these findings be replicated elsewhere in a quest to understand creativity and dementia?

Adopting the biographical approach that has been applied to known creative people to understand creativity, it might be possible to study a creative person who has dementia. However, if we use the biographical approach to research creativity, we indirectly adopt the notion that not all people are creative and therefore everyday creativity may not be an accepted concept. But if we adopt the opposite assumption that all human beings are creative, (Ward, Smith & Finke, 1999, p. 189) it could be possible to study any human being.

The question is then what kind of creativity are we looking for? Are we looking for exceptional creativity or everyday creativity – one or both? Perhaps we will need to reconsider, readjust and redefine what creativity is. The following section reviews the existing definitions of creativity put forward by these scholars. I am aware of the scientific aspiration to meet rigorous academic standards, but I also respect years of experience and wisdom accumulated in this complicated field of inquiry. Therefore, some definitions will be backed by empirical findings and some will be based on theory. Acknowledging the difficulties and the lack of rich empirical evidence should not prevent continuing efforts to pursue creativity research. Perhaps some untested thoughts may lead to a new direction for others to follow that will result in more rigorous tests in the field. There are many factors to be taken into consideration when researching creativity and perhaps utilizing one approach to creativity research at this time is not appropriate and trying to prove the existence of creative expression through empirical research is only one factor in a much more complicated undertaking.

In his most recent review article on creativity, Runco (2004) faces the same complicated task as Sternberg did in trying to sort out the various approaches to creativity research and advance the understanding of it. Runco claims that more than ever people need to use their creative abilities in a fast moving technological society, which he describes as a “cultural evolution” (p. 658). He states that his review of the research is based on a framework suggested by Rhodes (1961,1987), which is divided into four categories of creativity research:

- a. **Person.** “Research on personal characteristics” (Runco, p. 661), such as a person’s broad interests, intuition, or a “firm sense of self as ‘creative’” (Barron & Harrington, 1981, p. 453).
- b. **Product.** Outcomes “that result from the creative process”, such as “publications, paintings, poems, designs” (Runco, p. 663). Most research that uses this approach deals with artists well-known for their talents as opposed to ordinary people. Runco also states that “productivity and creativity are correlated but not synonymous” (p. 663).
- c. **Process.** A description of a process over a long period of time. Usually involves “divergent thinking and problem solving” (p. 661).
- d. **Press.** Was introduced for the first time by Harry Murray (1938) and continues to be used. It refers to “pressures on the creative process” (Runco, 2004, p. 661). For instance, Amabile (1990) refers to the physical environment as a source for influences on the creative process.

Runco felt that the four categories of person, product, process and press were not sufficient for a comprehensive approach to understanding creativity and added information from specific disciplines that were “organized by behavioral, biological, clinical, cognitive, developmental, historiometric, organizational, psychometric and social perspectives” (p. 663): Let me describe each in turn.

Behavioral perspectives. Runco supports Epstein (2003, in press) in connecting creativity with “insight and novelty” (Runco, p. 664) Epstein, Runco suggests, tested participants in a pre-arranged setting, to see how previous experience could contribute to creative behavior in problem solving. Epstein explains “Insight” as a result of “spontaneous integration of previously learned response” (p. 664).

The biology of creativity. Based on medical findings, Runco suggests that creativity research from a biological point of view leans towards “... behaviors and aptitudes” (p. 664). Studies that were based on past medical surgeries to inhibit seizures referred more to the skills of the patients and not to their creative abilities that are defined as “... originality and appropriateness, intuition and logic” (p. 664). Based on empirical evidence, Katz (1997) discovered that the creative process does not limit itself to one hemisphere but requires the collaboration of both sides of the brain. Other researchers, such as Hoppe & Kyle (1991), used electroencephalography (EEGs) to detect brain activity in a group of patients with bisected hemispheres and in a control group. They found that both parts of the brain are engaged when verbal and emotional expression is concerned.

Clinical research. Runco sums up creativity research in this category to be focused mainly on mental disorders such as schizophrenia and other disorders such as alcoholism, suicide and stress. Realizing the limitations in past research Runco, Ebbersole and Miraz (1990) turned to a new direction, in which the definition of creativity was expanded to include self-actualization within the context of health promotion. Runco, Ebbersole and Miraz conducted a study with 84 university psychology students. They administered three questionnaires that measured “creative traits, preferences, and attitudes” (Runco, Ebbersole and Miraz, 1990, p. 267). They used the Self-actualization Scale (SAS) developed by Jones and Crandall (1986). To their disappointment they could not establish cause and effect between creativity and self-actualization. However, they did conclude that “Creativity may allow individuals to become self-actualized, or self-actualization may lead to creative behavior” (p. 271). Runco, Ebbersole and Miraz, also make the connection of creativity and self-actualization with “coping and adaptive skills” (p. 271). This connection is also supported by Rhodes and his theory (1990, p. 247) that creativity rises from “deficiency needs for love, acceptance and respect” (p. 251), which in turn lead to self-growth, self-

expression and self-actualization. Runco also emphasizes the importance of research in this category for the understanding of the individual's subjective experience.

Cognitive research. This category is often studied for creativity by using tests for divergent thinking (providing several answers to a problem), fluency (number of solutions), originality (uniqueness), and flexibility (variety) (Runco, 2004, p. 668). Runco sees these tests as predictors only that may indicate the potential for creative thinking. Although the definition of creativity was expanded to include all of these factors, the solutions for problems provided in the various tests needed to demonstrate that they are appropriate solutions as well. And so appropriateness was added to the definition of creativity that looks for novelty, innovation, flexibility and fluency.

Developmental research. Most of the research in this category, according to Runco, is applied to children and adolescents, although research on creativity and adulthood is mentioned here with reference to the latest work by Lindauer (1992). Runco did not look at the work of other scholars with expertise on creativity and aging, like Gene Cohen (2000) or Howard Gardner (1982).

Economic factors and theories. According to Runco, this category lacks empirical validation. However, he considers some suggestions that hard times may stimulate creative thinking.

Educational and historical research and organizational perspective. While these approaches to creativity research were described by Runco, they were too far removed from the topic on creativity and dementia. Although educational research is rich in studies on creativity, it mainly focuses on children and adolescents.

Psychometric research. In this category, creativity is tested for its potentiality through "paper-and-pencil" tests, which usually are administered to ordinary people as opposed to eminent persons. This approach to creativity research is involved in comparative studies and their ratings. Psychometric testing is relevant to the topic of creativity and dementia, since people with dementia often go through neuropsychological testing, such as the diagnostic test of drawing a clock, to evaluate memory capacity, which indirectly may or may not indicate creative abilities. This category lacks appropriate tests for seniors with dementia to determine the level of their remaining creative abilities.

Social research. Runco reminds us that early creativity research was focused almost entirely on the individual until scholars like Amabile (2000) shifted some of the attention to social influences on the creative process. In these situations, depending on external factors, creativity could be discouraged in the case of competition and criticism, or enhanced by working with other people. There is no mention of creativity, aging and dementia. However, understanding how creativity manifests itself within a social context is very applicable to people in institutional care, such as seniors with dementia in long-term care facilities.

In his conclusions, some of Runco's comments on the state of creativity research and its findings may provide support directly and indirectly to the importance of research on creativity and dementia. Runco concludes, "that creativity is beneficial. Creativity facilitates and enhances problem solving, adaptability, self-expression, and health" (p. 677). He suggests that "creativity research is best understood by considering various perspectives" (p. 677) and that researchers need to stay flexible in their approach when studying the subject. He recommends taking into account the person and their environment. Runco sees the importance of the interplay between clinical work and cognitive perspectives and between basic research and applied research. He makes us aware that creativity is expressed in many ways and in many domains.

He recognizes the need to study everyday creativity, which is the ability to cope with everyday problems that does not call for what he calls "high-level achievement or expertise" (p.678). Runco applies his concept of everyday creativity mainly to children. He is disappointed that the field of creativity research is still far from understanding the "mechanisms that underlie creative capacities" (p. 679). A

major concern of his is that creativity per se is not really researched, but novelty, insight, productivity and behavior are; he considers these factors the products of the creative process. He agrees with other researchers that "originality is necessary but not sufficient for creativity" (p.679) and yet he misses the connection Csikszentmihalyi (1999) makes that society has the final say as to what makes a thought or a product creative, which leaves originality in question.

Of note in particular in Runco's article is a report of the results of his survey asking 143 individuals in the field of creativity research to rank the importance of research topics, ranging from the most important to the least important. In a list of 36 items, mental health was 16, while neurobiology, mental illness and therapy were at the bottom of the list. Testing and measurement got very low priority as well, while creative behavior topped the list. Which brings us back to the question posed in this paper: what does creative behavior mean? What does creative expression mean? Based on this survey it seems that people in the field of creativity research do not see a strong need to explore the connection between health and creativity. Although Runco did not elaborate on the reasons, it is possible that the pressure to produce empirical findings in the health services domain discourages research known for its difficulties and complexities. To reinforce this possibility testing and measurements also got a low priority. Perhaps the results of this survey may indicate the gap between those who see creativity as a personal trait of eminent artistic talent and those who see creativity manifested in daily routine. It may indicate that any less than eminent talent deserves less attention.

These two publications, Runco's *Creativity Research Handbook* and Sternberg's *Handbook of Creativity*, are considered to be milestones in creativity research; they bring together the work of many scholars in an effort to identify major approaches to creativity research. Mumford used these two handbooks as a starting point for his research on creativity. By studying their content, he concluded that there is a need for "critical comparative tests contrasting the merits of different methods and theories, elaboration and extension of our traditional samples and our traditional measures, and more attempts to develop integrative models" (p. 107). He also concluded that there is a need for more research on topics such as: "practical innovations, cross-field differences in the nature of creative thought, and the effect of creativity on people and social systems" (p. 107). Like other scholars, Mumford's definition of creativity is still evolving; however, he states that "creativity involves the production of novel, useful products" (p.110) Understanding Mumford's background and expertise in the field of industrial and organizational psychology makes it clear why the link between creativity and a product is an important indicator of creativity for him.

In response to Mumford's definition of creativity, Runco agrees that creativity involves the "production of novel and useful products"; however, he argues that the potential for creativity, which precedes the actual performance, does not bring forth a product to evaluate. Therefore, "creativity may sometimes not involve any productivity whatsoever"... Productivity, then, is an objective indicator but only sometimes indicative of creativity" (p. 138). Runco's response opens the arena of creativity research to new directions, which potentially may help support research on creativity and dementia.

Other Perspectives on Creativity and Expression

Creativity. According to the Random House Webster's College Dictionary (1995), creativity is "the ability to create meaningful new forms, interpretations, etc; originality," while being creative "result[s] from originality of thought; imaginative," and create is to "evolve from one's imagination, as a work of art or an invention." This definition still leaves the reader with insufficient explanation, which leads to the next question: Does creativity always need to result in an invention? Is any deviation from inventiveness considered less or non-creative? In Sternberg's handbook scholars such as Mayer, Gruber & Wallace, Martindale, Lumsden, Feist, Lubart, Boden and Nickerson (1999) make strong connections between creative abilities and products that can be evaluated for their creativeness. Gruber and Wallace (1999) define creativity as "novel and value: The creative product must be new and must be given value according to external criteria" (p. 94). If there is an agreement in most definitions that creativity involves

the creation of original and useful products, who decides what is original and useful? What evaluative systems do we have for assessing originality and usefulness? According to Csikszentmihalyi, (1999) even if an idea or an act resulted in a product, it would not be considered creative unless society accepted and recognized it as such. As he states:

Originality, freshness of perceptions, divergent-thinking ability are all well and good in their own right, as desirable personal traits. But without some form of public recognition they do not constitute creativity. In fact, one might argue that such traits are not even necessary for creative accomplishments. (p. 314)

Csikszentmihalyi's definition helps redefine creativity and opens it to new possibilities that may lend themselves to research on creativity and dementia. According to Csikszentmihalyi, creativity only exists when it evokes some form of public recognition. But public recognition can exist on different levels within specific contexts. For eminent artists, public expectation is high. For seniors with dementia, the entire context changes and so do public expectations. Two years ago, I mounted an art exhibition by seniors with dementia as an event exhibiting creativity. More than 4,000 visitors attended, many of whom left comments showing their surprise at the level of creativity on display. They were expecting much less from these seniors. In this instance the community showed their positive support of the exhibit based on the level of expectation.

Not all scholars in the field see the end-product as a necessary element in defining creativity. According to Ward, Smith and Finke (1999) creativity may or may not result in generative expression and may stay just in the exploratory phase in the form of an idea or creative thinking. Feist's definition of creativity (1999) still supports the notion of inventiveness but broadens the definition to include the ability to be flexible as well, through "novel and adaptive solutions to problems" (Feist, 1999, p. 274).

Expression. In Webster's New World Dictionary (1986) Expression means, "a putting into words or representing in language. A picturing, representing, or symbolizing in art, music, etc. A showing of feelings, character, etc. (laughter as an expression of joy). A look, intonation, sign, etc. that conveys meaning or feelings (a quizzical expression on the face)" (p. 495). This definition is sufficient to cover the various modes of verbal and non-verbal expression that will be discussed later in more detail.

Based on these definitions, it is possible to develop a new definition of creativity that could be more inclusive, embracing expressions exhibited by people who may not be considered by society to possess creative abilities, such as seniors with dementia. If creating is an act of expression, it may be original or not, yet it brings something into being – perhaps a line drawn on a blank paper, a song, a thought, an idea. In other words, expression changes the existing status quo and creates new situations. Therefore, a new situation may be considered equal to a creative act.

In *Art, Mind and Brain, a Cognitive Approach to Creativity* (1982), Gardner admits that he knew very little about adults with brain damage when he first began to work with them. He describes how he came to appreciate the "person" within the individual. Working with these individuals he realized how much they varied from one another and how they still were able to make the best of their remaining abilities. Gardner's work in the US and his appreciation and positive attitude towards brain-damaged people gained recognition in the 1980s, about ten years before Tom Kitwood in England introduced the concept of personhood. Personhood stands for an approach that relates to the person within the individual with dementia as opposed to the medical model, which treats the symptoms of the disease. It is possible that the two scholars did not know about each other's work, since both were situated in different countries and came from different fields of expertise; Gardner from education and Kitwood from social work.

Gardner's main interest in working with brain-damaged adults came from a desire to understand "better the nature of human artistry" (p. 267), which would shed light on impaired cognition as well as normal cognition. Gardner based his work on neuropsychological studies that focused on language disorders such as aphasia. He studied gifted artists who had suffered brain damage and "normal

nonartistic individuals” (p. 267). Both groups were observed working in three art forms: painting, music and literature. It should be noted that Gardner did not question what is considered creative. He did not elaborate on how he decided who was considered a highly artistic person, and who was not. Although Gardner seemed to divide individuals into artists and non-artists, he still believed that “nearly all of us have attained some modest artistic skill. We can sing a song, make a drawing, tell a story” (p. 320). Gardner was more interested in the abilities of brain-damaged people to express themselves and refrained from discussing the quality of the expression.

The Meaning of Creativity, Gaps in Information

The overarching definition of creativity, as these various researchers present it, seems to concur that ideas and products are creative as long as they are new and useful. In addition, they cite the ability to adapt, maintain flexibility and fluency and be valued by society. None of the researchers discussed the issue of creativity and dementia. Sternberg’s handbook ignores the subject of creativity and aging altogether. Runco’s article on creativity does bring up briefly the issue of aging and creativity but not creativity and dementia. Gardner discusses how creativity manifests itself in people who have suffered a stroke, bisection of the brain, and other damage. While Gardner makes it clear that not all individuals with brain damage are mentally ill, other researchers (Eisenman, 1997) actively associate creativity with mental illness or other exceptional personal traits. All researchers in these publications agree that creativity is a complicated subject and there is a need for more research. Many researchers agree that one approach to the study is not sufficient and that research should consider studying creativity from several approaches, including interdisciplinary approaches that would provide empirical findings (Gardner, 1982, Mayer, 1999).

Based on creativity definitions reviewed here, I came to the conclusion that none of them are relevant in their entirety to the study of creativity and dementia and none reflect the situation in which seniors with dementia operate. Some parts of the definitions may apply, such as the need to be able to adapt to new situations, flexibility, fluency, everyday creativity and society’s acknowledgment of the creative idea or act. What is missing is literature on aging that may provide information on how creativity manifests itself in later life with a possible focus on dementia.

Opening up the definitions from eminent creativity to everyday creativity allowed researches like Runco and Richards (1997) and Runco, Ebersole and Mraz (1990) to further develop this concept and its contribution to the quality of life at every stage in human development. They say that creativity manifests itself in being curious, in an ongoing process of self-evaluation and personal growth. Quality of life in adulthood is defined by the level of physical, social, mental health and role function (Anderson, 1997). Teague, McGhee, Rosenthal, and Kearns (1997) defined quality of life as “a dynamic process in which each adult has unique or different health needs” (p.35). Their understanding of the quality of life of older people supports Runco, Ebersole and Mraz (1990) in defining the concept of everyday creativity, which values the social, emotional and spiritual aspects that contribute to the notion of what makes a person whole. In his (2003) response to Mumford (2003), Runco elaborates further on how he sees everyday creativity manifest itself:

Everyday creativity may be involved in the problem solving that occurs when an individual drives to work and decides what attire is best for a particular day’s schedule, improvises while cooking or decorating the home, decides the best way to entertain guests or children, and in countless other fairly mundane ways. Without recognition of everyday creativity, we will overlook individuals whose creativity is not manifested in art, science, or some professional fashion. (p. 139)

Following this train of thought, Runco and Richards (1997) state:

Everyday creativity is the originality of everyday life, the doing of something new in the course of one’s activity at work or leisure ... In every case, the activity involves

innovative elements which are also meaningful to others – two common criteria for creativity” (p. 97). [Creativity] “emerges unpredictably from the richness of our diversity – both within our own minds, and between all of us in this multipotentialled world. We should cherish this diversity, preserve, and enhance it, for it may help us in ways we cannot imagine now.” (p. 449)

Based on these definitions and explanations of creativity, we can now investigate further how creativity manifests itself in later life and examine the qualities valued the most at this stage. To understand creativity in later life, I will describe three studies. The first, a qualitative study done by Fisher and Specht (1999), concerns seniors in normal aging. The second is a quantitative study by Smith and Van Der Meer (1997) that is included to provide contrast with the two qualitative studies. The final qualitative study by Davis Basting shows how creativity manifests itself in seniors with dementia.

Creativity and Aging

In *Successful Aging and Creativity in Later Life* (1999), Fisher and Specht conducted a qualitative study over a period of two months, was to examine the link between successful aging and its relationship to creative activity as older people see it. The study included thirty-six seniors, men and women, ages 60 to 93. These seniors participated in an art exhibit and were interviewed for their understanding of successful aging and creativity. Two independent interviewers asked closed and open-ended questions from a survey questionnaire. The interviews lasted from 45 to 60 minutes. Using content analysis, six topics emerged as important for successful aging: “a sense of purpose, interaction with others, personal growth, self-acceptance, autonomy and health” (abstract, p. 1). Reports of the participants’ opinion on being involved in creative activities showed that it contributed to “a sense of competence, purpose and growth” (p. 1). Artistic creativity encourages “problem-solving skills, motivation, and perceptions”, (p. 1) all of which enhanced the quality of the seniors’ “everyday lives” (p. 1). Fisher and Specht found that participants identified adaptability, flexibility and coping as important elements to successful aging; these are the same elements that other researchers in creativity describe as essential factors in the creative process. Fisher and Specht also found that their participants valued their artwork, the opportunity to use their skills, express their thoughts and use their imagination. Most participants expressed joy and satisfaction in being involved in a creative process. They also referred to these activities as an opportunity to forget their health problems and to become absorbed in their work. The activities encouraged a positive outlook on life and provided an opportunity to engage in social interaction. Fisher and Specht found it intriguing that the participants put more emphasis on the creative process than on the product itself, and on using the same “dynamics, motivation, attitude and imagination” in other areas of their lives. It appears that these dynamics allowed them to “express a sense of self and manage everyday life” (p. 1) Fisher and Specht link their findings on creativity and aging with the definition of creativity by Lubart and Sternberg (1998, pp. 25-26): “Creative performance involves the intellectual processes of defining and redefining problems, choosing appropriate problem-solving strategies, and using insight processes to solve problems”.

With this study the definition of creativity and aging can be expanded to include the ability to define the problem, choose appropriate strategies and use insight to meet challenges in life. As one of their participants put it: “I’m not done with life. In some ways, I think I’m just beginning to see what it’s all about” (p. 13). Fisher and Specht concluded that life itself is a creative expression. Their findings represent the core of how many old people approach their lives. Anecdotal reports and personal experience working with elderly people serves to support this observation.

Smith and Van Der Meer in *Creativity in Old Age* (1997) provide an example of an empirical study on creativity in old age. Although not put forward in a clear way, the underlying assumption is that not all people are creative. The aim was to explore how old people handle health crises, aging and death. Smith and Van Der Meer concluded that creative people face aging, death and illness in a less negative way than non-creative people.

The group under study included subjects between 67 and 86 years old. The control group had people between 70 and 72 years old. The control group was tested over a period of one year while the group under study was tested all in one day. Three instruments were used, all following a pre-planned, time sensitive method. The instruments included the Meta-Contrast Technique (MCT) that measures anxiety and defence against anxiety by using various themes of visual images, the Identification Test (IT) that examines the subjects' own projections of meaning on vague images, and the Creative Functioning Test (CFT) that presents ordinary and non-threatening images. This study is an example of some of the difficulties researchers face in carrying out projects that involve an older population. Several flaws were evident in their research design: a. The two groups were not comparable in age. The age span from 67 to 86 is too large. b. The testing period was not comparable. The group under study was tested in one day while the control group was tested over one year. c. The time-sensitive testing approach is not appropriate for this age group. The literature is rich in findings (see below) on physiological and cognitive slowing down with aging. Does that mean the older person who needs more time to process information is less creative? d. The interview questions concentrated on highly stressful issues such as fear of illness and death that may have primed the responses of the participants and may have played a factor in their responses. Older people, encountering stressful topics where they were required to respond within pre-determined time limits, may find they have no opportunity to reflect, to come up with spontaneous answers, or time to think creatively.

The approach to neuropsychological investigation described by Una Holden (1995) is much more applicable in situations involving older subjects. Holden recommends: setting a relaxed atmosphere; making sure the tasks are suited to the participant, the situation is friendly and encouraging; giving the subjects the opportunity to succeed as much as possible; keeping the interview short and presenting questions a little at a time – an approach that is better than too much at once – and introducing interests, social skills, experience, and personal standards to be discussed at the beginning and through the interview (p. 35). For her part, Amabile (1990) reports that external evaluative processes of one's creative abilities are harmful to the creative process itself. Of the two studies, Fisher and Specht's appear to have taken the more appropriate approach to examining how older people perceive creativity and how they use it to face life experiences.

To continue the evolution of definitions of creativity, I have moved from creativity of eminent individuals to everyday creativity as a trait of ordinary people, to creativity as an expression of life, with a focus on creativity in old age. The next step is to examine creativity in old people with dementia. There are very few empirical studies on this topic and the ones found are limited mainly to single abilities such as singing, dancing or painting. The topic needs study from an interdisciplinary perspective delving into the richness and complexity of what it means to be old and creative while being physically and cognitively impaired.

The next qualitative study is unique since its author's philosophical approach to creativity and dementia fits within the topic of this study and is one of the few studies available on this topic in the literature. Looking back from loss: Views of the self in Alzheimer's disease by Anne Davis Basting (2003) is based on three narratives or autobiographies as they were written by persons with dementia. Davis Basting does not present these autobiographies for their literary quality, but rather to point out the preservation "of selfhood in the midst of its perceived loss" (p. 89). She supports her work with Tom Kitwood's (1997) approach to personhood, which treats people with dementia as "whole beings" struggling to cope with their disease. Davis Basting finds the three authors maintaining their social identity (how others perceive us) intact and comments on the amazing self-awareness they have of the deterioration of their personal identity (our sense of who we are). Davis Basting's authors are aware of their problems, they are coping with the disease as well as they can and finding ways to express themselves creatively through writing. All authors would like to leave a legacy behind that may be useful one day for others; this shows the ability to plan for the future. Davis Basting's authors demonstrate qualities that are included in definitions of creativity: the ability to identify a problem and apply a solution to it, the ability to have the motivation to produce a useful product, the ability to have a vision and plan for the future with the help and recognition of the community, family and friends and of Davis Basting

herself, who as a leader in the field sees their writings as very valuable. TimeSlips, a program she developed, is an innovative method of group story-telling by seniors with dementia. In the training materials for the program, she writes:

Creativity is: adding something new to the world, how we know ourselves, how we grow ourselves, how we connect to others ... through creative expression, we share ourselves and connect to others. Creative expression is important for everyone, but it is even more important for those with dementia for whom other avenues of self-expression can be severely limited" (p. 8)

Davis Basting's definition covers just about all the key elements discussed so far on creativity by other scholars in the field of creativity research. However, for a definition that embraces dementia more closely, I suggest adding a few more key elements to her definition: Creativity in the context of dementia adds something new and different to the world whether through intrinsic self-exploration as an individual, or sharing creative expression through interaction with others. The creative process is demonstrated through creative thinking and imagination in everyday living and may or may not result in a product. Through creativity, people with dementia could (can) enjoy meaningful, satisfying and (at times) unpredictable experiences that may last for only a very short while or as long as memory allows it.

Why Creativity and Creative Expression Are Important

Based on this literature review, inquiry in the field of creativity and dementia provides some evidence that support what anecdotal observations have claimed for a long time – that when given meaningful opportunities and encouragement, seniors can express themselves creatively until they reach the advanced stages of the disease, in spite of their physical and cognitive limitations. Providing an outlet for creative expression gives seniors with dementia an opportunity to be heard and to be valued. Creative expression is a general term that includes visual and performing arts activities, verbal and written expression, interpersonal communication and forms of self-actualization. We know from experience that through creative expression activities we can communicate with seniors with dementia. We listen, respond and interact with them through these activities. In this way we can learn about the seniors' past life, which may include their ethnic background, occupation, hobbies and family. We can learn to respect their world, treat them with dignity, and start to have a positive influence on their quality of life.

How Seniors with Dementia Experience Everyday Creativity within the Aging Process

Opportunities for engaging in creative expression are numerous and they vary from visual and performing arts such as painting, listening and making music, dancing, singing and reminiscing to activities in daily life such as cooking, dressing, planning and gardening. The main question that arises is which opportunities are appropriate when we interact with seniors with dementia and what are the environmental circumstances that affect them.

To explore the main question concerning changes associated with aging and dementia I turned to a theoretical model in gerontology that combined the biological, psychological and social aspects of aging. This theoretical model helped “explain why we do what we do and may alert us to some of the currently unforeseen implications of unselfconscious assumptions about age. It may also provide conceptual tools to interpret complex events and critically evaluate the current state of aging.” (Biggs, Lowenstein & Hendricks, 2003). Age-related changes in physiological, cognitive and social aspects take place in several domains. The interrelationship of the changes is supported by numerous researchers (Davis Basting 2003, Agronin, 2004; Dannifer & Perlmutter, 1990; Schneider & Pichora-Fuller, 2000; Staudinger, 1999; Stuart-Hamilton, 2000; Teague, McGhee, Rosenthal and Kearns, 1997). For example, Staudinger states that “to understand human life, we need to study thinking, wanting, feeling, and doing conjointly ... In fact, it may be exactly this combination of an elementaristic and holistic approach that makes room for new insights into psychological functioning” (p. 352). Biological, psychological and social aspects of

aging “do not occur independently of each other ... changes in the physical state of the body (and the brain in particular) can have profound effects upon psychological functioning”, as Stuart-Hamilton (2000, p.43) states in his publication, *The Psychology of Ageing*. Stuart-Hamilton is a professor of psychology at the University College in Worcester in the UK.

Staudinger and Davis Basting focus on changes that take place in each domain that affects creative expression abilities and opportunities for engaging in creative expression in the older population from normal aging through to aging persons with dementia. This population of older people, from the age of 65 to 100 years and over, is diverse in age, health and abilities. Growing older and experiencing physiological decline does not necessarily result in diseases and/or in cognitive and physical impairment that stem from a medical condition. It is more appropriate to talk in terms of mild decline in normal aging rather than in terms of significant impairments that can be diagnosed as cognitive disorder (Agronin, 2004, Osterweil, Brummel-Smith, Beck, 2001). Researchers like Schneider and Pichora-Fuller (2000) and Lindenberger and Baltes (1994) indicate that some deterioration in memory functioning such as inattention, processing speed and accuracy may occur, but the overall intellectual function is intact.

To support a biopsychosocial model, we draw information from existing literature relevant to aging and dementia with a specific focus on its relevance to creative expression activities. Case studies from the literature will be drawn for support wherever possible. However, due to the lack of appropriate empirical studies that make specific connection between practical manifestations of creative expression, dementia and the biopsychosocial model, I will turn to the closest qualitative studies of researchers like Policastro and Gardner (1999). Both Policastro and Gardner came to the conclusion that psychometric standardized testing failed to fit everybody’s abilities, especially those of exceptional creative individuals. Policastro and Gardner also struggle with the difficulty of how to approach creativity studies. Although this explanation could belong at the beginning of this paper, it has its special place in this section. Because of its relevance to this question, I will rely mainly on their work. Policastro and Gardner developed a new cumulative approach to creativity study, which was based on a progression of steps ranging from phenomenology, the study of known creative individuals, to a search for emerging patterns in comparison with other similar individuals. They accumulated a large database that allowed more patterns to emerge and contributed to generalization and explanation for deviations.

Age related changes do not have to be associated with cognitive and physiological impairments. There are always older individuals who enjoy good health until very late in life, who use everyday creativity to adapt to the changes in their lives. A good example of creative adaptation is the well-known choreographer, Twyla Tharp, (2003) age 62, who appropriately named her autobiography, *The Creative Habit: Learn it and Use it for Life*. Twyla Tharp represents what is known in the gerontology literature as ‘successful aging’ (Fisher & Specht, 1999). Gene Cohen’s (2000) book, *The Creative Age*, is full of examples of people he met during his 30 years’ working with elderly patients as well as a rich selection of stories about well-known seniors from Mother Teresa, who received a Nobel Peace Prize at age 87, to Jacques Cousteau, the French oceanographer, who popularized the study of the ocean environment and worked until his death at age 87. Stories about such exceptional individuals are the data usually collected in qualitative research that may also promote understanding of everyday creativity (Policastro & Gardner, 1999).

Although not tested in any systematic way, personal anecdotal stories, which are similar to Cohen’s qualitative descriptions, can help delineate many of the questions that propelled this research topic on creativity and dementia. Ignoring this practical experience will only mask a world that exists in dementia care and may stifle reality for thousands of persons who could benefit from being acknowledged while their cases only later contribute towards more rigorous scientific research. The anecdotal examples help to identify a problem, and build towards a theory that needs to be tested. However, I realize they may simply present fascinating snapshots, moments in time rather than the whole picture. Their use is not intended to provide empirical evidence except as individual cases, which limits their generalization.

Although most of us experience aging, it is still shrouded in scientific mystery. Most people refer to aging from a biological perspective. Dr. Gene Cohen, Professor of Health Care Sciences and of Psychiatry at the George Washington University, explains the process of aging as “a simple case of wear and tear ... an internal erosion that weakens cells, organs, and organ systems from head to toe, limiting their functioning” (p. 43). Stuart-Hamilton (2000) lists several theories of aging from “programmed theory of ageing (i.e. that cell death is in effect planned)” to an “autoimmune theory of ageing ... that ageing may be attributable to faults in the body’s immune system” (p. 24).

Defining aging is almost as difficult as defining creativity. Aging is a word that describes a process that takes place in several domains. As in creativity, aging does not have “one single reliable measure” (Stuart-Hamilton, 2000). For most people aging is defined by its social construct, which is marked by retirement and the so-called typical behavior that a specific society expects of its aging people (Baltes and Reese, 1984).

“Dementia refers to the development of multiple cognitive or intellectual deficits that involve memory impairment of new or previously learned information and one or more of the following disturbances: 1. Aphasia, or language disturbances. 2. Apraxia, or impairment in carrying out skilled motor activities despite intact motor function. 3. Agnosia, or deficits in recognizing familiar persons or objects despite intact sensory function. 4. Executive dysfunction, or impairment in planning, initiating, organizing, and abstract reasoning” (Agronin, 2004, p. 2- 3; The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM IV TR)).

Dementia is divided into seven subtypes that include over 72 brain diseases. The seven subtypes are: 1. Alzheimer's type, 2. Vascular dementia, 3. Viral dementia, head trauma, Parkinson's disease, Huntington disease, Pick disease, Creutzfeldt-Jacob disease, 4. Due to a general medical condition, 5. Due to substance abuse, 6. Due to multiple etiologies, 7. Unspecified dementia. Of the dementia diseases, Alzheimer's is the most common type, accounting for 50% to 70% of all dementias, while vascular dementia accounts for more than 20%. Causes for Alzheimer's disease are still being investigated. Recent research points towards two contributing factors to the disease: “extra neuronal deposition of β -amyloid and intraneuronal destabilizing of tau protein” causing plaque formation, which destroys neurons in the brain and induces inflammation that causes further damage to the cells. Damage to the areas of the entorhinal cortex and the hippocampus causes impairments to short-term memory in early symptoms of the disease. (Agronin, 2004, p. 72). Agronin, Director of Mental Health Services, at Miami Jewish Home and Hospital for the Aged, reports that some people may have more than one type of dementia. It is important to diagnose the type of dementia, since it may be of a reversible type. Risks factors are associated with “advancing age, menopause, brain injury, lower education, and the presence of the apolipoprotein E4 (APOE4) genetic allele” (p. 72).

Physiological Changes Associated with Aging and Dementia

Physiological age-related changes relevant to creative expression abilities take place in the nervous, sensory, cardiovascular, respiratory, skeletal, and muscular systems. All systems are interconnected and when one system fails, it affects the other systems as well (Teague,, McGhee, Rosenthal and Kearns, 1997).

The nervous system and the sensory processes in normal aging play a role in regulating and integrating information and in internal communication (Deck & Asmundson, 1998). The nervous system is divided into the central (CNS) and peripheral (PNS) nervous systems. “The CNS consists of the brain and the spinal cord, while the PNS consists of the neurons connecting the CNS to the rest of the body” (Stuart-Hamilton, 2000, p.37) An age-related decrease in blood flow to the brain and to the nervous system may contribute to the following changes: a) “Tremors, slowed reaction time, short-term memory deficits, personality changes and depression” (Dudek, 1993, P. 326). “Reaction times become slower and the velocity of nerve conduction slows by 10 to 15% by age 70” (Spiriduso, 1975, p. 435), b) Slowing in speed of information transmission, c) Reduced functioning of autonomic nervous system, d) Sleep-related

changes, e) Aging eye - “The lens undergoes a yellowing and, in some cases, lens opacity occurs (cataracts). The iris does not open as much as a younger person (Heath, 1993). Loss in visual acuity, “Ability to see in low light”, “distinguish color intensities and depth perception” (Dudek, 1993, P. 326), f) Loss of hearing - “Mechanical and neurological changes” impact the auditory system and lead to a “decrease in sound discrimination” (Heath, 1993), g) Loss of balance, h) Olfaction changes - lead to a decreased ability to smell, i) Decrease in taste sensation (Rawson, 2003).

To express ourselves creatively we rely on the senses that allow us to see, hear, taste, smell and touch. Through these senses we receive information from the world around us; we then process the information in the brain in combination with our accumulated knowledge, based on memory and life experience (Coren, Ward & Enns, 1999). If our nervous system is impaired, so is our communication with the world outside. It will take longer to process information and longer to react to it. Missed information may cause confusion and decreased self-esteem; it may contribute to self-imposed isolation, loneliness, mood swings, anxiety, anger and aggravation (Una Holden, 1995). It is important to note that creative expression abilities may continue to function internally in spite of physical limitations. However, those abilities need the opportunity to be expressed, recognized, validated and appreciated. If the opportunities are not provided, those physical limitations may become mental problems, which in turn may result in further physical deterioration. This cycle needs to be broken in order to provide opportunities for healing of the mind and spirit and for creativity to continue to survive (Tiki, 2000). Davis Basting’s definition of creativity underscores how important creative expression can be for seniors with dementia if they are to continue to maintain cognitive and social contact with others.

Age-related visual impairment can be most noticeable when dedicated artists experience changes in the style of their artwork late in their career. The normal aging population, who may not be engaged in the visual arts, may never notice some changes in their visual abilities. Following the rationale of Policastro and Gardner (1999) and their cumulative approach to research in creativity, we may learn about the exceptional abilities of well known artists and through comparative studies reach an understanding of what is normative and what is not and apply it to people with everyday creativity. There is a long-standing debate in the art world as to what constitutes a change in artistic style – is it due to an artistic decision, made from free choice or is the change due to physical, cognitive and perceptual limitations? The debate over de Kooning’s artwork in later life is a good example. After being diagnosed with Alzheimer’s, he continued to produce a large body of work that was exhibited and analyzed with some of these questions in mind. Perhaps, such artists were aware of their limitations and found satisfactory ways of adapting to them. We have some clarification that artists suffer from visual impairment in Marmor and Ravin’s book, *The Eye of the Artist* (1997). In it, Monet is quoted as commenting on his painting of water lilies:

If I regained my sense of color in the large canvases I’ve just shown you, it is because I have adapted my working methods to my eyesight and because most of the time I have laid the color down haphazardly, on the one hand trusting solely to the labels on my tubes of paint and, on the other hand, to force of habit, to the way in which I have always laid out my materials on my palette. (p. 248)

Monet suffered from cataracts, where the “lens becomes so sufficiently opaque that vision is compromised” (page 21-22). Cataracts also contribute to a “progressively more yellow world” (Marmor & Ravin, 1997, p. 21-22) and, as a result, may alter the colors of the art produced. As Marmor & Ravin state, “What cannot be seen cannot be matched and therefore cannot be made” (p. 30). Other well-known artists may have suffered from visual impairment, including El Greco from astigmatism, when “images are focused more strongly in one direction than another” (p. 16), Edgar Degas from blindness, and Georgia O’Keeffe from blurred vision. O’Keeffe suffered from macular “degeneration of the central part of the retina” which can cause “images (to become) hazy, fragmented and distorted” (p. 216). Regardless of the other types of impairment, presbyopia, an optical age-related problem that affects nearly everyone, can change how we see objects and how we draw them. In presbyopia, the “lens becomes less elastic, and, as a result, we lose the ability to focus over the whole range from infinity to near” (Marmor & Ravin, p.

16-17). Another age-related impairment is the diminishing ability to pay attention to fine details and a “decline in contrast sensitivity” (p. 30). As the pupil decreases in size, so does the amount of light absorbed by the eye, decreasing the ability to distinguish detailed images against their background (p. 29). Older people may experience higher threshold sensitivities to “light and movement and color discrimination” (Coren, Ward & Enns, 1999).

Understanding aged-related visual impairment has significant implications for how art topics, art supplies, educational materials and studio arrangements should be considered when presented to older people. More specifically, visual information may need to be less detailed, high in contrast, appropriately task lighted, located at eye level, whether for a sitting or standing person, and presented at an appropriate distance from the eye. Other solutions may be as simple as providing a pair of glasses, or medical intervention.

Adults over the age of 80 run the risk of developing dementia-related impairments in addition to the normal age-related decrease in abilities. A person with dementia may have the mechanism of seeing intact but suffer impairment to the perception system, which reduces the person's ability to recognize the objects they see. To make matters worse, if parts of the diseased brain affect memory, they also affect their ability to recognize objects from memory. This explains why some seniors with dementia cannot identify objects in front of them and have difficulty drawing them, or – more amazingly, they are able to draw the objects but fail to recognize what they have just drawn. This phenomena is described in Margaret Livingstone’s book, *Vision and Art* (2002). Livingstone is a Professor of Neurobiology at Harvard Medical School. She quotes a stroke patient saying to his doctor: “I can see the eyes, nose, and mouth quite clearly, but they just don’t add up ...” (p. 64).

Stroke patients may exhibit similar symptoms to dementia, but unlike people with dementia, their condition may improve as time passes. Strokes also account for vascular dementia, the second most common form of dementia (Agronin, 2004). In addition to object and color identification, people with dementia may experience difficulties in depth perception. Our eyes allow us to see in two dimensions but the brain must convert the information into three dimensions. The conversion is automatic and is “happening well before conscious perception” (p. 101). Any disruption to the visual system in the brain diminishes the ability of a person with dementia to recognize spatial depth.

In my work with seniors, I have seen seniors who did not select the colors of the objects they were looking at. For instance, one senior painted a tree all in one color, green, although a large variety of colors were available. Was it a deliberate decision not to bother changing the pens to reproduce the correct color of the object? Was it an artistic choice? Was it the loss of color recognition that caused this behaviour? Perhaps it was a mental condition or the age-related decrease in attention to details.

In spite of reduced abilities, creativity finds multiple ways through which it can be expressed. Although the tree was drawn completely in green, the senior explained its shape and location on the drawing paper by stating that the apples were still green and so was the foliage that covered everything almost to the ground. This verbal explanation, which went along with the visual image, made the whole session very special and meaningful to the artist/senior with dementia and to the other participants who were amused by it.

In another situation a senior with moderate dementia, who had been a well-known artist in the past, could paint richly colored pictures in an abstract style, but could not reproduce the objects displayed in front of her. Still, her need to stay engaged with the arts was fulfilled. Was she aware of her impairment? Did she consciously adjust her style of painting? Did she really see in her mind what she was drawing? Although she had lost her ability to recognize familiar objects and project them on to paper as she had in the past, she still maintained her technical ability to mix paints, select the right brush for the right task, hold the brush and apply the color in the most interesting and tasteful way. Although her artistic expression was affected by the dementia, her language abilities stayed almost intact. In searching for an explanation, Gardner (1982) is the only one I found who makes the connection between artistic abilities

and language and how they are manifested. Gardner reports the claims of other researchers who had similar experiences, although there is little evidence of more research in this direction. In his chapter on the breakdown of the mind, Gardner describes this interesting phenomena:

...painters with right-hemisphere disease – whose language has retained unaffected – often exhibit bizarre patterns in their paintings: they may neglect the left side of the canvas, they may distort the external forms of objects, or they may portray emotionally bizarre or even repulsive subject matter. Apparently painting and linguistic capabilities can exist independently of one another. (p. 274)

Although the changes to the artwork may result in bizarre images, the main idea, suggested in the new definition of creativity and dementia I propose, is to continue to encourage creative expression as long as possible. According to Davis Basting, these bizarre images may be the only avenue left for self-expression and through it for connections to others.

Hearing impairment affects 15% of all people over the age of 65, and about 75% of people over the age of 70 (Coren, Ward & Enns, 1999). Hearing loss may prevent a person from understanding speech (p. 494). A decrease in verbal communication may have a profound impact on the elderly. It may increase their feeling of isolation, and can even “result in psychiatric disturbances ... delusional thinking” (Teague et al., 1997). This observation is also supported by Weinstein (2003): “Untreated, hearing loss has significant social, cognitive, and emotional consequences” (p. 15). In hearing less the elderly are less exposed to external stimuli that could activate their memory and prompt the internal creative process. For example, Aldridge (1993), a professor of clinical research in the Faculty of Medicine at the University of Witten Herdecke in Germany, found that music therapy programs for seniors with dementia activates their memories.

Hearing loss should not affect creative abilities that are not sound-based. “Fortunately, a variety of interventions and technologies are available to help older people overcome these communicative and psychological effects” (p. 15). In addition to hearing loss, the elderly run the risk of increased imbalance due to age-related changes to the inner ear. This change may contribute to “dizziness, instability, and falls” (p.15).

Internal creative processes benefit from external stimuli, which in turn give birth to new ideas, renewed energy to explore and stay engaged with the world around us. In the case of hearing and creative expression abilities, we refer most often to music, speech, and the sounds we hear from the world around us, whether it is a barking dog or traffic noise. The question arises: What may the impact be for a person with dementia whose hearing impairment is not detected, or for whom hearing aids are not used all the time? The impact of hearing loss on creative expression abilities or the opportunities to be engaged in them depends very much on the person with dementia. Some people are affected less than others and the sounds of music may be more important to one person and not so important to another. The literature is rich in studies of people with dementia and their positive response to music, whether actively participating in music activity or becoming less agitated (Aldridge, 1994; Brown, Gotell, & Ekman, 2001; Bruscia, 1991; Carruth, 1997; Chavin, 2002; Gotell, Brown, & Ekman, 2002; Johnson, Cotman, Tasaki, & Shaw, 1998; Kneafsey, 1997; Mathews, Clair, & Kosloski, 2000; Olderog-Millard & Smith, 1989; Sambandham & Schirm, 1995).

Amy Horowitz, M.S.W, in a peer reviewed article Depression and vision and hearing impairments in later life (2003, p. 36) found that “hearing-impaired older adults are approximately twice as likely as their nonimpaired counterparts to have clinically significant depressive symptoms” and that these symptoms of “sadness, loss of interest and/or pleasure, feelings of worthlessness or inappropriate guilt, loss of appetite, sleep disturbances, psychomotor agitation or retardation, fatigue or loss of energy, trouble thinking or concentrating, and thoughts of death. Hearing impairment may limit the selection of possible expression activities but adjustments can be made so that hearing impaired seniors with dementia can enjoy related creative activities. In addition to behavioural modification, listening to familiar music is another form of

auditory stimulation that is beneficial in autobiographical memory recall (Foster & Valentine, 2001). Recalled memory may provide opportunities for story telling, reminiscing and socializing – to be heard, to express and feel alive.

Taste and smell are quite noticeable in age-related changes. “Odor sensitivity is greatly diminished, although the reduction is not uniform across all stimuli or individuals” (Cain & Stevens, 1989, in Coren, Ward & Enns, 1999. p. 494) In a test done by Schiffman and Pasternak (1979), it was noted that elderly subjects could best distinguish fruity odors compared with other types of odors. In a test done by Stevens, Cain, and Demarque (1990), it was found that elderly people had a shorter span of odor memory compared with younger adults. In addition to smell reduction, the ability to taste is reduced as well. Schiffman (1977) reports that younger subjects are twice as accurate as the elderly in recognizing common foods in pureed form. Also, while seniors show a reduced sensitivity to touch, their sensitivity to pain remains (Coren et al., 1999). Although taste, smell and touch impairments are not considered as profound as impairments to seeing and hearing, they yet rob the older adults from experiencing fully the world around them in comparison with a younger population. It is important to note that older people are at risk when taste, smell and touch are impaired, since they may be exposed to toxic substances, overlook important ingredients in their diet (Coren et al., 1999) or touch dangerous surfaces, which are too hot, cold or sharp.

The literature revealed that impairments to taste, smell and touch reduce the sensitivity to external stimuli that might otherwise provide access to recall memories. As a consequence, a facilitator for creative expression activities needs to take into consideration that older adults, especially seniors with dementia, may need enhanced flavors, especially in salt and sugar (Coren, Ward & Enns, 1999), while engaged in creative cooking and baking. A facilitator needs to be aware of food products that may not evoke any reaction since they may appear tasteless to the senior. Exposing seniors to smells may remain unnoticed, unless the facilitator focuses on fruity smells. In a study by Larsson (2000) it was found that women perform better in olfactory tasks than do men. In addition, Pause, Ferstl, and Fehm-Wolfsdorf (1998) found that individuals with a high emotional level would excel in olfactory ability. These findings are important in understanding gender differences, personality traits and the need to accommodate creative expression activities that are meaningful by tapping into the strongest abilities still left to work with. In selecting objects to be touched by seniors, the facilitator may need to be aware that feather-like touches may not be noticeable and that extreme temperature and sharpness would need to be monitored for safety reasons.

The cardiovascular system is based on the heart and blood vessels. Cardiovascular disease is common in old age and it increases as age progresses. At age 70, about 10% of the population have cardiovascular diseases and at age 85, the percentage rises to around 50% (Fahlander, Wahlin, Fastbom, Grut, Forsell and Hill., 2000). In addition to fatigue and hypertension, which is not an inevitable consequence of aging (Schulman & Gerstenblith, 1989), a study by Fahlander et al. (2000) found a relationship between signs of cardiovascular deficiency and cognitive performance in normal old age, which is “seen most clearly” (p. 259) in vascular dementia, especially in episodic memory and visual and spatial skills. Episodic memory is defined as “specific episodes in one’s life” (Reisberg, 2001, p. A4). We need to take into account the risk factors in increased physical activity and tailor the activities to the elderly, especially for cardiac patients (Schulman & Gerstenblith, 1989). The intensity level of physical activity needs to be taken into consideration, in consultation with the seniors’ healthcare providers. Although these activities should be taken with care, “regular physical activity and exercise can also assist older adults in enhancing their quality of life, improving their capacity for work and recreation, and altering their rate of decline in functional status” (Frontera & Evans, 1986). However, dementia does produce a decline over time in the seniors’ functional status and with it the opportunities to engage in various movement activities, such as dancing. If a senior with dementia also suffers from congestive heart failure, that condition may restrict the level of activity recommended for that person.

Due to the direct relationship between cardiovascular deficiency and cognitive performance, high-risk individuals may need to be identified prior to an activity to make sure the activity is appropriate for their

energy level and cognitive ability. Creative expression activities may include physical work such as dancing, clapping, using drums, acting, painting large images that may require standing, gardening and planting and so on.

The respiratory system “provides oxygen to all cells in the body as well as serving to excrete carbon dioxide, a waste product of metabolism” (Deck, 1998, p. 63). Any disturbances to the oxygen supply may cause heart problems and pneumonia, which in turn reduce the level of activity of the elderly. Care should be given at any age and at any place to protect against environmental toxins. Elderly people run the risk of emphysema and pneumonia. They are also very vulnerable to air pollutants (Spence, 1989). Respiratory problems may restrict the senior from taking part in some of the creative expression activities. Art products should be screened for their toxicity and for their use; they may pose problems if taken into the mouth. Creative abilities are not necessarily affected unless the senior is too frail to take part in any activity.

The skeletal system supports “all the soft tissues of the body, it protects internal organs, it stores vital minerals, and it plays an integral role in the formation of blood cells.” (Deck, 1998, p. 73). Changes to this system have a “profound effect on the life style of the elderly” (p. 73). Osteoporosis is a “skeletal disease characterized by low bone mass and microarchitectural deterioration of bone tissue, with consequent increase in bone fragility and susceptibility to fracture”, which are common in the “hip, spine and wrist” (Kendler, 1996, p. 262). Symptoms of impairment to the skeletal system and osteoporosis contribute to stiff joints, pain, restricted movements, frailty and deformity. Other impairments are due to the deterioration of cartilage, changes to the spine, and rheumatoid arthritis. Although impairments to the skeletal system are not connected to cognitive abilities or creative abilities, they have the potential to restrict mobility and cause significant pain that would prevent a person from fully enjoying creative expression activities.

A combination of carefully planned programs and appropriate therapeutic environments will contribute to a safer environment. Some thought is needed to address the kind of art supplies, location of the art supplies in relation to the artist, drawing position, whether sitting or standing. Many frail elderly people have difficulty holding brushes, standing up at their easels, bending, raising their arms and lifting. Elderly people fall more often and are more likely to break their fragile bones (Newton, 2003). On many occasions, I adjusted easels, improvised work surfaces, suggested painting with fingers instead of holding a brush, and ripping paper instead of using scissors to avoid putting pressure on finger joints.

This system is closely associated with the skeletal system and is important to the “functional ability and lifestyle of the elderly individual” (Deck, 1998, p. 79; Spence, 1989; Heath, 1993). Physical activity is necessary for successful aging and can bring “physiological and psychological benefits” (p. 79). Aging contributes to loss of muscle mass; 20% of muscle strength is lost by the age of 65; this loss can also be attributed to “disuse” or inactivity and which contributes to significant limitations in flexibility (Heath, 1993). Deck (1998) comments that “boredom, inactivity, and expectations of illness contribute substantially to the decline of physical capacity in elderly individuals” (p. 79). Impairments to the muscular system may increase the resistance of seniors to participate in creative expression activity with more physical involvement. Working with seniors with dementia, the author noticed how pain associated with muscular and skeletal impairments discourages older people from wanting to move. Combined with symptoms of dementia, physical movement would keep these seniors from participating in creative expression activities.

Cognitive Changes Associated with Aging and Dementia

To understand “how the brain works, what is involved in various mental processes, and how the brain makes these achievements and processes possible” (Reisberg, 2001, p. 2), we need to combine knowledge from cognitive psychology and cognitive neuroscience. However, our focus here is on intellectual functioning and how it manifests itself in cognitive functioning or, more specifically, in creative expression abilities. Neuroscience will be mentioned briefly only to clarify how it relates to dementia and

the parts of the brain responsible for impaired behaviour in an attempt to identify why certain behaviour and abilities are the way they are.

Cognitive neuroscience is associated with the medical model of care based on illness. It is criticized by those who wish to dissociate their work from it and focus on the person inside the disease (Kitwood, 1992). But no matter what approach is adopted in providing care, the process needs to be inclusive, comprehensive and realistic to respond to seniors with dementia and their many needs.

To address the issue of cognition and creative expression abilities we need to delve into the strong relationship that exists between the cognitive system (intellectual functioning) and the perceptual system: “the conscious experience of objects and object relationships” (Coren, Ward & Enns, 1999, p. 571). Since creative expression touches on both systems of cognitive functions and perception, we will concentrate on an in-depth review chapter by Schneider and Pichora-Fuller (2000). In the literature on cognition and perception in aging, this study is remarkable for its depth, breadth and comprehensiveness. It supports our need to tie together several fields in understanding how elderly people react to external stimuli, and then express themselves creatively. In explaining the processes that contribute to learning, knowing and expressing, Schneider and Pichora-Fuller (2000) write:

The coexistence of these two kinds of age-related changes raises important questions about the relationship between early and later stages in information processing, that is, between perceptual and cognitive processes, which have now been shown to have “a powerful inter-systemic connection” (Baltes & Lindenberger, 1997, p. 16). In this chapter, we argue that perception and cognition must be considered as parts of an integrated system if we are to understand how they are affected by age. (p. 156)

As reviewed by Schneider and Pichora-Fuller, Lindenberger and Baltes (1994) found a strong correlation between changes in hearing and the “speed of processing in the older adult” (p. 162). Schneider and Pichora-Fuller concluded that “anatomical and physiological changes would have multiple consequences for perceptual function” (p. 173) The main concept of their theory as it applies to the link between cognition and perception is explained very clearly in the following:

“... age leads to sensory organ deterioration that affects the kind and quality of information delivered by the perceptual system to the cognitive system. Ultimately, a reduction in both the quality and quantity of input would result in cognitive deterioration due to atrophy.” (p. 203)

In their conclusion, Schneider and Pichora-Fuller recognize the importance of testing the perceptual status when doing cognitive research with the elderly. By doing so, the researcher can define the perceptual loss and its effects on cognitive abilities. Schneider and Pichora-Fuller and other researchers found evidence of degeneration in normal aging. It affected auditory functions: in detecting signals in noise; visual acuity: the ability of the eye to resolve details (Coren et al., 1999) and contrast sensitivity: the difference between light and dark (Coren et al., 1999) occurring in normal aging.

The following description aims to connect the location of dementia in the brain, as it affects brain functions, with cognitive and perceptual impairments that determine the level of creative expression abilities.

The information on neurological and cognitive impairment is based in large part on a recent book, *Dementia: Practical Guides in Psychiatry* (2004) by Dr. Marc Agronin. Agronin brings together issues that pertain to dementia disorders and dementia care. He successfully combines various approaches to dementia care, including the Kitwood approach, which emphasizes the person inside the medical condition. He responds to the mounting criticism from gerontologists and social workers regarding the way seniors with dementia were treated and still are to a large degree. Recent neurological research

findings from Ropper and Adams (2001) and Nutt & Weizman (2001) are described in Agronin's publication:

1. Damage to the Frontal Lobe can result in: impaired executive functioning, impaired immediate memory, slowed cognitive processing, slowed activity, poor concentration and attention, impairments in judgment, insight and behavioral control, personality changes, apathy, preservation of words, sounds or behaviors, disinhibited reflexes, impulsivity, aphasia, language disturbances, and impaired task-follow-through (Agronin, 2004). Impaired attention translates into decreased alertness, being distracted, not being able to separate relevant from irrelevant information, not being able to handle multiple sources of information at the same time (Mcdowd & Shaw, 2000). Anatomical changes in the frontal lobe due to dementia can impair the processing of information and the ability to react to it. Interestingly, the same damage may reduce barriers to behaviour control that result in encouraging artistic expression.

Dr. Bruce Miller, of the Department of Neurology and Psychiatry, University of California at San Francisco School of Medicine, discovered with his colleagues, Cummings, Mishkin, Boone, Prince and Ponton (1998) and Ponton, Benson, Cummings and Mean (1996), that patients with frontotemporal dementia (FTD) "developed new artistic skills" and "became accomplished painters after the appearance of frontotemporal dementia. Three patients in a study group improved their skills during the onset of the disease and through the middle stages of it. One patient in particular, with no interest in the visual arts in the past, continued to paint for about 10 years from the time of the diagnosis with increased "precision and detail". He used bright colours and painted his first paintings fast, slowing later and paying more attention to detail. As his disease progressed he started to draw "bizarre doll-like figures." These figures became an important key in examining artwork done by seniors with dementia. Gardner (1982) also brings up a similar description of artwork done by brain-damaged patients.

2. Damage to the Occipital Lobe may cause: visual agnosias, deficits in recognizing people and objects, reading impairments, cuts in the visual field, illusions and hallucinations of shapes and colors, visual inattention (Agronin, 2004). Damage to the occipital lobe reduces the ability to process incoming information and, therefore, responses to the external stimuli may not always be appropriate. However, illusions and hallucinations may become opportunities for creative expression, when the person with dementia cooperates and the facilitator is aware of the situation.

3. Damage to the left hemisphere of the Parietal Lobe, the dominant side, may cause: impairment in reading and writing, right-left confusion, impaired tactile recognition. Damage to this part of the brain will reduce the ability to respond to stimulus through touch, poem writing, story reading and writing, and instructions that use left-right orientation.

4. Damage to the right hemisphere of the Parietal Lobe, the nondominant side, may cause: visuospatial and visuocstructional impairment and neglect of the left side. These impairments more profoundly affect the ability for expression in visual arts.

5. Damage to the Temporal Lobe may cause: impaired memory and hearing, changes to emotional and behavioral expression, apathy, and oral exploratory behaviors.

Summary

Researchers like Gardner, Miller, and Schneider and Pichora-Fuller provide the groundwork for neurological understanding that translates into practical information about what to expect when interacting with seniors with dementia who engage in creative expression activities. Dr. Miller's patients were diagnosed using magnetic resonance imaging (MRI) to verify the degree of atrophy in the brain and the location of the damage. It would be beneficial if all dementia patients had this procedure, however, it is costly and most dementia patients do not undergo such procedures. In the absence of this diagnostic tool, artwork could become an inexpensive substitute with the potential of explaining some behaviours.

Social Cognition, Aging and Dementia

Social cognition in aging is defined by self-identity, social interaction and social perception (Hess, & Blanchard-Fields, 1999). Hazan (1994) describes aging as:

Knowledge about ageing is peculiar; alongside matters of life and death it embraces notions about dependency and autonomy, body and soul, and paradoxes emanating from irreconcilable tensions between images of the old, their own will and desires, and the facilities offered to them. (p. 1)

Hazan sees people in old age trapped socially by the language of separation, by a culture that separates them, by their image as perceived by the rest of society, and by their own self-image. Further, he says that this separation is “a form of social segregation which defines the aged as non-humans and humans as non-aged ... detached from their previous lives and from social frameworks of the non-aged” (p. 18). He also criticizes the notion that older people need to adapt and “conform to the demands of society” (p. 21). The whole socio-cultural construct seems to be afflicted by fear and anxiety of old age, where old age is perceived as a social problem that needs to be resolved.

Hazan sees the concept of death as the main divider between “those on its verge and those desperate to avoid it” (p. 5). For him, words such as “aged, old, older person, senior citizens, elders, old age pensioners – all serve to stigmatize the aged” (p. 13). The recent popular concept of ‘successful aging’ implies that older people need to be instructed on how to live their lives to the fullest. Yet society dictates when a person should retire from the work force. Entering retirement is based on a bureaucratic decision, which is driven by economic reasons that favor younger people. The decision to retire affects older people economically, “their relationship to others, their self image” (p. 16). Overnight, retired people lose their status as viable and contributing members of society. Aging becomes equivalent to illness, dependency, powerlessness, dehumanization, eventually leading to institutionalization away from all that was familiar (Hazan, 1994). Treating older people in a discriminatory way was named “ageism” (Cohen, 2001, Levy, 2001; Palmore, 2001). Cohen (2001) quotes Butler (1975) as saying:

Ageism can be seen as a process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender. Old people are categorized as senile, rigid in thought and manner, old-fashioned in morality and skills.... Ageism allows the younger generation to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings. (p. 576)

Creative expression abilities are based most strongly on “the interface between personality and intelligence” (Staudinger et al., 1997). Those creative traits may or may not be expressed through social interaction and a quest for self-identity. Older people may refrain from expressing themselves if the society they live in refuses to support them emotionally. According to Hazan (1994) older people suffer particularly from stereotypes that are socially constructed when they are treated as a homogeneous group without regard to individual differences. Staudinger (1999) stresses the importance of the individual and their life experiences. These individuals have a past and make plans for the future. In her research, which is supported by Lindenberger and Baltes (1994), Staudinger found that when older adults are engaged in life review and life planning, they “do not show the usual declines identified in cognitive functioning of the mechanic type ... Rather, stability and sometimes increases in performances are observed” (p.351). Hazan comments on how society views aging and creativity, explaining the stereotypes that brand ordinary old people as “incapable of creativity, of making progress, of starting afresh” (p. 28). He continues “only in art and the domain of the spirit are they licensed to continue to be creative” (p.28).

Ryan, Hummert and Boich (1995) share the opinion of Hazan and Staudinger that older people become stereotyped as incompetent and dependent (p. 146). In 1986 Ryan introduced the Communication Predicament of Aging, which demonstrated how caregivers change their verbal and non-verbal

communication with an elderly person. This model presents several stages from the first encounter with an older person to changes in speech and behaviour of a patronizing nature, which reinforces stereotyping and causes the older person to avoid interaction. To support this cycle, Smith & Van Der Meer, in Runco and Richards (1997), point out that “older people, because of negative social stereotypes about aging, often become isolated from their own emotions and filled with doubts about themselves, all of this being detrimental to creative functioning” (p. 352). McMullin and Marshall (2001) suggest that age discrimination is widespread in western societies and that it “occurs within families and households, government agencies, healthcare systems and wage labor markets” (p. 112).

The relevant finding is that older people are “denied resources and opportunities that others enjoy” (Bytheway, 1995, p. 14). It seems that these research findings of western social attitudes towards normal aging become more accentuated with older people, who are sick with dementia. Aronson (1999) makes it very clear that older people, who become sick and move from being independent and in relatively good health to total dependency, are at the mercy of others for care.

Older people with attributes that signal their potential dependency – for example, being ill or disabled, poor, or female – are especially exposed to these oppressive practices and are, coincidentally, those most likely to enter the orbit of long-term care, thus, of social workers. ...These organizations and the cumulative practices of service providers within them play critical parts in both distributing resources and in shaping images and vocabularies about older citizens' entitlements and the significance of their needs. (p. 47)

Aronson joins the voices of other researchers in the social sciences (Corley, 1999; Cox & Parsons, 1999; Fullmer, Shenk and Eastwood, 1999; Hancock, 1990; Hooeyman & Gonyea, 1999; Kitwood, 1992; Kitwood, 1997; Neysmith, 1999; Sabat & Harre, 1990) who view their work with older people from a postmodern and feminist perspective that focuses on the social construct and issues of empowerment. This viewpoint opens the door to criticism of some practices in dementia care. As Tilki (2000) observes:

The damage caused by not enabling older people to occupy their time in a meaningful, enjoyable and challenging way was dramatically underestimated (Goodwin, 1988). Recreation according to Goodwin was not a luxury, but a starting point for excitement, meaningful diversion, adaptation and creative activity. Crump (1991) went so far as to suggest that the absence of meaningful activity could be interpreted as abuse. (p. 113)

The following is a conceptual framework (fig. 3) that illustrates how therapeutic environments may bring positive changes in behaviour and self-image when the medical model of treating seniors with dementia is enhanced with the person-centred model as identified in the field of gerontology. Although the reduced abilities are a fact, responsive environments may help alleviate feelings of isolation and breakdown in communication.

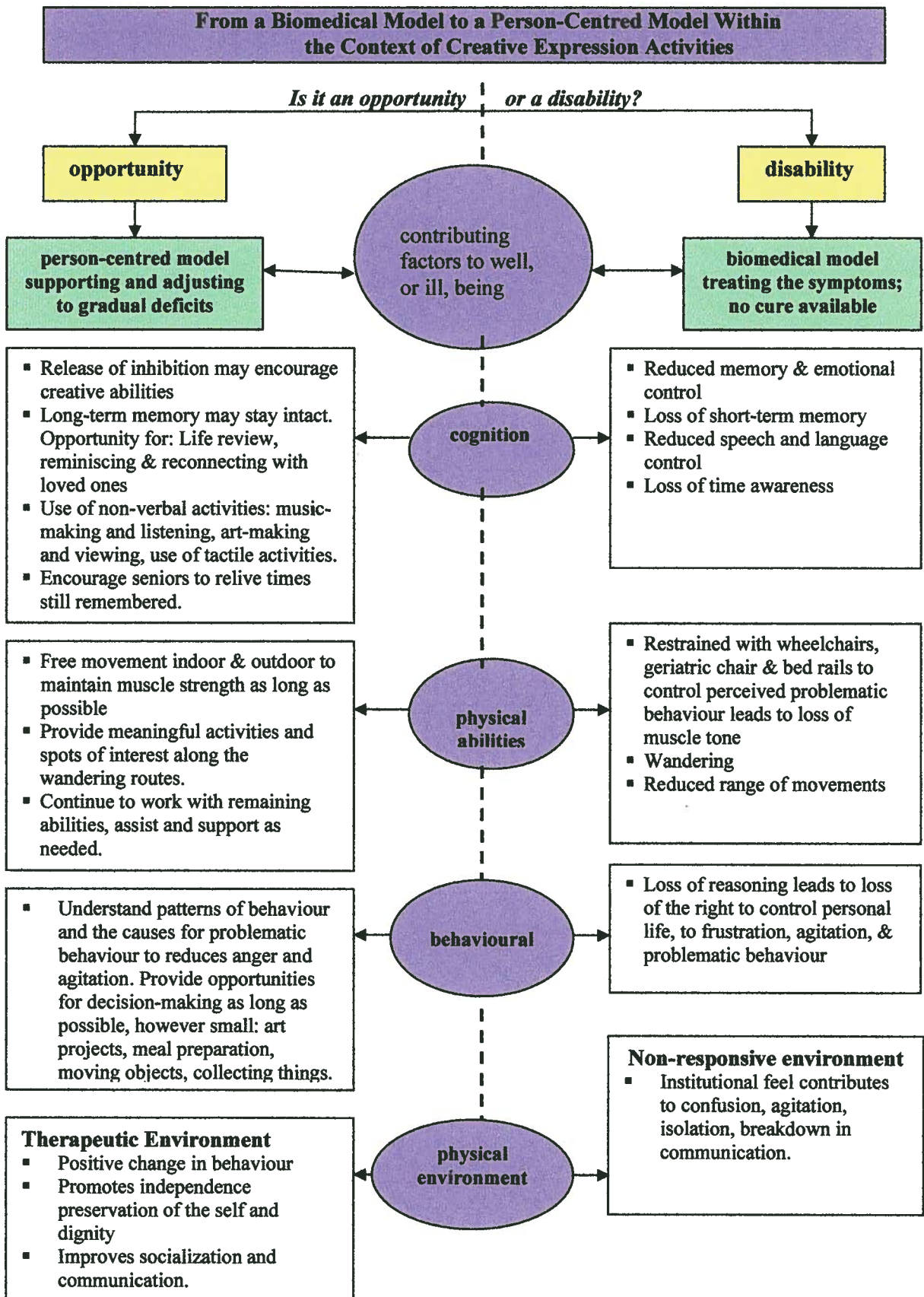


Figure 3: The Conceptual Framework of the Person-Centered Model versus Medical Model

CHAPTER III: METHODS

Qualitative Research

Manning, Algozzine and Antonak (2003) define qualitative research as: "Inquiry designed to discover meaning by intensively studying representative cases in natural settings using analytical approaches" (p. 56). John Creswell (1994) explains that in qualitative research:

... researchers interact with those they study, whether this interaction assumes the form of living with or observing informants over a prolonged period of time, or actual collaboration. In short, the researcher tries to minimize the distance between him- or herself and those being researched. (p. 6)

According to Creswell, key issues in qualitative research are: **a)** the admission and recognition of the researcher's biases that are embedded in his or her worldview and life experiences, **b)** the qualitative researcher waits for categories to emerge from the process of inquiry that may lead to patterns or theories, **c)** qualitative researchers take the risk of including possible ambiguity in their research with unknown variables.

According to Roger Grainger (1999), qualitative research "indicates such a wide field of enquiry within a single project, it involves a great deal of organization and the ability to orchestrate its effects so as to present its conclusions as powerfully and convincingly as possible" (p. 38). He also sees the qualitative research role in describing situations that are difficult or even impossible to measure. For example "things that are concerned with the quality of human relationships and what happens between people. It concerns itself primarily with investigating how things happen rather than trying to be scientifically accurate about why they do" (p. 40).

Selecting Qualitative Inquiry

The decision to use qualitative inquiry was made deliberately to focus on detailed descriptions and address research questions that allow for new understandings rich in information. As Springgay, Irwin and Wilson Kind (2005) noted in their essay:

It is often an anxious life, where the a/r/tographer is unable to come to conclusions or to settle into a linear pattern of inquiry. Instead there is a nervousness; a reverberation within the excess of the doubling process. Living inquiry refuses absolutes, rather it engages with a continual process of not-knowing, of searching for meaning that is difficult and in tension. Tension that is nervous, agitated, and unpredictable. (p. 5)

As Irwin and Springgay (2005) explain:

Whereas many forms of research are concerned with reporting knowledge that already exists or finding knowledge that needs to be uncovered, action research and a/r/tography are concerned with creating the circumstances to produce knowledge and understanding through inquiry laden processes. (p. 7)

A/r/tography was selected as the overall methodology and philosophical approach to lead this inquiry. A/r/tography as a method helped me tackle the various components of the research questions; it fit my values, beliefs, experiential knowledge and goals. A/r/tography seeks knowledge through living inquiry by "creating the circumstances to produce knowledge and understanding" (Irwin & Springgay, 2005, p. 7). It draws the researcher into an intense, personal and interactive relationship with the topic being researched. Irwin and Springgay (2005) used Carson and Sumara's explanation of action research and applied it to a/r/tography in saying that interpretations of action research and a/r/tography practices "...are

always in a state of becoming and can never be fixed into predetermined and static categories” (Carson & Sumara, 1997, p. xviii). A/r/tography calls on the artist inside the researcher to seek an understanding of self and the larger world through an artistic process. The researcher in a/r/tography acts as a facilitator who intentionally selects a situation in order to bring on social and/or political change with the help of concerned stakeholders.

I acknowledge that working with seniors with dementia has its drawbacks, considering that they may not have the capacity for full blown participation in a traditional academic sense. However, this research proved that even with various levels of memory impairment, from mild memory impairment (MCI) to moderate dementia, seniors were capable of expressing their wants and ideas for a space to be creative in. Their participation was subtle in comparison to revolutionary and dramatic acts, yet their input was very significant in the world of dementia care, where changes are so small that, sometimes, an untrained eye may miss a brief moment of brilliance. Through the arts and the search for any meaningful gesture by the participants, a/r/tography helped bring out those precious moments that unfolded in between “language, images, materials, situations, space and time” (Irwin & Springgay, 2005, p.2). By documenting the responses of the participants through a/r/tography, I allowed the seniors with dementia to be heard, appreciated and to be included in the process of design.

A/r/tography

A personal journey. By using a/r/tography as a “living inquiry” which is explained as “visual and textual interpretations of lived experiences” (Springgay, Irwin, and Wilson Kind (2005, p. 5), I was able to devote the same level of attention to self-reflection as I did to the participants in the study. A/r/tography invites the researcher to become aware of his or her multiple roles through artistic and educational endeavors. A/r/tography also introduces an emerging qualitative method called relational inquiry and which is supported by researchers such as Gergen and Gergen (2000) in Denzin and Lincoln’s *Handbook of Qualitative Research* (2000). Gergen and Gergen describe relational inquiry as research based on relationship, as oppose to the traditional way of conducting research based on an individual approach.

As our methodologies become increasingly sensitive to the relationship of researchers to their subjects as dialogical and co-constructive, the relationship of researchers to their audiences as interdependent, and the negotiation of meaning within any relationship as potentially ramifying outward into the society, individual agency ceases to be our major concern. We effectively create the reality of relational process. (p. 1042)

Irwin and Springgay (2005) use relational inquiry within a/r/tography, which is based on multiple views as an educator/learner/artist/researcher. Architects struggled for ages to be recognized for their theoretical approach to design while doing their practice. A/r/tography and its understanding of relational inquiry fits perfectly with the process of designing in architecture. The three forms of knowing (theoria), doing (praxis), and making (poesis) which are fundamental concepts in a/r/tography (Irwin, 2004) are also the structural pillars of architecture.

In the past architecture was perceived as a profession that was dominated and driven by a few politically and socially influential clients with very little or no input from the public as users. Structures were built in celebration and adoration of the developers as an expression of power. Architecture today is more liberal and exercises democratic approaches to hear and listen to the users. The architect of today assumes the role of a learner who is sensitive to the social, political and economic issues of the situation. Only then can the architect bring in the technical expertise required to create architecture just as the a/r/tographers are expected to learn, change, understand and interpret (Irwin & Springgay, 2005). Each time I work on an architectural project I add another piece of information to my repertoire, not only from a building technology aspect, but by understanding the psychosocial aspects of the users. Each new awareness brings new ideas and new ideas turn into shapes, and forms and the cycle never ends.

It needs to be pointed out that architecture is not always about a real geographical place. Sometimes architecture is defined by the use imposed on the place. For example, a group of people may use the beach as a place to party and sleep. For that specific short time, the beach is transformed to contain the activity imposed on it. Irwin and Springgay allude to it by stating that the definition of what a “site” means “needs to be re-defined not through physical or local terms, [but] as a complex figure in the unstable relationship between location and identity” (2005, p. 12).

As I approached this study, I thought it would be simple to explain the transitions I went through from my work in architecture to my work in gerontology. As I began to make sense of my recalled memories, I realized that I was dealing with a continuous transformation with multiple and overlapping processes that could not be contained easily in separate boxes with well-defined boundaries, starting at one date and ending at another. As I “opened” one area, I quickly discovered that I needed to turn to earlier memories to make sense of recent events in my life. I was compelled to go back and forth and unravel the meaning of what creative expression, architecture, research and dementia meant to me. In this case, the act of opening was of a personal nature; however, openings according to *a/r/tography* can be also applied in relationships between *a/r/tographers* and the others they work with. As Irwin and Springgay suggest (2005, p. 19) “Another purpose of *a/r/tography* is to open up possibilities for *a/r/tographers* as they give their attention to what is seen and known and what is not seen and not known”. Openings also refer to losses and discomforts (Springgay, Irwin & Wilson Kind, 2005, p. 9), as Wilson Kind refers to her own losses and difficulties in life. So are the losses seniors with dementia experience and the need to mend the environment to accommodate physical, mental and cognitive impairment.

The process was not always easy or pleasant as I faced situations and asked questions about why things happened the way they did and where I was going with them. Through this process I found relevance in *a/r/tography* and in its six renderings: “contiguity, living inquiry, openings, metaphor/metonymy, reverberations and excess” (Springgay, Irwin & Wilson Kind, 2005, p. 1). These renderings explore the process of discovering new meanings in difficult situations due to the tension, ambiguity and resistance I encountered along the way. At various times I would compare this process of discovery to dance, the strokes of a brush, playing ping-pong, giving birth, writing a poem, designing a building, listening to music, having meaningful conversations – and working with seniors with dementia in the creative expression program I developed. In short, living life.

I also thought how easy it would have been if I could express myself, metaphorically, in white colour. What do I mean by white colour and how does it relate to metaphor and metonymy in *a/r/tography*? Isaac Newton (1642-1727) discovered “that white light is broken by a prism into a full spectrum of colors” (Marmor & Ravin, 1997). Each colour represents different wavelengths and energies. It is one single phenomenon that combines many colours at the same time and produces a new colour, seemingly so pure and colourless that it presents a clean slate on which artistic activity can begin. Amazing. Although we now understand the mechanics of this phenomenon it still puzzles our minds. Going back to the multiple roles of the researcher/educator/artist/facilitator, we know it takes time to explain who we are through verbal and textual expression. Unlike the efficient presentation of white colour, our ability to perceive in one singular act who we are is limited. To make matters even more puzzling, the objects we think we see are really the light that is reflected back from them in combination with the way we perceive through our visual system. This activity of seeing and not seeing, even if we are aware of the phenomenon, creates duality and dichotomy, making us unsure and uneasy. It fits the understanding of *a/r/tography* where, by displacing the self with white colour, we may clarify the position of multiple roles and the changes we go through while producing a new self, like the new white colour.

Inquiry into renderings of a/r/tography. My overarching goal in providing a creative expression program was to give an opportunity for growth, reflection, and discovery; in *a/r/tographic* terms, to allow some renderings to play themselves out. While I was going through my own reflections, I was hoping the group of seniors with dementia would too. We were in this journey together, exploring the possibilities for new situations. Although one can never be sure of what to expect while working with these seniors, the uncertainties are constant – just like *a/r/tography* itself – as a process of inquiry. Symptoms of the

medical condition keep shifting. There may be good days when the seniors are just as able as those with no dementia, or bad and difficult days when they can hardly concentrate or participate in any activity. Difficult days and moments such as this, when intertwined with my own uncertainties, produce situations that de Cosson (2002) calls “Aporia”.

My own “Aporia.” Alex de Cosson (2002) explains Aporia as a place/concept of difficulty, a fluid entity in between places/ideas that is ever-changing, as the various players discover or rediscover the known and the unknown. Aporia is a process of making meaning in the context of a present moment. As I was preparing the outline for one of the selected sessions for the study on friendship, my own thoughts started to infiltrate my planning given the fact that I am Jewish. In exploring memories of the participants’ younger days, I was wondering where the seniors in Margaret Fulton came from originally. Were they involved in the war in Europe, were they victims, were they fighting with the allies or on the enemy’s side? I worried how it would impact my study and how I would react to the possibility that one of the seniors may have been a soldier in the German army fighting for his country. As it turned out there were no men in the group at Margaret Fulton and my anxiety subsided. This is my Aporia, as I try to come to terms with a past that has no words to explain what happened. The more I try to make sense of it, the more I get entangled in this sticky web – wanting to believe in the goodness of mankind and yet aware of the painful realization that mankind is capable of inflicting the most horrendous crimes on neighbours and friends, with no discrimination. Yet, regardless of their past, they are now old, frail with limited memory and in need of help. But so were my grandparents when they were killed. This is my Aporia, my private torment of making sense of this world as it relates to my work with seniors with dementia. Like the seniors, I may want to take refuge in the present and unlike them, I am still able to be selective as to what to remember.

There is no question in my mind that some changes are taking place in my own perceptions of life as I work with these seniors. As Irwin (2005) describes the subtle changes that take place in her life when walking around the UBC Campus and enjoying a fall day: “Each image holds different meanings for me though they represent the same day and time period. Each image teaches me something fresh and alive through every new encounter. Each image was birthed as I was created” (p. 3). I too, feel the urgency to enjoy life to the fullest; every minute counts. And while the seniors are going through life assessments, I go through them too. Although I am not afraid of getting old, I find myself delighted that I still have time to do things. And when I come into a room full of frail seniors, I count my blessings and feel guilty thinking that way. And yet, I mingle with them and I discover precious moments of knowledge, wisdom, humour, kindness, lessons to learn, stories of pain, suffering and of good times, traditions, history – stories I will never hear again directly from the source. While appreciating the value of older people in society, I cannot help thinking how the society they helped build is ready to discard, waste and ignore them. In rendering Excess, society could spare this vulnerable population and recognize their worth in searching for deeper and different meanings.

One of the difficulties in linking my artistic aspirations through architecture, research and dementia is in understanding who is an artist? Is it the person who declares himself an artist? One who is perceived to be an artist by society? One who makes a living by selling paintings? One who does not sell but paints, writes music or sings for the love of it? Who decides if what is being produced is art? What is art?

When I look at my life as a whole, I see that art touches just about everything I do. I live art. There is no aspect in my life that does not go through the lens of aesthetics, form, shape, coordination, tension, focal points, physical and emotional perspective. I am thinking who is my audience, who is using my buildings, are they still going to like them in one month or years from now? I see art when I cook, do gardening, sew, knit, give haircuts, design buildings and their interiors. Architects need to consider material selection, aesthetics, compositions of form, colour, and balance whether on paper or on “real” sites. I select art to fit my designs, my clients and their budgets. I see art selection as an extension of my own designs. I create. This act of creation spills over into other areas and continues to change, influence, agitate, comfort and heal not only my clients but myself as well. Designing a building does not differ from creating a painting, a sculpture, a play for the theatre, a dance. The architect, the artist, the dancer –

all are trying to express themselves through a creative process that takes in information through the senses, then digests it while searching for meaning, and delivers it in multiple ways. Each drawing may lead to another and each dance may inspire another. None of these forms of expression are limited, isolated and contained.

I also enjoy the opportunity of designing stained-glass windows and furniture to satisfy the “real” artist in me. As I try to understand what attracts me to work with seniors with dementia, I think it may have to do with the fascination I feel working in situations and with materials that appear to the eye very fragile, such as glass, and yet have hidden and surprising qualities of strength. It is in this paradox that I find my most creative moments born. It is the tension between opposites that intrigues me. I am always curious about what may transpire and I look forward to challenges that will inspire new ideas. Not every road leads to success but I learn as much from failures. When I got interested in designing stained-glass windows for the buildings I designed, I was told by experts that there were limitations to how glass would respond to cutting and this would limit the scope of the design. Although I understood the limitations, I wanted to break away from the traditional design approach and be open to whatever might come my way.

I have been ridiculed for being naïve, for venturing into a field where I did not pay my dues. But what some did not understand was this: the sheer fact that I was not trained meant that I was not boxed in. I could look with fresh eyes at how to use glass in different ways, for partitions, windows, roofs and even floors. I have come to appreciate glass art by doing it. Living it. Like everything else in my life, it seems that my practical experiences propel me into new endeavors. Trying to understand how things come about and where they are going, I explore the rationale for their being. This back and forth is an effort to make sense of the world, and at the same time be aware of new possibilities. It fits within the six rendering of Reverberations described in *a/r/tography* (Springgay, Irwin, Wilson Kind, 2005).

As the glass was breaking away from the pieces I needed for various projects, I became aware of the accidental shapes of the broken glass. I was drawn to create new compositions, using different techniques and making a deliberate effort to leave the accidental pieces as they were. I found myself checking each excess piece, for its shape, colour and how I could continue to use it. All of a sudden, the leftover broken pieces were more exciting than the projects I had already designed. At this point, the renderings of *Opening and Excess* came into play, inspiring the creation of three-dimensional glass sculptures I call my accidental projects. As I write about it, I realize that I use the same approach in my work with seniors with dementia. I try to chip away at the obstacles that prevent the seniors from using their remaining abilities. As I do that, I am aware that their responses may be unpredictable. And like the sharp edges of the broken glass, I may need to smooth the rough edges so we can continue to work and minimize the harm.

As I walk into the workspaces allocated for art activities in most long-term facilities I have visited, I feel so discouraged. The artist in me shrinks at the gloomy prospect of having to pretend that space is unimportant in the creative process. The facilitator in me takes over to mediate the circumstances and do the best I can under these conditions. The architect in me wants desperately to design the state-of-the-art studio that would take into account all physical, emotional and artistic needs of seniors with dementia. The researcher in me is already busy collecting data, searching for the right methodology that will explore whether or not it is important to provide an appropriate space and atmosphere that may or may not be conducive to creative expression activities.

I very much liked McNiff’s description of space and function in what he calls “the studio”. Architects who design therapeutic environments will find this description of great interest.

I emphasize the studio because we need it more right now. I know that I desire the studio. There is not enough of it in my life. Two decades of working with graduate students and art therapy colleagues has shown me that they hunger for it too, and the phenomenon of art therapy needs the studio. If I walk into a medical environment with its chemical and antiseptic smells, my soul is aroused only to the extent that I want something else. The

medical environments can sometimes be the antithesis of art. The studio summons the artist in me and the artist in art therapy. (p. 135)

Irwin joins McNiff's desire to work in a studio situation and be inspired by the ambience the space offers. As she states in her article, *Walking to create an aesthetic and spiritual currere*, "Whenever I walk into this space, I become acutely aware of my need to create, my need to care for the urge to create" (p. 3).

And so, the architect in me becomes very practical and sets to work within the rendering of Excess, trying to find solutions from a wasted situation. Working within the rendering of Reverberations, I find myself pushing against the administration and their resistance to any change in the status quo. The architect in me asks: how can I change the conditions, improvise, use skills and knowledge, use innovation and creativity? And so, I find temporary solutions in various situations, such as these. I was lining up seniors to paint on a glass partition wall in a long-term care facility where I was conducting creative expression activities. I knew the glass was tempered, easy to clean, safe and a novelty. The results were exciting. The seniors wanted to draw and produced many of the artworks that were displayed later in an art show on creativity and dementia. On another occasion, I lined up seniors in front of a glazed exterior wall facing into the garden. As the sun was coming around and shining through the drawing paper posted on the glass doors, I was in awe of the beauty of the light, the shadows on the wall and floor, the seniors painting and loving the warmth of the sun. I grabbed a brush and started to paint. When I came home, I wrote down every detail that would help me understand what happened that day. At that time, I shot a whole roll of film that now helps to demonstrate the importance of having an appropriate space for creative activities.

A/r/tography also stresses the role of the researcher as an educator. As Irwin explains in her philosophy of teaching:

Art pedagogues become involved in their own continuous learning while recognizing the personal knowledge, interests, experience of the students in their care. Pedagogues wish to nurture the growth of their students' emotional, intellectual, spiritual and intuitive powers in a cooperative learning environment. Learning for the sake of learning is not enough. Importance must be placed upon translating understanding into action, empowering students to be active creators and potential transformers of their material and cultural world ... (Irwin, 2005)

<http://cust.educ.ubc.ca/faculty/irwin.html>

Although I do not call myself a teacher as the result of formal education in that profession, I do think of myself as an educator/learner. I have taught Hebrew for many years to young children and adults, I have home schooled my children, taught interior design to university students and served as a mentor to university students over the years. In education terms, I consider myself a facilitator. I facilitate a situation in which the people I interact with are encouraged to express themselves. Working with seniors with dementia, I find myself learning from them as well. I am there to release what they have already known for a long time and may have forgotten. I am there to provide information that may be new to them at the moment, but which I know they knew once before. And so I borrow from psychology that claims that familiarity is an automatic inherent human quality – seniors with dementia may feel familiar with a situation or an object although the memory of it was destroyed. For example, seniors may not remember me as Dalia, the person who comes in once a week to work with them on creative expression activities, but they may link my presence with something that is pleasant and enjoyable and perhaps with food, since I often bring homemade desserts or food to most sessions.

Concluding thoughts on architecture and a/r/tography. There are two issues that come to mind when discussing architecture and a/r/tography. One is the unquestionable link between the visual

expression of architecture and the text that comes along with it. The second issue is the opportunity that a/r/tography opens up for the acknowledgement of architecture as practice and as theory.

A/r/tography is described as “a coming together of art and graphy, or art and writing” (Springgay, Irwin and Wilson, 2003, p. 4). Since architecture is a form of artistic expression, I can substitute the word architecture for “art”. To test the notion of architectural drawings without text we need to ask the following: could a building stand on its own merit without a name, an address, without occupants or the name of the designer? Could the building be understood without asking why it was built and what for – when it was built, what was the cultural context, and what materials were used? Without this information would we understand the full meaning of its purpose? I would say, no, we would not understand the full meaning of its purpose.

We should not forget the reams and reams of drafting papers, trails of sketches, meshing art and technology and text together. What about the historical written information of negotiations for permits with various authorities? When we understand that the building is also a product of local and national building codes, do we get the full picture then? Looking at a building without knowing its context is like trying to read Egyptian hieroglyphics. Yes, we can see them, but can our minds make the necessary connections to make sense of them?

Then I wondered: if we separated the text from the drawings, could we count on the text alone, following the same specifications, to guide us towards the same exact building design. I believe that in spite of working from the exact specifications, the design would vary from one designer to another. The individual architect's ability to perceive, analyze and produce would be reflected in each interpretation. This observation is based on many years of architectural practice and comments from colleagues in the field. To support this observation, there is an interesting example about how text alone fails without the adjunct image. Although very detailed plans of Noah's Ark or the Holy Temple in Jerusalem were described in the Old Testament, we cannot know for sure what they looked like. In artistic interpretations of the Temple and the Ark, we witness several versions. All claim to be the closest interpretation of the biblical text.

The second issue that deals with architecture as practice and as theory refers mainly to architecture that focuses on therapeutic environments. Architects do theorize and contemplate through their ideas and planning as to how things will be done. Architects through their practice and theory generate new ideas and forms and invite the participation of their clients and users. Michelle Fine (2000) was quoted in Gergen and Gergen (2000) questioning the future of qualitative research with references to relational inquiry which fits the process of making architecture: “What elements of qualitative research are productively engaging toward democratic/revolutionary practices; toward community organizing; toward progressive social policy; toward democratizing public engagement with social critique?” (1998, p. 1038)

The most important message that came out of understanding a/r/tography is that the human spirit is an amazing, regenerating force. Like water in a river, our brain will seek an outlet and find ways to communicate, to express. We need to provide opportunities and means for everyone, especially people with dementia, to continue to communicate in many forms. We need to listen to the unsaid and to what may be missing. While others may accept the appearance of dementia and take its impediments for granted, we must question that acceptance, look below the surface and tap into the human spirit – of the seniors and ourselves.

Just like a/r/tography, we need to allow the images, the text, the story, the real and the imagined to coalesce into meanings so we can understand better how visual and performing arts can be used in communicating when other ways of communicating fail.

A/r/tography allows researchers to bring their own storyline into the situation under study, a storyline that may influence, intersect, observe and interact with whatever the researcher/artist is engaged with and brings to the study. A/r/tography gives freedom for the researcher/artist to process theory into the

production of the art. In one singular expression, theory and practice are fused. Artists understand this fusion; they do it all the time whether they are aware of it or not.

I employed a/r/tography as a mean to collect data throughout the study. This approach provided an opportunity to examine the role of the researcher in making a difference in the seniors' abilities, as they were demonstrated through creative self-expression, and by changes that were made to manipulate the architectural environment. The multiple roles of researcher/educator/artist/facilitator in the implementation of the creative expression activities program were also explored in an effort to elicit crucial information that could be used by behavioural scientists with a focus on dementia care.

During this study I had the opportunity to propose a design for stained glass doors for the L'Chaim Adult Day Care Centre. The design, which is discussed elsewhere in this dissertation, is based on my experience as a stained glass designer and my familiarity with the Jewish culture and faith. I also experimented with architectural drawings in an effort to shed my position as an authority, the one who knows better, by condensing key issues that could be understood at a glance, and appeal to various cognitive abilities in seniors with mild cognitive impairment to moderate dementia. The idea was to bring across information without having to read the whole document, which would have been a monumental or impossible task for the participants. The drawings include photographs that were taken of participants during the various activities, significant quotes and textural summaries regarding the spaces that were used during the various sessions. I was also aware that an a/r/tographer did not necessarily have to produce an artistic product as long as the rigor of the study and its philosophy were maintained. As stated by Irwin and Springgay (2005): "Artists engaged in a/r/tography need not be earning a living through their arts, but they need to be committed to artistic engagement through ongoing living inquiry" (p.11).

As I was exploring ways to go about my academic inquiry, I realized that I had included intuitively in my practice many of the ingredients that describe a/r/tographic research. I was interested in experimenting with ways that would better the quality of life of seniors with dementia with a focus on the links between creative expression abilities, space and programs. Experimenting comes naturally to professionals trained in architecture and design. We are trained to look at the world around us, assess it functionally and aesthetically, to almost automatically and spontaneously look for ways to see things differently. We assess existing situations of spaces interlinked with human behaviour, and then we revise or design spaces to suit the clients' physical and emotional needs. And we assess the results of our work, and its impact on the client's well being, to judge whether or not the project was successful and whether it answered the objectives of the project.

I was also aware of the balance of power between myself and the participants. I fully understood the connection between being an architect, researcher, facilitator, educator, when I invited the participants to express their opinion as to how I should position myself in the room when I talked to them. I like to stand in front of the group, like a teacher in a classroom. No one complained. It was taken for granted that this is how it should be. But when I opened the floor for discussion as to whether I should sit or stand, it quickly became an issue of exhibiting superiority, the person who knows best, the expert. The moment I sat down, the balance of power changed. As one of the seniors at L'Chaim Centre put it: "You are now one of us". Such a small gesture became very significant in the interaction with seniors with dementia.

In addition to the new understanding about standing or sitting and the roles attached to it, I learned that reflexivity, which is sharing personal and subjective life experiences with participants, carries a danger of silencing participants if the researcher goes overboard telling these stories. I learned that there was a fine line between getting the participants' attention with personal stories and the danger of overburdening them.

Initially, when I planned how the data would be collected, I was aware that some limitations would affect the procedures and the overall approach to this study. First, the opportunity for experiments with major architectural changes was slim and, therefore, participation in changing a real situation would not exist or be affected by the feedback from participants. Although I was drawn to participatory action

research, at that point I opted not to use it. There was also deep scepticism about whether people with dementia could participate in research inquiry in a meaningful way. As the study progressed unpredictable new developments made me aware that seniors with dementia could participate in research when given an appropriate opportunity. Since the decisions to make some interior changes were going to be made very fast, just when I was about to go on a trip, I was asked to provide ideas for floor covering and wall and door paints. I used data collected in a previous session that included the seniors' ideas on how they would like to design their dream art studio in the Centre. After the renovation was completed, I interviewed the seniors about the changes again, made notes of their opinions and made some efforts to address their concerns. This process is still going on.

At L'Chaim, I was able to respond quickly to the changing situation. To support the need to be flexible and open to unpredictable events, one can listen to the views of some researchers who are artists. Lenore Wadsworth Hervey's (2000) book *Artistic inquiry in dance/movement therapy, creative alternative for research*, Shaun McNiff's work (1986) *Freedom of research and artistic inquiry* and Roger Grainger's book (1999), *Researching the Arts Therapies, A Dramatherapist's Perspective* support my own way of thinking. Lenore Wadsworth Hervey quotes McNiff (1986) as he explains the characteristics of creative researchers and their traits:

The need to explore the widest range of possibilities and chance events; imagination; openness; persistence; the ability to change strategies in response to the material under review; the mixing of disciplines; a willingness to err; intuition; an interest in the unknown; an inability to simply follow the tradition of logical analysis; personal powers of observation and interpretation. (p. 282)

Any artist/researcher who is engaged in artistic inquiry can identify with this description. Artists inherently resist urgings to follow step-by-step prescribed regulations. A certain rebellious streak leads artists to veer off the main course and look for ways to capture the process of inquiry from several unconventional angles.

At the beginning I envisioned a democratic style of inquiry, where all concerned participants would be equally important – mainly to protect the least heard people: the seniors with dementia. From a purely academic standpoint, conducting participatory action research would be controversial since seniors with dementia need to be declared competent and capable of giving consent. Nevertheless, working within the limitations of this population, I still managed to accommodate input from the seniors utilizing their remaining cognitive and physical abilities. As Roger Grainger (1999) put it:

If we are lucky, of course, we may find exactly the right kind of research technique that we need. If not, we must use the most appropriate one for our purposes. This may mean adjusting the situation in order to find a suitable way ... (p. 33)

Grainger (1999) states that involvement is a key issue in research using "as many sources of information as possible. Instead of concentrating on observations" (p. 99) made by unbiased observers, all parties have direct input into the research process. In his research he uses "interviews, questionnaires ... diaries and journals, narrated accounts of personal experiences, reports of interactions observed either overtly or covertly or both, plus the use of video" (p. 100). He also explains that "leaders of the group go to considerable lengths to develop a shared atmosphere of trust and co-operation" (p. 100).

A model for researching creative expression abilities, social interaction as they are linked to creative expression programs and the physical therapeutic environment is Roger Grainger's book, *Researching the Arts Therapies; A Dramatherapist's Perspective* (1999). Grainger joins Shaun McNiff in his approach to the arts in healthcare. They both embrace a wide angle approach that marries the arts with the sciences. Their approach is to research the arts in a natural way, offering the least resistance to what begs to be explored. Their philosophical approach to research shows flexibility, openness to changes that flow with

whatever arises from the exploration; it celebrates ambiguity, thriving on tension, as the researcher and researched are engaged in a dance-like relationship.

Grainger's approach literally embraces life. He mixes methods of research as needed. It may be a mix of any of the following: qualitative and quantitative research methods, action research and art-based research. Like Shaun McNiff and others, he draws examples from art, music, dance and movement therapies. In this way, we see ourselves as practitioners and researchers as the same time. Our research is grounded in our experience. As in *a/r/tography*, Grainger concurs that "The impetus to explore it [psychological therapies] came from my own personal involvement in it" (p. 9).

Grainger tries to explain why research in the arts cannot be forced into compliance with rigid scientific rules. The following quote illustrates a fundamental thought that supports the reasoning as to why the arts in the service of healthcare need to be approached differently:

Thus although the creative therapies may be said to 'use' the various art forms, they do not do this in the sense that we often mean by the word use. They do not subsume them in any way. In the human attempt to be 'scientific' they may try to reduce them to something that can be reproduced in terms of one's own existing mental schemata, but they are bound to fail because art cannot be used in this sense. It has an innate tendency to keep cropping up when and where you were not actually looking. Because of the effect it sometimes has on you, your reaction to it, it sometimes feels that it is it that is actually using you ... Phenomenologically, arts stands apart from what it is deeply concerned with: because it is a living symbol of relationship and 'betweenness', it can help us in our search for human wholeness. (p. 12)

Grainger warns that limiting ourselves to research that allows us to study "what we are able to measure" (p.18) will reduce what we really want to know or change altogether the direction of the inquiry.

Summary of Research Methods

This study employed *a/r/tographic* research within the qualitative paradigm. *A/r/tography* seeks knowledge through living inquiry and a commitment from the researcher as an artist and educator to a process of questioning. *A/r/tography* recognizes the ambiguities, uncertainties and the difficulties that can arise from situations and seeks understandings of them. *A/r/tography* allows the researcher to be self-reflective. *A/r/tography* gathers information from relational conditions that support democratic relationships with other participants in the inquiry. It also invites participants to be part of the study process and experience the resolutions if they happen. *A/r/tography* and its understanding of the multiple roles of the researcher and his/her involvement through relational inquiry fits perfectly with the making of architecture as practice and theory. The three forms of knowing (theoria), doing (praxis), and making (poesis), which are fundamental concepts in *a/r/tography*, are also the structural pillars of architecture.

Ethics in Research

Ethics is an area of major concern when conducting research with vulnerable populations such as seniors with dementia. The literature on the topic of ethical issues in healthcare in general is enormous. In a course on ethical and philosophical issues in community-based research presented by Drs. Michael McDonald and Jim Frankish, I had the great opportunity not only to discuss ethical issues that were relevant to the participants we work with, but also to reflect on my own values and worldview, to be aware of the levels of objectivity or subjectivity reflected in my research. This course covered fundamental challenges regarding the ethical conduct of research and related issues of power, participation and ownership of knowledge. Articles by authors such as Macklin (1999), Minkler, Faden, Perry, Blum, Moore & Rogers, (2002), Williamson and Prosser (2002, 2002a) all touch on dilemmas and

problems in conducting research. Issues such as personal rights versus the good of the community at large were discussed.

In studying seniors with dementia we need to be aware of: a). The limited memory capacity and frailty in seniors with dementia, b). Their ability to give written consent, c). The role of the legal guardian and their relationship with the senior with dementia, d). The role of the administration in the care facility, e). The trust that needs to be established between the researcher and participants and all other concerned parties.

I am mostly concerned with: f). How much can we tell the seniors about their diagnosis of dementia, and what purpose would it serve? g). In the pursuit of academic honesty, should we cause sadness and anxiety in our participants by reminding them of their diagnosis, knowing they may forget about it in few moments or in a day or two? h). By not telling them, do we then sacrifice their right to be informed and knowledgeable about the study they are about to enter? i). What happens when a senior with dementia gives consent, but the legal guardian disapproves of their participation? j). What happens if a facility manager is reluctant to let research work be done in the facility, even though the resident and the family approve?

An attempt to answer these difficulties in executing ethical research lies in a fundamental philosophical approach to life that can transcend borders of culture and geography: It is the profound conviction to maintain and respect human life and the right to live in dignity. This respect for human life transcends the duty between child and parents and encompasses the duty between an individual and the society at large:

The home is infinitely more important to a people than schools, the professions or political life; and filial respect is the ground of national permanence and prosperity. If a nation thinks of its past with contempt, it may well contemplate its future with despair; it perishes through moral suicide. (In Pentateuch and Haftorahs, p. 299)

To satisfy academic requirements, I realize it is important to back up personal convictions with literary sources. In Denzin and Lincoln (2000), chapter 13, Valerie J. Janesick (2000) states that:

The myth that research is objective in some way can no longer be taken seriously ... As we try to make sense of our social world and give meaning to what we do as researchers, we continually raise awareness of our own beliefs. There is no attempt to pretend that research is value-free. Likewise, qualitative researchers, because they deal with individuals face-to-face on a daily basis, are attuned to making decisions regarding ethical concerns, because this is part of life in the field. From the beginning moments of informed consent decisions, to other ethical decisions in the field, to the completion of the study, qualitative researchers need to allow for the possibilities of recurring ethical dilemmas and problems in the field. (p. 385)

Janesick also discusses the need to construct an "authentic and compelling narrative of what accrued in the study and various stories of the participants" (p. 386).

In the following areas I attempt to answer ethical considerations:

Frailty, memory capacity and giving an informed consent. The health condition of seniors with dementia was the single most important factor in designing this study. Based on my experience I set these conditions:

- Limit the time allocated to each session
- Be prepared in case of emergency and have resources in place for support

- Be careful not to expose the seniors intentionally to stressful activities or stressful environments in order to prove a point. While some experimental situations can be considered, I would not worsen existing conditions
- Limit situations that knowingly keep away interventions that may benefit them
- Allow participants to move around and leave at any time

Memory capacity. Based on my experience, seniors with dementia may remember giving consent for time periods ranging from a few minutes to several hours or several days. It depends on each individual and their capacity to remember. I made sure the seniors were reminded every once in a while of the reasons I interacted with them and the objectives of this interaction.

Written consent and dementia. Most seniors with early to moderate dementia can still read and write. They may not understand complicated concepts, any more or less than people outside the research field, or their peers of normal aging. Therefore, written and verbal information needs to be clear and simple to understand, without compromising the integrity of the study.

All the participants at L'Chaim Centre provided their consent. At the Margaret Fulton Centre, the consent of the selected participants was accompanied with their family's consent.

The role of legal guardians and the relationship between them and seniors with dementia. In an ideal situation both parties would be in agreement and happy to take part in the study. However, legally, seniors with dementia can be declared incompetent by the legal system and consequently relinquish their rights to act independently and be solely responsible for their actions. Problems arise if the parties do not see eye to eye and one would like to participate in the study while the other refuses. This is a delicate situation. If a senior with dementia refuses to participate, that decision should override any other. If the legal guardian refuses, if possible, further negotiation can take place in very tactful ways and with full respect for the outcomes. As it turned out, one participant at Margaret Fulton Centre refused to participate in a couple of sessions. Although her husband was fully supportive of her participation, I felt it was more important to respect her wishes and let her leave the room and join another activity. Preserving her rights to control her wishes was more important than my need to conduct this study.

The role of the administration in the care facility. The administration is there to protect the seniors with dementia and make sure their needs are met according to the policies of the facility. However, some situations may become sensitive in cases where the research work may be rejected or manipulated for fear it may interrupt the daily routine in the facility or threaten the administration by being critical. At Margaret Fulton Centre, there were issues with scheduling and the difficulties in assigning staff to help during the session. However, at the L'Chaim Centre, there were underlying issues of power and control that concerned the director.

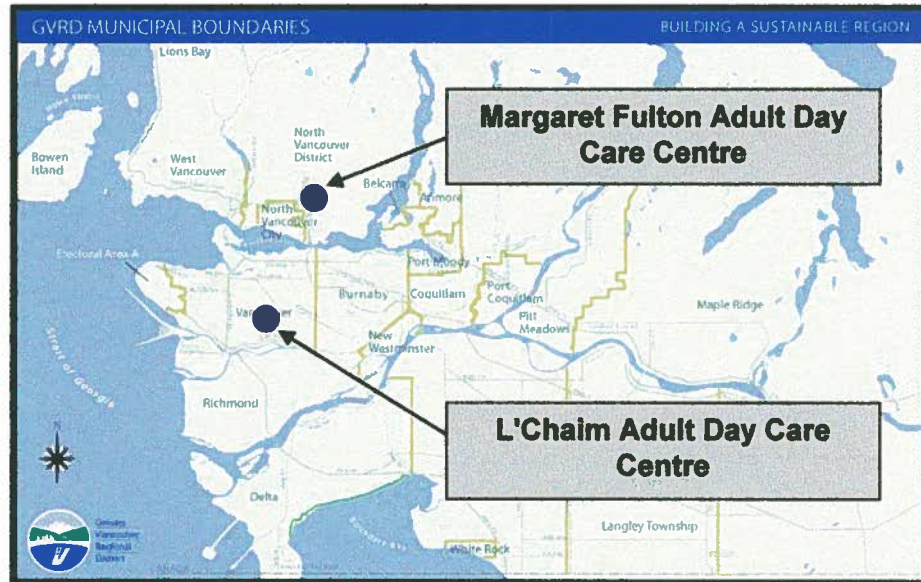
The trust that needs to be established between the researcher and participants and all other concerned parties. This took time, and careful consideration was given to be sure consents were given of free choice. In both Centres the process for acquiring the consents followed the prescribed regulations provided by the University of British Columbia and the Vancouver Health Authority.

How much to tell the participants about their diagnosis of dementia. This is one issue I struggle with when working with seniors with dementia. On the one hand, I am expected to announce my intentions clearly and without ambiguity, yet there is a concern about discussing dementia with the seniors for fear of causing them unnecessary stress. I rely on the administration to provide me with medical information and to let me know if the seniors are informed of their medical condition. Many of the seniors did acknowledge their memory problems. Some knew about their diagnosis but forgot it, and did not mind being reminded. No one got upset to learn about their condition. I announced my intentions only when I felt that it was appropriate to discuss them and when we all felt safe. Generally, I avoided the issue if I could. I believe the participant has the right to know about his or her health condition. However,

I also believe in protecting participants' wellbeing and this is the point where it becomes an ethical dilemma with no easy answers.

Sites Selected

The Margaret Fulton Adult Day Care Centre in North Vancouver and the L'Chaim Adult Day Centre at the Jewish Community Centre in Vancouver were the sites chosen for conducting the intervention of creative expression activities and documenting the physical facility for data collection. The two facilities provided different qualities of space, participants, and operational procedures for the program of creative expression activities.



(Source: GVRD certified Municipal Map)

Figure 4: Locations of Margaret Fulton and L'Chaim Centres

The Margaret Fulton Adult Day Care Centre

This relatively new facility is located at Mahon Park in North Vancouver. It provides a broad range of health services and support as well as socialization opportunities for seniors. The Centre, built in 2000, was designed by Sean McEwen, Architect with significant input from the Centre's staff. It can accommodate up to 30 seniors a day, but is funded for only 25.5 seniors. There are four full-time



Figure 5: Exteriors of Margaret Fulton Centre in North Vancouver, BC

employees, 6 part-time employees and 28 volunteers. The Centre includes: Entrance/ reception area, nursing station, director's office, staff area, quiet area, dining room, washrooms, outdoor area/garden, kitchen, janitor's room, laundry room, bathing facility, beauty salon, arts and crafts area, exercise area, sitting area/fireplace, emergency/treatment room, storage room. The Centre covers about 6,000 sq. feet.

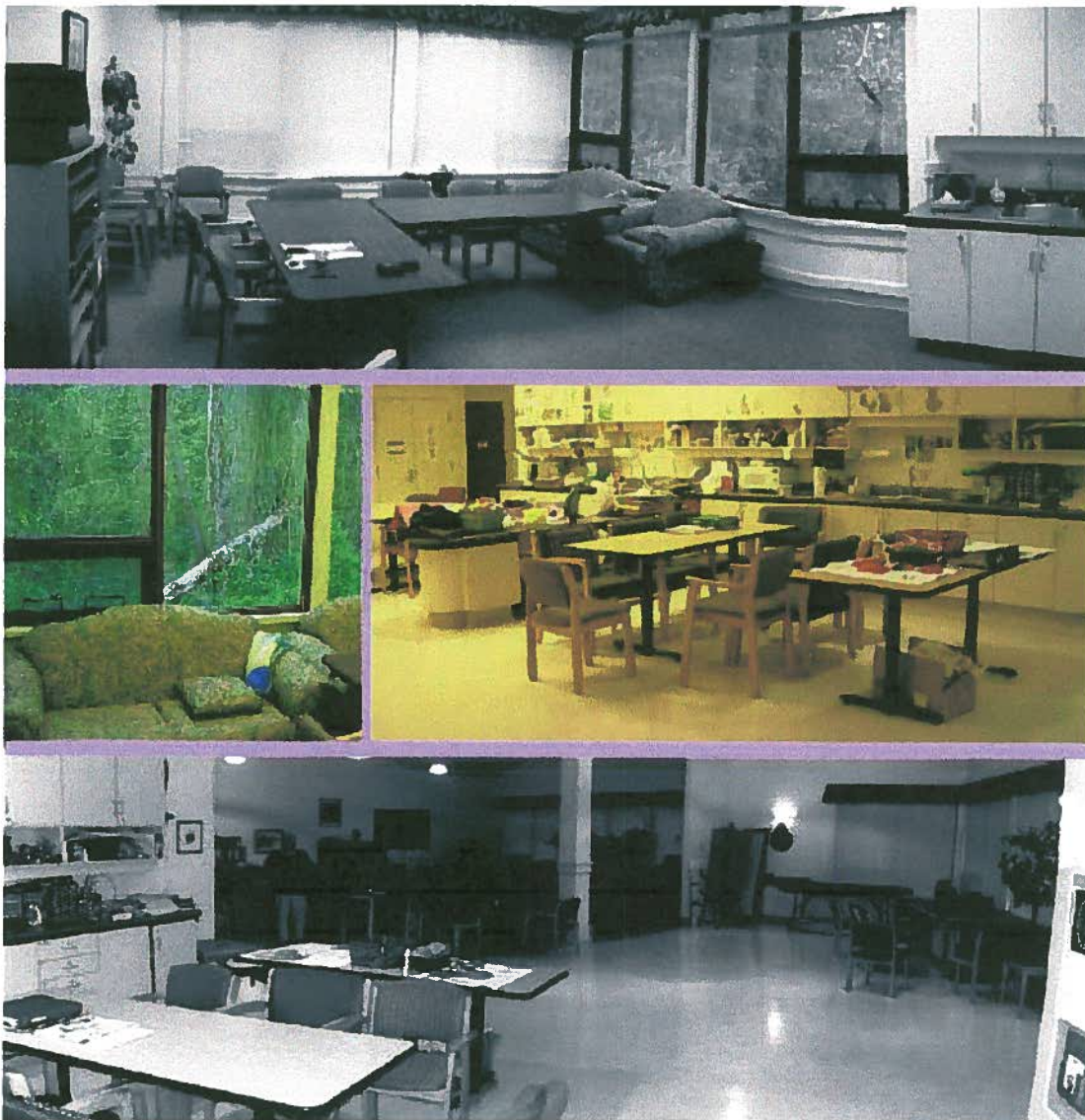


Figure 6: Interior Shots of Margaret Fulton Centre in North Vancouver, BC

The program in this Centre includes nursing supervision, health monitoring, assistance with personal care, and recreation for groups and individuals. A hot lunch with special diet options is provided. The program also provides valuable respite care for families by taking in frail elderly individuals cared for in the home; it is one of only two programs that provide this care in the Region.

This Centre was the focus of a study conducted by Stacey Diane Grant for her master's degree in gerontology at Simon Fraser University in 2001. The objective of the study was "to determine how adult day care (ADC) clients with dementia are affected by relocation when staff, programming and daily routine remain constant" (p. 1) Grant sheds light on the interplay between the physical environment, the use of the space and the physical and cognitive abilities of the seniors with dementia. She also refers to the *environmental press*, a term invented by Lawton and Simon in 1968, who describe it in these words: as "the competency of an individual decreases, the greater the impact of environmental factors on that individual" (Grant, 2001, p. 5). Personal competence is described by Lawton (1998, p. 2) as "[I]ntrinsic performance potential, the maximal expectable performance in biological, sensorimotor, perceptual and cognitive domains."

The L'Chaim Adult Day Care Centre

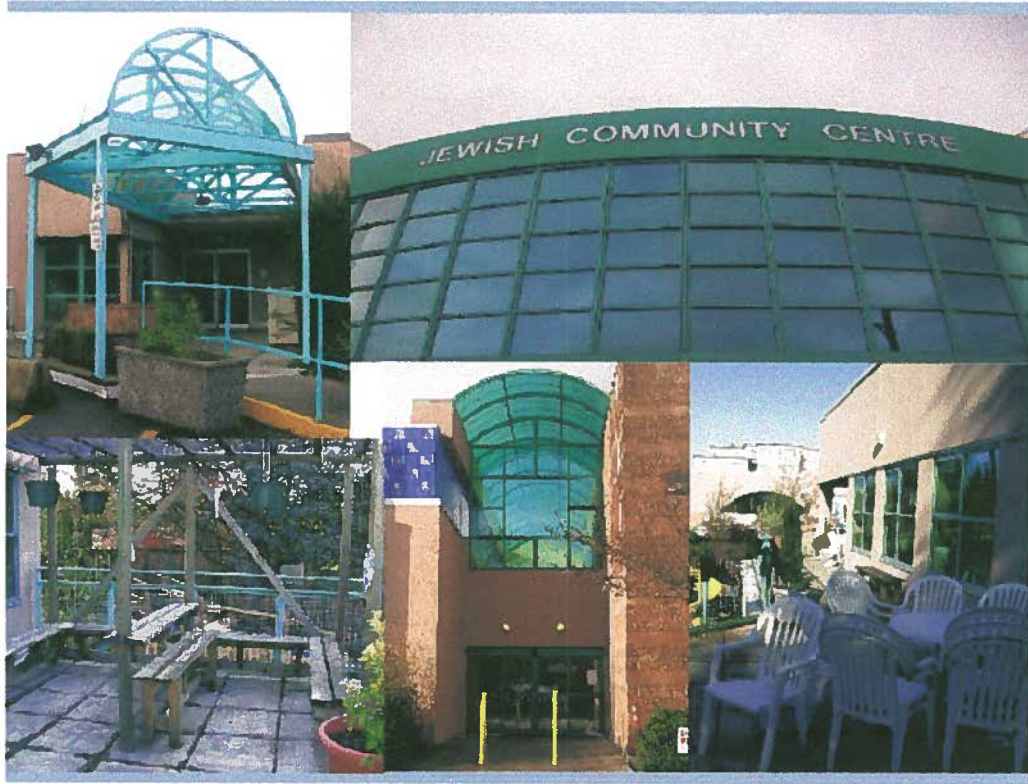


Figure 7: L'Chaim Centre Exterior Shots

L'Chaim Adult Day Care Centre is located at the Jewish Community Centre in Vancouver. The Centre offers therapeutic, social, and recreational activities for homebound people who are elderly and/or have disabilities. It provides a Jewish atmosphere and hot kosher lunches. The Centre, established in 1985, moved to its present location in 1996 after the entire building was renovated. It can accommodate 15 seniors at a time and has 10 part-time employees, no full-time employees. The Centre has 16 volunteers, 12 of whom sit on the board of directors. It covers about 1,400 sq. ft. The Centre includes: one large lounge with furniture that defines areas for various activities, some lounge chairs for relaxation, a fish tank, kitchen area, washrooms, outdoor deck, two offices, storage room and treatment room, which was used for storage until recent changes to the centre. It is now a treatment room again.



Figure 8: L'Chaim Centre Interior Shots

Participants Selected

This study focused on men and women with dementia over the age of 60 at the two adult daycare Centres. The initial aim of this study was to explore how the physical setting supports, stimulates or hinders the learning environment for seniors with **early to moderate dementia** to express their creative abilities. As the selection of participants began, it became apparent that selecting a homogeneous group of people in both Centres would be too difficult to achieve. Of the two Centres it was easier to select a group of participants of similar cognitive abilities at the Margaret Fulton Centre, since it was geared to serve difficult cases with more advanced dementia, while participants at the L'Chaim Centre were of mixed abilities, ranging from normal cognition with physical frailty to mild cognitive impairment to moderate dementia.



Figure 9: Participants at the MFC and LC Centres

Over the course of this study, emerging new information became available on mild cognitive impairment (MCI) and the significant implications of detecting this condition as early as possible. MCI is a stage in memory decline between normal aging and the diagnosis of Alzheimer's disease (AD). It is sometimes referred to as amnesic mild cognitive impairment (aMCI) and is characterized by a mild memory decline in the context of normal daily functioning (Feldman & Jacova, 2005; Petersen, 2004). The majority of individuals with MCI develop Alzheimer's Disease (AD) within 6 years (Petersen, Grundman, Thomas, Thal (2004, p.183-194). Literature on MCI indicates that learning interventions may help people with MCI to halt the deterioration. Several studies underway are exploring memory intervention in aMCI. One of them is funded by a 2003-2005 Alzheimer's Society of Canada grant, where Drs. Troyer, Murphy, Anderson, Craik, Moscovitch & Marziali examined the effectiveness of a multidisciplinary intervention program for improving memory functioning in individuals with aMCI. Preliminary findings indicate that the intervention resulted in increased use of memory strategies, increased appreciation for the effects of lifestyle factors on memory, and improved ability to learn new names. Given the recent information on MCI, participants who were diagnosed with MCI, were included in the interviews and the intervention in this study.

The selection of the participants was controlled by the directors of both Centres. At the L'Chaim Centre, permission to conduct the study was dependent on my consent to include all the seniors, regardless of their range of abilities. At the Margaret Fulton Centre, the director selected eight potential participants –later was reduced to seven people – with group of five women who stayed together through most of the four sessions.

Data Collection

The data was collected in several ways. It included field notes, filming, photography, and drafting. No field notes were taken during interviews. All field notes were written immediately after each interview and each session. The field notes were based on my perceptions and were entered on a computer. The film activity was recorded and coded; the recordings were transcribed verbatim. The digital photographs were transferred to the computer, and the drawings were entered on the computer in AutoCad.

Recording the Intervention

1. **Field notes.** Notes were written immediately after the activities were completed, usually within 4 hours. They included my personal observations, feelings, thoughts, comments, understanding of what transpired during each session and ideas for the future. The notes, including the date, location, and who was present, were entered on my computer.
2. **Filming and sound recording.** Filming gave me the opportunity to see things that transpired during the sessions I could not catch in the moment, whether it happened out of my range of sight, or I was too busy to see or hear the importance of the event when it occurred. It also gave me a more comprehensive view of individuals and of the group, and the ability to review it several times.

Two cameras were used: a stationary camera and a mobile camera. One Sony PD100 DVcam continuously filmed from a fixed wide-angle position showing the entire group seated around my working area. It used 3 hour tapes. The sound was recorded from one wireless microphone I wore. A second backup mini DV camera was used for close up and roving shots. This camera required tape changes at 90 minute intervals. Normal room lighting was used except for one test session experiment using added focused light. The video tapes were then transferred to VHS viewing tapes with Time Code information made visible on screen.

The VHS tapes then were played on a rented professional video cassette player with a shuttle control. The films were labelled and divided into four groups: DV tapes for Margaret Fulton and L'Chaim Centres and the same for the VHS tapes. The timeline that was inserted on the VHS tapes for editing purposes helped to locate specific clips with ease. Here is a description of the process:

- DV acquisition xfer to reference viewing media with time code (tc) picture burn :hr:mn:sc:fr
 - Edit process to digitizes DV camera footage using burn reference as directed
 - Edit First to Final Cut through three approval stages before outputting to Master
 - Output Master including thesis menu index for footage references, as directed by the author
3. **Transcribing.** A UBC student was hired to do the bulk of the transcribing. I checked the text for accuracy as I reviewed the video tapes. After the films were transcribed I selected the most significant moments to be included on a DVD that is attached to this document. Although some information was lost in the process viewing the videos for accuracy helped tremendously, since I could then concentrate on smaller details. It actually forced me to pay attention to the smallest sounds and to translate Hebrew and Yiddish into English. Transcribing verbal sounds into text was the relatively easy part, what was more complicated was describing the body language. Transcribing forced me to pay attention to the written word while blocking out other stimulus such as hearing and seeing. Transcribing was an essential part of the study that complemented other ways of collecting data.
 4. **Photography.** I kept a digital camera with me at all times. I have used photography for many years as a way to freeze interesting moments wherever I go. This study was no exception. With the consent of participants, families and the administration of the Centres, I took photos of participants interacting, laughing, holding a violin, doing artwork and dancing during the sessions. I did not use the camera when situations were sensitive, since early on. I decided that the needs of participants would come first before the needs of my research.

5. **Drawings.** I used sketches and photographs to document the location of furniture, cupboards, TV screen, music instruments and plants. Floor plans were supplied by the architect of Margaret Fulton Centre and the building manager at L'Chaim Centre. The drawings of Margaret Fulton Centre were up to date. The floor plan at L'Chaim had to be redrawn since the measurements were not to scale. The information was given to a BCIT student who used AutoCad for transfer to the computer. I worked closely with the student and provided additional information in free hand drawings. Once the information was entered into the program, we could move things around and experiment with sizes and distances in a fairly short order.

The room arrangement for each session at the two centres was documented. It included the furniture placement, room dividers, all the fixed features such as doors, windows, lights, kitchen counter and sink, where the participants were sitting, where I positioned myself, measurements of distances between participants and objects, the location of the camera and the camera man, the musicians and the musical instruments, and the TV. Each drawing was accompanied with still photos that were taken at the same session and included photos of inside and outside spaces. All of this information was used in the final drawing for each Centre and contained recommendations for future architectural changes.

6. **Interviewing.** The participants were asked if I could visit them at home for an interview. I described the style of the interview as a relaxed conversation. I made a point of not taking notes during the interview, nor did I use the camera. I felt privileged to enter their private life and wanted to keep it that way. For ethical and safety reasons, in my later notes I did not give too much information about the participants' homes for reasons of privacy. In the case of participants with more advanced dementia, I called the families to arrange an interview once the participants themselves expressed an interest in doing so. Wherever possible, I preferred that a family member was present. The interview lasted from one to two hours. The visit was designed to give me some clues about the interests the participants may have had in the past and in the present. It was an opportunity to see hanging photos or photo albums of family, friends, pets and traveling. It was a time for reminiscing and sharing life experience. The information collected was then used in ways to attract the participants' interest in the creative expression activities program, such as asking questions that were relevant to them. The interviews gave a better understanding of the person inside the disease. As a researcher I found the life experiences of the participants fascinating; they enriched my own life experiences and helped me connect and bond with the people I was studying.

Analyzing Data

I was looking for new understandings and emerging categories from recurring situations that could eventually congregate into patterns. I also was looking for unique moments that stood out and contained significant information. I identified these patterns by using color coding, available through -Microsoft Word. As I read the written data, I assigned a color to each situation, such as being anxious, sharing life experiences or expressing an opinion. The color coding turned into a legend that grew more refined as the study progressed. The legend was re-adjusted, upgraded and re-inserted on each document as I searched for details that had escaped my attention. If necessary, I added highlights to the missing analysis. Towards the end, the legend grew quite comprehensive and patterns took visually and contextual form. This technique appealed to my artistic taste and called on my curiosity as to what color code meaning what situation, activity or behaviour were most prominent.









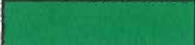
Legend (example)



Needs **Hebrew** translations from the video and inserted into the transcriptions.



Dalia sharing personal information

	Participants sharing life stories. Reminiscing.
	Participants' acknowledgement of memory problems
	Memory and behavioral issues
	Space Issues (lights, circulation, finishes etc)
	Socializing
	Participants evaluating/commenting on to day's session
	Participants enjoying music and the session. Showing interest.
	Non-English Words (N-EW's)
	Staff interfering with activity

Safety issues

Ideas for future sessions

Show this in a clip where relevant

Participants showing interest in the art supplies

Dalia giving instruction to staff or family

Talking about creativity

Tools for Collecting Data: Interviews

Interviews with Participants at Margaret Fulton Centre



Figure 10: Margaret Fulton Centre Art Facilitator and a Participant

Originally, eight women were selected at Margaret Fulton Centre to participate in this study. Seven of them participated in some or all of the sessions. All were previously diagnosed with dementia. Their ages were 66, 72, 76, 81, 83, 87, 92 years old. The oldest person participated in only one session out of four sessions; she stopped coming to the centre for medical reasons and therefore was not interviewed. Another was admitted to a long term care facility and stopped coming to the Centre altogether. The remaining five women formed a core group that participated in most sessions. Three participants were interviewed in the presence of their husbands. One participant was interviewed in the presence of her daughter. The following is an example of the field notes that were taken immediately after the interview was completed.

Example Interview with a Margaret Fulton Centre Participant: July 27, 2005 Interview with Margaret Dyks and her husband at their home

I made a mistake. I arrived one day early for the appointment. I wrote it a little messy in my calendar and read it wrong. Nevertheless, Bill and Margaret were home and had time for an interview.

Margaret was sitting in the living room on their couch. They had just arrived from the dentist where Margaret had a tooth fixed. Margaret was dressed in a sweat shirt and was pulling on her sleeves to cover her hands. Bill was in shorts, a T-shirt and sandals. It was a hot day but Margaret seemed to be cold. I noticed that she is also cold at the day care and is always dressed warmly. At times too warmly.

The house was clean and pleasant. It seemed as if it was taken out of the 60s. Something like my mother would have.

Bill sat down with us since Margaret was not very responsive. Most of my conversation was with Bill. Although Margaret would smile or watch me talk she would look away whenever I wanted to make eye contact with her. She did not make any indication of remembering me from the Centre. She kept on looking at Bill as if asking for approval before she answered my questions or even responded to any of my comments. I felt she was more responsive to my efforts to interact with her in the Centre when Bill was not present.

Bill was telling me about their 3 grown children, 2 daughters and one son. He also told me about their daily routine and skating. Bill gave me an envelop with copies of a letter to the editor of the North Shore Newspaper and an article that was published as a result.

Bill took me to the kitchen to show me 2 albums full of newspapers articles and memoirs he was writing. The albums were put away in the kitchen under a pile of other books and out of Margaret's sight. I suggested that he leave opened albums around where she could see them and with some encouragement could look into them. Bill agreed it was a good idea. I don't know if he will follow up on the advice.

Margaret seems to show interest when the topic of discussion is about skating and singing. At one point I asked Margaret about her singing in her church choir and if she enjoyed it. Her answer was short "I am a singer" and she looked at Bill at the same time. I was there for about 2 hours. During that time Margaret sat in the living room and did not get up once, even to join us as Bill was showing me around.

While I was there I had to call my own doctor for an appointment. As I was dialling the number, I noticed that the phone was covered with phone numbers not in an organized fashion. Bill saw me looking at that and he was quick to explain that it was to help Margaret remember phone numbers. I don't know how it could help since it was pretty chaotic.

Towards the end I asked Margaret if she would like me to come back. She responded by shrugging her shoulders and twisting her lip to one side, as if saying she was not so sure about it. I have to admit, I was surprised at her response, and yet I needed to be reminded that having dementia might bring out responses that usually would be more controlled.

When I left, Bill was very apologetic and waved good bye.

I was wondering after the visit if Margaret behaves differently at the Centre since Bill is not around. It was apparent that Margaret trusts her husband Bill and is dependent very much on his care. They still go out to music events, skating and occasionally see friends for dinners or lunch.

Interviews with Participants at the L'Chaim Centre



Figure 11: L'Chaim Participants Engaged in Art Activity

I visited 9 out of the 14 participants at home in an effort to learn more about their background, families and interests. I did not visit two of the participants that were identified as having normal cognitive abilities; I was mainly looking for clues in the participants' own home environment that might provide information on their interests in art work, home decoration, taste in colors, hobbies, and to listen to their life experiences as we leafed through their photo albums and photos hanging on the walls. By doing so, I gained a better understanding about how to engage them during the intervention of the creative expression program. The following is an example field notes that were taken immediately after the interview:

Example Interview with a L'Chaim Centre

Participant: July 14, 2005 Interview with Jack Beckow.

I arrived on time at 2:00pm as we had agreed. It is a hot summer day. Jack buzzed me in through the intercom. I went up to the 12th floor where Jack greeted me very warmly. He was dressed in a blue jogging suit. The air was flowing in from the open doors to his balcony. There was a beautiful view looking over the flats of Richmond and the approaching airplanes.

As I walked in I put my bag on a swivel chair. I could sense that must have been his favourite chair. He asked me if I did not mind sitting in another chair. His financial advisor and a family member had just finished a consultation session. I did not meet them. Jack planned it so I could be with him alone.

He looked pale but very focused. He wanted to know the purpose of the interview and I told him about the topic of the study. He sounded very interested. He told me that he was just interviewed by a person from the *Jewish Bulletin* newspaper, that lots of information is going to be in the article and that I should look into it. I did not want to tire him, so my questions followed whatever direction the conversation was leading us.

Jack's apartment is very simple. There are a few art pieces on the walls. There is no clutter. I found out that his first wife died tragically in a fire that started from a cigarette she smoked in bed. He was left with young children. I don't know too many details about them. He remarried a musician and divorced several years ago. He stayed friendly with his ex-wife.

As we were talking about L'Chaim, I told him that Michel and June would love to have friends come over. He was not sure he could tolerate Michel's talk and attitude. I told him that, in private, he is really delightful.

Jack was talking about opera. He invited me to the next room to see his collection. Behind the door there were at least 5 shelves, 5 feet long, full of videos of operas, all labeled and organized meticulously. On the wall was a poster of the 3 Tenors. Next to it was a poster of Pierre Trudeau, one of the prime ministers of Canada. I asked Jack about it; he answered that Trudeau was the best politician in Canada and that he admired him.

We continued to talk for a little longer. Jack was telling me how important L'Chaim was for him, that he had lost all zest for life and stayed motionless in his apartment until he came to L'Chaim, where, with the help of the staff, he started to enjoy life again. His most important observation was that being treated like a person was crucial in his recovery.

I told him that I am finding it interesting that at least three men in our group are design-oriented and I wouldn't have known that if I had not talked to them individually and seen their work. Michel was a fashion designer and builder, Jack was an aircraft designer and builder, Avraham was a needlepoint artist, even though, according to him, he was a professional soldier in the Israeli army.

This led me to think about the next project for L'Chaim. Based on my deeper understanding of the participants in the study, I have decided to ask the participants to design their dream art studio for creative expression activities. Jack thought it was a great idea. He had a wonderful smile on his face and I could see his eyes sparkling. I think I have found a link to his passion – building.

I parted from Jack with a big hug and a kiss and a promise to see him again next Monday.

Significance of Interviewing Participants at Their Home

- Getting to know the person inside the condition

- Finding clues that would attract the attention of the participant and make the activity program relevant for him

- Allow the researcher to develop a better understanding and bonding with the participant

- Encourage the sense of familiarity between the participant and the researcher

- Meet relatives and friends that form the support group and gain more information through them when the participant can no longer provide it

- See the participant in a home environment and look for differences in behaviour that may impact his or her participation at the Centre

Tools for Collecting Data: A/r/tography Field Notes

As the program developer, facilitator and researcher, I was the person responsible for the design and implementation of the program and assumed the role of participant/observer. I visited the two sites numerous times before the study began in an effort to get to know the staff, the directors and the physical environment. At the L'Chaim Centre I conducted a workshop for staff and volunteers. My intimate knowledge of the Jewish faith and culture proved to be an asset that worked well for me and the participants. At Margaret Fulton Centre the situation was different. I felt I needed more time to become familiarized with the facility, its staff and operational procedures. For that reason, I volunteered at Margaret Fulton Centre for several months before the study began and came to understand the multi-cultural nature of this Centre, with clients who came from different countries, faiths and races.

My own recent brush with serious medical problems opened an emotional connection with the people I worked with and led me to a different level of understanding of the meaning of sickness; diminishing energy, of being dependent and needing help from family, caregivers and strangers; the desire to be counted and noticed as a person, to be helped but not pitied. I have developed a deeper understanding of the meaning of constant pain and its impact on our cognitive and emotional abilities and expression.







The field notes provide insight into the various roles I assumed through intentional planning or through events as they arose. These field notes, written immediately after each session, deliberately separate the many roles that I assumed in this study. This exercise proved to be difficult at times, since the various roles happened concurrently. Trying to establish when one role starts and another finishes was an artificial, analytical exercise. However, there was no other way to write simultaneously about all the roles at once. For example, if I could describe my roles through music, I could have assigned instruments to each role and played them all at once in an orchestra. However, since I am not a composer, writing must remain my tool for expression, with additional help from the visual arts as the study progresses.

The colourful legend attached to each report was developed as the study progressed and as issues came up and evolved later into concepts and patterns. This coding continued to expand into other areas of the data collection and its analysis, through the field notes to transcribing the films.

Example at Margaret Fulton Centre

July 19, 2005: Hand Massage Session and the Big Walkout

Legend

	Space issues, furniture, lights
	E-Mails correspondence with staff
	Any problem to pay attention to, such as behaviour, safety
	Ask David about camera work and room layout
	Researcher using knowledge from architecture
	A point to check again. Ideas for future consideration

Present: Dalia, David. Seniors: Lucia, Margaret, Elena, Carol and Betty.

Weather: very hot.

Transportation: My own vehicle. David came separately in his car.

Researcher

State of my own mind: I was not worried about the session at all. I knew what I was going to do and I was ready for whatever would transpire. I am still sad that Carmel left and I did feel her absence. In the last month she became a very important part of my work with the seniors with dementia.

My physical and emotional state: I was ready and felt good. I have to admit that I feel more connected when I work with Jewish elderly. There are so many things in common that need not be explained. The commonality of tradition, faith, the Hebrew and Yiddish languages, the familiarity and the nuances of similar mannerisms and sense of humour. I think that this kind of familiarity provides a sense of confidence, safety, warmth, soothing and embracing. Perhaps it is a sense of knowing you belong somewhere. Being an immigrant to Canada myself, I am very much aware of the need to belong somewhere. That is why I try my best to integrate the two Spanish-speaking women, Elena and Lucia, as much as possible, but not nearly as much as I would have liked to do if I knew how to speak Spanish, or could have the support needed for them.

Preparation for the session: I decided to divide the group into two. The English-speaking women, Carol, Betty and Margaret in one group and the Spanish-speaking women, Elena and Lucia in the second group. I prepared one of my sessions on cosmetics, beauty treatment, hand massage, creams, lotions and smells. I brought with me lotions I bought in Israel, products of the Dead Sea, small towels and manicure materials. I also selected background music from the tapes at the Centre.

Educator/Learner Facilitator

Maureen, the director, approached me minutes before the session and told me that I may have only one or two people to work with and asked if I would consider having Elena and Lucia join the session. I told her I would need to think a little and that I would give her an answer in a few minutes. I could not get the

round table from the garden I planned to have. Instead, I used a card table 3x3 feet, which presented a different kind of dynamic in the physical proximity between myself and each participant.

I told Maureen I will stay with the 3 women. Joan Skeet arrived and asked if she could bring the women in. David and I agreed. Joan arrived with the women and I could see right away that Carol did not want to stay in the room. She kept on saying she had spent all morning in this room and would like to be outside. Joan could not stay this time but could help bring in the participants. Carol was trying to convince Betty to join her. Betty was undecided but then said she would like to go out for a walk. Margaret was in agreement that she would rather be walking outside than be in the room. Joan was looking at me and waiting for a sign about what to do. I told her the women are free to do whatever they want and that it was more important to protect their right to control their own lives.

Joan took them out and I was talking to the camera and to David about what happened. As a reminder, at the last session all the women agreed they would rather be outside than in the small room that does not have good air circulation.

When Joan came back with the women, Carol was still unhappy. I was glad that Joan finally took her out. That was the right thing to do. However, Betty was sitting down and Joan urged her to stay. At this moment I let Joan control who stays and who goes. The participants trusted her and liked her. And so, Carol left, Betty stayed and Lucia and Elena joined us as well.

The situation called on my skills as a facilitator, my knowledge of ethics issues of people with cognitive impairment and their right to live in dignity. I felt I was equipped to handle the situation in an appropriate way and the courses I took on ethics issues in health care were very important.

Architect/Artist/Researcher/Facilitator

Setting up the room: We filmed in the small room again. None of us wanted to be there. The air was stuffy even though the windows were open. A small pane at the bottom of each window opened outward (see photos). David turned on a fan to move the air around. We could not use the round table from the garden. We settled for a card table. The table was situated in the middle of the room with 4 chairs around it. We added a fifth chair for me.

David stayed in his usual corner and filmed towards the windows. The blinds were lowered to shut out the sun and the brightness of the light.




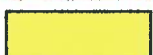


When I came into the room David had set up a long table. I told him it would not work for the session today of massaging hands, where I needed to reach every participant. I thought the round table would have been the best choice. I settled for the square table and found that I could not reach every participant easily.

I think I need to design a new table that would answer many needs and uses.

Example at the L'Chaim Centre

July 18, 2005: Designing a studio for creative expression activities

Legend

	Space issues, furniture, lights
	E-Mails correspondence with staff
	Any problem to pay attention to, such as behaviour, safety
	Ask David about camera work and room layout
	Researcher using knowledge from architecture
	A point to check again. Ideas for future consideration

Present: Debbie, Dalia, David, June, 3 volunteers. Seniors: Jack, Ruth, Tobi, Irena, Sonia, Avram, Harriet, Sara, Anita.

Weather: Hot

Transportation: My own vehicle. David came separately in his car. June came along to help. David and I went for lunch afterwards at Enigma and out to UBC to take photos of UBC sites for our Society's web site. June went back home separately with my car.

Researcher

State of my own mind: Carmel left for NY and Israel two days ago. It was a very emotional departure and painful. I was wondering how I would handle the situation if I was going to be asked if she had already left. The seniors showed a great deal of interest in Carmel and her travel plans, especially her going to Israel.

My physical and emotional state: I was very relaxed and looking forward to the session today. I wanted to see what the seniors would come up with.

Preparation for the session: I called Debbie at home and discussed my plans for today's session. I told her I am going **to turn the seniors into architects for a day**. I explained that I would conduct a discussion first of what a creative expression studio needs in general, and what it needs when it is designed for seniors. **I decided to omit the connection to dementia** for various reasons. First, not all the participants have dementia. Second, I felt there was no reason to make this point and embarrass or cause emotional stress to those who have dementia. I was interested in having their input in the planning and at the same time observe their abilities to express themselves.

Supplies for the session: B lead pencils, already sharpened with erasers on the pencil ends. It turned out that separate erasers that were heavier and bigger were better for the task. I also brought 14x17-inch sketch paper, suitable for pencil and pen. The paper was acid-free and 100% recycled. I was not sure if the size of the sheets would be sufficient for the task; however, they turned out to be a good size.

Educator/Learner Facilitator

This session was especially interesting for me as an educator, learner, facilitator and architect. I knew I was going to stretch to the limit the creative abilities of the participants. I knew this was going to be intense and would demand a great deal of focusing on the topic while utilizing planning abilities and then

expressing them on paper. I knew that very few people have drafting skills. And yet, I wanted to give them the opportunity to be part of my work in a meaningful way. Until today, I was the one in the leading role. Today, I wanted to hear and learn from them.

I knew I had to approach the session very carefully while creating an understanding about what I am looking for. I began by telling them that their input is important and may contribute to a better space for creative expression.

I knew there would be a stage of self-doubt, of **reluctance to participate** in something so new in a centre like this. I also tried to change my position in the room from standing to sitting. The seniors really liked it. Jack said: You are now one of us and not like a leader. This was exactly what I wanted to portray. I finally managed to find a situation where I could tip the balance a bit and be on more equal ground with them. This is a struggle in all my work with seniors; **how to set up a facilitated activity that allows the greatest amount of self-expression on a more equal base**. This awareness is actually at the forefront of my work with seniors, but it is not always possible to achieve:

- Any group of people waiting for a project to take place waits for instructions
- Some seniors with dementia are not any different from well seniors but they may need more encouragement, more appropriate information to work with, some guidance to make connections, and some patience on the facilitator's part while the brain makes the connections that lead to expression.

As the project progressed it was fascinating for me and the staff to see the level of involvement and expression that was demonstrated today. **It definitely validated my long-held observation that with appropriate approaches and challenges, seniors with dementia may rise to the occasion and reveal more of their abilities than previously demonstrated.**

Architect/Artist

Setting up the room: This time I decided to turn the U-shaped orientation towards the windows. My intention was to create a visual buffer between the main entry and the participants sitting in the room. I located the wicker partition to block the main entry from the visual field. The notice board was wheeled in between the kitchen and the activity space. It was later wheeled out in front of the participants to display sheets from the extra flip chart.

Lighting

We knew that the seniors would be looking into the windows and into the light. We also knew that I would be seen only as a dark figure because of the light behind me. We were prepared to experiment with the existing lights, adding lights and changing the position of the window blinds.

Findings:

1. With the exception of one person, most seniors did not like the existing fluorescent lights. The complaint was that they were too bright and harsh. Except one, most preferred the less harsh lights.
2. Most liked a spotlight on me since it helped them see my face better. However, the participants wanted a spotlight with softer light. David inserted a filter that dropped the light by 50%.
3. Most seniors, except one, liked the softer light from the ceiling even during their project. I think the white sheets on the table reflected enough light back.
4. We closed the window blinds that were close to the participants. They liked it better.
5. The notice board was in the dark and needed to be highlighted. We moved the spotlight that was on me to highlight the board. Everybody agreed it was much better.

6. I noticed that no one paid attention to the main entry and that people who did come in left the room very quietly, once they realized that there was a session in progress. It was much easier for me to engage the participants in the activity and we were less exposed to interference.

The session

The session today was to program, plan and design a creative expression studio. I borrowed actual principles of how to design a space. This time the participants were the clients and the designers. We started with laying out the program, which focused on the activities and the needs of the users.

Debbie was writing down key thoughts that the seniors expressed. I was helping to direct and clarify what I was looking for. Within the first hour we had a program. We also went into interior finishes, such as floor finishes, wood flooring, carpets, mirrors, colors, curtains and so on. All of the items can be reviewed on the video and on the sheets from the flip chart Debbie worked on.

We then proceeded to draw the spaces. I told the participants to ignore sizes and concentrate on how the spaces relate to each other and not to be afraid to write and explain the drawing. Some people took to it and started to draw right away. Tobi seemed to be very involved in the project and wanted blue, red and white to be the dominant colors in the studio. She also drew a swing in her studio. Others wanted to participate in the project but asked for help in drafting the spaces, and so, together with the helpers, they came up with the space they wanted to see.

Jack and Avram joined forces and collaborated on the project. Anita was reluctant at the beginning but ended up with an elaborate drawing. Michael was reluctant but with encouragement did manage to put down his thoughts. Ruth worked with Heather (a helper) and seemed to be enjoying it. Harriet was right into it. Sara enjoyed it and told me at the end that she was going straight from here to apply to an architectural school. I loved her sense of humour. Sara had a helper too but was very instrumental in giving directions. Debbie was working with Tobi and went along with whatever Tobi wanted. Later, Debbie said to me, "It was amazing to watch what was going on." I told her, I was amazed too and results like these make all the effort worthwhile.



Figure 12: A Senior with Moderate Dementia at the L'Chaim Centre Designs her Creative Expression Studio

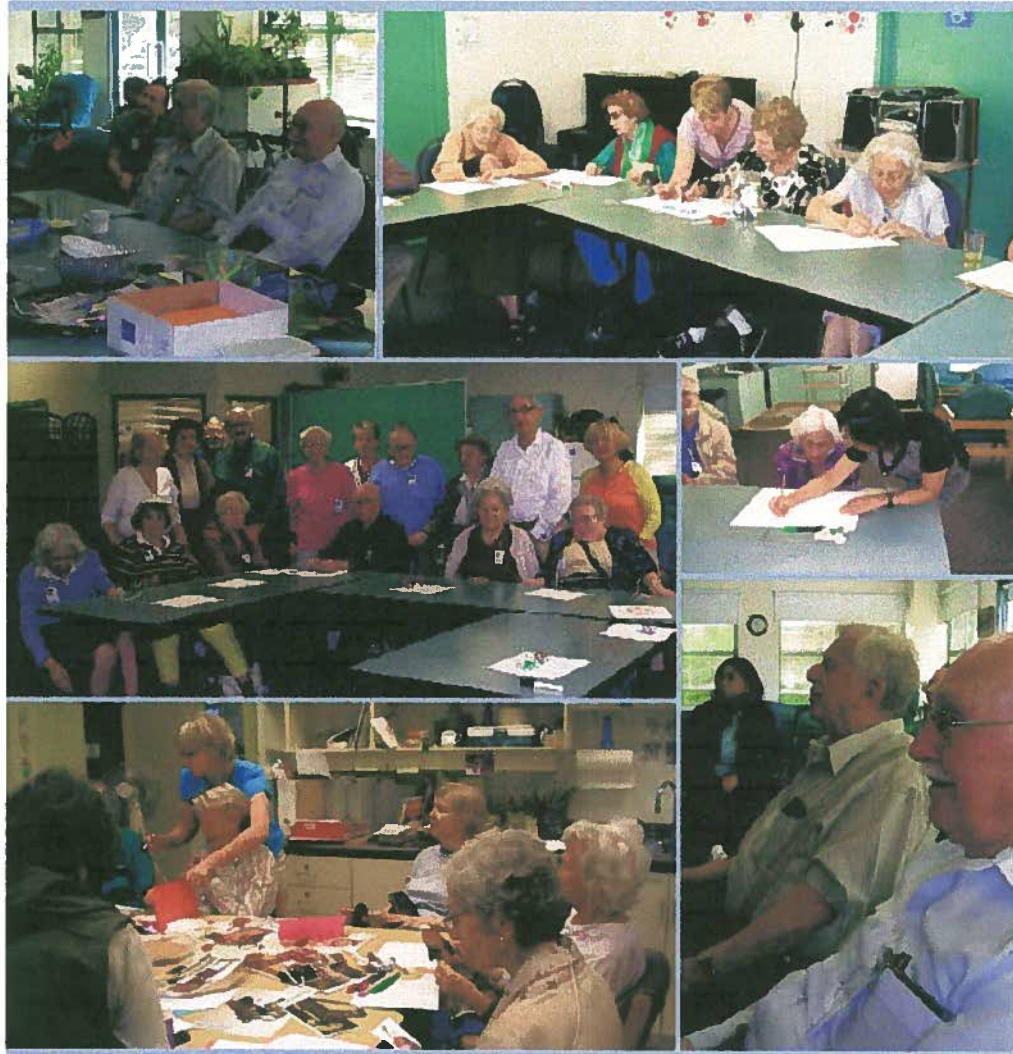


Figure 13: Participants at L'Chaim and Margaret Fulton Centres

Significance of A/r/tography Field Notes and Analysis

The analysis of self when interacting with seniors with dementia for the purpose of improving their architectural environments that would accommodate their cognitive and physical needs is an important part of understanding the world the seniors with dementia live in. The multiple roles of the researcher as an educator, facilitator, artist, architect and gerontologist are all intertwined. Understanding the physical environment and its appropriateness calls on expertise from several disciplines. Although it was difficult to separate the roles at times, it was a worthwhile exercise since it translated deep buried intuition into an awareness that later became a tool in designing spaces for seniors with dementia. For example, in interacting with the participants I realized, based on literature review and my own experience that the best distance for interacting with a person with dementia is within a radius of 4 feet around them and at eye level. This observation has implications about what we can fit within this space. Since it is so small, we need to think about where we position ourselves in relation to the participants: who or what should we bring into the circle with us? What activity would revive interest and how should we present it to be most effective? Is one specific artistic style of presentation better than another? How far do we go as researchers in the sometimes elusive quest for meaningful change?



Figure 14: Participants at the L'Chaim Centre Engaged in Music Activity

A/r/tography helped bring issues to a new awareness. I did not always have answers to my questions but at least I was aware of them. *A/r/tography* is not so much about finding answers as being aware of questions in an ever evolving stage. In the process of interacting with seniors with dementia, I found out more about myself. It actually had therapeutic effects on me. It allowed me to discharge emotions and express myself in many ways. No boundaries were enforced on me, but the principles of ethics. David Maclagan (2001), an artist, art therapist and a lecturer at the Centre for Psychotherapeutic Studies, University of Sheffield argues that "...where communication of various kinds between conscious and unconscious takes place, can in itself be therapeutic in this sense" (p. 90-91). So the wheels turned, I was there to help the seniors with dementia and found myself going along for the same ride. At times, the multiple roles got me into troubled relationships and misunderstandings as a demanding society called on me to define what was I exactly. Was I an architect, was I an expert on dementia, was I a gerontologist? *A/r/tography* allowed me to be a person who was sensitive to issues those experts were concerned with. The biggest question is how to translate this theoretical approach to life to the practical world outside of academia?

Tools for Collecting Data: Filming

I chose to film the creative activity sessions with the participants in order to free my attention so I could concentrate on interacting with them, while at the same time making a complete record of their behaviour and mine in the spaces selected for the activities. Filming allowed repeatable analysis of the physical environment and documented the use of space and circulation. Filming also helped focus my attention to details that escaped my mind. When events are seen from another angle, we have additional ways of understanding. Filming produced a rich source of information in a relatively short time without having to subject the participants to prolonged experimental situations. According to Ranneskog, Asplund, Kihlgren, & Norberg, (2000), video recording of music activities with seniors with dementia allowed the researchers to focus on facial expression without having to interfere or get too close to the participants. It also allowed repeated examinations of the raw material until reasonable interpretation of the event was achieved without having to go back and bother the participants again.



Figure 15: David L. Brown, the Videographer, Sets up the Cameras at the L'Chaim Centre

David L. Brown, who has collaborated in producing videos on my work with seniors, is the videographer. Over the last two years, David and I have learned much about filming seniors with dementia in their environment. David is familiar with my interest in specific behaviours or reactions expressed by the seniors. Together, we try to catch on-camera behaviours we would like to revisit and try to understand. David has given me a rare opportunity to stay engaged with the seniors as a facilitator, and still have a say in the.

We used two cameras: One camera was stationary with a wide angle lens, while the other moved and focused on details as they occurred. The videos were analyzed for behavioural patterns, verbal and non-verbal responses to the sessions as they were conducted in different spaces. I opted not to use a software program for video analysis since the number of participants was relatively small and manageable. I also enjoyed aesthetically the method I selected to color code similar ideas, events and behaviours into patterns that carried not only textual information but also fed my artistic curiosity about using the arts in the service of science.

We considered several sites before selecting the two for this study. Being able to film the sessions was a factor in selecting a potential site. We spent several hours analyzing the sunlight as it traveled through the spaces where the activities would take place. We decided that the comfort and wellbeing of the seniors would take precedence over the needs of the camera; the camera work would need to adjust to furniture positioning, direction of natural and artificial light needed for the seniors' art activity and where I positioned myself as a facilitator with access to each participant. We decided that we would not stage the site nor the participants to accommodate the camera.

At Margaret Fulton Centre, I drew on my experience as an architect as we imagined the movement of participants around the room, the location of the media equipment, the sunlight, whether to bring or not to bring the outside view into the room, how to manipulate the blinds, the proximity of my position in relation to each area, and my access to each potential participant. We considered the furniture arrangement as the participants entered the space, as they would relate to each other as a group and their ability to concentrate on the task in front of them. All this was done in preparation for site selection and for camera positioning. These preparations could not take place when participants were around. No clients of the centres were present at these preliminary investigations.

As the study progressed, we analyzed the videos in preparation for the next session and made some changes, for instance, to the furniture arrangements in both Centres. We obtained floor plans from the director at the L'Chaim Centre, and directly from the architect of Margaret Fulton Centre. The locations of the cameras in relation to windows, doors, media centre, music equipment, kitchenette, chairs, tables, side tables, sofas, plants, lights, finishes such as wall paints, fabric, floor covering, ceiling covering, were all documented and are included in the attached architectural drawings of the two Centres. Other crucial aspects such as visual access or lack of it to the outdoors and whether environmental features have an institutional or residential character were noted in the filming.



Figure 16: Turning the U Table Around with the Opening Towards the Windows

headed to the washroom, I moved in to the empty space to help her neighbor. What I did not realize when the participant returned was that she did not want to bother me and, therefore, wondered away. It all happened when my back was turned, while I was totally absorbed in helping another participant. Later I decided the awkward furniture arrangement interfered with my ability to control the entire room.

In this example, the letters LC stand for L'Chaim Adult Day Care Centre. Color coding was layered on the top of the transcription for analysis. The analysis allowed an intentional search for significant clips that were condensed to a short DVD presentation. The DVD is attached to this study.

Tools for Collecting Data: The Intervention – The Creative Expression Activities Program

In my program the ability for creative expression is demonstrated in artwork, writing poems, dancing, music, singing, story telling, reminiscence, cooking, flower arrangements, designing spaces, visiting galleries and commenting on artwork, and holding varied discussions. This program is based on a multi-faceted approach with input from several disciplines: nursing, psychology, social work, education, architecture and various forms of the arts; dance, music, painting and writing. This approach to creative expression activities is based on understanding dementia as a disease, using the seniors' remaining cognitive and physical abilities to integrate their past into the present social context.

This program uses a personal approach as the main key to unlock barriers, build trust and use our automatic reaction to what is familiar even when our ability to remember diminishes. Its goal is to encourage caring communication with all seniors. Only when we learn about our seniors' past life, respect that world and treat the person with dignity, can we start to have an impact on their cognitive ability and provide access to creative and social abilities.

Timeframe for the Sessions

Although I preferred conducting the sessions between 10 and 12 in the morning when the participants arrive right after breakfast and are ready for activities, I realized that we needed to fit into the Centres'

existing schedule in order to cause the least disruption. At the L'Chaim Centre we were able to maintain a morning schedule, right after the arrival of the participants at the Centre. However, at Margaret Fulton we had to fit in with the Centre's schedule and our sessions were planned immediately after lunch around 1:30 pm. Both times raised some problems. At L'Chaim Centre, we had to wait for the seniors to arrive by special bus, which was sometimes very late and could affect the Centre's entire schedule for the rest of the day. In turn, this put pressure on us to finish our sessions at the scheduled time or even before that, so the seniors could get ready for lunch and staff could clear the tables and prepare to serve lunch. The afternoon sessions at Margaret Fulton Centre presented other problems. Right after lunch, the seniors wanted to go for a walk, especially if the weather was nice outside. Some seniors already displayed anxiety in anticipation for the 3:30 pm departure. Overall, the sessions went smoothly and as we learned more about the Centres, the participants and staff, we managed to overcome most problems.

Selected Sessions from the Creative Expression Activities Program

Two sessions were initially selected for this study (appendix c). The first, on friendship, presented a topic that has been well received by seniors with dementia and demonstrated in numerous workshops in Canada and the U.S. It involves a discussion, poetry writing and artwork. The second session, on music, presented segments from well known and loved composers, played by musicians. The sessions ended with dancing and painting to the music. Each session lasted anywhere from 75 to 90 minutes. The seniors participated once a week. Initially it was planned that the same group of seniors would experience two sessions on friendship and two of live music, in two different spaces in two repeated rounds. However, as the study progressed, changes were made along the way to reflect participants' needs, wants and the Centres scheduling. I made changes to parts of the selected activities to adjust to the spaces and to the span of attention of the seniors on that day. Since the focus of this study was on the architectural environment, I felt ethically obliged to provide the best I could to keep the seniors engaged and benefiting from the intervention. In addition, at the L'Chaim Centre, we held seven sessions instead of the original four and so topics were added that included participants' requests and activities I was looking to explore to strengthen this inquiry.

Observed Everyday Creativity

A number of creative expression activities were observed based on the definition of everyday creativity in the literature. Everyday creativity manifests itself in being curious, in an ongoing process of self-evaluation and personal growth. Creative expression was observed in the following behaviours: (1) sensory expression, including (a) visual and (b) verbal expression, and (2) social interaction. These behaviours were observed and identified on the various forms of data collection: field notes, filming and direct observation. The level of response and the need for assistance: (1) independent response, (2) partial assistance and (3) total assistance, was also observed. However, a systematic observation that would employ quantitative measurements was not included in this study.

Sensory expression. There were occurrences of sensory expression or lack of it that included: (a) use of colour combinations; interesting interplay between the intensity and the hues (did not materialize in this study due to lack of time, equipment and personnel), (b) appropriate use of image and colour to fit expected norms (i.e. a piano is drawn in black with appropriate shape), (c) correlation between verbal expression and the targeted task (designing an art studio that included an easel), (d) awareness of the visual interpretation of an image and colour that do not follow expected norms, (i.e. the senior is aware of the departure from imitating real life objects), (e) the kind of explanation accompanying the visual activity, with emphasis on verbal expression; using humour, life lessons, unusual twists to the story, and (f) listening to music and making connections to life stories (i.e. this music reminds me of the good old times when we did not have television, and radio and live bands were the main source of entertainment).

Social interaction. Social interaction was observed in the occurrence or non-occurrence of certain behaviours, such as: (a) sharing and expressing feelings (i.e. He sure went through hell, or I know what you are talking about), (b) giving compliments or criticizing (i.e. you look really good today, or why is

she talking so much), (c) smiling or laughing, (d) making eye contact with the speaker, (e) asking a question or leaning over to conduct a private talk, (f) touching or patting, (g) being upset, angry, agitated (i.e. insulting others, not being able to stay seated, getting up to leave in the middle of a session without explanation, shuffling objects for no reason, bad mood).

At the end of each session, participants were asked briefly for their thoughts regarding their experience in the session. Staff and families evaluated the social validity of intervention goals, procedures and outcomes by electronic mail through casual correspondence. No systematic follow up was conducted after each session to see whether staff and families observed any changes in the behaviour of the seniors with dementia outside the designated space. However, information was gathered through casual conversation with caregivers, families and the participants themselves wherever relevant and appropriate. Future idea to be explored would be whether or not there are long-lasting changes in behaviour beyond the walls of the designated spaces for arts activity.

Engaging in Creative Expression Activities



Figure 17: Participants at L'Chaim Centre

The creative expression activities were planned to take place once a week with each group, in each daycare facility. Each session was planned to last for 90 minutes, depending on the energy level of the

participants, their interest level and their health at the time. It began with 20 minutes of socializing, serving coffee, tea and baked goods while discussion on any subject was encouraged. Next was a prepared activity lasting about 20 minutes. It included a display of relevant materials. Discussion was encouraged to draw on the seniors' own experiences. Following the discussion an activity of about 30-40 minutes was introduced. Free discussion usually continues and takes on the flavour of the moment. Ten minutes before the session was over, I started to indicate that the session was coming to a close and pointed out that lunch was about to be served in the dining room.



Figure 18: Presentation Board Separating the Main Activity Room from the Kitchen Area at L'Chaim Centre

The two topics selected for the intervention were used in several long-term care facilities and successfully drew out various reactions from seniors with dementia. However, since several more sessions were added at the L'Chaim Centre, more topics were added to avoid repetition. The first topic on friendship included a discussion on various types of friendship, drawing on the seniors' past and present experiences. The last five minutes of the movie "Casablanca" was played, demonstrating how a new level of friendship was struck between the French policeman and the nightclub owner. An activity of poem writing followed the discussion and the movie clip. Key words on the topic of friendship were called out by the seniors and were written on a flip chart of 24" x 34" paper. As the sheets of

paper filled up, they were displayed side by side at the eye level of the seniors. A new sheet of paper was then displayed on the easel to further develop the poem into sentences. I read the words aloud as sentences were called out. The group needed to agree and approve of the final product. All suggestions were considered and an effort was made to incorporate even awkward key words. A sense of humour was significantly employed.

The movie "Casablanca" was replaced by the "King and I" for the L'Chaim Adult Day Care Centre to protect seniors who were Holocaust survivors. The change was made to reduce stress or avoid bringing back unpleasant memories. A second topic consisted of listening to music, dancing to music, playing to music, painting to music and reminiscing about the time the music was composed. There were no restrictions but the seniors' own creative expression.

Tools for Collecting Data: Space Diagrams




In addition to field notes, interviews, and filming, I documented the existing conditions of furniture layout, location of partitions, participants, staff and various equipment, such as TV screens, aquariums, cameras and musical instruments. Each drawing is representative of a specific situation. It also indicates areas of problems such as inadequate space or glare from a window. These drawings are an important part of the analysis of space. They present the existing space, suggested changes and design resolutions. They appear in Chapter 5 for the purpose of clarity and flow in that discussion.

Example of Video Transcript and Analysis

Documents an intervention session where the ideal studio was discussed.

LC-Session # 5- Tape 1. Designing a creative expression studio and experimenting with light in the space.

Legend

	Needs Hebrew translations from the video and inserted into the transcriptions.
	Dalia sharing personal information
	Participants sharing life stories. Reminiscing.
	Participants' acknowledging memory problems
	Memory issues and repeated questions
	Space Issues
	Socializing
	Participants evaluating/commenting on today's session
	Participants enjoying music and the session
	Non-English Words (N-EW's)
	Staff interfering with activity
	Safety issues.
	Show this in a clip
	<u>Ideas for future sessions</u>
	Participants showing interest in the art supplies
	Dalia giving instruction to staff
	Talking about creativity

00:00:09:00 (number indicates time code inserted in the video) Setting up the session

00:02:29:00 Sonia is arriving

Sonia: if you are smiling everything is good

Memory issues. Dalia: I came to see you but you were not home.

Sonia: someone died in my building and all the people went to the funeral in a big bus.

Dalia: I had to call the manager because I was worried. The manager opened your apartment... I was glad you were not there...

Sonia: Thanks God.

Dalia: Thanks God (in Yiddish)

Dalia: do you want to take off your coat? What do you think? Maybe you want to find a place to sit? So many choices. Difficult to decide.

Socializing. Sonia: nobody is sitting there.

Dalia: then you don't have to
00:04:16:00 Dalia: you are the first so you can pick the best seat.
Sonia: if I need two, I can take two
Dalia: yeah.
Sonia: laughing

Dalia helping Sonia to take her coat off.

Dalia: Sonia you are dressed so hot
Sonia: as if it was minus outside
Dalia: this is cute a little pin

In the background Heather, a volunteer is preparing the name tags for the participants. Sonia wants her scarf back after she took her coat off. Dalia is arranging it for her.

Dalia: you can go and sit wherever you want my darling (talking to Sonia)

Dalia is talking to staff member about her weight loss and her diet.
Carmel left to NY and Israel.

00:09:28:06 Dalia: hello Irena
Ira: in Hebrew, I don't have any energy
Dalia: trying to translate from Hebrew to Yiddish for Sonia
Dalia: it is hot but not like in Israel.
Ira: almost
Dalia: Ira do you speak Yiddish
Ira: I understand all, but all my languages are mixed now
Dalia: Sonia said she can hear everything but does not understand
Sonia: where is your daughter?
Dalia: she left (in Yiddish) on Saturday. She is in NY for few days and then to Tel Aviv. It is difficult saying good bye.
Ira: what is she going to do there? Learn music?
Dalia: no, international relations
00:13:04:20 Jack is arriving. Dalia: hello Jack, come on in, where would you like to sit?
Dalia: hello Harriet.
Harriet: I am doing fine (goes to her seat and walking with her walker)
Dalia: Jack, do you need any help?
Jack: my box is right over there
Dalia: Harriet, where do you want to sit? Here or there?

Space Issues. 00:14:05:17 Harriet; let me sit over there, then I can see everything that is happening.
(facing the room and the kitchen)

Dalia: just be careful there. (Dalia is moving a chair and pointing to something on the floor)
Dalia: sit here and I will push the chair under your tush.

00:14:40:20 Space issue. (light from Windows) Dalia to David: I can tell you right now that the light from the windows is really bright. We will see how the reaction will be.

Dalia: Jack, are you going to sit beside Harriet?
Dalia: this is a good couple. (laughing)
Jack: how is your beautiful daughter doing? I guess she is doing her own thing.

Space issue. Harriet is waving to Debbie who walked in.

Debbie: good morning

Use this clip. 00:16:31:05 Dalia's thoughts. Debbie is checking the radio for background music. I remember very vividly how this insignificant act hurt me, realizing I will not have Carmel there to work with me. Today, or never perhaps. An era came to an end.

Dalia: I like your sandals

00:17:54:22 Space issues. David is adjusting the lights that will focus on me.

Dalia: Sonia we have to go to the table (in Yiddish).

Dalia: hello, good morning

Socializing. 00:18:50:00 Jack and Harriet are having fun and pointing at something.

Avrahm arrives.

Dalia: good morning

Avrahm: Good morning in Hebrew. I thought you would call me and visit me.

Dalia: my daughter left and all weekend it was very busy.

Avrahm: I can imagine

Dalia: I have already been to some people

Avrahm: I know

Dalia: how do you know?

Avrahm: I come here, no?

Dalia: if you want I can plan it with you right now

Avraham: best time is Thursday, whenever you want

Dalia is going over to get her daytimer.

Socializing. Sonia is coming to the table and selecting a seat. Avraham brings some magazines to Harriet and Jack. And goes over to Dalia to set a time.

Dalia: I will give you a note to remind you of my visit.

Avrahm: I don't need a note. I will remember.

Sonia is still looking for a seat. Av. Is sitting next to Jack.

Av: for how long will you need me?

Dalia: for an hour

Av: let's decide on Thursday at 11:00am

Sonia goes over to Jack to get her name tag.

00:21:31:00 Ira arrives and sits down at the table

Sonia is talking to Jack and Jack in the corner. Sonia, sees Ira and brings her her name tag

Sonia is not sitting down yet.

Socializing. Sonia is going around and decides to sit next to Harriet not next to Ira.

Samantha is serving coffee to the participants.

Dalia would like to have some coffee too.

Av: where is Carmel living in Israel?

Dalia: Carmel right now in NY. In Tel-Aviv in the dormitories. Dalia is telling about the bad conditions of the dormitories...

The old nurse Pauline is back. Sheila the other nurse is gone.

Av and Dalia are talking about Carmel in Israel.

Dalia: Today we have a special project.

Av: today I came on purpose early

Dalia: did you come because of me?

Av: yes

Dalia: I am honored

Dalia introduces herself to Pauline.

00:31:00:00 Anita is arriving

Samantha and Dalia are discussing her going to NY in about a week.

Dalia: Ira do you want more coffee?

Ira: no

Anita telling Dalia about an amazing wedding she went to during the weekend. Describes many details down to flower arrangements.

Debbie is joining the group and sits down next to Sonia.

00:38:17:00 Toby is arriving

Dalia: Toby where do you want to sit?

Dalia: where is Michel and June? Are they coming? Shall I start?

00:40:17:30 Session begins late

Dalia: this is our group today

Dalia sharing personal stories. **Dalia:** this is my sister-in-law. She helps me and I am married to her brother. And now that my daughter is gone to Israel, I need all the support I can get.

Anita: my grandchild is coming from Israel I can send him to you

Dalia: no thanks

Dalia: Toby and Irena, I will bring you here (points at two seats next to Sonia)

Dalia: so you are closer

Socializing. **Av:** Toby did you come alone in the car

Toby: I came with Jerry

Dalia: we are going to be a smaller group today, but that is OK. That means you will get more attention from me.

Dalia: can I take those books? Sorry, I feel like I am in a classroom.

Debbie: Jack you are wearing a very smart shirt today

Dalia: Jack you are getting lots of compliments today. I like the color too.

00:43:10:00 Ruth arrives

Space Issues. **00:43:34:00 Dalia:** since we are a smaller group I will bring the table closer.

Jack is busy finding Harriet's name tag. Debbie is coming to take the box.

Dalia: today is a special day. Too bad we don't have more people.

Anita: today is national ice cream day.

Dalia: Anita did you think I would serve ice cream this morning?

Anita: why not?

Space issues. Dalia is sitting on the table.

00:46:29: 10 Space Issues. Dalia: what we did today we rearranged the furniture again. This time you are looking towards the windows. Does it bother you?

Anita: through the windows

Debbie: to the window

Dalia: you are facing the windows

Anita: there are windows there too (pointing to the far end windows)

Space issues. Light issue. Dalia: does the light of the windows bother you?

Anita: not right now but eventually it will, since the sun goes around.

Dalia: so what can we do to prevent the glare?

Toby: you put the blinds down

Toby: you don't have to do right now, but when it comes around...

Dalia: right, right.

00:47:46:10 Dalia sharing personal stories. Dalia: What I am finding, since I have problems with my eyes... This for instance is too bright for me (pointing to the light mounted on a pole) as if I need a hat or sunglasses.

Debbie gets up and changes the lights. She uses a dimmer and reduces the intensity of the lights.

Dalia: David, can you still see us?

Debbie: this is how the lights used to be in L'Chaim. Dina read an interesting article on lighting and apparently you can see better with brighter light

Dalia: lets vote which light is better. I am just thinking. I need your honest opinion. Don't worry about criticism, you are helping me design the right environment.

Debbie is turning the lights brighter and dimmer.

Harriet: I like it dimmed. Absolutely.

Dalia: who likes it dimmer? Av, Jack, Harriet and Toby like it dimmed. Anita likes it brighter. Ruth and Sonia are not responding.

Dalia: What we are going to do today came out from a conversation with Jack in his apartment. It occurred to me that we can design tighter a perfect art studio. The perfect place we can do whatever we want. Don't worry about money. Let's say we have a sponsor that will give us all the money in the world.

Debbie: Jimmy Paterson Who will give us the money to design creative expression studio.

00:51:22:00 Dalia sharing experiences. Dalia: telling her story how she saw Patterson the other day buying ice cream at Baskin & Robin's.

Debbie: money is no object

Dalia: This is a wonderful exercise. Debbie I am going to need you to write. I am an architect. I design spaces, I talk to people I learn what they need and what they want and then I put it in a drawing. We are going to become architects today. Each one of us will get a paper, pencils, a ruler, crayons, and if you want to do it in free hand, I don't care.

If you have a problem, we will work with you. I want you to write down your thoughts, and so on. And now we are going to start. I will tell you what I want and what I need. You are my clients. I am interviewing each one of you. So now let's pretend.

Jim Paterson is asking us to design the most incredible art studio and we will call it Creative Expression studio.

Dalia: when we say art studio we all think about what?

Anita: painting

Space issue. Dalia: but when we say creative expression studio, what do you think we mean?

Anita: I am already designing a bedroom that I would like to see.

Dalia: I will stop you right there.

Anita: why

Dalia: we were commissioned by Jim Paterson to design an art studio, creative expression studio.

Anita: an art studio

Dalia: so you think about it

Dalia asking Av: what do you think is happening in a creative expression studio?

Dalia: What would you like happening for you in a creative expression studio?

Av: I cannot think

Creativity. Dalia: let's start with art. What is art.

Av: pictures

Dalia: do you want to display them, or make them or both?

Av: make them

Toby: I would like to paint a creative action picture

Dalia: and what action?

Toby: if I tell you you will know what it is

Dalia: OK

Debbie asking Av: do you want to draw a space. Does the space need to be suitable to learn how to draw the pictures?

Av: not to learn, I design the pictures, like the exhibition here, but not abstract.

00:57:28:00 Socializing. Anita is touching Jack liking his answer.

Dalia: I want to ask you. Think about it.

The breakthrough in the discussion

Dalia asking Av: think as a painter. What will you need as a painter. What will make you happy as a painter?

Av: I need the paints.

Dalia: OK. What else?

Anita: he needs an easel and he needs brushes.

Av: and a very good light

Ruth: north light, the right light

Anita: cleanser for the brushes

Jack: paints

Anita: canvas

Dalia: are you going to be standing or sitting?

Anita: sitting

Av: standing

Dalia: you are about 80. How long can you stand?

Av: no, sitting. Even now I am sitting

00:59:00:00 Michael is arriving

Dalia: we need chairs to sit. You can stand too.

Dalia: We are designing the most perfect creative expression studio. Think about yourself as an artist and what you need around you.

Dalia: Now, this is for painting. What if we do if we work with clay?

Jack: we need clay.

Dalia: we need sculpturing tools. Did any of you sculpture in clay? What do we need?

Michael: Pottery

Dalia: a turning wheel

Michael: sometimes you need a turning wheel and sometime not

Dalia: what do we put on the clay when we turn it around?

Anita: water

Dalia: how will we get the water?

Anita: from a sink

Dalia: we need a sink, right

Av: if we talk about a sink, we will need a washroom

Dalia: fantastic. We will need a washroom

Dalia: why do we need a washroom close by?

Av: wash the hands and go pipi

Dalia: do we need a washroom far away or close by?

Space issue. Agreement around the table it needs to be close by.

Anita: to take care of our bodies

Dalia: when we have a problem walking we need it close by, right?

Anita: absolutely

Dalia: what else do we need in a studio?

Anita: you need someone to model for you

Dalia: is creative expression only painting and modeling?

Av: creative expression is a lot of things.

Dalia: Debbie write it down.

Dalia: like?

Av: needle work

Dalia: what do we need for needle work?

Av: a frame

Anita: needles

Anita: and threads

Av: magnifying glass

Dalia: what about light?

Av: there is light in the magnifying glasses

Dalia: I need to see what you are doing (pointing at Av) do you have it at home?

Av: yes.

Harriet: what about acting?

Dalia is giving her a five.

Creativity. Harriet: Acting and dancing. Those are creative expression.

Dalia: What do we need for dancing?

Harriet: a body that can dance

Av: and younger legs

Dalia: let's say God came from heaven and said, I will make you younger and you have all the money in the world, what will you need in a dance studio?

Av: good hearts

Anita: toe shoes

Michael: music
Anita: we need bars
Debbie: she means ballet
Dalia: that is OK
Av: I look at dance competition. Very nice.
Av: are you coming next Monday (asking Dalia)

01:04:31:20 Socializing. Jack is leaning over and talks to Sonia

Dalia: what do you need to see in a dancing studio?
Av: girls
Anita: men
Dalia: Men who are beautiful dancers.

Space issue. Dalia: think about the environment itself. I am an architect and you are helping me.

Anita: a park, a large area for dancing and a teacher

Debbie: mirrors
Michael: a bar
Av: no no
Dalia: he is talking about a drinking bar
Dalia: I am doing it for elderly people.
Anita: this is hysterical

Dalia: I want you to know that elderly people can still dance. They can still enjoy life and they can bring all their experiences together. I have people who cannot dance because they cannot stand up while they are sitting in their chairs. I am twirling around them holding on to their hands. And we are dancing.

Anita: they get no satisfaction from that.
Dalia: is that true?
Debbie: People I have danced with in their chairs had big huge smiles on their face

Participants sharing their life. Anita: I get out of breath. I am a good dancer.

Dalia: if you happened to be in a chair, I can dance with you. Trust me, you will enjoy it.

01:06:44: 15 Anita is shaking her head in disagreement.

Dalia: asking the group. Why do you think people in their chairs can still enjoy dancing?
Harriet: movement
Dalia: what else can they do?
Harriet: they can sing.
Jack: they can participate and be part of it
Anita: you cannot do it in a chair
Debbie: you are thinking about ballet.
Dalia: sits down on the table and demonstrates a plie (a ballet position)
Av: if I do a plie, I will get a cramp in my legs

Socializing. Everybody is laughing

Dalia: I did not finish yet with the dancing. What kind of air we need?
Av: we need air condition
Dalia: to stay alive

Socializing. Toby is laughing hard in the background

Dalia: what colors would you like to see on the walls?
Av: when you are talking I see in my imagination them dancing. It is very nice

Jack: Pastel colors

Toby: I rather have white red and blue

Debbie: we will have to design two studios

Dalia: yes. Or we will do one month like this and one month like that

Jack: light blue and light pink

01:09:54:00 **Sonia:** light green (the first time Sonia said something in the session)

Anita: I want lilac

Debbie: there must be studies done which colors are best for studios. Is it quiet colors like Av or colors like Toby is saying?

Dalia: if it is a night club we don't see anything. What we see is sweat.

Av: we need good deodorant

Space issue. Anita: we need a shower

Dalia: this is good thinking, even though it is outrageous. Wouldn't it be nice if we could go and take a quick shower and refresh ourselves? I like that.

Anita: absolutely

Dalia: how practical do we have to be? In a room like that where we do all the creative expression. Think about the cleaning. If we do any sculptures with water and clay, we have to worry about how to keep the place clean, right? What floor shall we use?

Av: Use ABC

Dalia: ABC?

Dalia: Can you dance on carpet?

Anita: you can not dance on carpet.

Dalia getting up and saying hello to Sara

Dalia: we cannot work on carpet. Why?

Anita: it sticks

Toby: you might trip on it

Dalia: What else?

Dalia briefing Sara as to the topic of the session. Designing the most beautiful creative expression studio which is like an art studio. Money is not an issue. I am the architect and you are all my clients and you are telling me (Dalia is helping Sara with the chair as she sits down to join the group) what I need to think about. So lets vote here. **What floor will accommodate most of our activities:**

Space issue. Anita: Wood floor

Dalia: wood floor with a good varnish.

Anita: Varitan, so you can wipe it with a damp mop

Sara is nodding her head in agreement. Dalia is going back to sit on the table

Dalia: Ruth what do you think? A wood floor or a carpet?

Ruth: I just put down a wood floor.

Dalia: so let's vote. Who wants carpet and who wants wood.

Anita, Av, Jack, Harriet, Toby, Michael and Sara are voting for wood.

Ruth: you said wood. You need to raise your hand.

Dalia: what about you Sonia?

Sonia: wood

Dalia: the people have spoken.

Socializing. Laughs around the table.

Anita: laughing hard. You are adorable.

Sara: this is what they said when they hang Marie Antoinette

Dalia: no. they used the guillotine. This is a horrible death. At least it is fast.

Dalia: so now we covered dancing, we covered sculpting, painting,

Harriet: acting

Dalia: what do you think? Think about this beautiful room we just came up with?

Dalia: what do we need for acting?

Av: a stage

Jack: a podium

Anita: you need a place for books

Dalia: a library?

Anita: yes

Dalia: a collection of plays to get ideas from

Anita: yes, yes

Dalia: what else do we need?

Av: we need a play writer

Dalia: walking over to Sonia. Sonia, what do we need when all the actors come together?

Sara: a studio

Dalia: we need to know what we need inside the studio

Dalia goes over to Michael and takes the magazine away.

Anita: you need a microphone.

Dalia: Michael, you are here to use your brain and you are going to work really hard and use it.

Dalia: Michael, what do we need in a place people act?

Anita: costumes

Michael: stage director

Dalia: approaching Irena for her opinion.

Irena answers: I don't understand a thing (in Hebrew) Dalia translates it for her.

Dalia turns to the group asking for time to explain Irena what was going on. Everybody is listening. There is some joking going around with Harriet and Jack, Anita and Debbie.

Irena: I was an actor

Av: we need something more important. He demonstrated a fire extinguisher.

Sonia: we need mirrors

Av: big sign smoking forbidden

Socializing. Many are laughing around the table. Sonia and Ruth do not laugh

Sara: we need a director

Anita: we need the man who puts up the money.

Dalia: we need sponsors for the shows. Right.

Dalia: what about the environment?

Michael: make-up artists

Socializing. Sonia: Debbie has something to say

Debbie: stage lighting

Dalia: if we want to change the stage all the time, who do we need?

Michael: Stage hands

Jack: manager

Dalia: what else

Space issue. Anita: a moving stage

Dalia: that is good

Dalia: does every play or show has the same decoration? So what do we need?

Anita: no

Michael: scenery

Anita: different sets

Dalia: who does those set?

Jack: set designer

Dalia: oy yo yo. Finally

Dalia is going around to give five to the participants. When she approaches Sonia, Sonia says: zi gizent (in Yiddish) for health.

Toby raises her hand to sake with Dalia.

Debbie comes over to Dalia: Debbie: give me ten.

Dalia: give me a hug. I have to be nice since she is my future in-law

Sonia: ten plus ten...the rest of the sentence is not understood

Debbie: when Carmel comes from Israel we....

Dalia: when Carmel comes back she probably will be 200 pounds eating too many Shuharmas and too many Falafels.

Dalia: I think we are missing several more things in this wonderful studio of ours

Harriet: singing

Dalia: what do we need for signing?

Sonia: singing in the rain

Sara: microphone

Anita: piano

Jack: curtains

Socializing. Lots of talking around the table

Dalia: that was good, we need curtains

Anita: someone who can sing

Dalia is laughing

Anita: we need Debbie (ref to Debbie's singing)

Dalia: when they sing are they accompanied by someone?

Anita: piano

Jack: musicians

Anita: sometimes there is a whole orchestra

01:22:27:00 Dalia: what we did so far are very active activities, let's think now about passive activities when we do nothing but...

Dalia pointing at her eyes and **says:** what are we doing?

Av: we are observing

Jack: we are watching

Jack: we are projecting

Dalia: that is good too

Dalia: and when we do observe what will be a situation when we watch quietly

Anita: when you are rehearsing

Dalia: that means we need a place for audience

Sara: we need a auditorium

Dalia: you are getting better as time passes

Memory issue. Dalia loses her train of thoughts. Debbie reminds her the discussion was on observing.

Creativity. 01:23:43:20 -01: Dalia: a passive way being very creative. We don't always have to sing or dance. I know many ways how I could be very creative without saying even one word.

Anita: you take a pad along and you write down what you have seen.

Dalia: one of the creative expression activities is writing.

Dalia goes over to Anita and asks for five.

Dalia walks over to Ira to explain her in Hebrew what is going on.

Debbie: is reading considered creative expression?

Dalia: this is what I am trying to do with the people here. I can be very creative in my mind.

Anita: If you are reading a script and you watch how they perform...

Debbie: we are talking about reading as creative expression, not performing

Av: you are saying **creative** in your mind, you know, if I am sitting in the park and I am dreaming that I won a million dollars so I am very creative

01:26:15:00 Dalia: right. So creativity can also happen in our brain without singing, dancing. I need to be clearer here a little more, we went from very creative expression showing our feelings and interacting with others but there are times we can be very creative and we don't have to do all of that.

01:26:17:20. Dalia: when is it happening to you?

Av: When I go to Israel I make a list of what I need to take. I am **creative** in making lists

Dalia: creative in making lists and planning

Ruth: when you are **playing**

Dalia misunderstands. Ruth points to her head. Others are helping out.

Dalia: playing is very creative

Dalia: do you mean playing cards, scrabbles?

Ruth: I read a lot

01:27:08:00 To be used in clip. Anita: you become one with the book you are reading.

Sara: nods her head in agreement

Dalia walks over to Anita to give her five and **says:** I love that

Anita: I love you

Dalia: Thank you I love you too

Debbie: when you read a book you imagine the characters how they look like

Anita says something.

Space issue. 01:27:39:00 use for a clip Dalia is trying to go back and sit on the table. The table is on wheels and keeps moving. She apologizes to Sara who sits close to the table. Dalia moves the table away and goes to get a chair. Debbie moves the table away. Dalia sits down.

Av: you are creative

Dalia: I am now one of you guys. This is nice

Anita: isn't lovely

Dalia: **So I have a question for you.**

Anita leans forward and says: what?

Space issue. Dalia: **Don't think about me think about you. Would you rather see me sit or stand?**

Anita: I rather would like to see you happy. It does matter if you sit or stand, it is still you.

Dalia: this is a very good and diplomatic answer. What I need...

Dalia: am I too low for you or you would rather see me standing

Sara: I am more comfortable if you are sitting down

Michael: yes

01;28:27:00 Dalia: standing up again and demonstrates: you don't feel like I am presiding over you, right?

Anita: it does not matter

Dalia: what do you think Jack?

Jack: directors sit down, don't they and they direct everything. They don't stand up on the stage

Dalia: so I feel very comfortable. Are you comfortable with me?

Harriet, Sonia, Toby are shaking their heads in agreement.

01:29:00:00 clip use. Jack: if you are standing you are considered the leader, when you are sitting you are one of us

Dalia: thank you very much

Dalia getting up to shake Jack's hand

Av: most of the times the director sits higher than the people and he is talking from up (and he points down)

Dalia: you know what, I am very much aware of it. I would rather sit when I talk and then I feel like one of you.

Dalia: Debbie you may want to write down that the leader should sit down, because I feel like I am riding you all the time.

The participants disagree with the last statement of Dalia.

Dalia: Debbie you are now our leader. Write down it is a psychological aspect. Finally I feel like I am more relaxed.

Anita and Debbie are talking in the background.

Use for clip. 01:30:48:00 Dalia: so what do I need in this studio? We did not talk about fresh air. Think about the walls of this perfect room of ours. Do you want it to have contact with the outside?

Anita: I want windows

Av: When Saturday and Sundays come along all the walls fall on old people.

Dalia: what do you mean by that?

Av: You are lonely. You are sitting at home and the walls surround you.

Dalia: are we talking about creative expression studio at your house or a studio for all of us right here?

Av: for all of us.

Dalia: Anita says she wants windows

Space issue. Anita: you know what, windows can be anywhere depending on how the building is constructed.

Dalia: right

Anita: there are windows around the ceiling, there are around the room, whichever

Dalia; are you talking about eye contact?

Anita: no, I am talking about breathing

Dalia: OK. What if I bring air from the ceiling, do we still need windows?

01:32:27:00 Clip. Space issue. Av: it is important to have a window with a nice view.

Dalia: Anita says the windows are not that important as long as we have fresh air. This is one opinion. For Av a window with a view is very important.

Av: when I lived in West Vancouver I had a window with a one million dollar view. The sea... the trees.

Clip. Space issue. Jack: The sound of the acoustics are very important in a studio

Dalia walking over to Jack for another hand shake.

Dalia: sound and acoustics very important.

Anita: absolutely

Dalia: what about windows?

Jack: if you are talking about audience you need darkness.

Jack: for the studio we need windows

Dalia: he is talking about two scenarios. For the audience we need darkness since they need to concentrate on the activity, for a studio we do need windows.

Harriet: obviously we need two separate places. A studio with windows and a auditorium with a stage.

Dalia: I can drop shutters on the windows and in a few seconds it becomes an auditorium. With a press of a button we can do it. Money is not an object, we can be flexible.

Anita: shades can transform...

Michael's cell phone is ringing. Debbie is asking him to take it in the corridor so as not to disturb the session.

Dalia: we need decorations that will transform our thoughts and allow us to get lost in it. Right? It is very important.

Space issue. Clip use. 01:35:18:00 Dalia: we came to the conclusion that we do need a very flexible creative expression studio.

Sara nods her head in agreement.

Dalia; because we have different needs to answer all kinds of activities.

Dalia: but I am still waiting to hear what else can we watch, not a play.

Av: a concert, a ballet

Sara: a movie

Dalia is getting up to give her a hug and a kiss

Jack: how could we forget it

Av: A movie you can see in on the TV.

Dalia: we need a television too. What else?

Debbie: a popcorn machine

Socializing. There is laugh around the table

Debbie: otherwise I am not coming to your movie.

Harriet: How many of us can chew popcorn?

Socializing. Lots of laugh around the table. Toby thinks it is very funny.

Dalia: what do we need when we watch a movie?

Av: we need a screen

Michael: to sleep (perhaps he meant a seat)

Debbie: comfortable chairs

Space issue. Sara: acoustic system

Dalia: a sound system

Dalia: what else do we need when we watch a movie?

Anita: patience

Heather the caregiver is walking in.

Dalia: if the film is too boring, what do we fell like doing?

Anita and Av: walking out

Dalia: so if we walk out what do we need to be safe when we walk out?

Anita: a flashlight or light along the wall

Dalia: so picture it, the movie is terribly boring. We are walking out. Where are we walking out to?

01:38:19:00 Memory issues. Anita: the hall which is a part of our studio

Dalia is getting up to shake Anita's hand.

Dalia: did we forget anything?

Sara: somehow we have a building and assuming we have the walls. We need seating

Dalia: we are all old people. We are walking with our walkers and our chairs, we are not that steady on our feet. What do we need in terms of space wise?

Someone said space.

Dalia: so we need space for circulation

Toby: a coat rack

Dalia: Lets see if two people walk side by side, do you think there is enough space to walk behind (and she points out the space between the table and the wall) is there room to walk safely without tripping over?

Dalia: so what do we need?

Av, Anita: room

Dalia: so we need room for circulation, right? how many times you walk with your cane and if you are not watching you may trip over?

Anita: lots of times

01:40:15:00 Clip use. Debbie: not at L'Chaim. We are always aware of properly placed furniture.

Dalia: for that we need lots of room, right? Lots of room.

Dalia: lets continue before Sara falls asleep

Sara: I am not falling asleep

Dalia: you were thinking about what we were talking

Debbie: are we not going to eat ever in this place?

Anita: we are not going to eat there while all this is going on

Socializing. Toby is talking to Sonia in the background and pointing to Sara or to Dalia. Sonia responds but the camera could not pick up the conversation.

Debbie: maybe we will not eat in the creative expression studio. When the activities are finished we will go out for lunch.

Dalia: or

Av: we will go to Macdonalds

Toby: I would say beer

Debbie: let's say apple juice

Dalia: to be freilach (happy in Yiddish)

Sara: I understand what freilach means, but I cannot see what beer has to do with what we are doing

Dalia: we have to honor the input of everyone and go along with it

Sara: I understand that. I guess we will

Anita: you don't have to drink if you don't want it

01:42:29:00 Sara: there is a good point

Dalia is laughing.

Dalia: so we already have this wonderful place. We have everything. Only one thing is missing which can be very creative. Cooking.

Av: Ha, cooking?

Giggling around the table. Av is reacting and says something which is misunderstood.

Dalia: we have to think how the colors look on the plate, well balanced, you want a beautiful presentation. The Japanese are great artists when it comes to that.

01:43:17:00 Reminiscing. Clip use, Anita: I will grant you all of that, but after 55 years of cooking I don't feel like doing it anymore. I'll go to a Japanese restaurant instead. I am serious.

Dalia: OK. What if you were sitting and watching others cooking?

Anita: that is OK as long as I am not cooking.

Toby: pointing at Anita and laughing. I am with her. I am not cooking anymore I go out to eat.

Dalia: good. Does anyone is watching Martha Stewart or a cooking demonstration?

Jack: the food channel

Debbie: my son is addicted to the Iron Chef

Dalia: Yes. I love watching others cooking and how they display the food. This is very creative. I have a feeling that in our beautiful facility we will bring in a chef

Anita: this is wonderful.

Anita, Sonia, Sara Toby would like a chef to come in instead of them cooking.

Debbie: we will hire an Iron Chef.

Dalia: OK. This is what we are going to do now. We talked so much. I am going to give each one of you a piece of paper

01:45:01:00 clip use. Space issue. Dalia: I am wondering how we could put on display all the writing?

Anita: between the panels on the window

Pauline the nurse helps with the arts supplies. Dalia is walking over to the blackboard on wheels and brings it over to where the flipchart is. **Space issue. Dalia is carrying a cane of a participant who left the cane hanging from the board.**

Dalia: I think it is Sara's cane

June my sister-in-law is bringing it over to Sara who is busy saying:

01:45:47:00 - Sara: I will not be writing

Pauline: I think she wants you to draw

Debbie: Dalia will explain it again

Toby is talking to Sonia in the background.

Dalia: I will explain

Socializing. Clip to use. Toby: they are worried since they don't have anything to write with or draw with

Dalia: it is coming

David reminds Dalia about the light issue. Dalia turns to the group.

Space issue. Lighting issue. For a clip. 01:46:20 00 – 01:48:26:00 Dalia: When you look at me and I need your honest opinion, can you see me well?

Sara: you are in the shadow. The sun is coming behind you

Dalia moving backwards a little.

Dalia: how about that

Sara: now it is better. Now it is not, someone turned off the light. (David turned on the lights) now it is better.

David went to the light pole and tries to adjust the light.

Debbie: any Hollywood actor likes when the light in on them.

Ruth: I don't need....just listen to you

Participants showing interest in art supplies. Toby to Pauline: I want a red pencil and a...

Clip. Space issue. Sharing personal stories. Debbie: I have a question. Sometimes I don't see very well and unfortunately sometimes don't hear very well, **can you hear better when you see the person better?**

Space issue. Av and others agree that seeing helps the hearing.

Debbie: I hear much better when I can see them

Anita: when you can watch them

Staff interferring. Pauline is going ahead and providing participants with art supplies. Dalia stops her since it is not the right time to do it yet.

Dalia: OK guys. I want you to concentrate and look at me since you are helping me. Look at me. (David is turning off and on the lights) and tell me which way is better.

Space issue. Clip use. Participants agree it is better with the spotlight on Dalia.

Av: the window behind you (points at the far end of the centre next to the kitchen, because it is very shiny in the background.

Dalia: can you go and close the blinds there? (June is going to do it)

01:48:26:00 Av: says in Hebrew that it blinds him

Dalia: this is great because it helps me

June closes the blinds of the far window.

Av: this is much better

Dalia tells David to turn the spotlight on Dalia.

Av: what a difference. Like night and day.

Dalia; what if we closed the blinds behind me, would that be better? Let's try

Av: I think so

Debbie goes to close the blinds of the windows along the wall in front of the group.

Clip. Space issue. 01:49:09:00 Anita: bright light hits me right here (she points at her forehead)

Dalia: does it hurt you?

Anita: I don't know, I can see but when he puts it on I can right away pain (points at her forehead again).

Anita: I see perfectly without

Sara: It is too sharp and you get a headache from it

David is going to dim the spotlight

Dalia: we are going to try and make you all happy

Anita: comfortable

Debbie: and that is not easy at L'Chaim making everybody happy.

Anita is imitating Debbie "making everybody happy"

David is working on his lights.

Anita: I see you very fine. I hear you very well.

Dalia: OK.

Sara: It bothers me very much

Dalia: what if I put you, sit next to Ruth

David: the focus is on you

Dalia to Sara: don't look at the light

Debbie is moving next to David.

Sara is still complaining that the light is too sharp.

David moves the lights more away from Sara

Sara: this way is better

01:50:53:00 Socializing. Ruth: let's switch seats

Dalia: that is a good idea. Let's see

Dalia is helping Sara with the move

Dalia; we are talking about testing here. We are not going to leave it if it bothers you.

Sara: I can always close my eyes.

Dalia is trying to sit where Sara was sitting.

Dalia to David: it does shine in my eyes.

Dalia to Ruth: have a sit and let me know

Debbie is taking dishes away to the kitchen

Sara: Dalia could you please bring me my bag

Dalia: yes, it is right here

Clip. Space issue. 01:51:54;00 David: Dalia if the light was shining off the ceiling the light would not bother you

Dalia to Sara: are you bothered now?

Sara: no

Dalia: you will be working on the paper. Is it too bright for you now?

01:52:30:00 Clip. Space issue. Debbie turned down the lights. Most people agree around the table that it is much better dimmed.

Dalia: OK. I gathered that because the light reflects back from the white paper.

Dalia to David: I think we can turn it off.

David: but now it is very difficult to see the board (refers to the blackboard with the flipchart sheets)

Dalia: what if you shine it to the board?

Dalia: can you see the board?

Harriet: yes

Others are nodding with their heads in approval

Sonia is putting on her sunglasses (perhaps with distance lenses) and looking at the board.

Dalia: Sara are you OK

Sara: I am fine

Dalia: good

David: shall I leave the light on?

Dalia: yes, until someone starts screaming

Debbie: I told you it is hard to make everybody happy.

Dalia starting to give instruction on the project.

Dalia: write your name on the top. Start designing the studio. You don't need to measure. It is not the measuring of one inch or two. This is not the issue. Put your ideal creative expression studio which we talked about today. We were talking about. We talked about art, dancing, acting, singing, people who want to observe. It does not have to be perfect. You are architects right now. Artists. The more sketches I see, the more chaos I see, the better it is. I don't need to see very straight fantastic lines, that does not matter to me. Just start putting your thoughts on.

Debbie: just put your name on the paper

01:55:00:00 Dalia: start designing your ideal art studio.

Participants are taking pencils and starting to work.

Av: does not want to write. Neither **Ruth**.

Irena is looking for help. Debbie is pointing to her. Dalia is walking over to her. Heather from staff is going to help Sara. Pauline is working with Ruth. Debbie will be working with Toby and Sonia.

Socializing. Av and Jack would like to work together.

Dalia: Avrahm you can read Jack what we have wrote on the flipchart.

Dalia explains in Hebrew to Ira the instructions for the project.

Ira does not want to do it.

Dalia: what it is Toby? A swing in your studio? That is great.

Memory issue. 01:56:36:00 Debbie leans over Toby and says: remember? We are talking about creative expression studio.

Dalia walking over to Anita.

Anita: I don't know what I am doing

Dalia: Think what would you like to see in an art studio

Anita: I would like to make my bedroom

Dalia: OK. Do your bedroom

Anita is not that sure

Dalia walks over to Michael: What is that?

Creativity. 01:57:23:00 Michael: a pottery studio

Dalia: I like that

Dalia: are you sitting nearby? Is that a wheel?

Michael: yes, this is a wheel.

Dalia: great. Write here pottery studio
Sonia is working on her drawing.

01:57:55:00 Dalia giving instructions to staff. Dalia to Pauline: write down what she says.

Dalia to Michael: what else do you need?

Michael: stools to sit on

Dalia: make an arrow and write stools.

Dalia walks over to Irena: in Hebrew. What would you like to see in your studio? Do you know how to write your name?

01:58:51:00 Irena is writing her name down. Debbie is looking over the shoulder of Sonia and Toby. Anita is working on her own. Av and Jack are working together. Harriet works alone and looks over to see what Jack and Av are doing. Sara and Heather are very busy with their design, Pauline with Ruth and Dalia with Ira.

Dalia to Ira: what studio what have made you happy?

Ira is trying to speak in English to Dalia.

Dalia: would you like a big room? So, make a big room

Ira is starting to draw.

Dalia is pointing to Jack and Av about their collaboration.

Debbie: best architects work in teams.

Dalia: absolutely

Debbie: what are you doing there Tobs.

2:00:10:17 Dalia is going around taking photos.

Dalia to Michael: What is that again? Where do you dance in your studio? Oh, is this a long table? I like that. So, in this studio we don't do dancing. Do you want to see if we could include other activities?

Memory issues. Michael: what kind of activities?

Dalia is going over the activities that were discussed earlier with Michael.

Dalia to Michael: Would you like to think in a broader sense

Michael answers (could not understand)

Dalia: try. Would you like another piece of paper. I will give you another one.

Debbie to Toby: a record player?

Dalia: how is Anita doing? For someone who said...look at that.

Anita: Here is the entry to the room...

Dalia puts her glasses on.

02:04:23:00 Dalia: you are doing exactly what I wanted. This is excellent.

Dalia: if you need more paper just let me know.

Dalia brings over an eraser to Harriet.

June (Dalia's sister-in-law looks over the shoulders of participants to see if they need her help)

Debbie is sitting between Sonia and Harriet. Toby is working on her project.

Dalia: I have some pastel colors for anyone who would like to highlight some things

Clip use. Socializing. 02:05:19:00 lots of activity around the table

Dalia: so Michael, is this is a piano?

Michael answers.

Dalia: so write it down

Michael: I am waiting for another paper.

Dalia: I am sorry. I forgot. I will bring you another paper.

Dalia: If you need more paper just ask. I will be more than happy to give you

End of Wide Shot (WS) tape 1 of 2

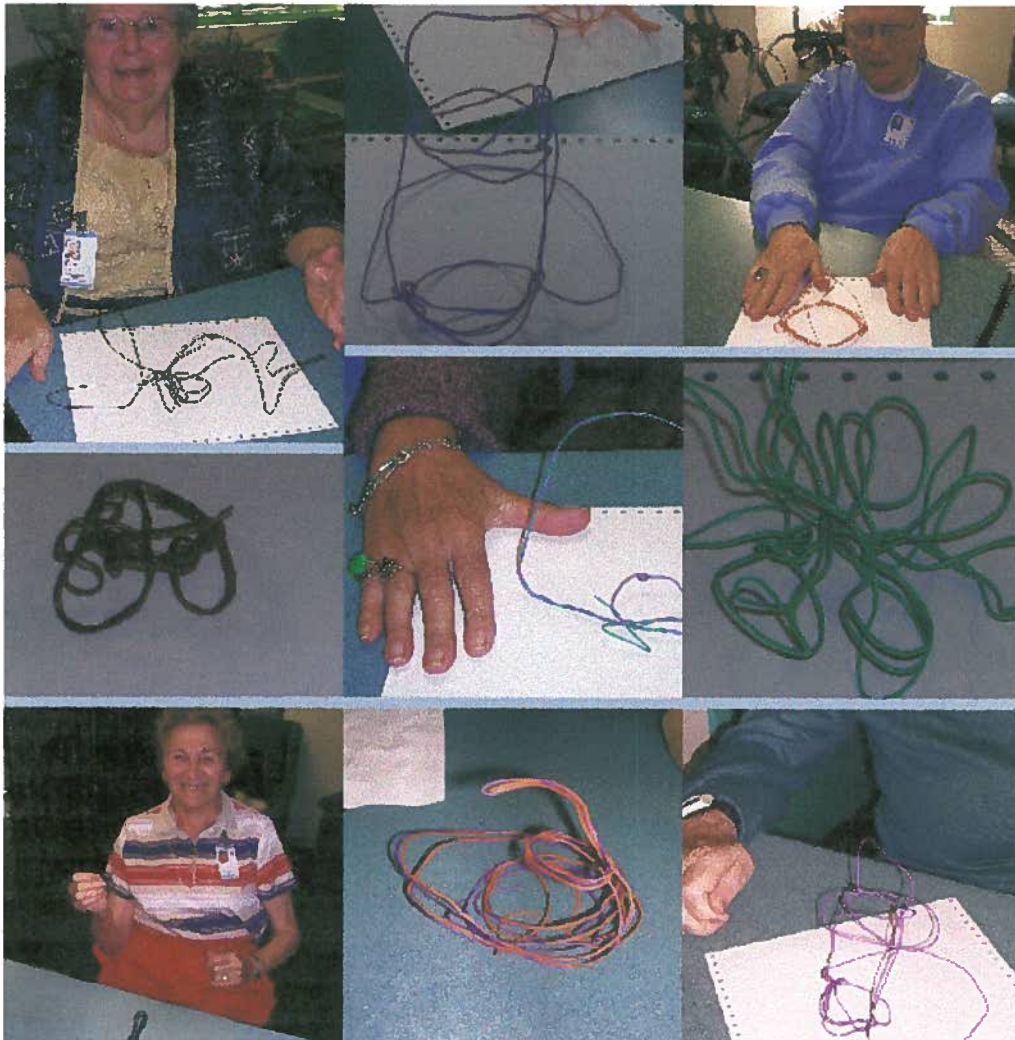


Figure 19: Participants at L'Chaim Centre Bending Wires to 3D Shapes

Analysis of Videotaped Session

LC. WS. Session 5, July 18, 2005. Tape 1 of 2

***Designing a creative expression studio. Design, space, lights issues.
Discussions on creativity, and what is art.***

Social Situation

- Several of the participants seem to enjoy watching who is coming into the centre. They wave to incoming visitors and monitor who is coming in and going out when they have full view of the entrance.
- Participants with dementia: Toby, Ruth, Sonia hardly say a word, yet they are focused, listening to everything that is going on. Toby called me over to let me know that they need pencils to draw with. No one even got up to go to the washroom. No one fell asleep.
- Anita, who is diagnosed with dementia, is very active and very responsive.
- Harriet, Jack, Avraham were quieter than usual.
- There is interaction between Toby and Sonia, Jack and Av, Harriet and Jack.
- Ruth, who said very little during the session, did volunteer to switch seats with Sara. I was surprised to hear her offer. I was worried about whether she was aware of what was going on. Later, after the session was over, Ruth came over to me and said quietly, I heard every word, I was right into it. I just did not feel like talking. You are wonderful and I enjoy every minute of it.
- Toby does participate every once in awhile. Although the contents of her sentences are at times off the topic, she shows an interest in speaking and staying connected.
- I noticed a reluctance to be the first person to sit at the table. This could be a space design issue as well.
- Harriet chooses a seat based on her visual contact with the rest of the centre.
- Participants who don't speak the language are left out, in spite of the effort to include them. This happened at the Margaret Fulton centre as well.
- Avraham showed an interest in how Toby managed to arrive at the centre.
- It was interesting to hear Jack suggesting that I should sit down, since it would make me one of them (the participants), and not take the leading role.

Participants' Abilities

- The participants' abilities are being demonstrated through the activities and the discussions on the arts, creativity and space design.
- Having a diagnosis of dementia needs to be more clearly identified since not all the dementias exhibit the same symptoms. For instance, Anita is losing her ability to control her responses. Her outbursts are embarrassing and family and friends are avoiding her. Yet, she is clear about her wants and desires, although socially they are not accepted. At a visit to her house, Anita expressed her affection for another man in the community. It was done with no hesitation, in front of her husband. She even brought out a photo of the man. I believe that if Anita was well, she probably would have concealed those thoughts. Toby too expressed her opinions on sensitive topics such as sex, which she might have kept more private before she got sick with dementia. Ruth will not share her thoughts too much in public but will do it later in private. Her memory is suffering. Although at first glance, Michael seems to be OK, it becomes clear as the conversation develops that he has problems concentrating – his logic is somewhat unclear. There is a general feeling that he may not get all the content of the conversation right.
- Among participants who are not diagnosed with dementia, a few may have mild memory impairment (MCI) or just slowing down of responses.

Space Issues

- Although the tables were arranged for a bigger group, I felt we needed to reduce the number of tables to fit the smaller group. Closing the distance between myself and the participants plays an important role in establishing better interaction.
- There was very little interruption from visitors and very little waving, I think because the group was tucked away and did not have eye contact with the main entrance. This needs to be examined. If the priority is on the participants' being engaged in the creative expression program, then we need to reduce interruptions to their concentration. If the emphasis is on socialization between the participants and visitors, then we need to improve opportunities for this desired behaviour. If both are important, the limitations and the desired outcomes need to be taken into consideration when designing a studio for such activities.
- I cannot find a good place to sit and conduct the session at the same time. I tried the empty table until Sara came along but she was left out of the circle of discussion. Participants prefer to see me sit and not stand.
- The intensity and direction of the lights occupied a great deal of discussion around the table. Here are some of the comments:
 - an object against the light looks dark with no details
 - sharp lights cause pain and glare
 - seeing improves hearing
 - windows are important but where to place them depends on the use of the space
 - when working on white surfaces such as white paper, lights need to be dimmed
- Wood floor is preferable to carpet
- Washrooms need to be close by

Dalia as participant/observer, researcher, architect, educator

I was really curious about how this session would turn out. I was interested in the drawings the participants produced. I was surprised that all of them took up the pencils and produced something. There was a genuine effort to develop an art studio. Even those who protested that they didn't feel like writing ended up drafting. Toby was my biggest surprise. She was so alert during the whole session. She did not say much but she was listening, laughing, watching intently. The way she got involved with the drawing made me feel so good. It made me feel that all the efforts made in engaging the seniors with dementia are of value. Watching her face, her sincerity was so heart-warming. Although she wanted a swing in her art studio, it really did not matter. I was reminded that friends of mine, who were artists, installed all kinds of objects and spaces in their studios they would not dare put in their homes. So what was the difference between them and Toby's desire to have a swing? I would like to have a hammock in my dream studio. I guess that would not qualify as relevant in the eyes of some people, but then who cares. If Toby was following her hidden desires, logical or illogical, she was engaged in the project, which made her feel proud of her work. Looking at her and watching her proved to me why it is so important to continue working with these seniors as long as possible. After visiting Toby at home, I realized that being engaged in creative expression activities provided her at least with one place she could express herself and be outside the shadow of her husband.

I tremendously enjoyed the process of bringing the group together to think about elements of design, space, light and quality of finishes. Participants with and without dementia were engaged in the process. Each participant engaged according to their own abilities.

Staff Issues

By now, the staff understands that the participants need time to concentrate. As a result, interruptions were limited and done discreetly. No one was pulled away from the table. Serving of coffee and tea was limited to the beginning of the session.

CHAPTER IV: UNDERSTANDINGS DERIVED THROUGH INQUIRY

By using a/r/tography this study arrived at understandings in three main areas:

- Understandings derived from the literature review,
- Understandings revealed in the implementation of the creative expression activities program, and
- Understandings based on the physical changes to the environment and the users' response to them.

In this study we linked the role of the physical environment with the creative expression abilities of seniors with dementia. We experimented with various changes to the environment, observed the reactions of participants, and interviewed a range of stakeholders including the seniors themselves. We also considered the physiological and cognitive changes associated with aging and dementia with references that linked them to creative expression abilities. Those references assisted us later in formulating a theoretical approach to space design for these seniors as they engage in creative expression activities.

Themes That Emerged from the Literature Review

1. The person-centred approach to care, defined as personhood, is crucial in achieving positive changes in problem behaviour, improving communication and independence.
2. The environment in which seniors with dementia reside can be considered therapeutic only if it embraces a comprehensive approach to care, based on preserving the person's dignity, and protecting the person's rights.
3. Caregivers need to understand the condition from a neuro-psychological perspective, be aware of the social construct developing around the person, be sensitive to changing needs and be flexible in treating the person as the condition progresses.
4. There is a lack of empirical research on appropriate creative expression activities specifically designed for seniors with dementia. With no appropriate studies available on assessing their creative abilities, there is no clear understanding of what meaningful creative expression activities for these seniors could be. With more studies on such activities, the more effective the therapeutic environment will become.
5. There is lack of input from people with dementia who are capable of contributing their views about how their space can be used. The scientific community has failed to involve their subjects as equal partners wherever possible.

Design Principles for a Therapeutic Environment

I adopted the following five design principles from Cohen and Weisman (1991) in their discussion of institutional environments, specifically in a special care unit. Cohen and Weisman recommend:

- | | |
|--------------|--|
| Principle 1: | clusters of small activity spaces |
| Principle 2: | opportunities for meaningful wandering |
| Principle 3: | positive outdoor spaces |
| Principle 4 | other living things |
| Principle 5 | spaces from public to private realms |

I applied these principles to the two selected adult day care centres, where frail seniors with and without dementia spend most of the day two to three times a week. These seniors still live in their community, at home or with their family. In addition, to minimize the negative impact of the institutional

setting on seniors with dementia, I took into account the recommendations of Cohen and Weisman (1991, p. 65- 89) to consider these elements that can enhance the therapeutic environment:

- regulated stimulation and challenges
- autonomy and control
- ties to the healthy and familiar
- functional ability through meaningful activity
- safety and security
- orientation to space and time
- wandering treated as an opportunity
- social contact
- opportunities for privacy

These elements are dealt with in discussing the physical arrangements of the two sites in connection with the detailed drawings in a following section. After addressing the five principles, I add two new principles to take into account the level of participation the seniors engage in and the preferences the seniors appear to exhibit for ethnic groupings.

Applying the Five Design Principles at the L'Chaim and Margaret Fulton Centres

Principle 1. Clusters of Small Activity Spaces

At Margaret Fulton a great deal of attention was given to the design of small activity spaces. Designing smaller spaces came as a reaction to the large open spaces typical of church basements that housed adult day care centres mainly because of financial constraints. Most of the time, these small spaces work well depending on the kind of activity, the noise level, the activity generated and the number of participants. At the Margaret Fulton Centre, the intention was to provide a cosier, home-like atmosphere. However, in this study we discovered that size alone was not enough to attract participants to stay in a space; other considerations played an important role in the decision, such as windows and access to the outdoors. It was the small size of the back room at Margaret Fulton Centre that resulted in a walk-out of three women participating in the study. One refused to come back. She opted for an activity in a larger room and a walk in the "fresh air". Although there were windows in the room, only a small fraction of them opened up enough to allow the outdoor air to flow in a significant way. In addition, the weather outside played an important role in attracting the participants for an outdoor activity after several days of continuous rain.

While Margaret Fulton Centre provided smaller spaces for a variety of activities, the L'Chaim Centre provided one large open area where all the seniors worked on the same activity at the same time and in the same space. This type of design generated problems of noise and did not provide variety, from private to public spaces. To add to the problem, L'Chaim Centre provides services to a great mix of seniors with various abilities. One large space does not allow for several activities to occur at the same time. The lack of transition zones from public use to private use of space in the Centre encouraged interference from visitors coming in and out of the Centre at will. Although this interference was very apparent in most of the sessions, it was welcomed by the participants who were curious about who enters the Centre. I noticed that those who came late during the day to join at the end of a program raised some criticism from those who were there earlier and on time. To resolve this issue, I would recommend sectioning off a small space for those who arrive late; they can join the rest of the group at lunch time. As well, when people do not get along, a physical separation could help ease the tension.

Drawings LC 1-5 at the L'Chaim Centre and drawings MF 1-4 at the Margaret Fulton Centre illustrate the problems of small spaces and the need to take into account the number of participants in any given activity, their range of body movement, walking aids, wheel chairs, the number of staff or

facilitators managing the activity to ensure safe circulation, and access to the seating area and washrooms. Architectural designers of dementia care facilities face challenges that may contradict each other, such as the need to create spaces that are small yet big enough to accommodate all physical and mental needs of an elderly person with dementia. This is not an easy task and the solution may lie in designing flexible spaces that can be divided easily to suit a variety of activities and different group sizes.

Principle 2. Opportunities for Meaningful Wandering

The desire for wandering is one of the behavioural symptoms of dementia. An understanding of this kind of behaviour is relatively new in the field of dementia care and, until recently, was perceived as a very disturbing behaviour that needed to be stopped, whether through the use of physical restraints or medication. Today, with better understanding and a more person-oriented approach to dementia care, wandering can potentially turn into a positive experience if appropriately incorporated in the design of therapeutic environments for people with dementia. Not only that, care providers now recognize that wandering has the potential to become an interesting and meaningful experience, when familiar symbols and focal points are provided along the wandering path.

At the L'Chaim Centre there is no designated space for indoor or outdoor wandering. Of course, the seniors can leave the Centre and wander around the building of the Jewish Community Centre, but then they will find themselves in a non-protective environment, with stairs leading to other floors and to the outside, that pose a real danger of getting confused, falling or getting lost. The present space at the L'Chaim Centre is too small to consider such an activity. The majority of the clients seemed able to focus on the tasks in front of them and the need to wander was not that urgent or apparent.

At Margaret Fulton Centre, the option for wandering inside the facility and outside was incorporated within the design of the facility. The wandering path outside the facility goes around and through a gazebo with flowering plants, hanging pots and benches. The path is within an enclosed garden, which is nestled next to a park on the edge of a wooded area of very tall trees and thick vegetation that include ivy, moss and fallen tree trunks. There is plenty of activity in the adjacent park where children and adults visit. The wooded area is rich in birds, squirrels and noises that are heard from a variety of sources. The seniors can sit at a bench and follow the children chase a ball or watch the birds flying over. They can stop to examine the various plants along the path while supporting themselves with a guard rail. At one of the sessions outside the Centre, as we were sitting at a garden table next to the wandering path, one of the participants in the study was attracted to the birds flying over and to the noise of the children coming from the park. As a facilitator who encourages creative expression, I seized that opportunity and developed a discussion on birds, trees, nature and the attributes of being able to sit outside and witness a flight of a bird, hear children play and be reminded of grandchildren and our own childhood memories. Although she usually has difficulties concentrating on the task in front of her, she managed to be fully coherent and engaged in her interest of that moment.

The interior wandering path at the Margaret Fulton Centre was less successful in providing an activity that did not conflict with other activities happening at the same time. The interior path is partly a corridor and partly a space within another designated area. During bad weather, walking activity stays within the facility and the path intrudes on other activities. This conflict of activities was demonstrated at one of our sessions in the arts room. As we were setting up the space for the study participants, I noticed an increase in the amount of walking activity through the space we were using. My first reaction was to ask the staff to stop the wandering through our space. All I could think about was the potential difficulties that lay ahead of me in trying to keep the attention of the participants. In fact, there was not enough room for wandering seniors, their care aids and myself, as I needed room to bend over the desks, the piano, piano bench and the pianist, and to make room for a music stand, a flipchart, desks and chairs for staff and clients, and room for the cameras and the camera man. The space was so tight that the camera man could not check both cameras. At the end of the session, he told me that the wide angle camera was not recording. I was so disappointed because we would have caught on camera the commotion and the interference of the wandering activity that day. To add to the stress, seniors were using the space to get to

the washrooms; those doors opened to the arts activity room. There was too much happening in one small space.

As I contemplated how to salvage the session planned for that day, I almost lost a great opportunity to gain a better understanding about what was happening. The director reminded me that earlier I requested that the Centre's activities continue, no matter what, so I could learn from difficult situations. As the wanderers and their helpers continued to pass through our space, I became agitated and could not concentrate on the task in front of me. I felt that my effort to build up a rapport with the study participants was undermined. The musician was upset at not having enough room to manipulate her bow or to maintain eye contact with the participants; the wanderers were walking right in front of her. The facilitator from the staff who was assigned to help me apologized several times. I explained that it was my own request that everything should continue as usual. Of course this was an extreme situation. Nevertheless, it illustrated the damage caused to efforts to communicate with people with dementia when unrelated activities interfere. A couple of participants got up and left and never returned until one of them was accompanied back by a staff member. The level of agitation was apparent and, with no possible control over the situation, I lost my ability to hold the interest of the group. When the wandering ceased so did the interruptions. Then it was possible to revive interest in the planned session for that day.

Incidentally, it needs to be noted that the wanderers and their care aides were amused at the situation and could hardly wait to return for their next rounds to comment or joke with us and the study participants. As they passed by, one wanderer asked a participant if anyone would be waiting for her at home. Another asked what we were doing. Others commented on the piano and violin playing. Our presence and the activity of arts and live music provided a meaningful and entertaining focal point on their wandering path. The question that arose from this experiment was about how we could continue to solicit reactions to interesting activities along the pathway without disrupting another activity, which was responsible for soliciting these amused reactions of the wanderers? How could we carry out two activities without disturbing each other and yet provide an opportunity for one of them to be observed, heard and provide opportunities for meaningful interaction even for a short time? And how could we resolve the conflict of two activities with an architectural solution?

Drawing MF-5 of Margaret Fulton Centre demonstrates one solution that could be achieved with minimal cost and without the need to change the existing programs. I suggested diverting the interior wandering path away from the Arts area by expanding the north wall outward a few feet and partially enclosing the Arts area with pony walls; this would allow visual observation from both sides of the wall and provide access to sound. By doing so, the wandering activity could go on while the others concentrated on their artwork. For more privacy, the facilitator could hang visual barriers above the pony walls.

Since Margaret Fulton Centre is a relatively new facility (it was opened in 2000), it is less likely that such recommendations would be implemented in the near future. In contrast, the L'Chaim Centre happened to be ready for some renovation and that opportunity coincided with this study. And so, we were fortunate to recommend changes at the L'Chaim Centre and receive feedback about them.

Principle 3. Positive Outdoor Space

At Margaret Fulton Centre a great deal of effort went into providing an outdoor area that not only is pleasant visually, but also is very useful as a wandering path, out door picnics, a place to sit quietly in a gazebo, a place to watch nature, a place to watch others at a distance and close by. The outdoor area is beautifully nestled within the larger natural setting and in good weather it acts as an extension of the facility itself. The French doors are fully open in good weather and since the garden is surrounded by a fence, clients can move around and in and out at will. There is a sense of freedom. However, some clients don't feel this sense of freedom. One person in particular who wanted to leave the premises asked why he was treated like a criminal. I stood there lost for words because this is how I felt myself. Here is an adult

whose only problem is that he cannot remember his way back once he leaves, but not remembering did not affect his understandings of being locked away.

At L'Chaim Centre, the outdoor area is secondary to the main space indoors. Outdoors is a balcony that is shared space. The balcony can only be reached through the lounge area, which makes it less accessible. Outside there are wooden benches and a trellis that is bare during winter time. The plants and pots are neglected and do not provide special interest. L'Chaim Centre could make use of the outdoors more productively.

In both centres, there is very little protection from rain or wind. Margaret Fulton Centre has a deep overhang extending from the roof. However, the space is used to store garden furniture, tools and miscellaneous objects.

Principle 4. Other Living Things

Both centres had children day care centres a floor below them. Clients could watch the children during their play outside. At L'Chaim Centre, one client pointed out to me his great-grandchild as he was playing on a swing. This client would check his watch and leave the room so he could wave to the child from the balcony. Both centres interact with the children in various programs designed especially for intergenerational activities. In both places there are no live-in animals. While this is a desired element according to Cohen and Wiesman's (1991) design principles, it was not practical in this setting since everybody goes home around 4:00 pm each day. In addition, L'Chaim Centre operates only 4 days a week and other organizations also use the centre. At Margaret Fulton Centre, the outdoors provides exposure to living things from a distance, while at L'Chaim Centre there is a relatively large fish tank, but I did not see anyone expressing interest in it during the times I was there.

Principle 5. Range of Public to Private Spaces

In architectural terms public space refers to spaces that are accessible by anyone who wants to use them and follows the behaviour for that space set by the architect, the developer and the regulating authorities responsible for the safety of the users. Semi-private spaces are more restrictive as to who may use the space, while the use is more defined. For example, a public space can be a street, a sidewalk or a plaza. A semi-private space may be a waiting area at a doctors' office or a walkway leading to a private house. Private space is somewhat more complicated. It can be as simple as our home, our bedroom or our car. However, private space can also be a matter of individual perception and may change from culture to culture. Private spaces can be designed to be included in public spaces, such as a hidden corner behind a statue in the middle of a plaza. So, how does all of this relate to the data collection and analysis at the two facilities in the study?

At the L'Chaim Centre I see mostly a semi-private space that begins at the entry to the Centre and continues through the corridor and the main activity room. There are no visual barriers, nor human behaviours to indicate that the space entered is limited to specific users. There are no indicators and clues that stop people from entering the space if they have no reason to be there. There is no control point to monitor who enters and who leaves. As a result, people wander in and out of the Centre, not realizing they have just disturbed an activity or someone's concentration. Even the offices of the program coordinator, nurse and director are open to anyone who wanders in. The two washrooms do provide private spaces once inside. However, one washroom door opens directly into the main activity room and compromises a very private activity. Drawing LC-6, demonstrates a solution as to how a semi-public space can be turned into a private space: the treatment room depicted there now has a door for privacy. The existing space was loosely defined by a desk and two chairs and was used by the nurse. It was exposed to passing visitors and did not protect the identity of the client nor the reasons for seeing the nurse. To resolve the problem, the nurse used a divider that provided some visual separation from visitors. As a result of my recommendations staff reclaimed a small room in the back of the facility that originally was planned for private treatment and later became a storage room. New room dividers and new furniture arrangements

helped define smaller spaces for various activities. The activities coordinator reported that it took some time for the clients to get used to the new arrangements, but slowly they are responding to the changes and using the smaller spaces more often.

At Margaret Fulton Centre, I found a very clear transition from public to private spaces. The facility was designed by an architect with input from the director and staff. A roof overhang at the front entry protects all comers from the weather, especially the clients. The overhang also separates the facility from the rest of the public area and sends a message that this is a building that protects its inhabitants. The front doors are locked and only those with an approved code can enter and exit the facility. Inside the facility, there is a clear range of semi-private to private space. Small groups may gather in front of the fireplace; there is the option to close off treatment rooms from the rest of the facility. At earlier times the Centre used small spaces for small group activity, such as playing cards. To play cards, a group of four to eight seniors would congregate at the far end of the dining room using collapsible cards tables. There was an unspoken understanding that the noise level of the activity had to be controlled and any expression of enjoyment had to be moderated. Keeping this activity quiet took away from the spontaneity and the organic flow of communication, discussion, laughing, teasing, singing, or yelling out when losing or winning.

The five design principles were applied to the Margaret Fulton and L'Chaim Adult Day Care Centres, even though these design principles are most applicable to the design of a new facility or a major renovation. In existing centres, applying design principles is somewhat more complicated, possibly for lack of space, funding, type of clientele and the kind of services to be provided. Therefore, the following recommendations should be seen from a general point of view and called on when they become relevant. Since Margaret Fulton Centre is a relative new facility, its design already includes many aspects of these principles. The L'Chaim Centre and other centres like it need in depth review for changes.

General Recommendations

The following suggestions for design consideration apply to each design principle within the context of the two centres:

Design principle 1. To provide clusters of small activity spaces to promote homelike atmosphere.

- Long corridors can be broken up by adding dining rooms, kitchen areas and activity rooms
- Divide large multipurpose activity room into smaller and specialized spaces
- Group together residents of similar ethnic background in each cluster
- Provide ethnic food
- Use interior finishes to reflect taste, values and beliefs typical to the culture

Design principle 2. To provide opportunities for meaningful wandering

- Open dead-end corridors and join them together to allow a continuing wandering path
- Provide spaces of interest and landmarks along the path such as a seating area and art
- Make sure floor finishes provide safe and smooth surfaces for walking

Design principle 3. To provide positive outdoor spaces

- Emphasize the doors to the outside, make them easy to be recognized and to be handled
- Provide secured outdoor space by building a fence covered with vegetation
- Provide a garden for the residents to work in
- Look into having a pet that will use the garden as well
- Provide interesting pathways with opportunities for resting and socializing
- Provide protection from the elements
- Provide transition zones such as greenhouses and sun rooms
- Continue to provide outdoor ethnic symbols typical to the culture
- Locate a washroom nearby

Design principle 4. Provide other living things

- Add plants and animals, wherever applicable, to be taken care of by the residents to increase feelings of autonomy and control, sensory stimulation, reminiscence and social interaction. Plants provide colors, flowers, and fragrances, while animals can provide visual and auditory stimulation.

Design principle 5. Provide a variety of opportunities for movement from public to private spaces

- Satisfy the need for semi-private, or in-between spaces before entering a public space. Consider adding spaces that allow observation from a distance
- Introduce spaces for solitude, perhaps a small place with seating for one
- Provide protected spaces to prevent over-stimulation and allow for physical distance. Use a furniture layout conducive to social interaction or solitude

Design Principle 6: Provide Spaces for Different Levels of Participation in Creative Expression Activities

Although the five design principles recommended by Cohen and Weisman (1991) were sufficient to capture most of the architectural concepts in designing spaces for seniors with dementia, they lacked in depth identification and integration of the subtle differences in the levels of participation that the seniors displayed during the inquiry. Although Cohen and Weisman touch briefly on the idea of “in-between spaces” (p. 87), it was mostly applied to transitional realms between the in door and the out door spaces. I identified four different behaviours that were exhibited: active participation, silent participation, distant participation and passive participation. Each type carries behavioural information that needs to be considered when designing spaces for seniors, regardless of the setting. Once we acknowledge the importance of the arts in dementia care, the next step would be recognizing the importance of appropriate space for creative activities that meets these levels of participation. Taking all of these elements into account would have a significant impact on the field of architecture and the design for seniors with dementia. The following are the four types of participation and examples that were observed:

a) **Active participation** is defined as full engagement, including physical and verbal interaction with others, making efforts to communicate in any way possible. Examples: In L’Chaim Centre, participants responded to music, jokes, stories, teasing in a very normal way. They asked questions, they were happy to dance with me and express opinions on all kinds of topics. They were engaged in making art, manipulating telephone wires and designing their dream studio. They responded with humour and critical comments throughout the study. At Margaret Fulton the level of active participation took on a different flavor, yet there were moments of equally active engagement as I witnessed at the L’Chaim Centre. The fact that the seniors at Margaret Fulton were a homogenous group with moderate dementia framed my whole experience with them. Perhaps my expectations of their remaining abilities were lower as a result. The language barrier with the Spanish women made it difficult to assess of their ability to be engaged in active participation. But when music was the highlight of the session, the Spanish speaking women were equally as involved as the English speaking women.

b) **Silent participation** happens when seniors are present at the activity, but choose or are not able to express themselves verbally. Still, they may show interest through non-verbal indicators such as facial expression. For example: at L’Chaim Centre, several participants who sat at the table did not say a word or volunteered very few words. However, from their eyes and body language I understood they were following what was happening around the table. One instance in particular remains fresh in my memory, when one woman with moderate dementia approached me after the session was over and said: “I want you to know that I have heard everything you said and that I come especially to hear you. I love your sessions.” Her comment only reinforced my belief that silent participation is no indication of lack of interest, and every effort should be made to include these silent participants. Every once in a while I was surprised at the responses and comments I received from seniors who had a more advanced form of dementia than the rest. A woman who was usually very quiet during all our sessions at L’Chaim Centre commented to another participant that she didn’t understand what creativity meant. I was not expecting to

hear anything from her, but here it came loud and clear. Situations like this only proved to me that I need to be vigilant and expect the unexpected when dealing with seniors with dementia. At Margaret Fulton Centre, I experienced the same surprise. One of the English speaking women, who hardly said a word unless she was asked first, commented that singing in her church was creative. On numerous occasions I could see a foot moving to the music, a smile, and eyes that followed me as I moved around the room. As far as I was concerned, the silent participants were as strong in their present as the active participants. They were just quieter.

c) **Distance participation** describes a person who may watch the activity from a distance. While this person may or may not contribute to the ongoing activity, their interest is sufficient to keep them close by. This group proved to be the most challenging one. For example, they would not sit around the activity table, yet their actions left all of us in limbo and added a low level of stress to all of us while hovering in the background. I felt the need to bring them in. Other participants were restless when I made these efforts, and so was I. To ignore them would mean leaving them out, to include them would take my attention away from those who were already seated and ready to participate. What could be done to lure these seniors in? It occurred to me that perhaps this was a space issue. By nature, some of us need to pass through a transition zone before we commit ourselves to anything. So, I became aware that some of the seniors needed time and space before committing themselves to any activity and perhaps they would stay in that gray zone for an unspecified time – what a/r/tography calls the in-between areas in the seams of two fabrics. This kind of behavior carries significant information for designing therapeutic environments for seniors with dementia and deserves our attention.

d) **Passive participation** occurs when individuals view a video, television or movie. This is still a form of participation and there is always the chance that it may progress later into any of the other types of participation.

Design Principle 7: Provide Spaces to Open up Opportunities to Celebrate One's Ethnicity

Although the issue of ethnicity was not the focus of this study, I became aware of it as I delved deeper into the process of collecting data. The two Centres were fundamentally different from each other in the clientele they served, which had a significant impact on the social make up and alliances or friendships that were formed. The L'Chaim Centre serves Jewish elderly men and women. Although they may come from various parts of the world, they are bound by faith, tradition, customs, the common languages of Hebrew and Yiddish and similar life experiences. All the participants with the exception of one person liked to be with each other and craved being with other Jews. At Margaret Fulton the situation was different. It is a multi-cultural Centre that resembles the make up of the Canadian society at large. The Spanish-speaking women liked being with each other, while the others hardly paid attention to them. There was a definite preference for companionship based on cultural affinity. I have to admit that a different kind of energy was established between me and the seniors at the L'Chaim Centre that set it apart from what happened at Margaret Fulton Centre. At L'Chaim Centre, I felt I did not have to prove worthy of the seniors' affection. I was accepted as one of them. This easy acceptance also framed my interaction with them. Discussions flowed without me having to think about every move or having to be politically correct in every word. There was an underlying understanding that did not need to be stated up front. There was that comfort zone we all shared regardless of the dementia, the frailty and a whole host of issues each one of us brought in as participants. This feeling of familiarity freed the seniors and me to enjoy each other's company on a much deeper level. On the other hand, at Margaret Fulton, I actually identified with the Spanish speaking women. Like them, I had an accent and like them, I still feel like an outsider. The reason I bring up this issue of ethnicity is because it appears to have made significant contribution to the quality of interaction with the seniors in both places. As easy as it was in L'Chaim Centre to establish warm relationships immediately, it was much harder at Margaret Fulton Centre to gain the trust and closeness I enjoyed at the L'Chaim Centre. I would like to explore this topic more deeply in the future. It would be interesting to see how facilitators from different backgrounds interact with seniors with dementia who belong to one ethnic group.

The following flow chart (see Figure 20) summarizes the various aspects that need to be taken into consideration when designing space for creative expression activities. Architects and designers may find this chart useful. It is based on the type of participation, and the type of activities in creative expression programs.

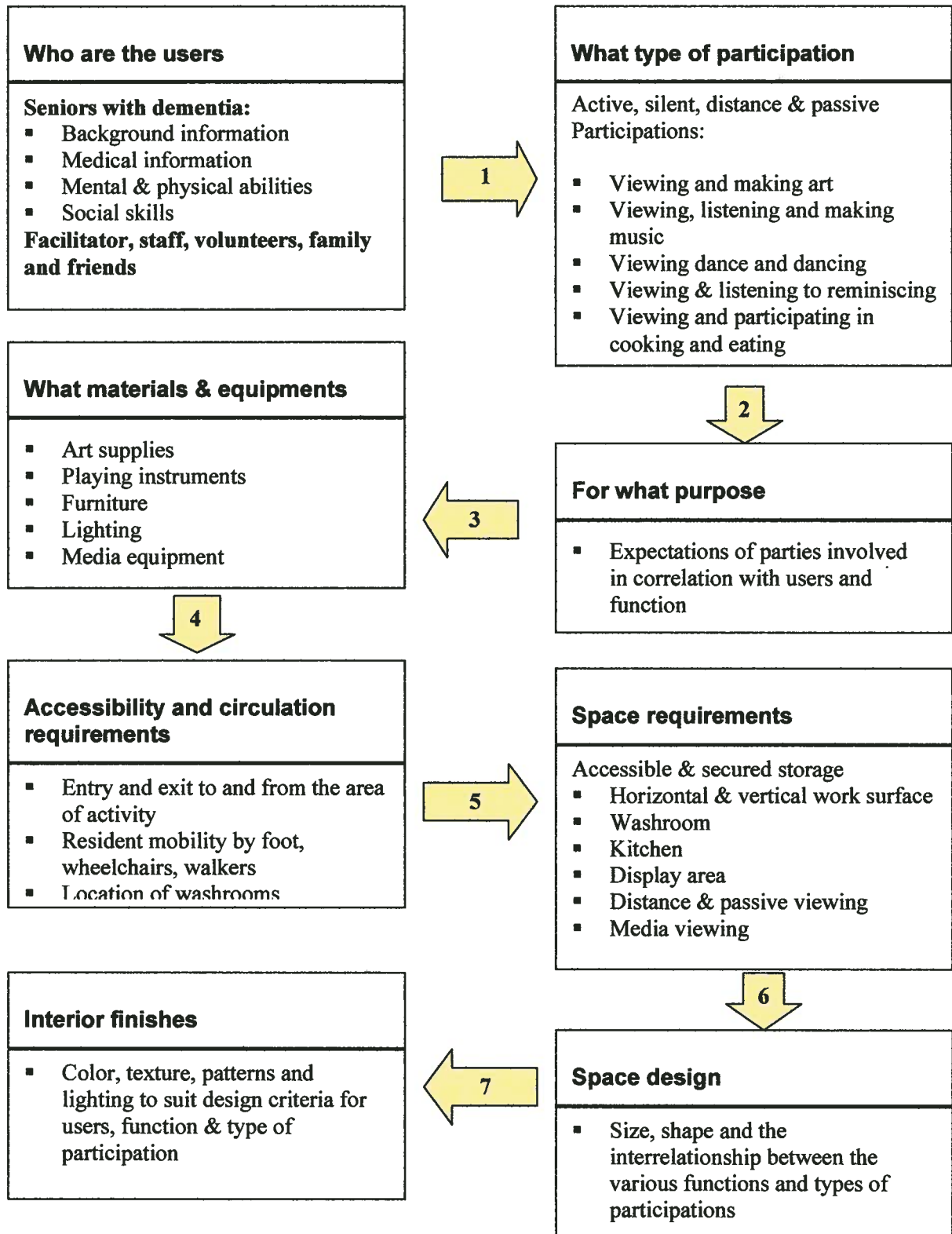


Figure 20: Environmental Analysis of User, Function and Space Requirements for Creative Expression Activities

Physical Changes to the Environment and the Users' Response to Them

Although the four types of active, silent, distant and passive participation were identified as an important element in designing spaces for creative expression activities, the opportunities to accommodate these important behaviors were limited at the two Centres. At L'Chaim space was at a premium and therefore I was reluctant to use space that was needed very badly for group activity. Silent, passive and distant participation could then occur from anywhere in the room. At Margaret Fulton Centre, the four types of participation could be accommodated in some spaces while not in others. The smaller spaces were too enclosed and changing them dramatically would not have served the Centre in a practical way. To accommodate the various types of participation we needed to consider them in the early design phases of the facilities' programming. As a result of the difficulties in implementing specific spaces for the four identified types of participation, we followed the approach I have taken in varying the furniture layout and in my interactions with the seniors. I encouraged silent participants by looking at them and creating eye contact, including them in the conversations, distributing the art supplies to them just as I would to everybody else. In participation from a distance, I made sure I projected my voice to reach them made, eye contact, smiled, made comments to engage them and bring them slowly to the activity table. Those who were passive and not interested at all were invited to sit on more comfortable chairs near the activity if they wanted. No pressure was exercised to join the group.

Responses of Stakeholders to Changes in the Environment

A surprise series of events emerged when two board members of the L'Chaim Centre informed me that there were some plans to refresh the interior finishes of the centre. This move originated with the administration of the Jewish Community Centre (JCC) rather than L'Chaim Centre, which rents space from the JCC., Nevertheless, the administration of the L'Chaim Centre welcomed the initiative. Based on my experience as an architectural designer and on feedback I got from the seniors and staff, I offered some ideas about interior changes they would like to see and about my understanding of the physical and cognitive abilities of seniors with dementia. Since I was embarking on a long journey abroad, I asked the two board members to collect some linoleum samples and a range of paint samples, so I could put together a color scheme to take back for approval by the board and the director of the Centre. The proposed color scheme was accepted and so was the new floor covering and its design. The changes took place while I was away. I must admit I had been sceptical that any changes would take place. I knew at the outset of this study that any architectural changes to spaces at the two sites were unlikely to happen. However, now I would have a real opportunity to suggest changes and receive feedback from the participants; seniors and staff.

While I was thousands of miles away from Vancouver, I received the following e-mail from Debbie, the Program Director at L'Chaim:

I wanted to drop a quick note before my 'shabbos chicken' to let you know that L'Chaim has been painted, your requested color, and the marmoleum floor has been going in for the last two days. They are not quite finished, but it looks INCREDIBLE. I was thinking of retiring, but now I will have to work there another few years, to enjoy it. It is so bright and clean, amazing. You're a genius. Can't wait for you to see it. I will be away when you get back, but feel free to drop by.

Upon my return I asked Debbie to schedule another session with the seniors to document their responses to the recent changes. David, the film producer and I arrived for an additional session. The group of seniors was a mix of old and new comers. The session started with sharing my travelling experiences in Israel, which is a favourite subject at the L'Chaim Centre, where Jewish sentiments about the state of Israel run very deeply. The other half of the session was devoted to feedback from the seniors regarding their perception of the newly decorated space. Debbie wrote down the comments from the group on a flipchart. One week later, she sent me an e-mail with all the responses that were collected that day:

Feedback from the seniors of The L'Chaim Adult Day Centre, recorded on Friday November 25, 2005

Question: How do you like the changes made to the Day Centre?

Answers:

Floor is safe. Looks cleaner, bigger. Colors are cold. We need artwork on the walls. Better than carpets. Contrast in color between furniture and floor is good. A little too sanitary looking. We need to make it warmer. Too nude. Need to dress it up. The carpet was 'homier'. Pleased with changes. Larger, brighter, fresher. Black out blinds need color. Curtain? Valance? Floor must be coated. Looks pretty. (Anita, not present, wants me to add this to list...Doesn't like two tones in the floor. It's cold. Wants a home-like feel).

Question: What would make it more home-like?

Answers:

More pictures. Valance, curtains, drapes. Fake fireplace. Floor lamps, table coverings, good smells, painted border, flowers in uniform pots. Corkboards with our work. Dividers making defined seating areas. Pillows.

Later that day, the director of the Centre invited me into her office to discuss the recent changes and budget issues regarding requests to warm up the place and make it cosier. Some concerns were raised about the process of how the changes were achieved. The director felt that she should have been advised of the proposed changes earlier. Since I was not present to continue any consultations with any of the parties involved, the matter took on a life of its own.

I must say that I was worried about the results of the renovation. Not being there to supervise the implementation of the interior changes potentially could have been a source of problems. However, when I walked into the centre to collect the seniors' reactions after an absence of two months, I was pleasantly surprised. The place looked airy, clean, brighter, easier to maintain and looked much larger. The lighter colors on the walls, doors and floor opened up the space and gave an impression that some walls had been extended outward. However, with the physical changes there was a change in the atmosphere and ambience the Centre projected when the darker colors and the dark carpet were there.

The need to feel at home and the importance of it was demonstrated clearly in the response of the participants to the changes. Although the changes were welcomed and appreciated, the sorrow for the loss of the home-like feeling was evident. I knew as a designer that a home-like atmosphere could be regained easily by adding some accessories that are typical to residential homes, such as a fireplace, curtains, warm lights and pillows and so I was not that concerned. In a subsequent telephone conversation with to discuss recent developments in an effort to improve the home-like atmosphere, she reported that some of the ideas suggested by the seniors during the feedback session were implemented and that an electric fire place was seriously being considered. She reported that several room dividers were purchased in an effort to divide the large room into smaller spaces for privacy, feeling of intimacy and the enhanced home-like feeling. A couple of cork boards were purchased as well for artwork displays. At the entry Debbie provided a couple of chairs, a small coffee table with a display of flowers to receive the seniors as they come into the Centre and break the long corridor into segments with interesting focal points along the way and a place to sit down when waiting for a car ride.

What transpired at the L'Chaim Centre since the study began was beyond all my expectations. I was fortunate to witness changes over a short period of time. I had the opportunity to observe meaningful

changes, assess them, get feedback from all parties involved and be able to respond again to some of it. Even more fulfilling, I am still involved with an ongoing process of facilitating changes. I felt that my research work served as a catalyst for changes that had been needed in the Centre for a long time. I truly expected to conduct my study and be out of there the moment sessions were over. However, a bond developed between myself, the seniors and the staff, Debbie the program director, in particular. She made me feel at home and was very gracious and very accommodating.

In addition to the architectural changes that took place in the Centre, there were also other changes to the programs and the approach to programs implementation. Earlier, on September 8, 2005, Debbie sent me this e-mail:

The experience of having Dalia Gottlieb Tanaka do her research at the L'Chaim Adult Day Centre has been a positive one for staff and clients.

The staff has relearned the importance of empowering seniors to make their own choices, in programs, and changes to the environment. This writer was making all the decisions and has now implemented a shift in her approach. This writer also now realizes that the setting as is, is very distracting to the participants. That had become, 'the way it is' at L'Chaim, but changes will now be made to make leading a group easier for the programmer. Room dividers, boards, arrangement of tables, asking other staff for no disruptions, etc... will now be used. We will also start using mini mental tests as part of our initial admission of the client, if it has not already been done by the case manager.

The seniors always looked forward to Dalia's visits. They felt honored that someone was doing this type of work that would impact their lives. That Dalia cared and wanted to make a difference endeared her to them. They loved her 'give me five' request. They felt they were being rewarded for a special contribution.

Surprisingly, they were willing to try the furniture in different combinations. This writer thought that fragile seniors do better with no changes to routine. But the seniors of L'Chaim regarded Dalia's changes; eg. to furniture, lighting, music, routine, or breakfast choice, as adventures. This made Dalia's visits exciting. No one reacted negatively.

We wish her luck in her continued endeavors.

*Debbie Cossever, Special Care Counsellor
L'Chaim Adult Day Centre
Activities Coordinator*

Summary of Understandings Based on the Inquiry

The results of the inquiry on creativity, dementia and the therapeutic environment have led to a consensus that creativity is a purely human quality. Although some researchers would argue about the level and quality of creativity in each person, the ability to express oneself continues at least through early to moderate dementia. Areas destroyed in the brain show reduced cognitive ability but other areas may continue to perform intact for a while longer. Through appropriate programs conducted in responsive environments designed to accommodate their needs, these seniors may continue to enjoy life to the best of their remaining abilities.

Understandings that emerged from this inquiry encourage space designers for seniors with dementia and their various activities to be responsive to the specific function, the users and expectations about their abilities as they progressed during this condition. A large, multi-purpose space is no longer adequate for all creative expression activities unless it can be divided into smaller spaces with temporary room dividers. A mix of spaces to suit a mix of activities would benefit seniors with dementia. Based on this analysis and previous experience working with seniors with dementia, it became clear that the areas in great demand (fig. 34) were: 1) The multimedia centre, 2) The outdoor area, and 3) The washrooms. This observation became important when designing a space for creative expression activities. By providing direct access to highly used spaces, we can streamline routes to space and equipment, reduce walking distance and the need to move people around, reduce stress to participants and caregivers. As a facilitator for creative expression activities, I would enjoy being able to manipulate space and furniture according to number of participants, type of participation, type of activity and types of abilities while having easy access to supplies and media equipment. While being cognisant of space arrangements and creative expression activities, it is also important to acquire more knowledge from a multidisciplinary perspective based on the psychosocial model of dementia care, which is based on the person within the disease, including the history of each participant and their medical condition.

The following presents a summary of the key issues addressed and the changes recommended for both the Margaret Fulton and L'Chaim Adult Day Care Centres based on an in-depth review of the variations in space arrangements and the creative expression activities sessions held. It includes design resolutions to the sites and applies general standards recommended by Cohen and Weisman (1991).

Furniture Arrangements at the Margaret Fulton and L'Chaim Centres

L'Chaim Adult Day Care Centre

Identifying space problems. The L'Chaim Adult Day Care Centre represents what is known in architectural jargon as the "Church Basement" model. Moore, Geboy, Weisman and Mleziva (2001) describe it as: "... a large space as one that can accommodate the wide range of activities they expect to conduct in the course of providing adult care services" (p. 4). Many long-term care facilities and adult day care centres make use of a large, open multi-purpose space – and not all open spaces are inappropriate. The appropriateness depends on the activity provided and the support that makes it a success or failure. Moore et al. make a direct correlation between space and its use in dementia day care and state that: "Activity, experience and physical setting are fundamentally intertwined" (p. 15).

Although this study set out to examine the requirements and design solutions for a creative expression studio for people with dementia in day care centres, we soon discovered that designing such a space could not be limited solely to the space within its walls, nor could it be designed for an isolated event. Therefore, it appears that the design of a studio for creative expression activities needs to be expanded into the rest of the day care centre that takes into consideration situations that occur before, after and during the times that creative expression activities take place.



Certain general problems are usually associated with the “Church Basement” model. We observed these problems at the L’Chaim Centre and made efforts to resolve them within the limited means available:

- a. There were not enough environmental cues to increase a sense of orientation, to suggest a specific activity or to set up expectations for certain behaviour.
- b. There were difficulties in visual, olfactory and auditory control.
- c. There was no privacy in one-on-one interactions, nor opportunities for small group activities.
- d. The large space encourages “overpopulated activities” (Moore, Geboy, Weisman and Mleziva 2001, p. 13) that contribute to increased physical distances between service providers and participants.

Resolving space problems. To resolve the four overarching problems, Moore et al. (2001) suggest eight attributes that are crucial when designing therapeutic environments for people with dementia: “provide a sense of: orientation, safety and security, privacy, quality stimulation, supporting functional abilities, personal control, familiarity and continuity of self and social interaction.” (p. 23). Most of the eight attributes were used, with the exception that privacy or the lack of it was omitted. The lack of privacy was found to be a constant area of concern throughout the data collection. Categories were used when they were relevant and were otherwise omitted. In addition to the attributes cited by Moore, Geboy, Weisman and Mleziva (2001) I added a category that took into account my own perspective as a researcher/facilitator or as a staff member on a contract basis. For purposes of this study I refer to that category under Staff Issues.

What follows is a systematic analysis of each of five sessions out of seven that were conducted at the L’Chaim Centre. The following analysis must be viewed together with the complete 11x17-inch drawings at the end of each session described. Those drawings represent a visual summary of what transpired at each session. Partial drawings with a focus on the furniture arrangements are included in each situation.

Furniture Arrangements: Sessions One to Five

Session One – Music

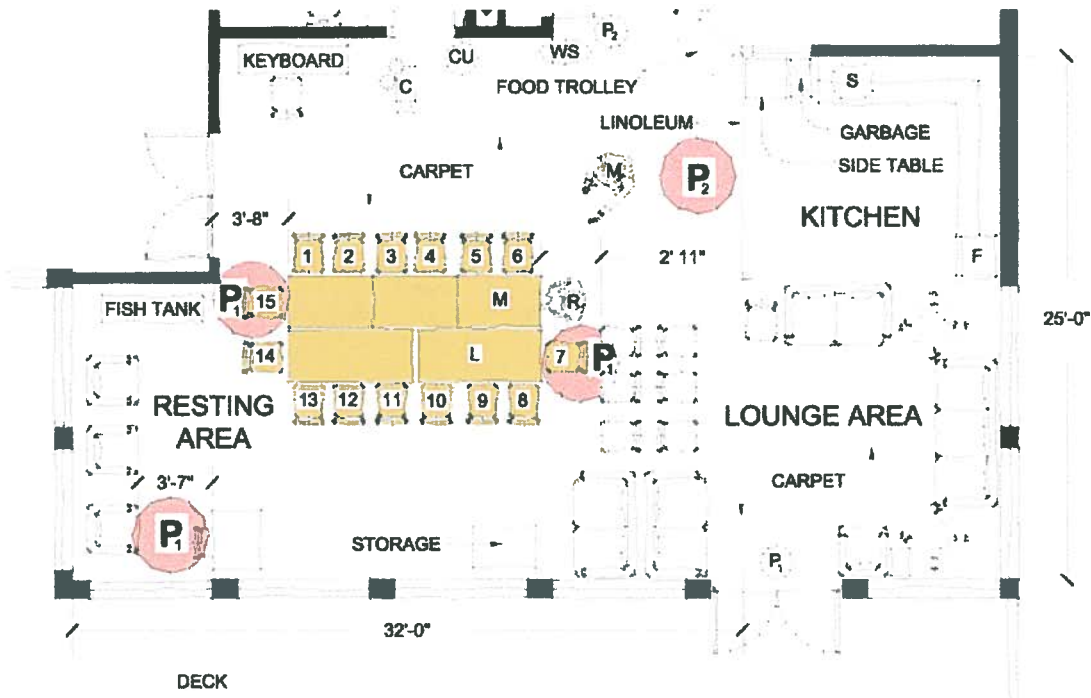


Figure 21: Session One – Music

See Drawing LC - 1

All tables are arranged into one large rectangular shape (5 feet wide by 12 feet long)

1. Environmental cues

- Participants needed to turn around to face the violinist. Some remained where they were, with their backs to the violinist.

2. Safety and security

- No room to dance and turn safely
- Floor finishes inappropriate for dancing
- The researcher was unaware that one senior could not go back to her seat since I took the seat to help another senior
- Space for circulation is sufficient with this furniture arrangement, which may be the reason why the staff prefers it

3. Familiarity and continuity of self and social interaction

- Participants prefer it when the facilitator/researcher sits down during discussions. This raises interesting issues of power balance between participants and the researcher, who is perceived to be in a position of control, power and leadership. This point may have an impact on the relationship the researcher is trying to build, to develop equality and trust that will facilitate openness and, hopefully, will lead to creative expression.

4. Quality stimulation

- Visitors walking in and out at will are in direct contact with participants while they are engaged in various activities. There is a need to allow maximum opportunities for participants to be exposed to quality stimulation without being interrupted by visitors or staff during an activity.

5. Difficulties in visual, olfactory and auditory control

- No sound or visual separation from the kitchen
- No sound or visual separation from main entry
- No sound or visual separation at the nurses' station for privacy and treatment
- No discreet access to the washroom

6. Overpopulated activities

- No separation for additional concurrent activities
- Difficulties in reaching participants over the massive size of the tables
- Difficulties in maintaining direct eye contact within the 2 to 4 foot comfort zone
- Some participants were too far away from the researcher or hidden behind others
- Visual and hearing issues for participants and for the facilitator
- No sufficient solutions to display objects close by
- No sufficient solutions to display extra sheets of the flipchart close by

7. Staff issues

- Staff could strain their backs when reaching out to participants across the tables, behind them or next to them
- Difficulties in maintaining visual and auditory control with all the participants on an ongoing and equal basis

Creativity, Dementia and the Therapeutic Environment

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Vancouver, BC.

LEGEND

- Close-Up Camera
- Wide Shot Camera
- Musician
- Researcher
- Problem
- Visual Distraction
- Long Table
- Med. Table
- Card Table

PARTICIPANTS' QUOTES

Barney: *It brought back pleasant memories of my youth and my younger days when I used to go to the night clubs and dancing holding lady really close and dancing with her so it brought back lovely memories.*

Ira: *The Germans took the piano. I did not play the piano since then.*

Ruth: *Well I think I'd like to come again.*

L'Chaim Adult Day Care Centre
Vancouver Jewish Community Centre
SESSION 1 - MUSIC
June 20, 2005

ALL TABLES GROUPED TOGETHER
LC - 1
(in dissertation p. 131)

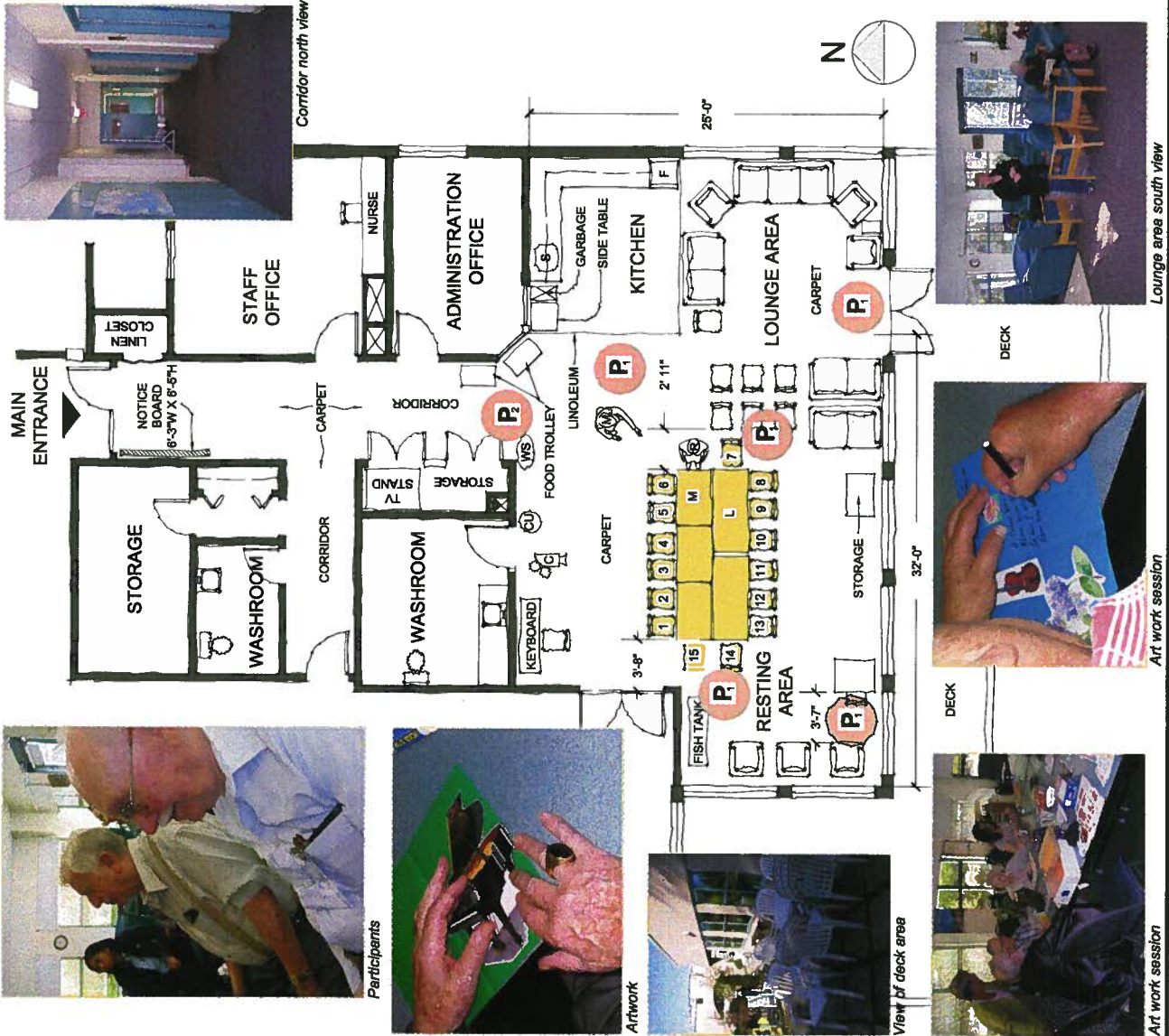
Notes From Video Analysis WS (wide shot) Session One - Music June 20, 2005

Overarching problems:

1. Not enough environmental cues
2. No visual, olfactory and auditory control
3. No privacy
4. Overpopulated activities (Moore et al. 2001)

Space Issues:

1. **Environmental cues**
 - Participants need to turn around to face the violinist.
 - No room to dance and turn safely.
 - Floor finishes inappropriate for dancing.
 - Difficulties in controlling all activities.
 - Insufficient space for circulation.
2. **Safety and security**
 - Participants prefer researcher to sit down, which reveals issues about power and equality.
 - Visitors walking in and out will interfere with ongoing activities.
3. **Quality stimulation**
 - Difficulties in visual, olfactory and auditory control
 - No sound or visual separation from kitchen and main entrances.
 - No privacy at the nurses' station.
 - No visual or discreet separation for washroom.
4. **Overpopulated activities**
 - No separation for concurrent activities.
 - Difficulties in reaching participants across tables.
 - Difficulties in maintaining direct eye contact.
 - Participants too far away or hidden behind others.
 - Visual and hearing difficulties.
 - No easy way to display objects.
5. **Facilitator's issues**
 - Reaching participants across the table strains the back.
 - Difficulties in maintaining visual and auditory control.



Participants



Artwork



View of deck area



Art work session



Art work session



Lounge area south view

Session Two - Repeated Music Activity

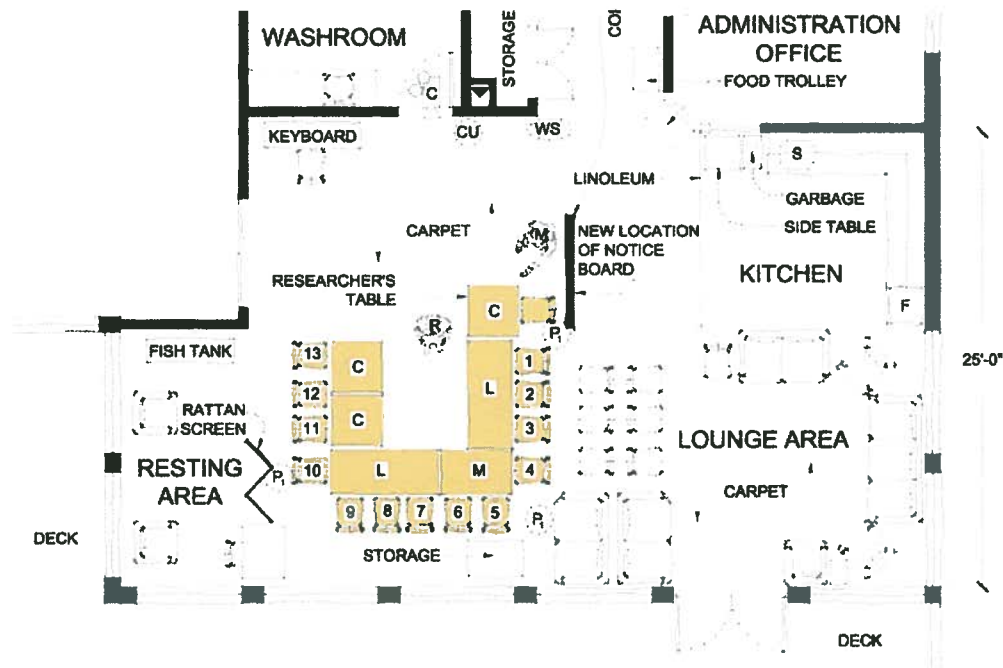


Figure 22: Session Two - Repeated Music Activity

See Drawing LC – 2

Tables arranged in a U-shape with opening facing main entrance

1. Environmental cues

- Floor finishes need to be selected to accommodate the type of activity
- Not all participants have a good view of the musician and need to be reminded to turn around

2. Safety and security

- Moving the notice board as a visual barrier between the kitchen and the main gathering area was a positive move. However, it reduced the space for circulation around the tables and there was a concern that the participants might trip over the legs protruding from underneath the notice board.

3. Familiarity and continuity of self and social interaction

- The participants exhibited remarkable patience as the furniture was moved around, and failed to comment on their own. Most of the comments about the furniture arrangement were solicited, which raises several questions:
 - Are the participants not aware of the changes?
 - Do they see the changes but prefer not to comment?
 - Are they worried about creating a fuss over it?
 - Do they care? Does it matter?
- Participants seem to have less stress about seat selection
- Adding two screens, one that screened the kitchen and another that screened the rest area near the fish tank, immediately provided a cosier feeling that defined the area of activity better.

4. Quality stimulation combined with the next item

5. Difficulties in visual, olfactory and auditory control

- To reduce interference from the kitchen and increase concentration abilities, the researcher used the notice board as a partition and hung large images of pianos and stringed musical instruments on wide strips of white Tyvek, a building material, which were draped over the notice board. By doing so, she presented a rich visual display of musical instruments in close proximity to some of the participants, providing clues and reminders of the topic throughout the session.
- Banners hung from the ceiling did not seem to be noticed

6. Overpopulated activities

- Most of the problems resulting from the furniture layout in the first session were resolved:
 - It is easier to address participants from the front, rather than from the back or the sides. This makes it easier for them to watch the facilitator speak and follow facial expressions or any other demonstration, such as giving instructions. According to one participant: “seeing makes hearing better”
 - It is easier to maintain direct eye contact within the 2 to 4-foot comfort zone
 - The distance to each participant is equal
 - There is better visual and hearing contact with each other
 - Solutions were improvised for displaying objects, such as placing extra sheets from the flipchart closer to participants; need a better, more permanent architectural solution

Three issues remain unresolved:

- The group of participants is still too large
- No ability to create concurrent activities due to lack of appropriate space
- No space to divide the group into higher and lower functioning individuals as needed

6. Staff issues

- Difficulties in moving chairs around, especially with participants already sitting in them
- U-shape arrangement seems to work well for me as a facilitator leading the program on creative expression activities. Staff reported later that they have begun to use this layout on other occasions. Other solutions could be tried but, due to obvious limitations of this study and cost, they were not pursued. Perhaps a circle with individual curved desks could work as well or even better.



Notes From Video Analysis WS (wide shot) Session 2 - Repeated Music June 27, 2005

Space issues:

- 1. Environmental cues
 - Inappropriate floor finish.
 - Difficulties seeing the musician.
- 2. Safety and security
 - Not enough space for circulation around the tables.
- 3. Familiarity and continuity of self and social interaction
 - Seniors did not comment about changes in furniture arrangement: why?
 - Are the participants not aware of the changes? Do they see the changes but prefer not to comment?
 - Are they worried about creating a fuss over it? Do they care? Does it matter?
 - Less stress about seat selection.
 - Screens provided a coster 'feeling and visual barrier'.
- 4 & 5. Quality stimulation combined with difficulties in visual, olfactory and auditory control
 - Noise and staff working in the kitchen prompts the use of screens, which were used as props for information as well.
 - Banners hung from the ceiling caused no comment: were they noticed?
- 6. Overpopulated activities
 - Easier to approach participants from the front.
 - Easier for participants to follow instructions.
 - According to one participant: "seeing makes hearing better".
 - Easier to maintain direct eye contact
 - Equal distance to each participant.
- Three outstanding issues are still unresolved:
 - Group is too large.
 - Lack of appropriate space for concurrent activities.
 - No space to divide the group into higher and lower functioning individuals as needed.
- 7. Facilitator's issues
 - Difficulties in moving chairs around.
 - U-shaped table arrangement seems to work well.

Creativity, Dementia and the Therapeutic Environment

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Vancouver, BC.

LEGEND

- CU Close-Up Camera
- WS Wide Shot Camera
- CM Cameraman
- M Musician
- R Researcher
- P Problem
- Visual Distraction
- Long Table (29.5'x7'1")
- Med. Table (29.5'x4'7")
- Card Table (36" x 36")

PARTICIPANTS' QUOTES

Sonia: I'm one of the group.

Jack: This looks like my wife's piano; she had a piano like this when she was 12 years old.

Toby: it's not disturbing us, I think it's wonderful...feels cosier (comment on table arrangement).

Barney: I thought it was very good and the movement was very interesting...

L'Chaim Adult Day Care Centre

Vancouver Jewish Community Centre
SESSION 2 - REPEATED MUSIC
June 27, 2005
U - SHAPED
LC - 2
(In dissertation p.134)



Session Three – Friendship

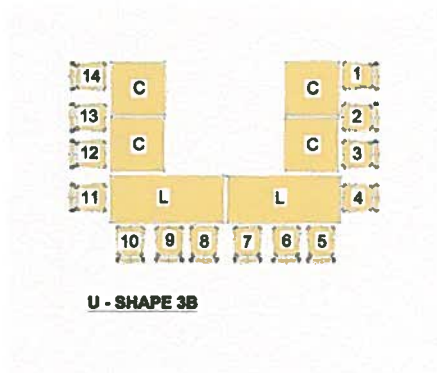


Figure 23: Session Three – Friendship

See Drawings LC – 3A and 3B

3A – Detached dining tables

3B – Back to a U-shape arrangement with opening facing main entrance.



1. Environmental cues

- Smaller tables detached from each other resemble the setup for a dinner activity, a restaurant or other social gathering

2. Safety and security

- Difficulties in negotiating access to the various tables

- The seemingly chaotic layout caused some confusion and lingering decisions about where to sit and with whom
3. Familiarity and continuity of self and social interaction
- Detached tables seemed to create artificial groupings that affected the social needs of the participants. This layout seemed to inconvenience some participants who were reluctant to sit with some and happier sitting with others
4. Quality stimulation
- Difficulties in reaching participants who sat in various directions and distances
 - Difficulties in seeing each other or seeing the researcher comfortably
 - This arrangement is not efficient for distributing art supplies
 - Limitation in how much participants are exposed to one another when engaged in creative expression activities; limited opportunities for interaction
5. Difficulties in visual, olfactory and auditory control
- All previous difficulties remain:
- No sound or visual separation from the kitchen
 - No sound or visual separation from main entrance
 - No visual or discreet access to the washroom
 - No clear location for the notice board, the flipchart or the facilitator

In addition to these difficulties, it seems that the detached tables only increased the intensity of the problems.

6. Overpopulated activities
- Detached and scattered tables seem to give an impression that the group is bigger, since ample space must be provided for circulation around each table
 - There was no sense of order since the tables were staggered to allow people to get in and out of the chairs easily or with help from staff
 - This arrangement was suited for small group interaction
7. Staff issues
- As a facilitator did not feel totally in control. There was very little eye contact with some of the participants
 - There were difficulties in moving from table to table
 - There was a need to repeat instructions several times
 - There was no atmosphere conducive to learning

As a result of the difficulties this arrangement produced, I decided to change the tables mid-session back to a U-shaped layout (see drawing LC – 3B) to see if participants liked it better. Only one person did not like the idea of getting up and waiting for the change to take place. That person later agreed it was a good move.

Creativity, Dementia and the Therapeutic Environment

Dalia Gottlieb-Tanaka, M.Arch
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Notes From Video Analysis WS (wide shot) Session 3 - Friendship July 4, 2005

Space issues:

- Environmental cues**
 - Smaller tables separated from each other are inappropriate for this activity.
- Safety and security**
 - Difficulties in accessing various tables.
 - Confusion and lingering decisions about where to sit and with whom.
- Familiarity and continuity of self and social interaction**
 - Separated tables seemed to create artificial groupings.
- Quality stimulation**
 - Difficulties in reaching participants.
 - Difficulties in seeing each other.
 - Layout not efficient for distributing art supplies.
 - Limited interaction with and exposure to others.
- Difficulties in visual, olfactory and auditory control**
 - All previous difficulties still remain.
- Overpopulated activities**
 - Table arrangement gives impression of a bigger group.
 - Need for ample circulation space around each table.
- No sense of order.**
- Could work for small group activities.**
- Facilitator's issues**
 - Very little eye contact with some of the participants.
 - Difficulties in moving around.
 - Need to repeat instructions several times.
 - Atmosphere not conducive to brainstorming and learning.

LEGEND

- CU** Close-Up Camera
- WS** Wide Shot Camera
- L** Long Table (29.5'x71')
- M** Med. Table (29.5'x47')
- C** Card Table (36" x 36")
- P** Problem
- V** Visual Distraction
- R** Researcher
- IC** Interlocutor
- CA** Cameraman
- M** Musician

PARTICIPANTS' QUOTES

- Toby:** When you need them, a friend in need is a friend indeed.
- Sonia:** He is sitting with his back to me.
- Anita:** This is what I wanted to say that this kind of room is not good for dancing. They have a room where they zip up the carpet and they have a dance floor.

L'Chaim Adult Day Care Centre
Vancouver Jewish Community Centre
SESSION 3 - Friendship
July 4, 2005

Separated Tables - 3A
U - Shaped - 3B

LC - 3A & 3B
(in dissertation p.137)



Session Four – Bending Wires. Strength versus Weakness

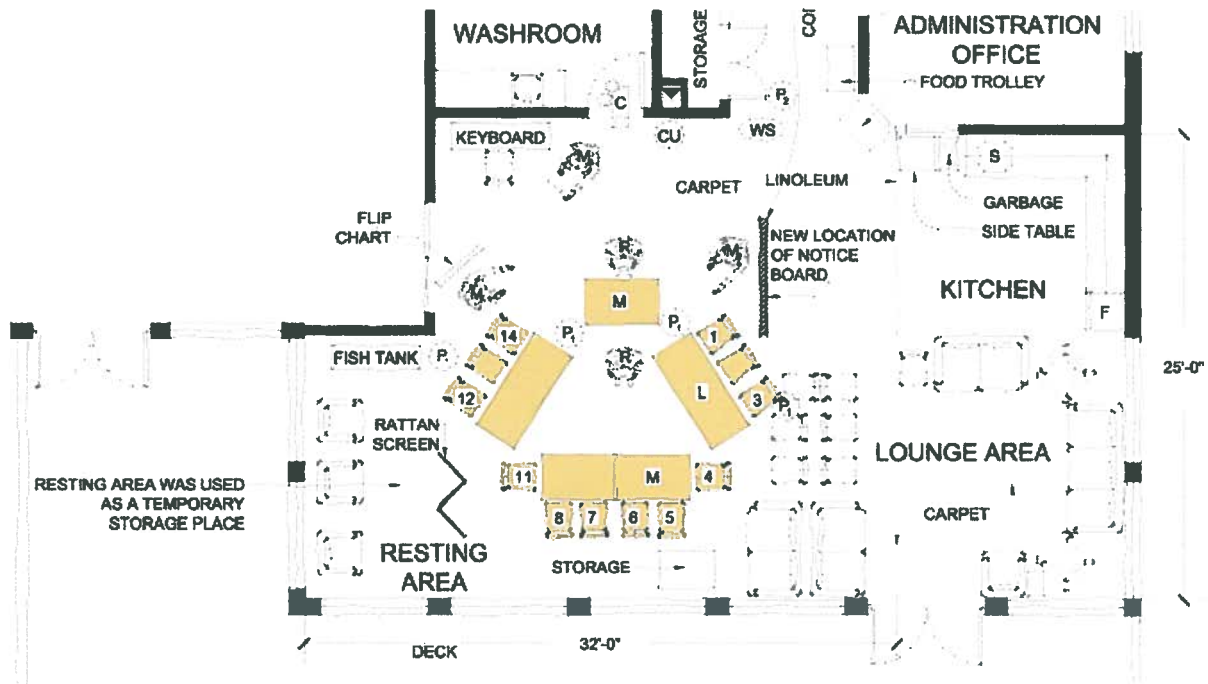


Figure 24: Session Four – Bending Wires. Strength versus Weakness

See Drawing LC- 4

Triangle

The triangle formation was just a slight deviation from the U-shape layout but I got an uncomfortable feeling when interacting with the participants. There was an unsettled feeling about it, which is hard to describe. Perhaps the angles did not appeal to the sense of order and aesthetics.

3. Familiarity and continuity of self and social interaction

- Ira did not want to select a seat until Sonia arrived and then she joined her
- Participants seemed to have fewer problems in selecting a seat with this triangle-shaped formation than in the detached arrangement
- I seemed to neglect the people on my right, which caused them to be less engaged. The two people with dementia on the right seemed very quiet. However, the participant with no dementia took initiatives to be part of the session

5. Difficulties in visual, olfactory and auditory control

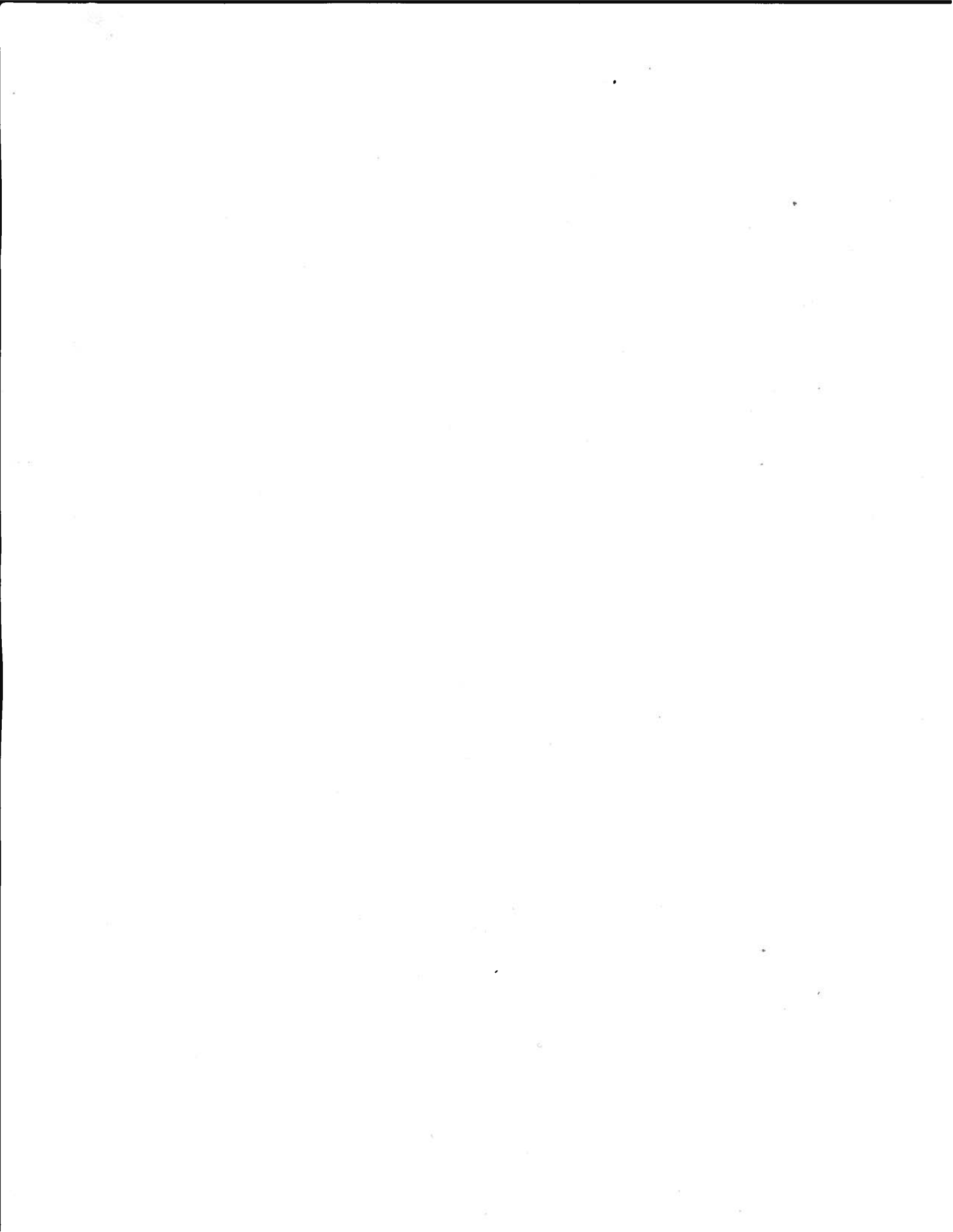
- One senior with no dementia moved from his chair at the table to the window where he could face the musician when she played the violin and the piano. Two seniors with dementia sat with their backs to the musician and stayed in that position until the end of the session, except for one, who did get up, moved around and went back to the same seat.

6. Overpopulated activities

- Due to the large number of participants, not all participants with dementia got the attention they needed. One participant with dementia, who was struggling with bending wires into a 3-dimensional shape, insisted on anchoring the edges of the wire into the table top she was working on. Although I came prepared with foam blocks for such a situation, I did not remember to offer them to her. The intention was to see if the participant could manage without the blocks. I was so busy due to the large group that I did not follow up on the participant's progress when she needed help.

7. Staff issues

- I was not at ease with the furniture arrangement in the shape of a triangle. The angles did not appeal to her sense of order. There was a constant need to push the tables from the 60 degree formation back to a U-shape arrangement of 90 degrees.



Notes From Video Analysis WS (wide shot) Session 4 - Bending Wires Strength versus Weakness July 11, 2005

Space issues:

3. Familiarity and continuity of self and social interaction
 - Table arrangement created stress in selecting seats.
 - Participants seemed to have fewer problems in selecting a seat with this triangle-shaped formation than with separated tables.
 - Facilitator seemed to neglect participants on her right.
5. Difficulties in visual, olfactory and auditory control
 - Difficulties in facing musician; some participants moved, others stayed in place.
 - Overpopulated activities
 - Due to large number of participants, not all participants with dementia got the attention they needed.
7. Facilitator's issues
 - I was not at ease with the furniture arrangement in the shape of a triangle.

Creativity, Dementia and the Therapeutic Environment

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LEGEND

- Close-Up Camera
- Wide Shot Camera
- Cameraman
- Musician
- Researcher
- Problem
- Visual Distraction
- Long Table (29.5'x71')
- Med. Table (29.5'x47')
- Card Table (36" x 36")

PARTICIPANTS' QUOTES

What is creativity?

Toby: Creativity is when you create something that makes people happy.

Anita: Reacting to a situation.

June: We can see the others and we can see you (commentary on furniture arrangement).

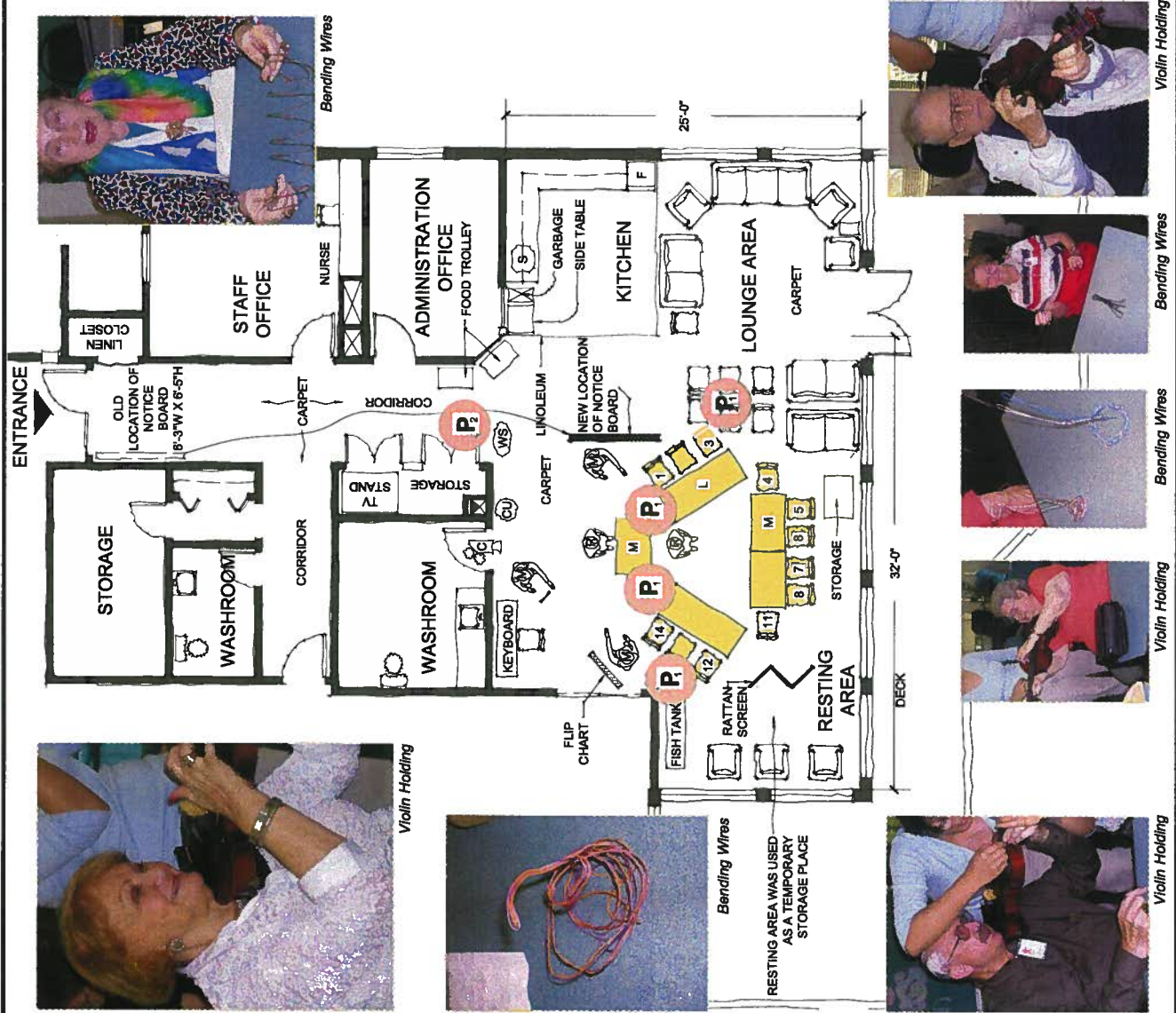
Michel: The older you become the more creative you become.

L'Chaim Adult Day Care Centre

Vancouver Jewish Community Centre
SESSION 4 - BENDING WIRES
STRENGTH VERSUS WEAKNESS
July 11, 2005

Triangle

LC - 4
(In dissertation p.140)



Session Five – Designing Creative Expression Studio



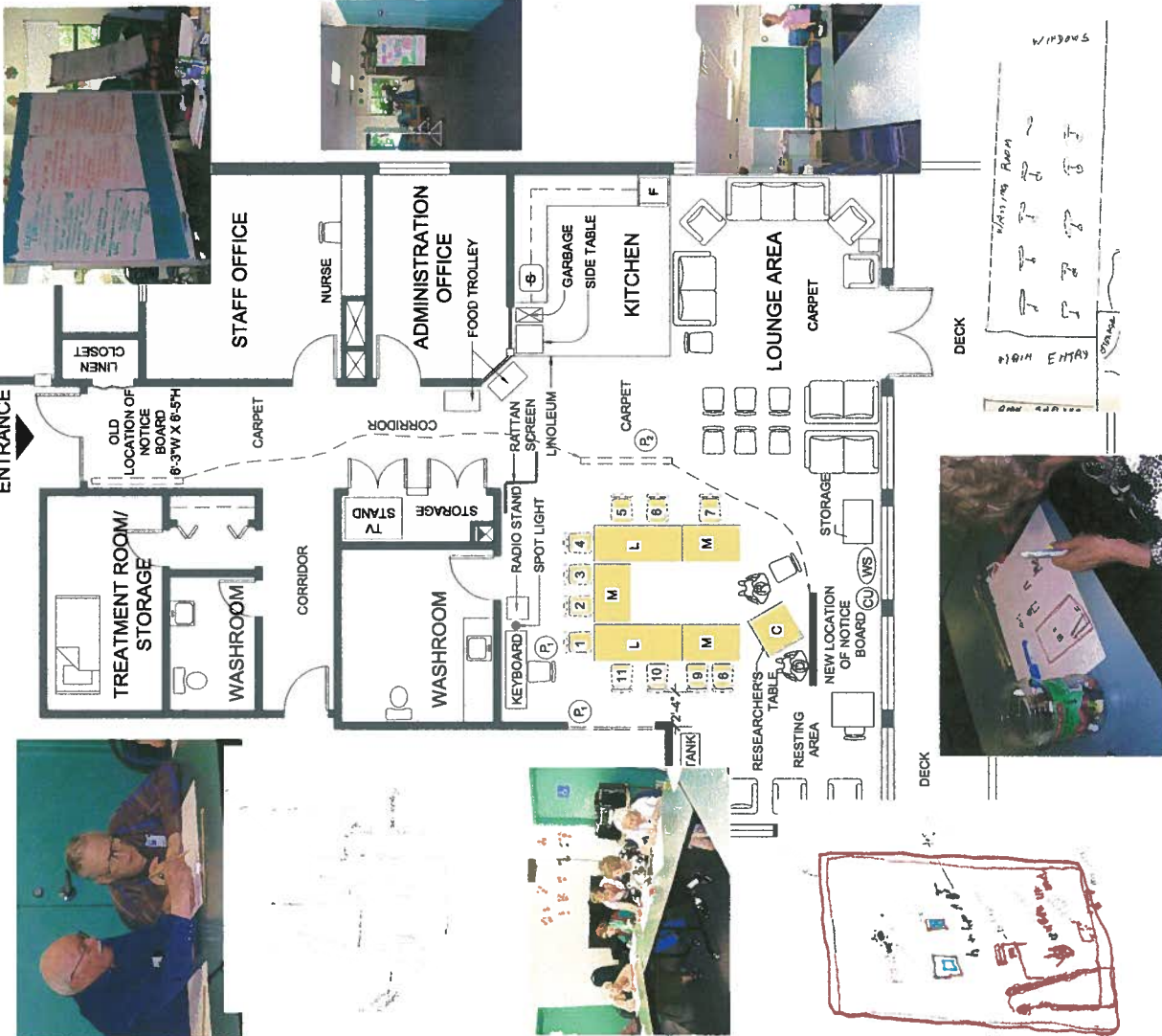
Figure 25: Session Five – Designing Creative Expression Studio
See Drawing LC - 5

2. Safety and security
 - Wood floor is preferable to carpet
 - Washrooms need to be close by
3. Familiarity and continuity of self and social interaction
 - Participants prefer to see the researcher sit and not stand
4. Quality stimulation
 - Being tucked away and separated temporarily by a rattan screen reduced interruption from visitors
5. Difficulties in visual, olfactory and auditory control
 - The intensity and direction of the lights brought comments such as:
 - an object against the light looks dark with no details
 - sharp lights cause pain and glare
 - seeing improves hearing
 - windows are important but where to place them depends on the use of the space
 - when working on white surfaces such as white paper, lights need to be dimmed
6. Overpopulated activities
 - A need to reduce the number of tables to fit a smaller group
7. Staff issues
 - Closing the distance between a facilitator and the participants plays an important role in establishing better interaction

Notes From Video Analysis WS (wide shot) Session 5 - Designing Creative Expression Studio July 18, 2005

Space Issues:

1. Environmental cues
 - Not enough environmental cues to prompt design activity.
 - Wood floor is preferable to carpet.
 - Washrooms need to be close by.
2. Safety and security
3. Familiarity and continuity of self and social interaction
 - Participants prefer to see facilitator/researcher sit and not stand.
 - Quality stimulation
 - Being tucked away and separated temporarily by a rattan screen reduced interruption from visitors.
4. Difficulties in visual, olfactory and auditory control
 - The intensity and direction of the lights brought these comments:
 1. an object against the light looks dark with no details
 2. sharp lights cause pain and glare
 3. seeing improves hearing
 4. windows are important but where to place them depends on the use of the space
 5. when working on white surfaces, such as white paper, lights need to be dimmed
5. Overpopulated activities
 - Reduced number of tables helped to fit a smaller group.
 - Facilitator's issues
 - Closing the distance between facilitator and participants encourages better interaction.
6. Overpopulated activities
7. Facilitator's issues



Creativity, Dementia and the Therapeutic Environment

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LEGEND

- Close-Up Camera
- Problem
- Visual Distraction
- Long Table (29.5" x 71")
- Med. Table (29.5" x 47")
- Card Table (36" x 36")
- Wide Shot Camera
- Cameraman
- Musician
- Researcher

PARTICIPANTS' QUOTES

What is art?

Anita: You become one with the book you are reading.

Av: Creative expression is a lot of things.

Anita: I loved it. I really enjoy that we have to think when you talk to us. It makes me think about places. The looks of them the use of them. Something I have never done.

**L'Chaim Adult
Day Care Centre**
Vancouver Jewish Community Centre
SESSION 5-DESIGNING CREATIVE
EXPRESSION STUDIO
July 18, 2005

U - SHAPED LAYOUT TURNED
AROUND
LC - 5



L'Chaim Centre – Suggested Design Resolutions

Drawing LC – 6 is the result of all the knowledge and understanding accumulated thus far on dementia as a medical condition, how it impacts the psychosocial behaviour of older people with dementia, how it impacts families and caregivers and the facilities that serve dementia clients. While it would have been highly desirable to design a new centre for L'Chaim's clients, reality calls for very modest changes that can be achieved in a reasonable time, within a tight budget and without having to close the Centre. Some interior changes did take place during this study, which were based on preliminary recommendations. What follows is a more extensive list of comments and design resolutions.

The following checklist is based on Moore, Geboy, Weisman and Mleziva (2001) and was adapted to fit this study. While I agree with them on the importance of quality stimulation, I disagree with their assertion that specific activities such as movement, thinking, psychosocial and spiritual activities (p. 77) need to be undertaken separately and carried out in different spaces. For example, the program on creative expression activities calls for the opposite approach, where the various activities are combined in one session to allow a full exposure to all senses and abilities at the same time. In other words, instead of moving the seniors from room to room, I chose to bring the activities to the seniors and change the environment around them. Of course, there is room for flexibility and combinations of space and activities. However, the main thrust of the creative expression activities program is to create a rich environment with the most opportunities to be exposed to experiences that build upon each other. The creative expression activities program can take place in small spaces so long as the main philosophical approach is followed. Knowing the kind of activities and how they are conducted will shape the architectural envelop and its design.

The final chapter in the Moore, Geboy, Weisman and Mleziva (2001) study is based on a comprehensive evaluation guide for design considerations for adult day centres. I selected it to guide my design resolution for the L'Chaim Centre as a framework or checklist. Some outdoor issues were omitted although their inclusion in a complete and comprehensive design are very important.

Coming and Going

First impression

- Although the L'Chaim Centre has undergone major renovations in recent years, the entrance to the Centre, which is located within the Jewish Community Centre, is too far removed from the main entrance to the building. A back door is located closer to the Centre's main entrance but it remains closed for security reasons. Staff recognizes the problem and stands vigilant to open the back door when the HandiDart bus arrives with the clients. It adds pressure since staff needs to stop whatever they are doing when the bus arrives to let the clients in by the shortest route.
- This route is not weather protected and could use a canopy

Sense of arrival and departure

- There is no reception area that separates the entry from the main program space
- The existing corridor is too long and does not act as a buffer or transition zone separating the public, semi-public and private areas
- The main doors are made of heavy metal, which is typical of institutions such as hospitals and jails
- There are no welcoming architectural solutions. However, staff is extremely friendly and goes out of their way to welcome the arriving clients
- Clients get help to take off their coats, only as needed
- There is no designated space to store walkers, wheelchairs or canes
- There is no direct and immediate space for hanging coats
- There is a toilet near the entrance

Suggested design resolutions

- Create a reception area that welcomes the clients or anyone visiting the Centre
- Provide space for coffee or tea, which clients could serve themselves under the supervision of staff
- Provide a semi-private place where clients could meet their visitors or take a break away from the main activity room
- Provide control of the security and safety of the Centre by technology or by staff monitoring the people who come into the Centre
- Change the front doors to glass doors to allow light and visual contact with the outside

Activity Settings

General features of activity settings

- There is a pleasant view to the outdoors
- There is no efficient separation of spaces for various concurrent activities or for various group sizes
- Extra chairs are lined up along the periphery of the room
- Toilets are easy to find and located nearby; however, access to them is not discreetly designed
- There is plenty of natural light. Glare from outside is controlled by blinds
- The interior glare due to poor lighting is a major issue
- There is very little attention to plants and their maintenance
- Recliners are provided in the rest area and in the lounge area
- There is no specific area for clients to sit and observe an activity without taking part in it. However, in an open space model, activities can be watched from every corner of the room. The downside is the lack of privacy, even for an activity such as watching.

Suggested design resolutions

- Increase the amount of plants and their maintenance
- Remove old wood furniture on the deck or replace it with new easy-care outdoor furniture
- Find storage for extra chairs not in use
- Adjust the intensity and color of interior lights to suit the various activities, whether they are task-oriented, or used for ambience and relaxation
- The access to toilets needs to be designed more discreetly
- Add some space from the adjacent hall to ease the need for space division for concurrent activities

Dining

- There is no separate space for dining

Suggested design resolutions

- Staff already does what it can to give a distinct flavour to the dining activity. They change the positions of the tables, cover them with tablecloths and set them with good dishes and cutlery. However, Moore et al. (2001) suggest that the furniture be arranged so that clients can choose whom to sit with. This is similar to the furniture layout in session 3 in this study.

Kitchen and kitchen work

- Moore et al. (2001) suggest using an open kitchen plan, which is accessible to all and has a residential feel to it. However, the activity in the kitchen may act as a disturbance when activities outside the kitchen are in progress.

Suggested design resolutions

- Partially close off the kitchen area by providing pony walls that are not of full height
- Hide the garbage container yet make it accessible
- Change the kitchen look from an institutional one to a residential one
- Leave large openings to the kitchen with no doors

Indoor walking and wandering in combination with outdoor activity

- Walking is a much needed activity to relieve stress that contributes to “social stimulation ... and environmental variety” (p. 179). The L’Chaim Centre was not planned to accommodate a wandering path and the existing tight space is insufficient to allow it. However, many of the clients live nearby and they walk over by themselves or with their caregivers.

Suggested design resolution

- In future plans for expansion, designs should take the walking and wandering path into account. The existing deck could be adjusted to provide some of these opportunities:
 - Secured outdoor walking and wandering path
 - Comfortable seats to enjoy the outside
 - Interesting and stimulating focal points
 - Weather protection solutions
 - Large pots to enrich the plant selections

Physical and related support activities

- Moore et al. (2001) suggest (p. 183) an open space suitable for use by up to 16 people for physical and other therapies. The present space can accommodate this
- There is no efficient private space for private therapies
- There is not enough storage space available

Suggested design resolutions

- Provide a separate room for nursing activities
- Provide storage space wherever possible, whether in low cupboards under the windows, or along the walls, or in linen closets. In general, upgrade all of the existing office furniture and kitchen cupboards.

Creativity, Dementia and the Therapeutic Environment

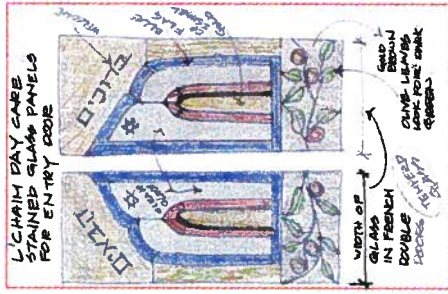
Dalia Gottlieb-Tanaka, M.Arch
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Notes For Proposed Plan

- First Impression**
- Entrance to activity room is located too far from the main entrance to the building.
 - Access is not weather protected.
 - Sense of arrival and departure
 - No reception area that separates the entrance from the main activity space.
 - Existing corridor are too long. They do not act as a buffer separating the public, semi-public and private areas.
 - Main doors are too heavy and institutional looking.
 - No welcoming architectural solutions.
 - Help in taking off coats on a need basis only.
 - No space to store walkers, wheelchairs or canes.
 - No direct and immediate space for hanging coats.
 - There is a toilet near the entrance.
 - Suggested design resolutions:
 - Create a welcoming reception area.
 - Provide an opportunity for coffee or tea.
 - Provide semi-private place to meet and take a break away from the main activity room.
 - Provide security and safety controls.
 - Change the front doors to glass doors to allow light and visual access with the outside.

Activity Settings

- General features of activity settings**
- There is a pleasant view of the outdoors.
 - There is no physical separation for various concurrent activities or for various group sizes.
 - Extra chairs are lined up along the periphery of the room.
 - Toilets are easy to find and close by but their access is not discreetly designed.
 - There is plenty of natural light. Glare from the outside is controlled by blinds.
 - Interior glare due to poor lighting is a major concern.
 - There is very little attention to indoor plants.
 - There are recliners in the rest area and lounge area.
- Suggested design resolutions:**
- Increase the number of plants and their maintenance.
 - Replace old wood furniture on the deck with easy-care outdoor furniture.
 - Find storage for extra chairs not in use.
 - Adjust interior lights to suit the various activities
 - Add some space from adjacent hall to ease the need for space separation for concurrent activities.



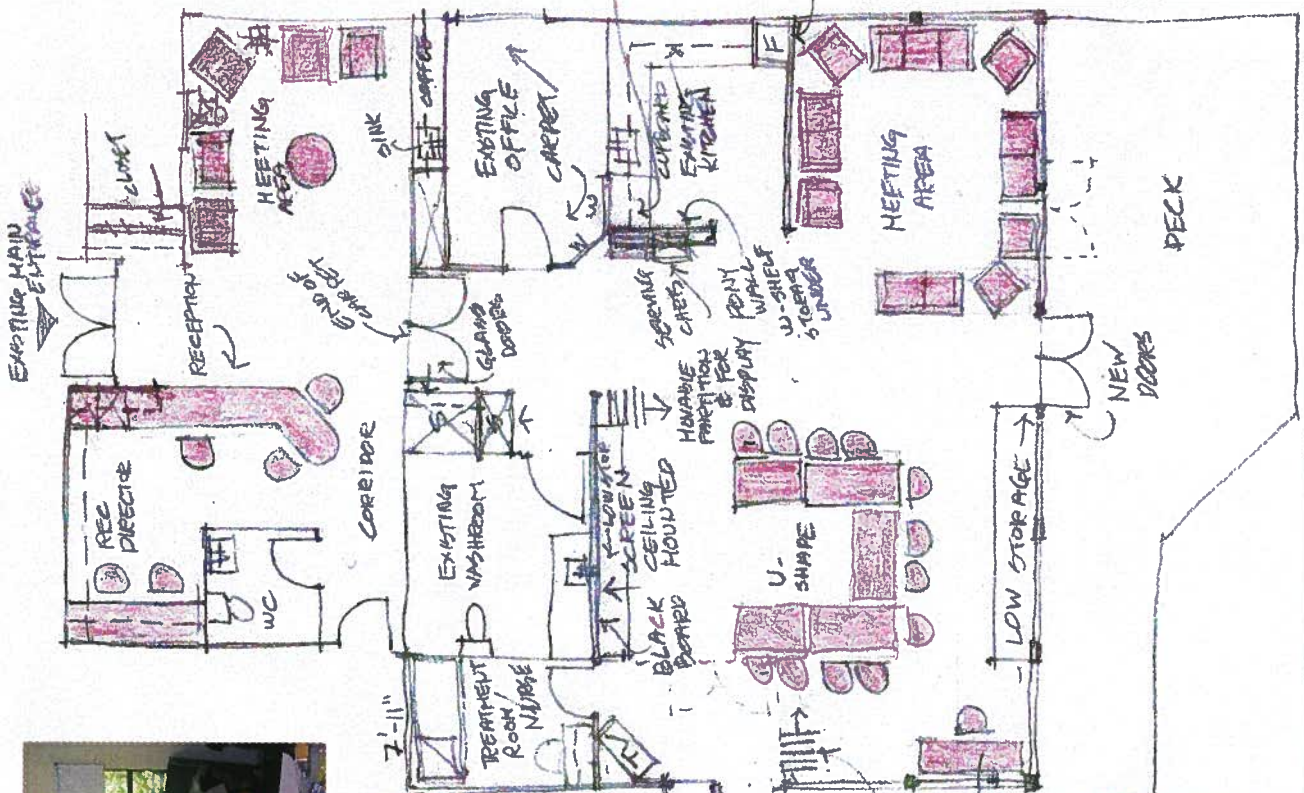
Proposed stain glass doors for main entrance doors

L'Chaim Adult Day Care Centre

Vancouver Jewish Community Centre
August 25, 2005

PROPOSED FLOOR PLAN

LC - 6A
(in dissertation p.146)



Propose space dividers/display boards



Increase the number of plants



Easy outdoor furniture & plants



Replace old wood furniture on the deck with easy-care outdoor furniture

Notes For Proposed Floor Plan

Dining

- There is no separate space for dining
- Suggested design resolutions:
 - Staff already does what it can to give a distinct flavour to the dining activity by moving furniture around and using table cloth. However, Moore et al. recommends arranging the furniture in a way that lets clients choose who to sit with.

Kitchen and kitchen work:

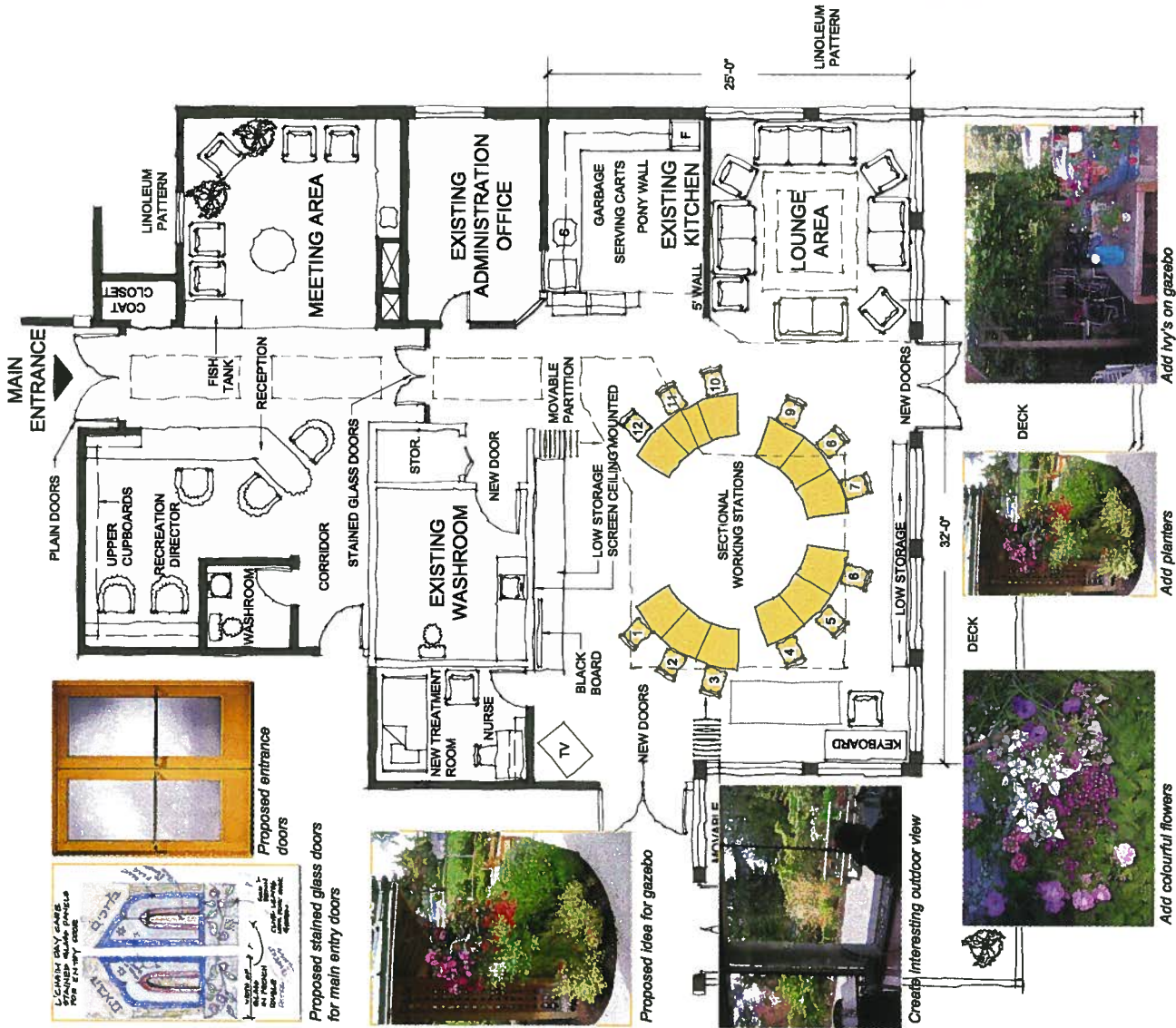
- Moore et al. suggest an open kitchen, which is accessible to all and has a residential feel to it. However, activity in the kitchen can distract from activities going on outside the kitchen.
- Suggested design resolutions:
 - Partially enclose the kitchen area.
 - Hide the garbage container.
 - Change the kitchen's institutional look to a residential one.
 - Leave large openings to the kitchen area.

Indoor walking and wandering in combination with outdoor activity

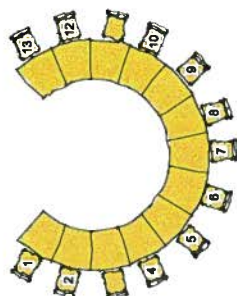
- Walking is a much needed activity to relieve stress. The L'Chaim Centre was not planned to accommodate a wandering path and the existing space is too tight
- Suggested design resolutions for future expansion:
 - Provide secure outdoor walking and wandering path.
 - Provide comfortable seats to enjoy the scene outside.
 - Provide interesting and stimulating focal points.
 - Provide covered areas for weather protection.
 - Enrich the plants selections using large pots.

Physical and related support activities

- Present open space can accommodate up to 16 people for physical and other therapies.
- There is no efficient private space for private therapies.
- There is not enough storage space.
- Suggested design resolutions:
 - Provide a separate room for nursing activities.
 - Provide storage space wherever possible, in low cupboards under the windows, along the walls and in linen closets. In general, upgrade all existing office furniture and kitchen cupboards.



Creativity, Dementia and the Therapeutic Environment
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Circle of working stations



Proposed gazebo idea

L'Chaim Adult Day Care Centre
 Vancouver Jewish Community Centre
 August 25, 2005

PROPOSED FLOOR PLAN

LC - 6B
 (in dissertation p.147)



L'CHAIM DAY CARE CENTRE FOR SENIORS

Proposed stained glass doors for main entry doors

Proposed stained glass doors for main entry doors



Proposed idea for gazebo



Credits Interesting outdoor view



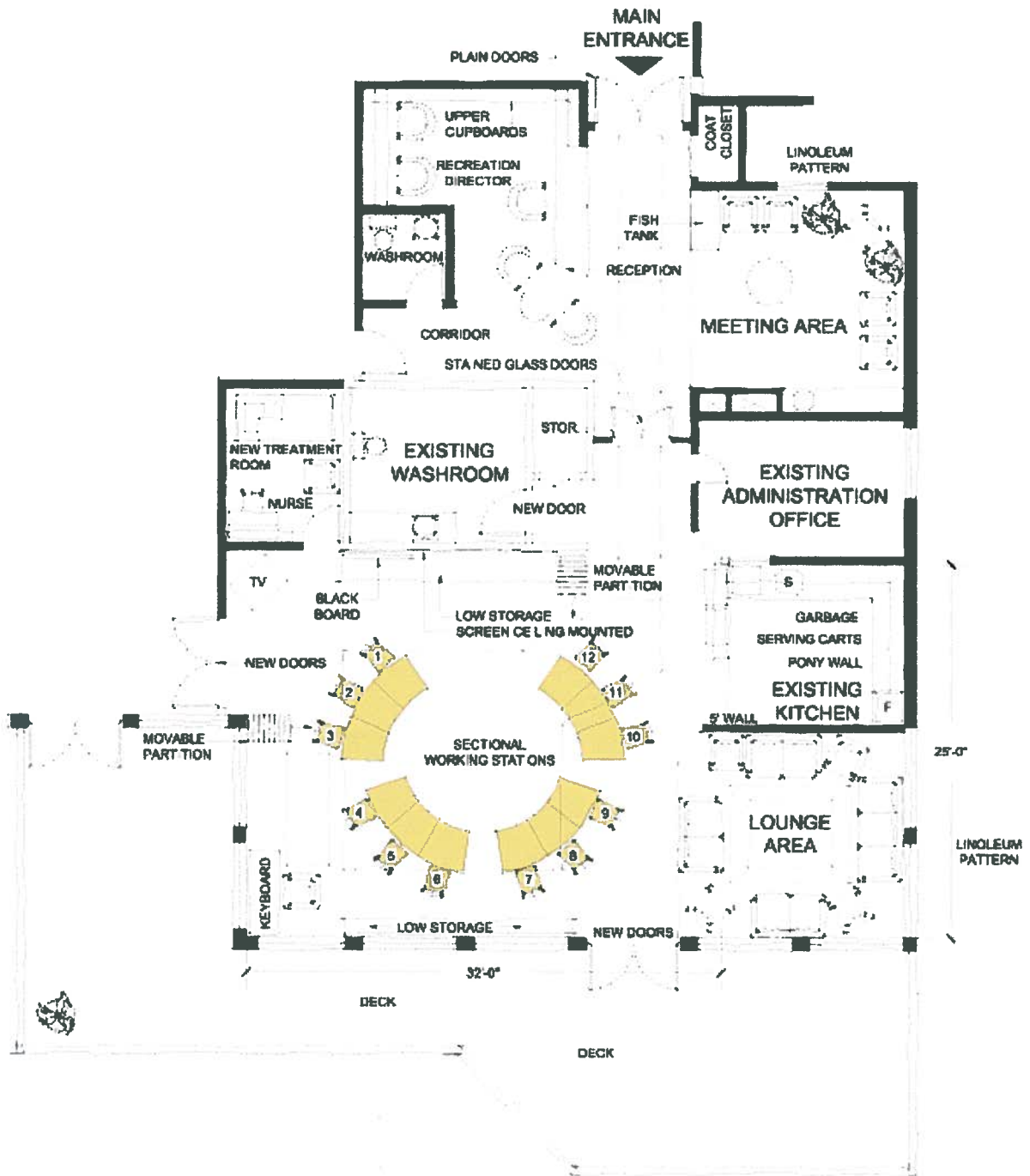
Add colourful flowers



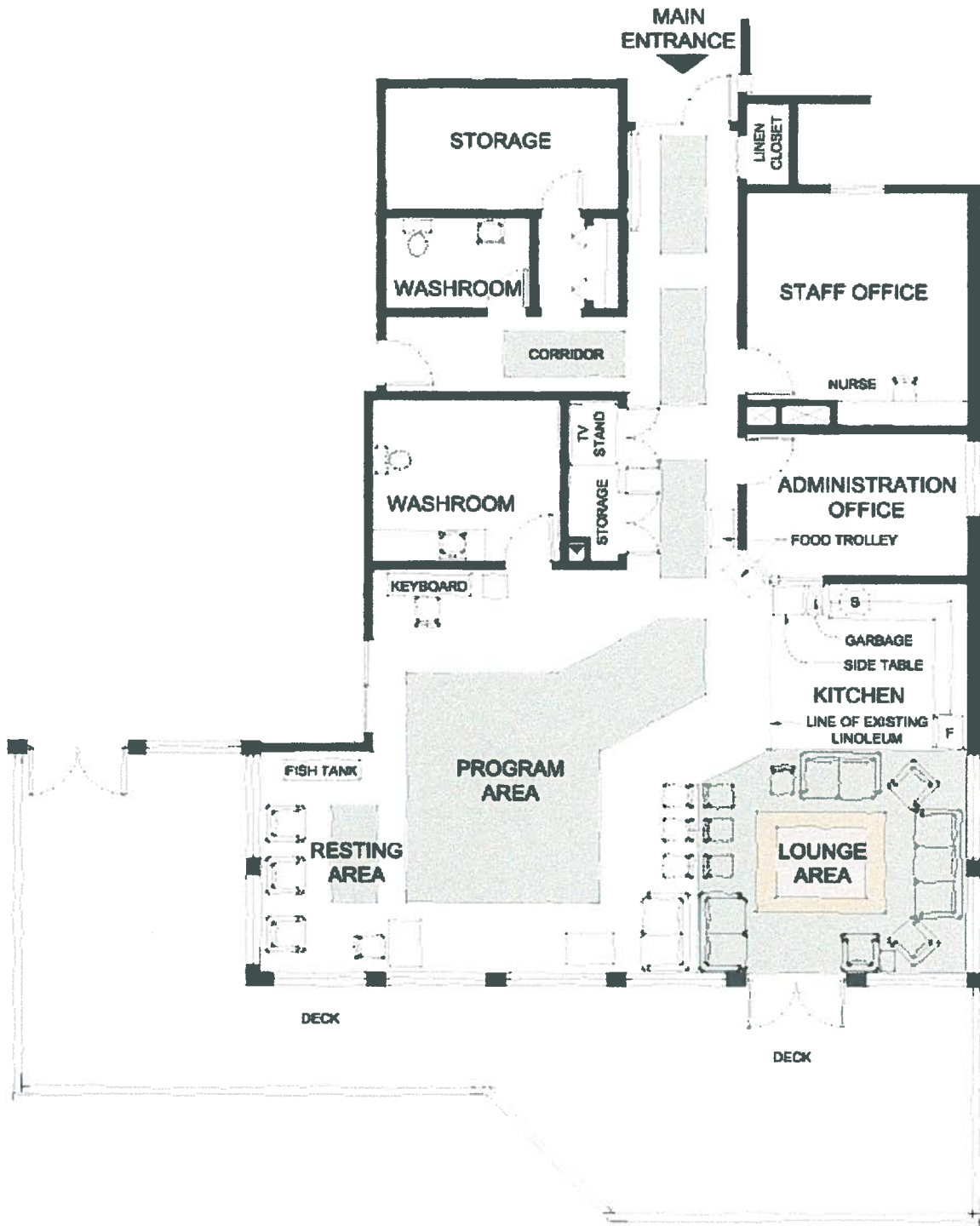
Add planters



Add ivy's on gazebo



Drawing LC – 6B: Proposed Floor Plan at the L'Chaim Adult Day Care Centre



Drawing LC – 6C: Proposed Floor Covering Design – Implemented at the L'Chaim Adult Day Care Centre

Creativity, Dementia and the Therapeutic Environment

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Vancouver, BC.

Notes For Proposed Floor Plan

- Dining**
- There is no separate space for dining
 - Suggested design resolutions:
 - Staff already does what it can to give a distinct flavour to the dining activity by moving furniture around and using table cloth. However, Moore et al. recommends arranging the furniture in a way that lets clients choose who to sit with.

- Kitchen and kitchen work:**
- Moore et al. suggest an open kitchen, which is accessible to all and has a residential feel to it. However, activity in the kitchen can distract from activities going on outside the kitchen.
 - Suggested design resolutions:
 - Partially enclose the kitchen area.
 - Hide the garbage container.
 - Change the kitchen's institutional look to a residential one.
 - Leave large openings to the kitchen area.

- Indoor walking and wandering in combination with outdoor activity**
- Walking is a much needed activity to relieve stress. The L'Chaim Centre was not planned to accommodate a wandering path and the existing space is too tight
 - Suggested design resolutions for future expansion:
 - Provide secure outdoor walking and wandering path.
 - Provide comfortable seats to enjoy the scene outside.
 - Provide interesting and stimulating focal points.
 - Provide covered areas for weather protection.
 - Enrich the plants selections using large pots.

- Physical and related support activities**
- Present open space can accommodate up to 16 people for physical and other therapies.
 - There is no efficient private space for private therapies.
 - There is not enough storage space.
 - Suggested design resolutions:
 - Provide a separate room for nursing activities.
 - Provide storage space wherever possible, in low cupboards under the windows, along the walls and in linen closets. In general, upgrade all existing office furniture and kitchen cupboards.

LEGEND

NEW LINOLEUM COLOR PATTERN

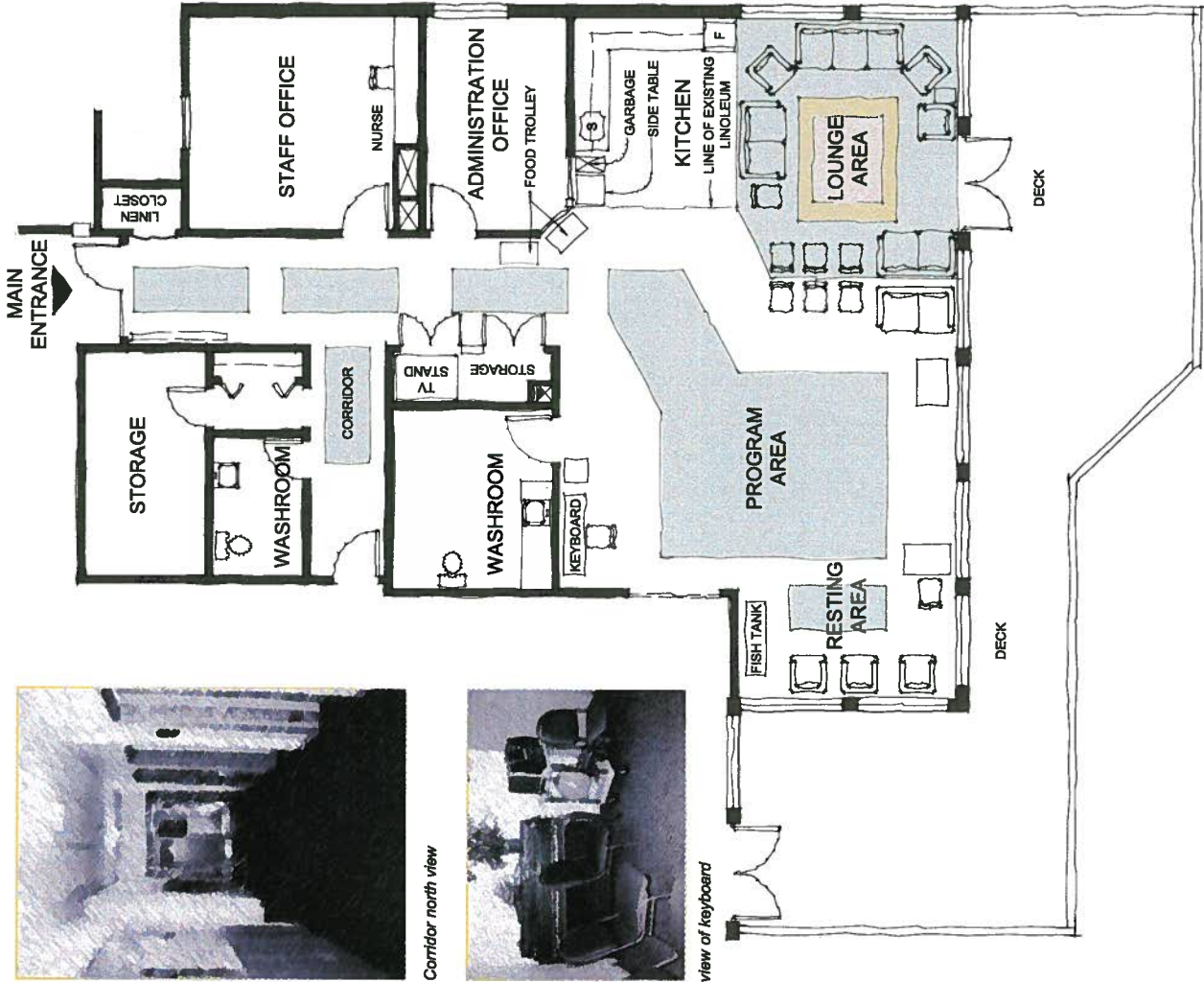
- 3049 Field
- 3120 Stepping Stone
- 3183

L'Chaim Adult Day Care Centre

Vancouver Jewish Community Centre
August 25, 2005

NEW FLOOR PLAN
AS-BUILT

LC - 6C
(in dissertation p.148)



Margaret Fulton Adult Day Care Centre

Identifying space problems. Margaret Fulton Centre is an appealing facility, which is nestled within a beautiful setting. One visit to the Centre would not have revealed the minor problems that surfaced when conducting the creative expression activities. The following comments need to be reviewed along with drawings MF 1-5.

Furniture Arrangements: Sessions One to Four

Session one – Friendship



Figure 26: Session One - Friendship

See Drawing MF – 1 (small room in the back)

Two tables are arranged into L shape (4 feet wide by 8 feet long)

Room size: 18 ft by 21 ft.

1. Environmental cues
 - Cues for the topic were displayed on the tables. No other cues were provided
 - No access to the outdoor which was very attractive
 - No sufficient space for circulation, wheelchairs or walkers
 - No sufficient air circulation. Southern orientation. Too hot in the summer
2. Safety and security
 - No room to dance and turn safely, although floor finishes appropriate for dancing
 - The researcher was in control of the room's exist using the entry door
 - Insufficient space for this activity for more than 4 participants unless some furniture was removed
3. Familiarity and continuity of self and social interaction
 - Participants were divided into English and Spanish speaking women. No interaction was exhibited
 - Strong bond between the English speaking women with one of them leading the group
 - Strong bond and gentle interaction between the Spanish speaking women
 - Strong bond and familiarity with staff
 - Only the Spanish women acknowledge remembering me. The sense of familiarity with the English speaking women was not felt nor established
4. Quality stimulation
 - Quality stimulation was under control since the room was closed to others and participants could concentrate on their tasks to their best abilities
5. Difficulties in visual, olfactory and auditory control
 - There were no difficulties in visual, olfactory and auditory control
6. Overpopulated activities
 - No sufficient solutions to display objects close by
 - No sufficient solutions to display extra sheets of the flipchart close by
 - Too many participants (7) could be ideal under existing circumstances
7. Staff issues
 - Staff had difficulties reaching participants from behind to help with art activity

Notes From Video Analysis WS (wide shot) Session One - Friendship

Space Issues

1. Objects on display need to be placed in close proximity to participants to attract their attention. Limit the distance up to approximately 7 feet from where the participants sit.
2. Allow sufficient space for circulation around the table, easy access to participants and caregivers, wheelchair accessibility and storage for walkers.
3. Better air circulation. The room was too small and too hot.
4. The view from the room is magnificent. Include the view in changes to bring the outside in; design a balcony to expand the room, physically and visually.



Setting the room-north view



Kitchenette area-north view



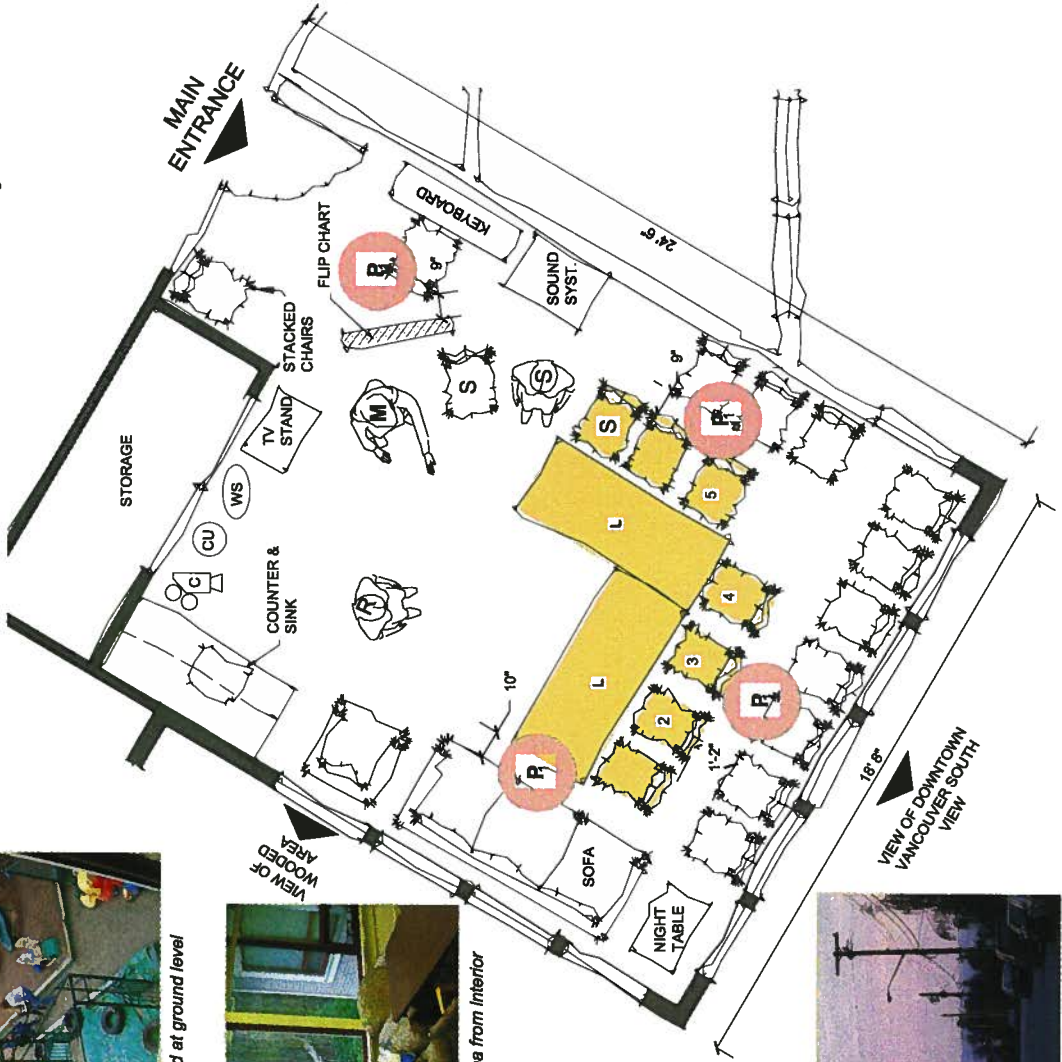
Children playground at ground level



View of wooded area from interior



South view of downtown Vancouver



Creativity, Dementia and the Therapeutic Environment

Dalia Gottlieb-Tanaka, M.Arch
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Vancouver, BC.

LEGEND

- (S) Staff
- (P) Problem
- (P2) Visual Distraction
- (CU) Close-Up Camera
- (WS) Wide Shot Camera
- (C) Cameraman
- (M) Musician
- (R) Researcher
- (L) Long Table (29.5"x71")
- (M) Med. Table (29.5"x47")
- (C) Card Table (36" x 36")

PARTICIPANTS' QUOTES

Joan (staff): I don't think they understand everything that was going around, but they loved what they were doing.



Exterior of Building-nw view

Margaret Fulton Adult Day Care Centre

North Vancouver

SESSION 1 - FRIENDSHIP
June 28, 2005

SMALL ROOM IN THE BACK

MF - 1
(in dissertation p.151)



**Session Two – Music, Dancing, Poem Writing and Card Decoration
Designing a Dancing Floor**

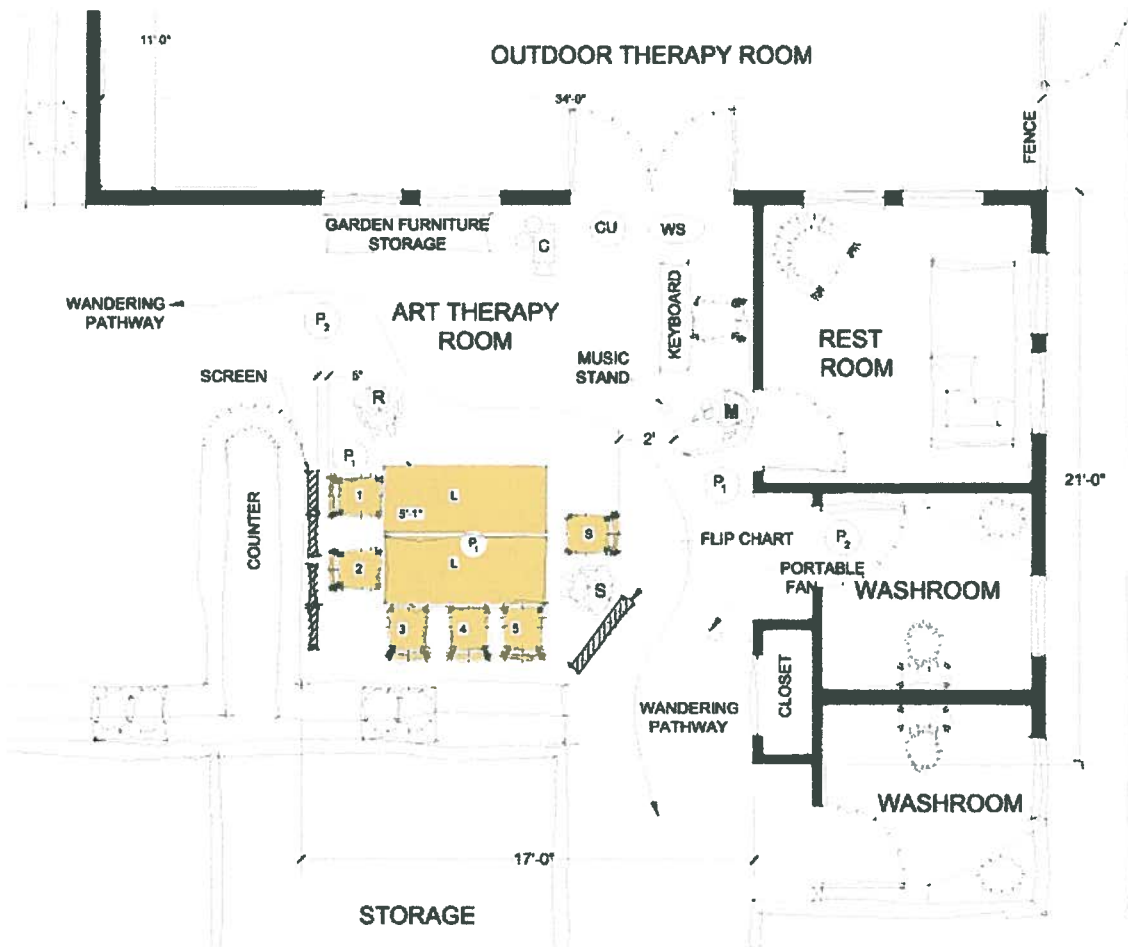


Figure 27: Session Two - Music
See Drawing MF – 2 (art Therapy Room)

Two tables side by side creating one table (8 feet wide by 8 feet long)

Room size: 16 ft by 20 ft.

1. Environmental cues

- There are appropriate cues for an art activity. All art supplies and art work are displayed
- A wandering path leads directly through the art room, distracting program participants from concentrating on the topic or on their task.
- It is hard to reach participants across two combined tables
- There is no room for additional people to perform, dance, or to expand the group
- There is a need to reach a fine balance between having ample room for circulation and at the same time providing a more intimate setting with a feeling of closeness
- The room needs movable partitions and movable furniture
- Good contact with the outside
- Access to the washroom is near by, however it opens directly into an activity area
- No observation area for people who would like to watch from a distance or work their way into an activity at their own pace would be an asset

2. Safety and security
 - It is not an issue in this Centre since it is being addressed through the whole facility
 - It includes controlled main exist, fence around the garden, trained staff to watch for safety problems
3. Familiarity and continuity of self and social interaction
 - Same as in session one on Friendship. Except one English speaking woman who joined the group only once did try to communicate with one of the Spanish speaking woman.
4. Quality stimulation
 - No quality stimulation control until the walking ceased around the space
5. Difficulties in visual and auditory control
 - Too many disturbances by other clients of the Centre
 - There is very poor acoustic separation from other activities in the Centre
6. Overpopulated activities
 - Area was too small for 5 participants, staff and musician
7. Staff issues
 - A multi-activity program needs more than one person leading the session



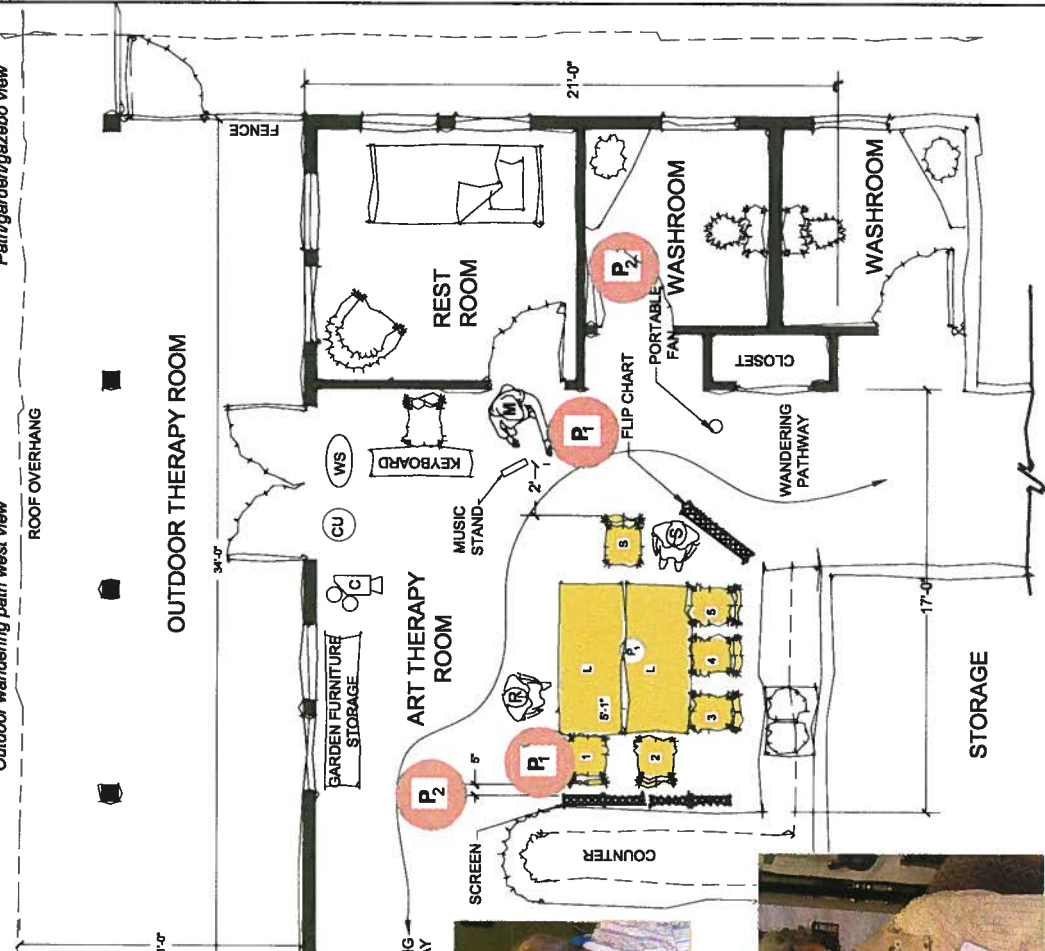
Staff working with Participant



Outdoor wandering path west view



Path/garden/gazebo view



Staff working with Participant



Participant writing poetry

Notes From Video Analysis WS (wide shot) Session Two - Designing a Dance Floor

Space Issues

1. A wandering path leads directly through the art room, distracting program participants from concentrating on the topic or on their task.
2. There is very poor acoustic separation from other activities in the centre.
3. A multi-activity program needs more than one person leading the session; this has implications for space requirements.
4. It is hard to reach participants across two combined tables.
5. There is no room for additional people to perform, dance, or to expand the group.
6. There is a need to reach a fine balance between having ample room for circulation and at the same time providing a more intimate setting with a feeling of closeness.
7. The room needs movable partitions and movable furniture.
8. Contact with the outside is crucial to feeling good, connected and not imprisoned.
9. Access to the washroom should be planned in a more discreet way, where the door does not open directly into an activity that is taking place. The washroom can still be situated nearby, but somewhat removed.
10. An observation area for people who would like to watch from a distance or work their way into an activity at their own pace would be an asset.



Creativity, Dementia and the Therapeutic Environment

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LEGEND

- (S) Staff
- (CU) Close-Up Camera
- (WS) Wide Shot Camera
- (L) Cameraman
- (M) Musician
- (C) Researcher
- (P1) Problem
- (P2) Visual Distraction
- (L) Long Table (29.5"x71")
- (M) Med. Table (29.5"x47")
- (C) Card Table (36" x 36")

PARTICIPANTS' QUOTES

- Mildred: *The violin is a beautiful instrument.*
- Dalla: *Margaret, why do we need a smooth floor?*
- Maragret: *So you can do whatever you do (showing twirls with her hand).*
- Mildred: *Some music makes me cry.*

Margaret Fulton Adult Day Care Centre

North Vancouver

SESSION 2 - DESIGNING
A DANCE FLOOR
July 5, 2005

ART THERAPY ROOM

MF - 2

(in dissertation p. 154)

Session Three – Music and Drumming

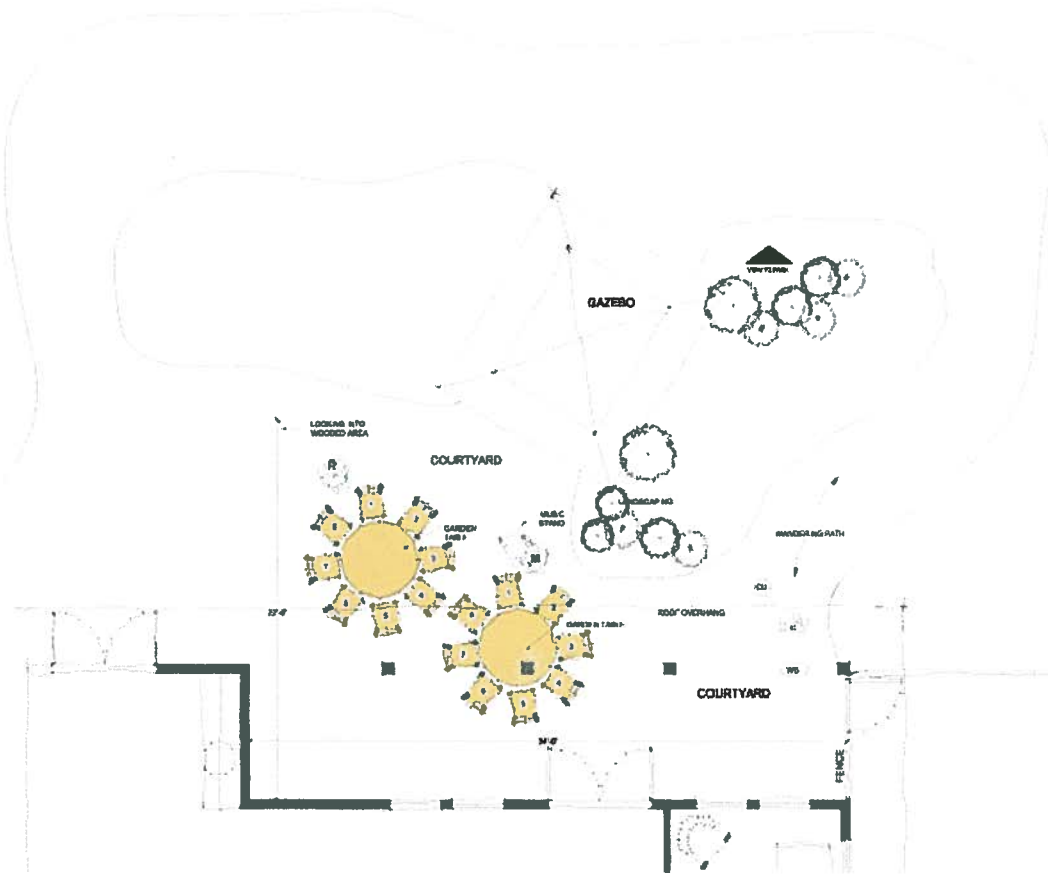


Figure 28: Session Three – Music and Drumming

See *Drawing MF – 3 (courtyard)*

Two round garden tables (3 ft.)

Area size: same as the Art Therapy Room 16 ft by 20 ft.

1. Environmental cues

- Drums and a musician provided the only cues for the activity

2. Safety and security

- Very little issues. However, wheelchairs and walkers were rolling away
- There is ample space for walkers and their storage.
- Being outside exposes participants to cold air, flies and other insects.
- The roof's overhang provides protection from the weather.

3. Familiarity and continuity of self and social interaction

- Positive reaction to outdoor setting for an activity which is a nice change from indoor activity. Participants comment on the fresh air, the larger space and being part of nature.
- Round table provided more opportunities for social interaction between the participants and between the two groups

4. Quality stimulation

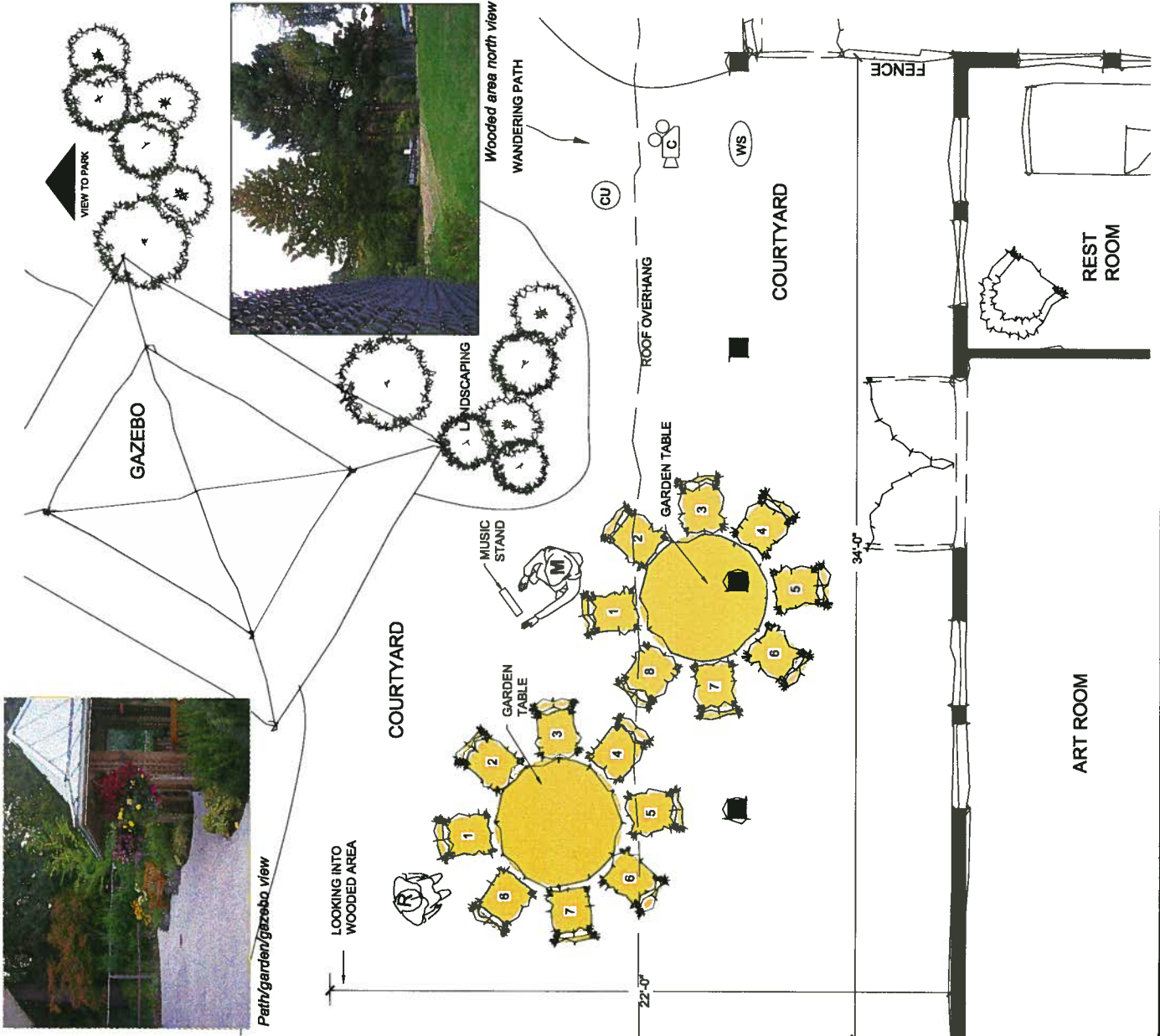
- The beauty of the surroundings was soothing and inspiring.
- The view of a beautiful garden ties in with the park and the wooded area.
- Being outside connects participants to the sounds of nature.
- Sounds of children playing bring positive reactions.

- There is ample room for dancing.
 - Some participants could not see the performer.
5. Difficulties in visual and auditory control
- Expected and therefore it was planned for a noisy activity
 - Children yelling in the park attracted one of the participant's attention through the all session
6. Overpopulated activities
- Ample of room for 5 participants and could accommodate additional participants
7. Staff issues
- I did not feel enclosed

Notes From Video Analysis WS (wide shot) Session Three

Space Issues

1. Outdoor setting for an activity is a nice change from indoor activity. Participants comment on the fresh air, the larger space and being part of nature.
2. Round table provides better access to each participant.
3. There is ample space for walkers and their storage.
4. The researcher did not feel enclosed.
5. The beauty of the surroundings was soothing and inspiring.
6. The view of a beautiful garden ties in with the park and the wooded area.
7. Being outside connects participants to the sounds of nature.
8. Being outside exposes participants to cold air, flies and other insects.
9. Sounds of children playing bring positive reactions.
10. There is ample room for dancing or moving around.
11. Some participants could not see the performer.
12. The roof's overhang provides protection from the weather.
13. The ground slopes away for drainage; the slope needs to be changed to prevent wheelchairs and walkers from rolling away.



Creativity, Dementia and the Therapeutic Environment

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LEGEND

Close-Up Camera	Staff
Wide Shot Camera	Problem
Cameraman	Visual Distraction
Musician	Long Table (29.5'x71')
Researcher	Med. Table (29.5'x47')
	Card Table (36" x 36")

PARTICIPANTS' QUOTES

- Caroli: There are too many people in there. (Meaning small room at the back)
- Caroli: I don't like the small room.
- Dalla: Did you enjoy. You sang all along...
- Caroli: That was way back when now I'm just nothing.

Margaret Fulton Adult Day Care Centre

North Vancouver

SESSION 3
July 12, 2005

COURTYARD - MUSIC &
DRUMMING

MF - 3
(in dissertation p.157)

Session Four– Massage and the Walkout

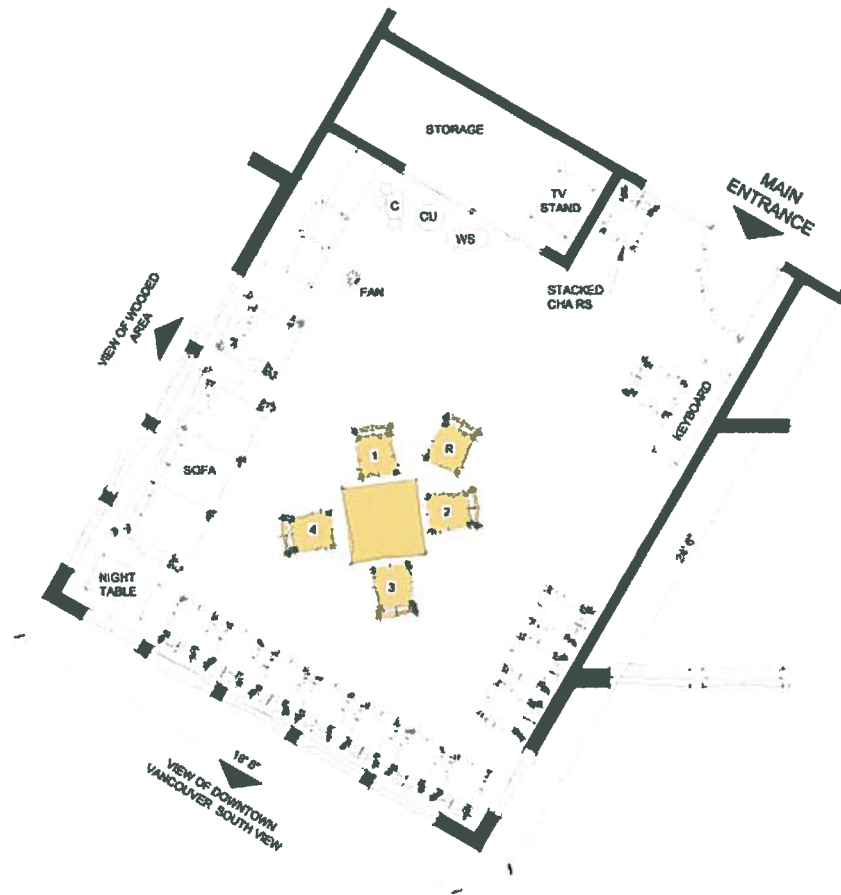


Figure 29: Session Four – Massage and the Walkout

See Drawing MF – 4 (small room in the back)

One card table (36" X 36")

Room size: 18 ft by 21ft.

1. Environmental cues
 - Massage creams on the table
2. Safety and security
 - No issue
3. Familiarity and continuity of self and social interaction
 - No doubt the familiarity with the room sparked a walkout
 - Strong presentation of self and one's desires
 - Strong leadership displayed by one participants influenced others
4. Quality stimulation
5. Difficulties temperature control
 - The room was stuffy. We used a fan to move the air around.
6. Overpopulated activities
 - Was not an issue
7. Staff issues
 - None of us wanted to be there.
 - The 3x3 ft. square table did not work well for physical interaction with participants

Notes From Video Analysis WS (wide shot) Session Four













Space Issues

1. None of us wanted to be there.
2. The room was stuffy. We used a fan to move the air around.
3. The 4x4 ft. square table did not work well for physical interaction.
4. It would be helpful to design a new table that could answer many needs and uses when interacting with seniors with dementia.

Creativity, Dementia and the Therapeutic Environment

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Vancouver, BC.

LEGEND

	Close-Up Camera		Staff
	Wide Shot Camera		Problem
	Med. Table (29.5"x71")		Visual Distraction
	Cameraman		Long Table (29.5"x71")
	Musician		M
	Researcher		C

PARTICIPANTS' QUOTES

Carol: I was here this morning all this time, I wanted to go out this time.

Dalia: Most of the time that people don't understand that when you are engaged in with seniors especially seniors with Dementia it takes a great deal of energy to engage them in an activity. But to the outsider it looks like you are doing nothing.

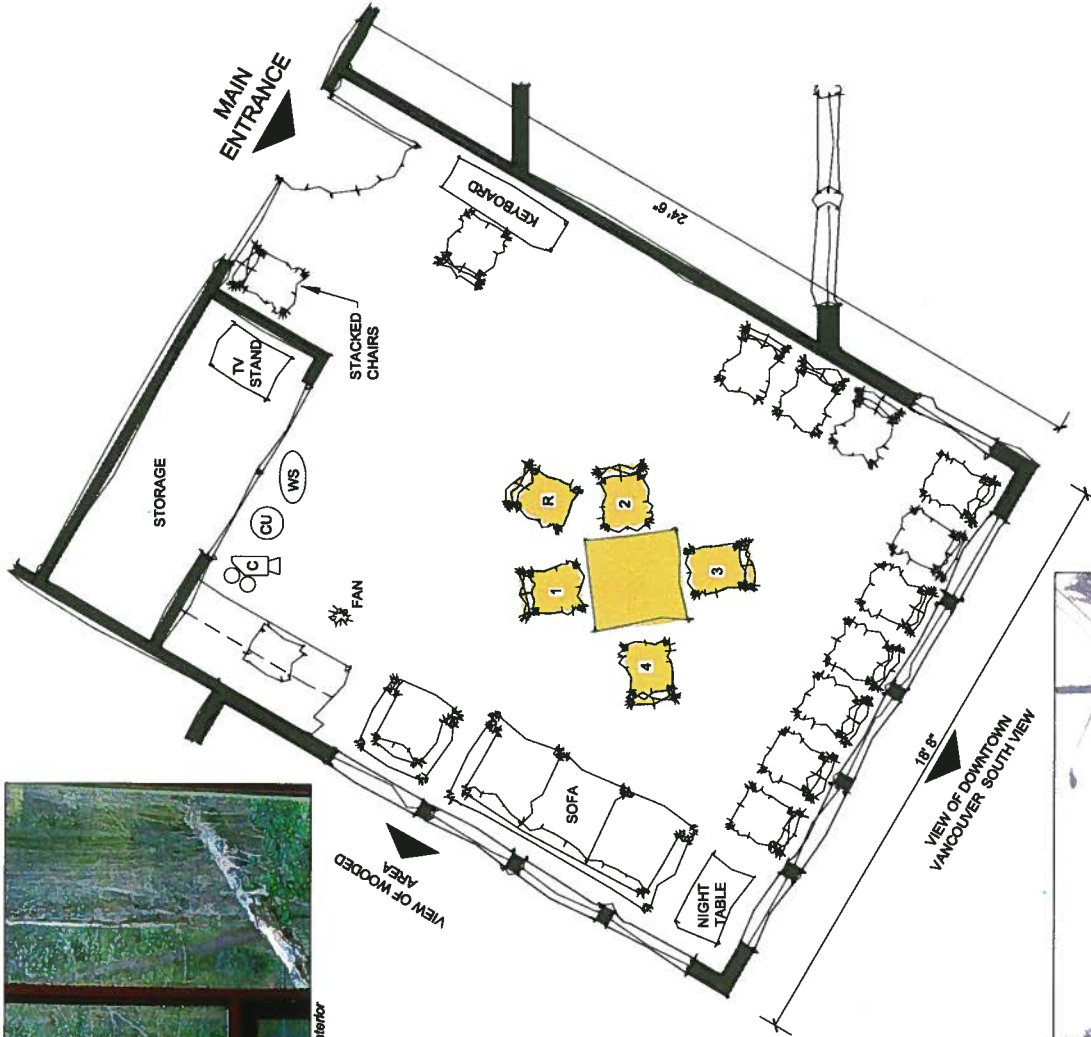
Margaret: Because I like being outside with all the flowers and stuff...

Margaret Fulton Adult Day Care Centre

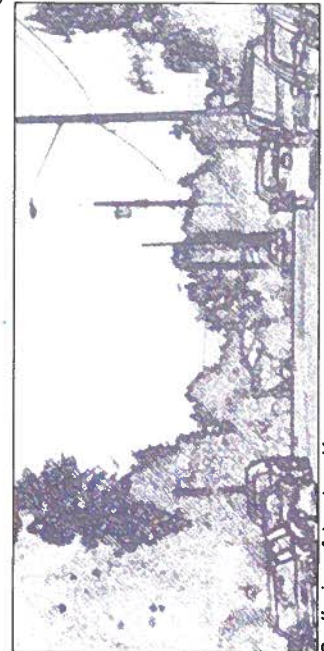
North Vancouver
SESSION 4
July 19, 2005

SMALL ROOM IN THE BACK -
MESSAGE & THE WALK-OUT

MF - 4
(in dissertation p.159)



View of wooded area from interior



South view of downtown Vancouver



Margaret Fulton Centre – Suggested Design Resolutions

Coming and Going

First Impression

- Good sense of arrival
- Appealing image and setting of the building
- Good protection from the weather
- Overall very welcoming

Sense of arrival and departure

- reception area that separates the entry from the main program space
- Clear designation of the public, semi-public and private areas
- Staff waits to receive clients and depart from them in a foyer located close to the main entry
- Clients get help to take off their coats, only as needed
- There is designated space to store walkers, wheelchairs or canes
- There are toilets near the entrance

Activity Settings

General features of activity settings

- There is a pleasant view to the outdoors
- There is no efficient separation for some spaces for various concurrent activities
- Extra chairs are lined up along the periphery of the room
- Toilets are easy to find and located nearby; however, one is not discreetly designed
- There is plenty of natural light. Glare from outside is controlled by blinds

Suggested design resolutions

- Find storage for extra chairs not in use
- The access to toilets needs to be designed more discreetly
- Separate the interior wandering path from the art Therapy Room

Dining

- There is a good dining room that works well

Kitchen and kitchen work

- Kitchen area is not accessible to the clients.

Suggested design resolutions

- Provide a kitchen facility that would allow safe involvement of clientele

Indoor walking and wandering in combination with outdoor activity

- Good outdoor wandering path, garden and ample room for outdoor activity.

Physical and related support activities

- There is an open space suitable for use by up to 16 people for physical and other therapies.

Overall the Centre is designed to accommodate seniors with dementia and architecturally answers most of the needs and behaviour that rise due to the disease. Interviewing staff and the architect of the Centre it became clear that the collaboration between them produced one of the best facilities in Vancouver. Drawing MF-5, suggests minor changes to eliminate the interference of the interior walking path with the Art Therapy Room and minor changes in the back room by providing access to a new balcony and windows that can be opened wider for fresh air.

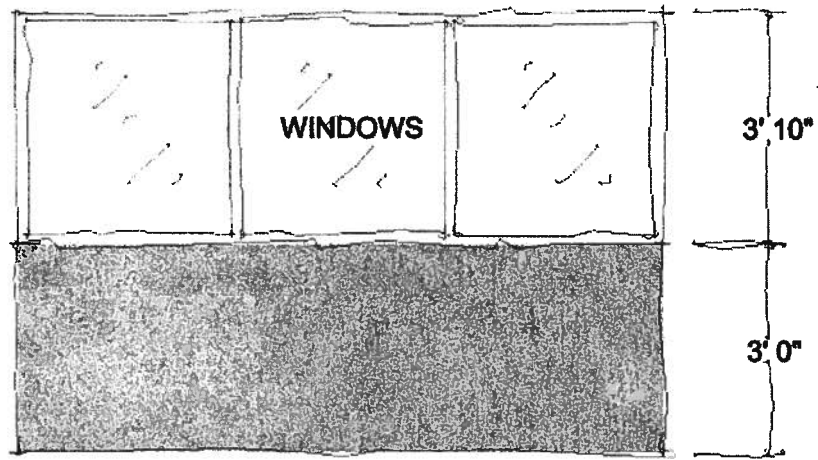


Figure 30: Proposed Wall Separating the Wandering Path from the Art Room at Margaret Fulton Centre



Drawing MF – 5: Proposed Changes to Floor Plan at Margaret Fulton Centre

See Drawing MF – 5. Adding a new deck to the back room and expanding art area and interior wandering path

Creativity, Dementia and the Therapeutic Environment

Dalla Gottlieb-Tanaka, M.Arch
Interdisciplinary Program
University of British Columbia
Vancouver, BC.

LEGEND

-  New Addition
-  Minor Changes to Existing Area
-  New Door



Margaret Fulton Adult Day Care Centre

North Vancouver

July 19, 2005

PROPOSED FLOOR PLAN

MF - 5B
(in dissertation p. 162 A)



Gazebo end garden top view



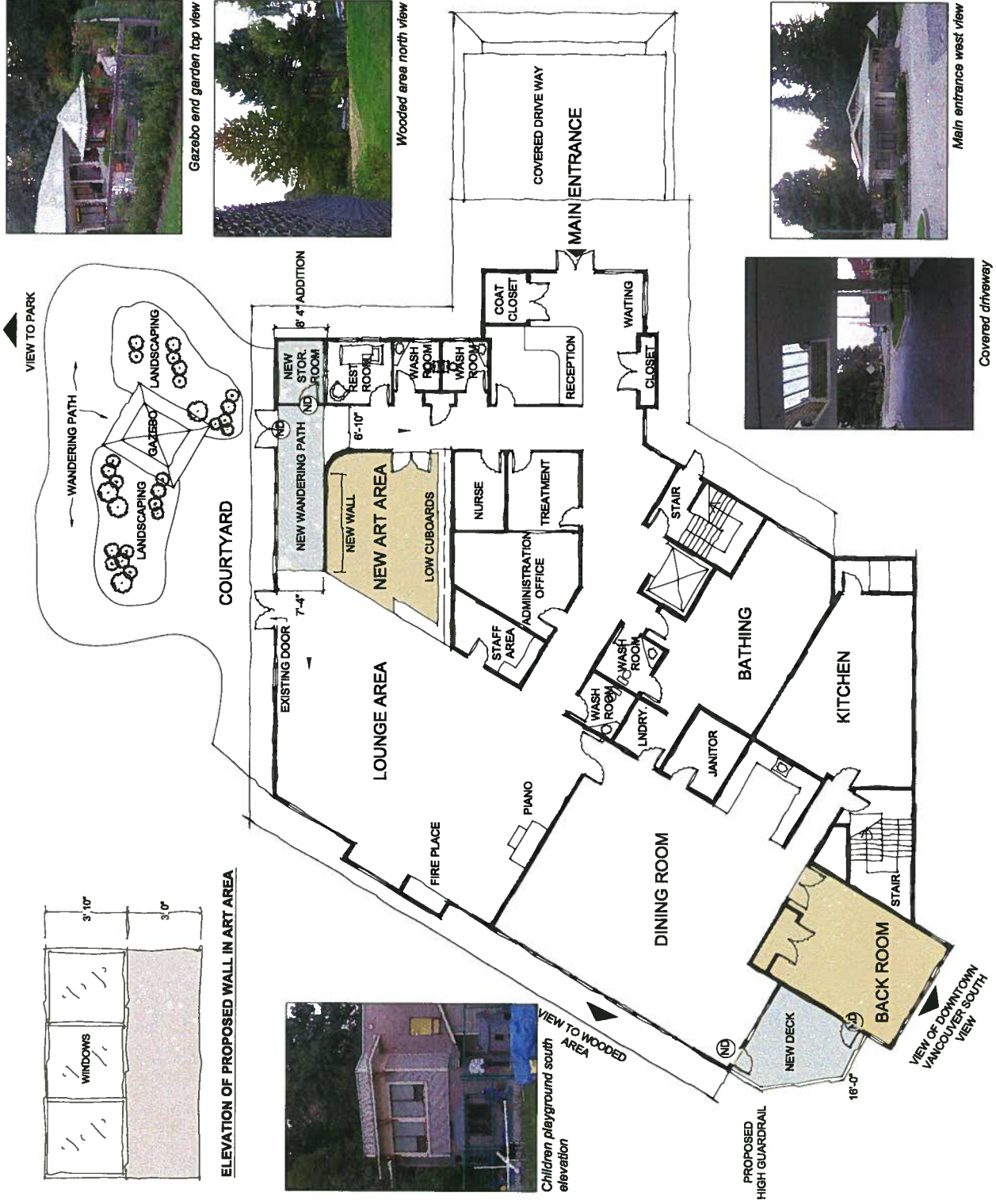
Wooded area north view



Main entrance west view



Covered driveway



Creativity, Dementia and the Therapeutic Environment

Dalia Gottlieb-Tanaka, M.Arch
 Interdisciplinary Program
 University of British Columbia
 Vancouver, BC.

Notes From Video Analysis WS (wide shot) Session Four

Margaret Fulton is a relatively new facility and does not need many changes.

Arts Room

1. Isolate the art room from the wandering pathway
2. Move existing counter to provide bigger space for arts activities.

Small Room in the Back

1. Add a deck with access from the small room and the dining room.
2. Secure the deck with a high see through fence so the view and the view of the children playing below in the playground is maintained.
3. Change window in small room to let more air in on hot days.

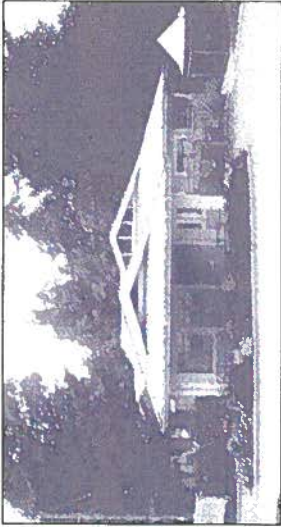
Margaret Fulton Adult Day Care Centre

North Vancouver

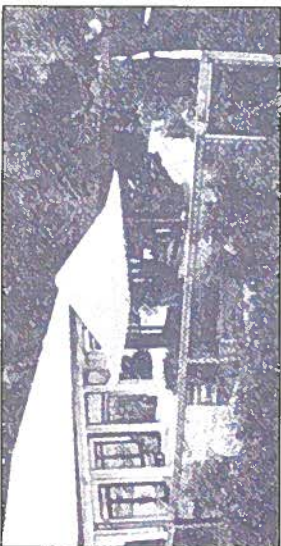
July 19, 2005

PROPOSED FLOOR PLAN

MF - 5A
(in dissertation p.162B)



Main entrance sketch (west view)



Gazebo/courtyard sketch

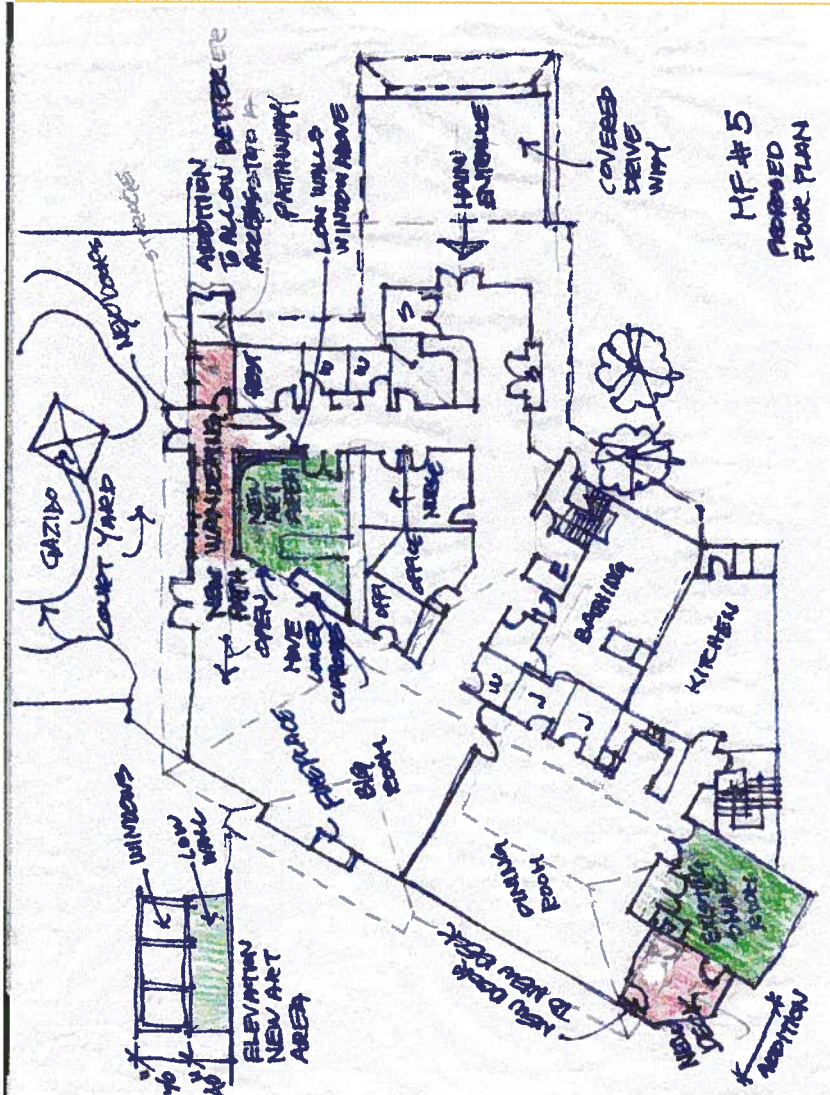




Figure 31: Participant with Moderate Dementia at Margaret Fulton Centre Explains What Creative Expression Means to Her.

[She wrote under the paper image she glued down: “Playing piano.” It was pointed out to me by the centre’s art facilitator.]

CHAPTER V: DISCUSSION

Through a/r/tographic inquiry I came to understand particular situations and found ways to create changes to the environment that made use of the five design principles and new dimensions outlined in Chapter 4: that is, the knowledge acquired through practical experience, the literature review of dementia and the behavioural symptoms of this condition, and an understanding of the creative expression abilities of seniors with dementia. Suggestions for architectural changes were accompanied by changes to activity programs and the approach to them which emphasized the importance of the artistic process rather than the final product itself. Actual physical changes based on this study occurred almost entirely at the L'Chaim Centre and brought fundamental changes to the Centre, while Margaret Fulton Centre served as a site for data collection only. Although observations there were important to the overall inquiry, the Margaret Fulton Centre was already designed to meet many of the design principles. The inquiry at Margaret Fulton Centre was conducted as a separate entity, independent of what happened in the rest of the Centre. These two different organizational settings altered the milieu in which the data was collected, although the data collection plans were the same for both.

Reviewing the Themes

The following are the five themes that emerged from the literature review in Chapter Two and their relevance to the situations at the L'Chaim and Margaret Fulton Centres:

1. ***The person-centred approach to care, defined as personhood, is crucial in achieving positive changes in problem behaviour, improving communication and independence.***

From the beginning through the end of the inquiry, I followed a person-centred approach to interact with the seniors with dementia. There was no intention to interact in any other way. The 27 films documenting the seniors' behaviour show how this approach helped seniors stay engaged and contributing during the various sessions at the two selected sites. In the literature and in personal experience, the person-centered approach was developed as a reaction to the medical model, where basic needs of seniors were met with little attention to the person inside the condition and every deviation from what was considered normal was described as a disturbing behaviour. As the literature review shows, a person-centered approach can contribute to improved behaviour.

2. ***The environment in which seniors with dementia reside can be considered therapeutic only if it embraces a comprehensive approach to care, based on preserving the person's dignity, and protecting the person's rights.***

Both Centres followed a model for care that preserved the seniors' dignity and their rights. Both directors and staffs were most concerned with these issues and made sure that this study was conducted ethically and that the rights of the seniors were protected. It was a pleasure to see the seniors make the effort to attend the Centres two to three days a week. The environment is a reflection of its function. If designed well, it can be moulded to the needs of the users and by doing so become therapeutic. However, if I ask: could the environmental changes be enough without a comprehensive approach to care? My answer would be no, it would not be enough. The therapeutic environment cannot stand on its own without the contribution of the way it is being used within the total approach to care. Even if the environment is less therapeutic than desired, a comprehensive approach to dementia care still remains the key issue in successful interactions with seniors with dementia. The human element will overcome environmental difficulties. A non-responsive environment makes the use of space difficult, but caring leadership may lessen the environmental hardship. However, to arrive at an optimal situation, both the environment and the human element are needed to create a therapeutic environment.

- 3. Caregivers need to understand the condition from a neuro-psychological perspective, be aware of the social construct developing around the person, be sensitive to changing needs and be flexible in treating the person as the condition progresses.***

The issue of caregiving is much more complicated than this study is able to reveal. To understand caregiving we need to distinguish between formal and informal care. Formal care takes place in care facilities, informal care is provided by families and friends. In home interviews, I did witness a lack of understanding of dementia and a lack of patience as family members became very frustrated over time. Understanding the condition would help anyone to cope better with the situation. This condition touches everyone connected with the person with dementia and demands collaboration from a support system if it is to reduce the stresses imposed on everyone. This inquiry only strengthened my belief that the more we know, the better we will be able to cope with difficult situations. The more we know, the more flexible we may become in accommodating this unpredictable medical condition. In the last seven years, I experienced this process of learning and I am at a point now where I could say that my approach grew out of this evolving knowledge.

- 4. There is a lack of empirical research on appropriate creative expression activities specifically designed for seniors with dementia. With no appropriate studies available on assessing their creative abilities, there is no clear understanding of what meaningful creative expression activities for these seniors could be. With more studies on such activities, the more effective the therapeutic environment will become.***

This comment still stands. No specific information on this topic has been found to date that would definitively characterize creative expression abilities of, or the activities for, seniors with dementia within therapeutic environments.

- 5. There is a lack of input from people with dementia who are capable of contributing their views about how their space can be used. The scientific community has failed to involve their subjects as equal partners wherever possible.***

This theme comes up again and again in my architectural world. In an effort to improve their environment, seniors are often forgotten. Experts from various fields, with the best of intentions, combine their skills to provide a better place for seniors with dementia. However, the main users are often left out. Many people in our society believe that older people with dementia are not capable of resolving own their difficulties. The films produced during this inquiry show that seniors with various levels of dementia, from mild cognitive impairment to moderate dementia, have wants, desires and very clear opinions about what they like and dislike. At the L'Chaim Centre, seniors with various levels of dementia helped contribute ideas to the recent renovations. Not all of their recommendations were met; however, it was clear as we all interacted in an effort to design our dream studio, that abstract thinking was evident, and the ability to transfer it into a drawing was there, regardless of how it came out. I would have liked to get more input from the core group at Margaret Fulton Centre; however, some of the seniors moved away or just were not capable of concentrating on the question. The two Spanish ladies were difficult to understand and so, I did not pursue the project, knowing that their Centre is one of the best in the area. Instead, I opted to work on physical changes at L'Chaim Centre, which needed more help in many ways and provided an opportunity to review the five design principles learned from the literature review.

Reviewing the Design Principles

The five design principles suggested by Cohen and Weisman (1991) which were discussed in chapter four were sufficient to cover most of the environmental and behavioural issues that relate to seniors with dementia:

- Design principle 1.*** To provide clusters of small activity spaces to promote homelike atmosphere
- Design principle 2.*** To provide opportunities for meaningful wandering
- Design principle 3.*** To provide positive outdoor spaces

Design principle 4. Provide other living things

Design principle 5. Provide a variety of opportunities for movement from public to private spaces

These principles have merit because seniors need personal attention, chances to explore without barriers, a connection to the outdoors and living things, and simple transitions that help orient them to the space. As the inquiry progressed it became clear that something was missing from the five design principles in terms of the creative expression experience. My observations of the seniors with dementia led me to consider the various types of participation they exhibited. This led to understanding the need for two more design principles.

Design principle 6: Provide opportunities for different levels of participation in creative expression activities

I have come to understand that there are four different identifiable behaviours: active participation, silent participation, distant participation and passive participation. These forms of participation may have a significant impact on space design for seniors with dementia and should be taken into consideration from the start of each project, or added when renovations are called for where seniors with dementia live.

- a) **Active participation** is defined as full engagement, including physical and verbal interaction with others, making efforts to communicate in any way possible.
- b) **Silent participation** happens when seniors are present at the activity, but choose or are not able to express themselves verbally. Still, they may show interest through non-verbal indicators such as facial expression.
- c) **Distance participation** describes a person who may watch the activity from a distance. While this person may or may not contribute to the ongoing activity, their interest is sufficient to keep them close by.
- d) **Passive participation** occurs when individuals view a video, television or movie. This is still a form of participation and there is always the chance that it may progress later into any of the other types of participation.

Design principle 7: Provide opportunities to celebrate one's ethnicity

This principle may be incorporated into the design of a facility that might correspond to the architectural style typical to a specific ethnic group, such as a facility built especially for Chinese or Italian seniors. Wherever it is not applicable, it is up to the administration of the care facility to incorporate activities and decorations during significant events, such as the Jewish or Chinese New Years. In addition, based on my experience at the L'Chaim Centre, it is crucial to have staff who are versed in the specific cultural milieu in order to enrich the world in which the seniors with dementia live.

Both principles 6 and 7 are singled out here for the purpose of clarity. However, in practice, they apply to each of the five principles presented by Cohen and Weisman (1991). The four types of participations can be applied to clusters of small activity spaces, opportunities for meaningful wandering, positive outdoor spaces, other living things and spaces from public to private realms. In this context, the design may need to take into account various qualities of space that will accommodate the four types of participation. This may affect the space requirements and call for funding to train staff in spotting the behaviours and in directing willing participants as they move from space to space in an attempt to be closer to the activity. These seven principles form the theoretical basis for architectural considerations when designing for seniors with dementia. Furthermore, they have been important to the sites within this study insofar as they have underscored how an architectural flavour of any ethnic culture can be applied to each of the principles. For architects willing to engage in ongoing living inquiry that involves an *a/r/tographic* perspective, it may be that other principles will come to light within other situations.

By adopting the five principles of Cohen and Weisman (1991) and adding two more principles to their list, this study has accounted for the needs of seniors with dementia as they are engaged in creative expression activities. I feel there is a better fit now between the seniors with dementia, their remaining abilities, the spaces they operate within, and the approach we need to take when we interact with them.

Up to this point there has been an emphasis on theoretical approaches to creativity, dementia and the therapeutic environment. The following is a list of practical considerations architects may find interesting. Although architects do engage in a process of inquiry, especially at the beginning of each project, I invite them to continue to be engaged in action research that includes seniors with dementia as much as the situation allows. Unfortunately, the architectural profession is often bound by financial and time constraints and the need to produce a built entity, which is by nature a product that stays in place for years. The only time architects are engaged again with their creation is when the building is being assessed for its readiness for occupation. It would be better if architects were given an opportunity to embrace their artistic inquiry in more depth and become more responsive to the needs of seniors with dementia. Architects serve as the link between the clients/developers who hire them and the users who may or may not have a say in the design process. The ideal situation would be if developers of care facilities for seniors with dementia would allocate time and funding for a more serious phase of inquiry in the contract and make it a communal responsibility for all the parties involved.

Reviewing the Understandings Reached

The following understandings arose from the practical activity of working with the seniors closely in various care facilities, in particular in the two selected Centres, observing their behaviour, and recording their reactions to environmental manipulations. Information from the literature review helped to inform these understandings, as did my reflections of my own role as an a/r/tographer. In addition, reviewing the recordings of the videotapes added one more perspective that threw light on realities sometimes hidden from us while being actively engaged in the study. The following review is divided into the three domains of dementia, creative expression activities and the therapeutic environment. It is hoped that this list will help practitioners who are working in environments such as those studied in this dissertation.

- In Dementia

1. Ethical consideration must be the top priority when dealing with seniors with dementia.
2. We cannot expect seniors with dementia to make accommodations to the world around them, as they lose their memory and control over their lives. Not only that, as their disease progresses, so does our need to increase the adjustments we make to them.
3. Understanding the various levels of dementia from mild cognitive impairment (MCI) to the most advanced dementia as it manifests itself through psychosocial situations is crucial in interacting appropriately with seniors with dementia.
4. Medical intervention is an important element in a comprehensive approach to dementia care. However, without proper identification or diagnosis of the various dementias, seniors may take improper medications, and expectations that the administration, staff, family and friends impose on them may be too high or too low.
5. Biomedical research in dementia strives to unlock the neural mechanism that causes damage to the brain cells that can lead to 72 different types of dementias. Prominent scientists in dementia research suggest that cure is still years away. This study suggests additional ways to provide dementia care.
6. The majority of the medical establishment tends to ignore the practical contribution the arts play in dementia care. Although employing the arts in health care in general is gaining acknowledgment in the literature, the practical applications of the arts in dementia care is still in its infancy.

- In Creative Expression Activities

1. Appropriate and flexible creative expression activities encourage seniors with dementia to express themselves and stay connected socially.
2. Seniors with dementia need more time to express themselves. Short sessions of less than one hour and fifteen minutes do not provide the time needed for these seniors to get familiarized with a topic, mentally digest the information and react to it.
3. Seniors with dementia need time to reflect and time to unwind, between activities. High level activity needs to be followed by low level activity. Continuous exposure to demanding mental exercise will defeat the purpose of keeping them engaged. On the other hand, appropriate challenges are desired and welcomed by these seniors. It validates their desire to be recognized as individuals and treated as members of society.
4. Seniors with dementia need program and environmental cues to engage them in creative expression activities.
5. Programs need to be planned in advance and appeal to all the senses.
6. Knowledge of the past life of seniors with dementia is crucial to continuing communication with them. Knowing intimately a person's culture and customs through careful study, kinship or membership of that group is extremely important in accessing early memories some seniors with dementia can still recall.
7. A creative expression facilitator needs to know at least one or more areas of the performing and visual arts well, needs to understand how dementia manifests itself as a medical condition, and needs to appreciate how to manipulate the environment to meet the seniors' needs.
8. Concerned family and friends need to be educated about what techniques can be used to continue to communicate with a person with dementia.
9. Policy makers in dementia care, whether in government or in the private sector need to support funding for the arts in dementia care. Administrators of care facilities need to understand the importance of the arts in dementia care, not just from the arts aspect, but from the fundamental need of human beings to stay creative as long as they can for their own wellbeing.
10. Working with seniors with dementia is most rewarding and can enrich the lives of everybody involved. Even if we don't understand everything they say, we need to be open to hear in between the lines, and recognize their body language to interpret what is not being said. Communication occurs in the silence too, and can be expressed through the arts.
11. The facilitator must relate personally to seniors with dementia and learn to gain their trust. It is also important to empower and talk to them as equals, to continuously seek their input and not assume the position of someone who knows better. We must remember that they have a wealth of knowledge and we are there to help them express it in any way they can, to their best remaining abilities.

- In the Therapeutic Environment

1. One large open space can serve a group situation well, if no other activities happen at the same time and interfere.
2. Smaller spaces are needed for private and semi-private activities. One way to make the separation is to use room dividers with sound insulation built in.
3. Semi-private space needs to be provided for meeting a friend and family or staff.
4. Home-like atmosphere is important to the seniors with dementia. It provides a sense of security and comfort when seniors are away from home.
5. Interior finishes are crucial to safe mobility, to prevent falls and contribute to social interaction.

6. Access to weather-protected outdoor areas is important to seniors with dementia who feel trapped and house-bound. Outdoor heaters, such as those used in restaurants, may offer one solution to moving outside while staying warm.
7. There is a fundamental need to stay connected to nature that appeals to seniors with dementia. This does not require specific memory. Nature provides familiar situations that give seniors with dementia pleasure, a place to explore, wonder and wander without feeling inadequate or judged. Outdoor areas and indoor spaces can be designed specifically to provide familiar surroundings.
8. Special furniture designs would benefit seniors with dementia and the people who interact with them. Special desks could be designed that are deep and wide enough to accommodate art supplies and a work area, with all the equipment in easy reach within the 4 ft bubble. Interaction should take place at eye level and so should the hanging of artwork.
9. Based on typical tables of 4 ft. by 8 ft., a U-shaped arrangement proved to be the most convenient arrangement in a group situation for seniors with dementia and the facilitator or staff.
10. The most used areas in each Centre proved to be the multimedia or multipurpose area, the outdoors and the washrooms. Figure 34, is a model of interaction between space, equipment and function. Based on my observations, I draw links between space and the use of space which immediately pointed at the areas most in use.

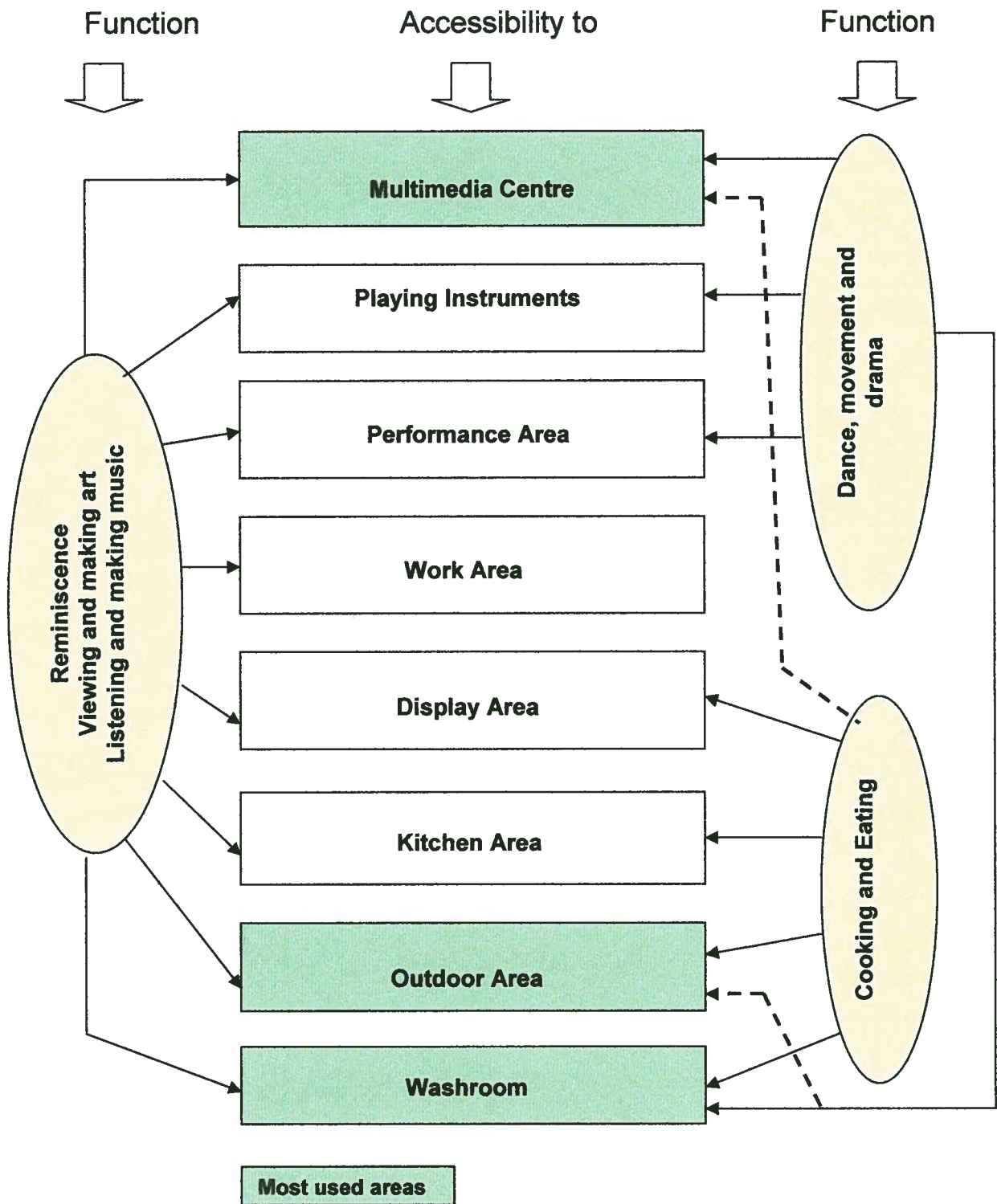


Figure 32: Interactive Model for Space, Equipment and Function

Questions for Further Inquiry and Closing Comments

As long as there is no cure for dementia, its progression will eventually diminish creativity. At the same time, we need to continue to treat persons with the condition with compassion and dignity, and adapt activities to the level of their abilities. Based on medical evidence and personal observation, symptoms of dementia are often unpredictable and vary with each individual and the situation. Creative expression and dementia eventually become two opposing forces. The potential in human cognition to create and express and to use creative abilities to face the challenges of life confronts the progressive deterioration that results in impairment and eventually in death. These two forces intersect at unpredictable crossing points that may change directions. Along the way, they travel parallel to each other for an unspecified time and even result in enhanced creativity.

These unpredictable crossing points could be the focus of future study. Questions such as these arise: (a) What happens psychologically, physiologically and socially to seniors with dementia when they become engaged in creative expression activity? (b) What happens to seniors with dementia on an individual level and within the social context when they become engaged with creative expression activities? (c) What environments, other than those monitored in this study, are equipped to provide appropriate spaces for creative expression activities for seniors with dementia?

When working in existing care facilities such as an adult day care centre, a seniors' recreation centre, or a home, researchers can alter furniture, interior colors, partitions, and creative expression programs as they observe, describe and interpret what is perceived. This would need to be carefully planned so as not to cause too much aggravation to the participants. Researchers need to be prepared to stop the inquiry if participants react negatively, and be prepared to be responsive to the needs of the participants at all times. The tolerance to negative reactions needs to be carefully monitored and adjustments made according to ethical considerations. At no point should the research take priority over the well being of the participants.

Even though this study focused on seniors with dementia, a/r/tographic process could be used with other seniors as well. For future inquiry, it would be interesting to observe a group of seniors with no dementia and record their response to creative expression activities within different spaces. Further inquiry will contribute to the pool of knowledge and (a) expand our understanding of what happens to people as they grow older, (b) investigate why some older adults experience a decline in cognitive functions, while others do not, (c) and address the most challenging question: is it possible "to reverse or modify the negative changes associated with aging?" (Hoyer & Roodin, 2003, p. 2).

If we can alter the physical environment to encourage the senior's participation, creative expression activities can be expected to contribute in the following ways: encourage persons with dementia to have a sense of personal control as long as possible and help health service providers and formal and informal caregivers understand the importance of the arts in the healing process, as a way for communication and for maintaining the seniors' quality of life.

This inquiry brought to our attention that the physical environment has the potential to attract seniors with dementia to stay in the space and become engaged in creative expression activities. But the space alone is not enough to engage the seniors in these activities. Success in implementing a creative expression program is linked strongly with an understanding of the seniors' physical and cognitive abilities and with the commitment of the facilitator to implement a flexible pedagogical approach as they interact with each individual.

The Overall Significance of the Thesis

To understand the overall significance of the thesis, we must consider five areas: a) the theoretical and methodological development of *a/r/tography* as a new approach within the domain of qualitative research, b) the practical field of dementia care, c) the field of architecture, d) my personal, professional and academic needs and, e) how this study and its context may resonate with other settings.

- a) This study brought a new application to further the development of *a/r/tography* as a theory and a methodology. As I was contemplating whether to use *a/r/tography* for this study, I could see the clear connection between the artist as an educator and as a researcher. What I needed to establish was whether or not my being an architect and a facilitator working with seniors with dementia could fit within the philosophical approach of *a/r/tography*. To help understand it better, I devoted time to self-reflection, asking why I was doing what I was doing, how my multiple roles impacted my relationships with the other stakeholders of the study and could my design endeavors qualify as a process of artistic engagement within the various situations. The self-quest continued in parallel to the relational investigation of the seniors with dementia. *A/r/tography* facilitated this process while emphasizing the connections between the researcher/artist/educator and the participants of the study.

Using *a/r/tography* made the picture more complete. While I could have used other methodologies to understand this topic in depth, none would have allowed me to explore my art, and expose myself in a way that was equally as important as the understanding of the other participants. At the beginning of my inquiry, other researchers asked me whether I was aware that my research might be contaminated by my deep involvement with my subjects -- that the responses I got from the participants were perhaps correlated with my outgoing personality. My reaction to these comments was: let's see where this leads and discover what in my personality made these seniors respond to me. I hope I do have an impact in the situation. Using action research is an active inquiry process where I use what I learn through re-searching, in a timely manner, that will effect the learning and well-being of those with whom I am working.

- b) This study initiated a chain reaction within the academic and professional worlds. I have been giving workshops and training caregivers in the last several years in various places in North America through the American Society on Aging. In seeking new perspectives, I developed the conferences on creative expression, communication and dementia, which led to the establishment of the Society for the Arts in Dementia Care. The main thrust of all these endeavours, as well as of this study, is that we all need to share our resources in the common interest of helping seniors with dementia use their remaining abilities through multiple forms of creative expression. In addition, I have developed an academic course based on my topic for third and fourth year students in a degree program at the BC Institute of Technology in their architectural program. I also produced a documentary film on a senior with dementia. The topic gained support from the Film Board of Canada. So, the two worlds of academia and practice keep feeding and supporting each other as understandings develop.
- c) Architects who design care facilities for seniors with dementia will find this study informative and useful. My architectural training may attract their attention and hopefully their interest in implementing some of the ideas outlined here. Along with architects, details of this work may interest designers of furniture, interior designers, industrial designers and landscape architects. As a result of this study, I was invited to give a workshop for 40 architects at an annual meeting of the Architectural Institute of BC about a year ago. The workshop was an eye opener for all the participants; they wanted to hear more about dementia from an architectural point of view. This inquiry helped form an understanding of

what furniture layout might be best in a group situation. It also strengthened the importance of each room being connected to the outdoors.

The five design principles developed by Cohen & Weisman proved to be a solid basis for architects who work in this field. The addition of principle 6 brings the design of space within an arts room into prominence in accommodating seniors with dementia as they participate in creative expression activities. There is also the need to understand the four types of participation: active, silent, distant and passive. The four levels of participation can help to determine space requirements, but these levels can also be taken into account for other activities for which seniors engage. This last observation has a potentially significant impact on how we design future environments for persons with dementia as they interact in creative expression activities.

Another contribution to the architectural field could lie in the understanding that combining various creative expression activities in one session may be the answer to successful interactions with seniors with dementia. This may have architectural implications. Instead of moving the seniors from room to room to participate in various activities, we may need to change the environment around them and bring the activities to them. We may need to allow for the various types of participation. This means a high level of flexibility in manipulating combinations of space, equipment and activities. Knowing the kind of activities and understanding the seniors' abilities, emotional and physical needs can help shape the architectural envelope and its design. As stated earlier:

The physical envelope that surrounds the seniors, spiritually, emotionally and physically, embodies the reflection of the seniors' world whether at home, in a residential setting or in institutional care. This envelope could serve as a therapeutic environment that fits with one of my long-term goals: To provide opportunities for creative expression activities with educational components that are supported with appropriate architectural planning and design.

- d) My personal needs as a professional and as an academic are gradually being met. Doing this study forced me to look into myself as an architect/artist, researcher, educator/facilitator and understand the purposes of all these roles. It was a healing process for me as an adult student looking to expand life experiences in a meaningful way. The usual cliché: the more we learn the less we know, applies here as well. There is so much to investigate and explore in dementia care that any quality information will benefit the general pool of knowledge.
- e) Autobiography basically sums up the reason for this dissertation and my work with seniors with dementia in the last five years. I hope that lessons learned from this study may inspire others to continue the inquiry. My intentions in this study were to produce a document that provides theoretical suggestions for space design that would lead to new understandings. I feel I have a responsibility towards my peers and a commitment to improve environments for seniors with dementia when they are engaged in creative expression activities. This commitment needs to be translated into a language architects can use in a practical way in their designs. Above all, I hope architects will be inspired to consider the understandings documented in this dissertation as a way of reconsidering some of their own practices when designing spaces for persons with dementia.

Although the group of participants was small in number at both sites, the participants displayed behavioral symptoms seen in other situations outside this study. What this study provided was an opportunity to suggest new space and furniture arrangements while the creative expression activities program was conducted. Changing the table arrangements allowed a favorable layout of tables in a group situation. This may seem like a small detail in

the context of dementia care in general. However, when we take into consideration the hundreds of adult day care centres in North America and thousands of care facilities, where seniors with dementia and staff struggle to maintain any art activities under trying conditions, any change that could alleviate stress or improve the environment for seniors and staff would be most welcome. The understandings that were gained can provide practitioners in dementia care with a description of our experience showing that one arrangement may work better than others and therefore ongoing inquiry is essential. In the program of creative expression activities I developed and conducted at the two centres, the furniture layout and practices I suggested were adopted at one, and some of the ideas outlined in this study were implemented.

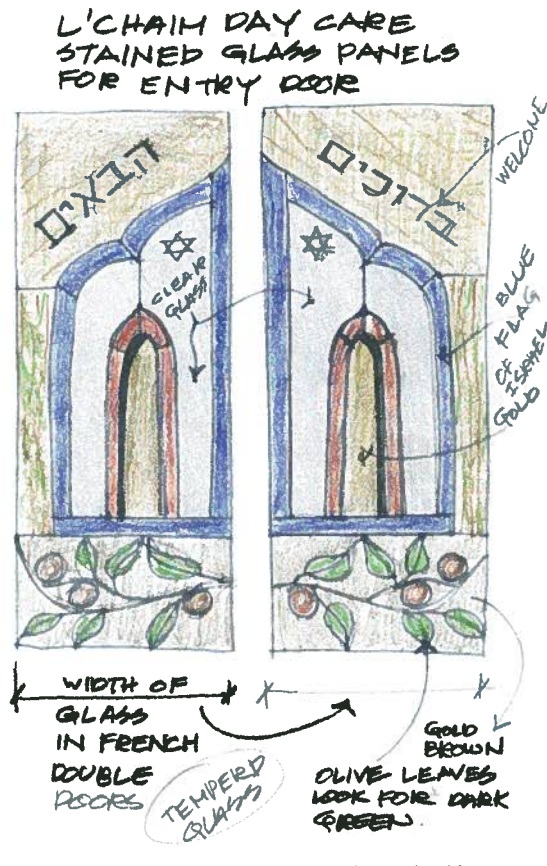
As this chapter comes to an end, it also opens up exciting new ideas for inquiry in the field of creative expression, dementia and the therapeutic environment. I would like to thank the many seniors I have been interacting with over the years for the courage and the dignity they have shown me. Even in their darkest moments we see some glimpses of the self. Anyone who has experienced – even for a short time --the fear, anxiety and confusion these seniors with dementia must endure most of the time, cannot help but know how much they depend on us to maintain some semblance of their former selves. These seniors could be our parents, grandparents, spouses and friends and, until we find a cure, we must use all our resources to develop our best new ideas and help them in any way we can.

EPILOGUE

I felt the need to give back something of myself that did not involve the roles of a researcher, facilitator and educator to the seniors I had been working with. It was a reflection of the artist in me as I interacted with the seniors and brought my ideas of creative expression into their space and into their lives. This act was to satisfy my need to be remembered in the Centre long after I am gone. It culminated in my proposed design for stained glass doors for the main entry at the L'Chaim Centre.

Ideally, if permitted, I would have spent time with several of the seniors and developed a design that they truly had a part in creating. But involving them right from the start would have involved a much smaller group in a different location where, hopefully, the director would have allowed us to work separately from the rest of the participants. Since this was not permitted, it became an idea for a future project.

Instead, I developed this design as my contribution, in appreciation for the love and care the seniors and the staff have shown me. As it happened, I was able to show this design to the seniors and give them the chance to express their opinions of it after it was done.



Proposed Design for Stained Glass Doors at L'Chaim Centre

The following entry in my field notes explains how I arrived at the design of the glass doors:

This session was special for me as an artist and as an architect. I finally got to the point where I felt good enough about redesigning the floor plan for the centre to suggest some artistic solutions for the suggested second set of doors. I looked around and could not see too many places for art display. In fact, there is very little room to display art works anywhere, including those made by the seniors themselves.

As I was coming through the main front doors, I started to imagine the centre with the changes I recommended. It would resolve the problem of people coming in and out at will. It would create some private spaces and contribute to a sense of belonging and provide a homey feeling.

There was no question in my mind that any proposed artwork for the L'Chaim Centre would need to reflect the Jewish culture, the Hebrew language, Jewish symbols and motifs, connection to the homeland in Israel. All of these elements are shared by Jews from all over the world. Symbols may change and take on the flavour of the region, but the content will stay the same, recognizable and familiar.

I have chosen arches that may represent old buildings, synagogues and the walls of old Jerusalem. I also incorporated olive leaves and branches as a symbol for peace that goes back to Biblical times. There is a welcome message in Hebrew as people enter the centre. I selected colors that have meaning in the Jewish culture: blue for the blue skies in Israel and the Israeli flag, gold for the gold aura that settles over the skies of Jerusalem in the evenings. There is also a famous song, Yerushalaeem Shel Zaahv, meaning Jerusalem of Gold. It comes from a poem written by Naomi Shemer, one of the most beloved song writers of Israel, who passed away recently. This poem was written in 1967 during the Six Days' War, when east Jerusalem was captured by the Israelis and was united with west Jerusalem to become one city again. This was an historic milestone in the Jewish psyche. Jewish people who were prevented from accessing the Western Wall, which is the remains of the foundation walls of the Holy Temple going back to the times of Kings David and Solomon, could once again pray next to it and touch it.

The glass panels will be made from hand-blown French glass and chosen for their interest and beauty. The panels will then be sandwiched between two tempered glass panels and inserted into commercial French doors with a bar across each for use as an emergency exit. A brass panel on the bottom of each leaf will absorb any rough handling. The doors can be open or closed. For full security, privacy and control over the activity room, I would suggest having the doors closed. Then, the stained glass design will be in full view as people walk in or out of the centre.

On September 9, I am planning to bring the proposed floor plan design and the proposed artwork for the glass doors to the participants for their input and comments. Staff will participate as well.



Figure 33: Proposed Stained Glass Doors at L'Chaim Centre

On September 9, I met with a few of the original group of seniors at the L'Chaim Centre. The design for the stained glass doors was received positively, but was overshadowed by a pessimistic realization that they may never be constructed. Although the seniors appreciated the design, they were worried about the cost and who would pay for it. I had a difficult time separating the concerns they raised about finances from the opportunity to freely express an opinion about the design. I thought that a couple of issues prevented the seniors from expressing their thoughts: there were new people in the group who had never met me before, and perhaps they did not like the design but were reluctant to say so.

A few days later I travelled to Israel. As I was visiting places all over the country, I was struck by the images I came across. While I was sitting in Vancouver designing doors with a Jewish motif, thousands of miles away from the source of my inspiration, I produced a design based on my perception and memories of what was important in Jewish traditional artwork. I surprised myself. I must be carrying those images deeply in my mind and heart. I took photographs to remind me of the artwork I produced for L'Chaim. Here in Vancouver I felt out of place producing a clear ethnic design. But in Israel my design was not unique; it fit in with many other windows just like it. It brought home for me the meaning of belonging and fitting in. And it felt good. The understandings that came out of this situation opened a new window for me into the lives of many seniors, who get uprooted from their familiar environment and lose touch with the familiar objects that connected them to the past and to the roots of their souls and spirituality.

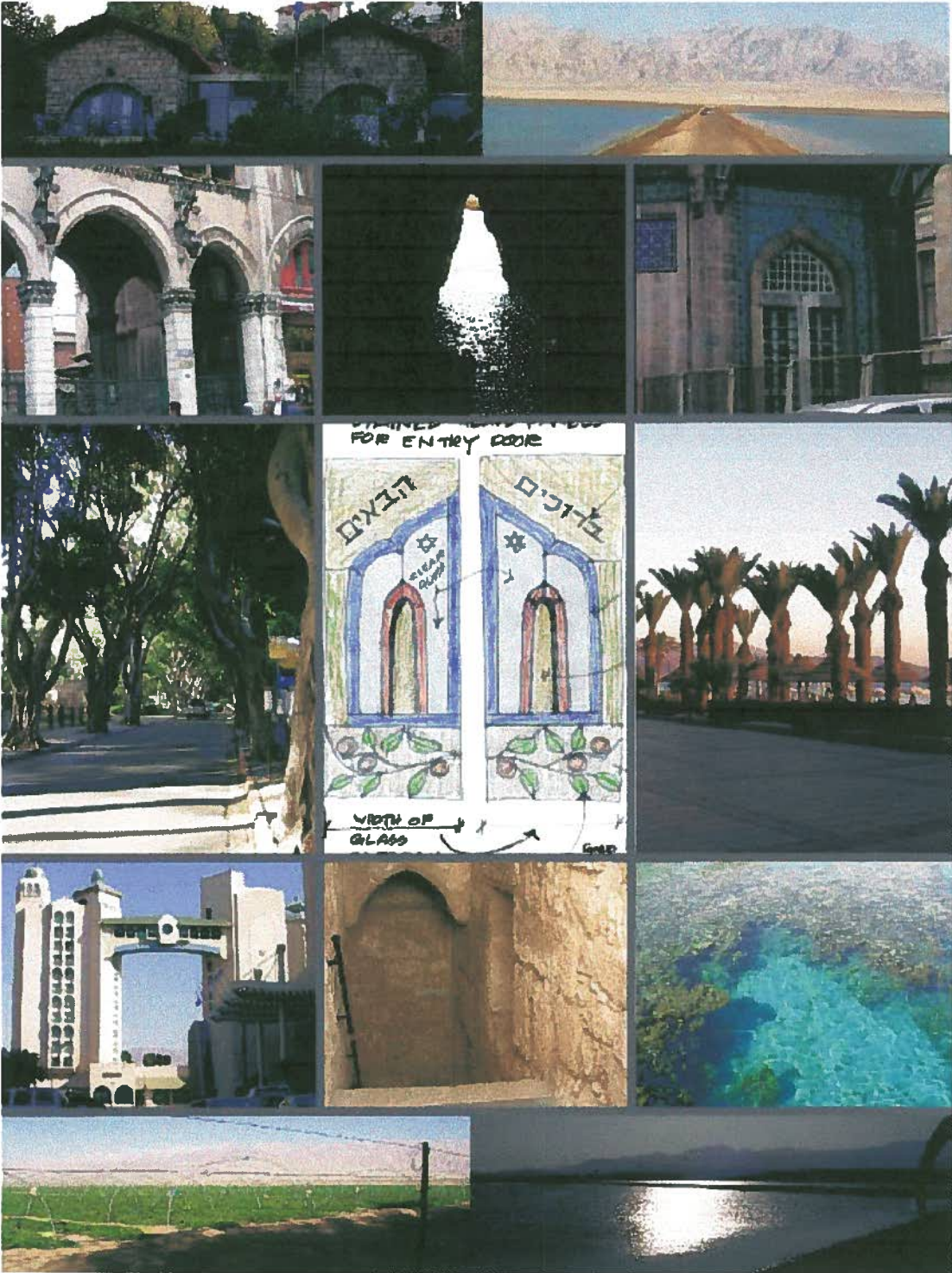


Figure 34: Images of Natural and Man-made Arches in Israel

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APPENDICES

A. Samples of Field Notes and Interviews at Margaret Fulton and L'Chaim Day Care Centres

Participant at the Margaret Fulton Adult Day Care Centre

July 28, 2005 Interview with Lucia and Margareta her daughter

I arrived on time at the apartment building where Lucia and her daughter Margareta lives with her family. Lucia moved in with her daughter after her health deteriorated and she slipped into a depression. Since she moved in she is better but still takes anti depressant medicines.

As I entered there were old photos of Lucia waiting for me on the kitchen table. The earliest photo showed Lucia in her 30s or more. I asked where was Lucia and Margareta was asking me if Lucia was welcomed to the interview. I told her absolutely.

Lucia came out of her room with a big smile and hugged me. We went over to the dinning table. We were talking about Margaret Fulton Day Care Centre, about having to leave the original country and move to another one and the health condition of all the three of us.

Margareta acted as a translator and was careful in her translations. Lucia most of the times understood the question, however, at times she did not understand the question even if it was repeated and changed to fit her cognitive abilities. This was the first time I could see for myself that the language was not always to be blamed for her reduce cognitive abilities.

I asked Lucia if she was happy in Margaret Fulton. Lucia said she was happy. I asked her if there was one thing she would like to change to make her happier and Lucia did not understand the question. Later on, Lucia was asking about Carmel and said she really liked Carmel's violin playing. So she remembered Carmel.

Lucia used to join the Peruvian Association in Vancouver and meet other countrymen or other Spanish speaking people. To day she would have liked still to meet them but it is not something very important. Margareta explained that it was very difficult for her to take her mother to the association since she was working and that it demanded a great effort to keep it up.

Margareta explained that Lucia was always a quiet person but speaks even less now. I stayed there for about an hour and went back home. It was nice to see Lucia speak full sentences and be able to make herself understood. She would have benefited a lot from being with others that speak Spanish. The only person that speaks Spanish at the centre is Elena. However, Elena is suffering from Parkinson's and her voice is very weak and hard to understand.

Participants at the L'Chaim Adult Day Care Centre

July 20, 2005 Interview with Avraham Goldstein

Avraham heard from other people at the centre that I was visiting people in their homes and interviewing them. At the last session at l'Chaim, he came over to ask me when I was planning to see him. I was leaving his interview to last since he has no dementia and I wanted to interview those with dementia first. However, I decided to go and see him two days later. I brought my sister-in-law, June, with me

As we walked in, Avraham was teasing me saying that I brought someone along to make sure I was safe. There was some truth to that. I was not afraid for my own safety, I just did not want to be blamed if anything went wrong.

The visit with Avraham was very interesting. The first thing that surprised me was the cleanliness and the pleasant arrangement of the furniture and the art work all over the apartment. I heard he did needlepoint, but I had no clue about the extent of his work and commitment to this hobby. Later on, when we discussed his hobbies, he told me that after his retirement at age 45 from the Israeli army, he took up needlepoint and never stopped. Now, at age 79, he has numerous canvases with the most amazing work. My surprise was linked to my pre-conceived idea that men usually don't do this kind of craft, that older people stay away from such precise work. Later, when Avraham showed us his photo album as a young man in Israel, I was even more perplexed about his hobby.

Proudly, Avraham showed one album with photos of his life in Israel. The story of his life there was very interesting. Avraham was born in Germany and arrived in Israel as a young boy. His mother was a German Catholic who converted to Judaism. His father was a German Jew, whose father was a rabbi. They arrived in Israel in 1933. In Israel, Avraham was involved in the defence forces long before the state of Israel was born. Photographs showing him on a horse with a rifle protecting the Jewish population were very impressive and Avraham was proud to talk about it.

Avraham enlisted in the Israeli army in 1948 and served there until his retirement. As a young man he was very involved in sports. He was into body building, target shooting and training others for international competitions. He was married twice. Both women died of cancer. He moved to Canada to be with his daughter in 1991. He has great-grandchildren; he can see them at the Jewish Community Centre when he comes to l'Chaim Centre.

Avraham's brother, who served in the Israeli Navy, went back to Germany in the '50s with his parents. I asked Avraham how they could move back to a country that just murdered 6 million Jews. I have to admit I was shocked to hear it. Avraham answered that was why he did not move with them.

I asked Avraham what he thought about my sessions. He answered that my sessions were interesting and broke the centre's routine. He also said that he liked the challenges and the intensity I brought to the sessions. He felt I was giving him an opportunity to use his brain and his ability to think. He did not say anything about the environment or the furniture arrangement and I did not ask. I plan to see him again and ask him about it.

Before I left, Avraham asked me several times if I was planning to come back. I told him I might. It depends on how much more I need to do for my study. If I have time I will definitely think about it.

July 29, 2005 Interviews with Anita and her husband Bill at their home

This was an interview replacing one I had cancelled a week earlier when I became sick. When I called back, Anita insisted that I should stay for dinner and asked me if I ate fish. I tried to talk her out of it, to no avail. She would not take “no for an answer. I volunteered to bring a dessert with me.

Anita lives with her husband in the Oakridge area. All the homes around them were torn down and huge homes were built in their place. Anita’s house is one of the last ones to keep its looks from the ’60s. The outside space is kept strictly as a lawn for minimum maintenance.

Anita came to the door to greet me. She gave me a big hue and invited me in. She was barefoot and wore a kitchen apron. The table was set and the salmon was cooking in the oven. Anita called her husband to come up from the basement. Bill, her husband, responded in an angry way that he was busy with the laundry and he would come up when he could.

Anita invited me to sit down with her in the den while her husband was busy down below. She had a house guest, her grandchild from Israel, a 15-year-old boy. I could see right away that the presence of the boy was annoying both of them. Their major complaint was that he hardly talked to them and spent most of his time in front of the computer. Later I found out he was on his way to a summer camp on Gabriola Island and was just waiting for the day when he could leave to get there.

Anita sits next to me on the sofa and tells me about her 3 daughters and their families. She also tells me about a man she would like very much to be in a romantic relationship with if Bill happened to pass away before her. I was surprised at the ease with which she was sharing such intimate information with me. I was even more surprised when she brought up the subject again when Bill came up from the basement. I was not sure how to deal with it, since it could have been a behaviour resulting from dementia, or from a very open and liberal relationship between her and her husband. I decided to stay out of it and see where it would take us all. Bill was treating it lightly.

When we got ready to sit down, Bill prepared the salad from a premixed package. As he was making it, Anita asked him where the bread was. Bill would not tell her. He got upset that she could not remember where the bread would be. When he finally gave her some instructions, she still had a problem locating it. I decided to help find it and finally got it down from the upper cupboard in the kitchen. Anita muttered something that had nothing to do with the situation. I think she was trying to reduce the stress and the unpleasant response of her husband.

As we sat down, I called their grandson to come and join us. Anita said a few things that made the boy clam up, “he does not like me... I don’t know what else to do... he does not have any friends...” She tries to hide her feelings but she has a hard time concealing them.

I decided to help Anita with the food distribution. It seemed that her somewhat restricted abilities were annoying Bill. I dished out the salmon. As for the rest, we passed the dishes around. Anita had prepared borscht, a traditional soup made of beets. I asked her if she made it from scratch and she said, yes. Later I could see it came from a bottle.

As we were eating, Bill passed the salmon skin on to Anita. I was surprise to see him do this, especially when she is so overweight. During the meal Anita would ask some questions and every once in a while, her husband would mock her for not knowing the answer, or not asking the right way. Anita was reduced to the role of a little girl trying to please Bill.

I was angry with the situation. I am sure that in better times, Anita would not have allowed Bill to talk to her like that. On the other hand, perhaps she did go along with it.

I got up to clear the table and started to wash the dishes. Bill asked me to stop and I did. Anita went to the den and brought back a photograph published in a Jewish publication that included the person she might like to be romantically involved. Bill added that that person was happily married. Anita said, so what.

I stayed a little longer after dinner as we reminisced about traditional Jewish food. It seemed a good topic for Anita and Bill since it put them on an equal footing and the conversation became much more pleasant.

Through my whole visit Anita was asking me when I was going to interview her. I told her I was interviewing her the all time, but through a normal conversation flow, and that I was getting the information I needed.

She also wanted me to continue to come to L'Chaim and said that she would be missing me a lot. I told her I would try, but at this time I was extremely busy. She remembered Carmel playing the violin. Anita did not talk much about L'Chaim centre and I was not insisting on getting her opinion about my program or the furniture layout – I had already gotten her opinion during the filming.







Anita accompanied me to the door; I said goodbye and left.

Interviewing Anita and Toby and their husbands brought home the message about how important it is to work and train family caregivers so they know what to expect and can be prepared mentally and physically to handle a person with dementia.

B. A/r/tography Field Notes at Margaret Fulton Adult Day Care Centre

July 5, 2005, Music Session

Legend

	Floor plans
	E-Mails
	Problems
	Ask David
	Using knowledge from architecture
	A point to check again

Present: Dalia, David, Joan Skeet (recreational facilitator), June, Carmel (violinist). Seniors: Lucia, Margaret, Elena, Mildred and Betty.

Weather: Cloudy, rainy and muggy.

Transportation: My own vehicle. David came separately in his car. Carmel arrived separately with Mineo. She is busy with preparations for her concert.

Researcher

State of my own mind: I was wondering how things will go in this session and whether I will be able to engage the participants. Will I be able to hear any discussion or comments on the environment. I asked David to make a copy of the dance of the King and I and for some reason I could not find it. I did not mind it since I knew I was going to have Carmel playing today. Carmel has such a rich repertoire of music from opera to classical music to Scottish dances that it was easy to change the music as we went along to fit the moment. Her talent is apparent and it is very appreciated by the participants.

My physical and emotional state: I was relaxed but extremely hot. We were all sweating although the doors to the garden were open. I thought to myself, things were running smoothly until I realized that perhaps they are not as they seemed to be. Explanations will follow.

Preparation for the session: We decided to conduct this session in the art room. Joan Skeet, the art coordinator, divided the art room into two. Half was allocated for the knitters and half was allocated for us. We took partitions from another part of the centre and situated them in between the two spaces. June hung our banners on the partitions with images of musical instruments. I thought it looked really good, especially when participants looked at them and made some comments. Betty said she had a violin at home she had played on for many years, but hers was a different kind. What she saw were electric guitars on the partitions.

We also covered the tables with fabric with musical instruments printed on them. I spread pictures of musical instruments everywhere that had been cut out of magazines, brochures, and catalogues from music stores.

We brought the electric piano from the small room and situated it along the wall.  We were aware that the area was used as a pathway for the seniors for their afternoon walks. Carmel was

practicing inside the emergency room and brought all our bags inside there with her. She wanted the space to look good for the camera.

I also brought the flip chart and located it in another corner. I asked Joan to do the writing for me during the poetry writing.

Joan and I started to gather the participants that had consented to be part of the study. Joan wanted to make sure they went to the washroom first. As I was collecting them, those who sat down got up after few minutes and left. They were sitting undisturbed until Carol joined them and encouraged them to leave the room. Later I heard from Maureen that Carol had mental issues before she was diagnosed with dementia and that she has many issues to deal with.

For a moment I stood there wondering if I was going to have a session at all. And then I had to remind myself that whatever happens is part of the study. I had to remind myself of several things:

- I am a qualitative researcher and that we can learn from any situation
- Dementia is an unpredictable disease and that I need to be ready for the unexpected
- Not to take the difficulties of keeping the participants in place as a personal failure

I started to talk into the camera to explain what was going on. Just as I was ready to give up, Joan started to bring back some participants and I stayed around to make sure that some activity is happening to engage them in some interaction. I shortened the introduction to the session and asked Carmel to play on the violin. I sat there in my chair letting the music relax me and collect my thoughts for the next step.

As I was sitting there it suddenly dawned on me that Carmel, my daughter, would be leaving in about a week for Israel to study there for about one year at the University of Tel Aviv. Carmel was playing Meditation, which moves me each time to tears. This time my emotions were overwhelmed with sadness knowing that she would be gone soon. Mildred, one of the participants, commented on my tears and her understanding of the situation.

Educator/Learner Facilitator

I came to the session completely ready. I had my session planned, David was ready to start shooting, Joan Skeet was ready to help, June was hanging and decorating the area, Carmel was setting up her space and practicing her music. It was a big production. My mind was totally focused on the activity that was soon to start, and then I had the realization that we may not have anyone to work with. From my experience working with seniors with dementia, I knew it could happen. Yet, I needed to address my own feelings of disappointment and failure. I soon turned to my crew to alert them that the session may not go ahead.

I felt I had a responsibility to the people I work with and that they needed to understand the situation. I felt responsible to Joan Skeet who worked hard to get the participants to sit around the table. My mind was working hard analyzing what could be the factors in keeping the participants around the table. There were many factors I observed:

- There was a question of trust. I was new to the seniors. There was no trust yet established between me and the seniors. Betty saw me twice. Margaret saw me three times. Mildred was seeing me for the first time. Lucia saw me twice, Helena knew me from the earlier time when her granddaughter was studying piano from the same teacher as my oldest daughter.
- There was the issue of introducing something new to the programs at the centre. This session did not follow the usual routine that was followed very carefully at the centre.
- The area of the activity was used by seniors and staff for walking after lunch and access to the washrooms.
- Noise level. Need to look at the acoustics.

- We could hear everybody else in the centre, including a woman volunteer who played the piano after lunch.

Architect/Artist

Setting up the room: In the process of writing this observation, I have already described many details about the space. However, a few details are still missing. The area that was allocated to the session today faced the garden. Although it was raining, the garden looked just lovely. The gazebo in the centre has flowering pots hanging from each corner. The flowers were pink and white and it was the height of the blooming season. The flowers were just cascading down and were a joy to the eye. Plants on the ground along the wandering path were blooming as well. The garden is situated at one corner of a grassy playfield with big trees. Looking out from the art area, it felt like we were in the forest. The quality of the light that came pouring in even on this cloudy day was beautiful. So the setting was very inspiring.

Maureen the director suggested that perhaps we should try the outside.







As I was admiring the flowers outside in the garden with my wandering glances while Carmel was playing beautiful music in the background, I found myself framing imaginary still pictures in my mind. I was actually looking around as if I had a camera in front of my eye. This is not the first time I became aware of it, but I have never really written it down in so many words. I usually approach photography from the point of view of an architect. I look for an interesting object, the composition as a mass in space, how the light falls on it, the color of the object and how it relates to the surrounding colors in the environment and whether or not I want to convey a message or just stay with the aesthetic value of the shot.

Joan and her new house

In the middle of our correspondence, Joan Skeet commented that she had bought a new house and she was very busy decorating it. She also reported that she was leaving Margaret Fulton after 12 years of working there. As I was arranging the tables for the session, Joan took paint chips and laminate samples to be used in her new house out of her bag. I was drawn right away to the prospect that she was asking my opinion and I really liked her choices. I came up with some suggestions for finishing materials. It felt strange to look at colors alone without referring to the meaning they conveyed that could only be acquired with more information about Joan, her family, her house and so on. Weeks later I visited her house and helped with some suggestions although Joan has a great sense of color being an artist herself. It was more like helping a colleague of the same field of design.

August 29, 2005, Repeated Session on Bending Wires. Strength versus Weakness

Legend

	Floor plans and furniture arrangement
	E-Mails
	Problems
	Ask David
	Using knowledge from architecture
	A point to check again

Participants divided into 2 groups. One group with dementia, the other without

Present: Debbie, Dalia, David, June, Pauline (nurse) 2 part time recreation employees, Seniors: Jack, Ruth, Eera, Sonia, Avram, Michel, June, Edna (new person), Sara, Morris, Min (new person), Anita.

Weather: Raining hard

Transportation: My own vehicle. David came with me.

Researcher

State of my own mind: I was worried about the results of the CT Scan I have gone through yesterday. At the time of writing I learned that the tumor is not growing back. I wonder how long this remission is going to last.

Preparation for the session: This is a repeated session on bending telephone wires, with discussions on creativity and strength versus weakness. I brought along telephone wires as I did the last time. I called Debbie and told her that I needed to have a session with the participants who were diagnosed with dementia and whose MMSE indicates that there is some memory impairment. Debbie agreed and we set the session for August 29, 2005, seven weeks after the first session on bending wires took place.

Why did I decide to repeat the session?

As I reviewed the video and the transcript of the first session on bending wires, I realized that participants with dementia did not participate as much as the more able participants. I was very surprised to learn that the analysis of the text did not correspond to my own perception of what transpired during the session. I came out from facilitating the first session feeling that there was far more input from participants with dementia. I was watching their verbal and non-verbal responses to my questions and to the discussions. They all stayed around to listen. I did not feel any lessening of their engagement in what was going on. However, I decided to go back for another session; this time I would divide the participants into two groups. Participants who were diagnosed by their physicians, or scored low on their MMSE were led to one side of the table and the rest to the other side of the table. I left an opening of 2 feet between the tables that separated the two groups.

Educator/Learner Facilitator

I had some concerns about how to approach this experiment without making it obvious that I was selecting participants according to their abilities. If I had permission from the L'Chaim director to work with those with dementia only, and use a separate room, I would not worry about hurting anybody's feeling. Instead, I opted for a U-shaped furniture arrangement with a 2-foot gap between the two groups. My introduction was oriented towards the two groups at the same time. However, I paid more careful attention to the group with dementia and gave them priority over the group without dementia. I included Anita in the group of participants with dementia since her condition was not that clear to me. I need to discuss it with Dr. Feldman. Anita scored high on the MMSE, but has no control over her reactions and antagonizes people around her. She does not always understand abstract concepts.

As the discussion about what is creativity went on, the boundaries that were meant to divide the two groups started to unravel as both groups responded. There were some profound thoughts on what creativity meant to the participants on both sides. In both groups there were participants who did not elaborate on their answers, while at the same time Michel, June and Edna, seniors with dementia, gave some responses that put into question the thought that there may be a need to separate participants according to their cognitive abilities. The only difference I observed at this session was that participants with dementia needed more time to digest information and more time to respond. This extra time would be welcomed by some people with no dementia as well.

I was surprised when June, who has dementia, criticized Anita for describing a certain situation as a creative act. I was of the same opinion as June but tried to be more diplomatic about it and give Anita more time to get the point of what creativity means. Edna, a newcomer to the group, really did not want to be there. All she wanted to do was go home. Bending over her knitting, smiling in the wrong places, feeling uncomfortable, she said simply: Creativity is doing something nobody else is doing. I was not expecting it from her. I asked her to repeat the answer since I could not believe my ears. I am waiting to see her MMSE from Debbie. I was told Edna was diagnosed with dementia by her physician.

There is something very fundamental about us. We follow what we see and expect others to behave according to the perception we have formed in our minds about them. No matter how long I have been working with people with dementia and I have worked hard at sharpening my sensitivity towards their needs, I am still surprised every once in a while at what I witness as a demonstration of cognitive abilities. It reinforces the ideas that this is an unpredictable disease and therefore we should expect the unexpected.

Architect/Artist

Setting up the room: We have set up the room 5 times before. I already knew that the U- shape worked best for me and the participants. What I did find very helpful was the gap of 2 feet between the two groups. Although I adopted it more for a visual separation, so people would know where their seats were and for my own orientation and ease of filming, it turned out it gave the participants an opportunity to shorten their route to the washroom without having to go around to the end of the U-shape. This should be taken into consideration when planning furniture layout for an activity.

This session was special for me as an artist and as an architect. I finally got to the point where I felt good enough about redesigning the floor plan for the centre to suggest some artistic solutions for the suggested second set of doors. I looked around and could not see too many places for arts display. In fact, there is very little room to display art works anywhere, including those made by the seniors themselves.

As I was coming through the main front doors, I started to imagine the centre with the changes I recommended. It would resolve the problem of people coming in and out at will. It would create some private spaces and contribute to a sense of belonging and provide a homey feeling.

Proposed design for the stained glass doors

There was no question in my mind that any proposed artwork for the L'Chaim centre would need to reflect the Jewish culture, the Hebrew language, Jewish symbols and motives, connection to the homeland in Israel. All of these elements are shared by Jews from all over the world. Symbols may change and take on the flavour of the region, but the content will stay the same, recognizable and familiar.

I have chosen arches that may represent old buildings, synagogues and the walls of old Jerusalem. I also incorporated olive leaves and branches as a symbol for peace that goes back to biblical times. There is a welcome message in Hebrew as people enter the centre. I selected colors that have meaning in the Jewish culture: blue for the blue skies in Israel and the Israeli flag, gold for the gold aura that settles over the skies of Jerusalem in the evenings. There is also a famous song, Yerushalaeem Shel Zaahv, meaning Jerusalem of Gold. It comes from a poem written by Naomi Shemer, one of the most beloved song writers of Israel, who passed away recently. This poem was written in 1967 during the Six Days' War, when east Jerusalem was captured by the Israelis and was united with west Jerusalem to become one city again. This was an historic milestone in the Jewish psyche. Jewish people who were prevented from accessing the Western Wall, which is the remains of the foundation walls of the Holy Temple going back to the times of King David and Solomon, could once again pray next to it and touch it.

The glass panels will be made from hand-blown French glass and chosen for their interest and beauty. The panels will then be sandwiched between two tempered glass panels and inserted into commercial French doors with a bar across each leaf for use as an emergency exit. A brass panel on the bottom of each leaf will absorb any rough handling. The doors can be open or closed. For full security, privacy and control over the activity room, I would suggest having the doors closed. Then, the artwork will be in full view as people walk in or out of the centre.

On September 9, I am planning to bring the proposed floor plan design and the proposed artwork for the glass doors to the participants for their input and comments. Staff will participate as well.

C. Session Planning

Music Session

Purpose: To explore the link between creative expression, dementia and the therapeutic environment.

Duration: About 90 minutes. Twice in each centre. Second time around with changes to the environment.

Supplies (we need to discuss what everyone has and can bring)

- Put music instruments on display
- Hang images of music instruments around
- Bring books and posters of music instruments
- Coloured construction paper 8 1/2" x 11"
- Coloured wrapping papers with instruments images on them
- Stickers of music instruments
- Felt pens
- Glue sticks
- Scissors at least for every two people
- White envelopes to send cards

How

1. 20 minutes of socializing. Drinking coffee, tea, juice, cake and chocolate. This is a time to socialize. No planned activity takes place.
2. Cleaning the tables in preparation for the planned activity.
 - 20-30 minutes of topic presentation. Dalia will introduce the topic. That will include:
 - Carmel playing popular music from operas
 - Dancing to a waltz with a senior who wants to dance. Dalia, and staff inviting to dance.
 - Asking who would like to hold a violin or a guitar and try to play it with the help of Sonia and Carmel

Developing a discussion on the topic

- Do you like dancing?
- If yes, ask what kind of dances? What about the Waltz?
- Where did you go to dance in your youth?

Making a card

1. Drawing a music instruments or anything while Carmel is playing the music
2. Distribute the wrapping papers already cut to smaller pieces
 - Distribute scissors and glue sticks
 - Staff and Dalia to help write what ever the seniors want to write inside
 - Put inside envelopes to be mailed to the families

Evaluation Sheets or comments from participants and staff:

1. How did you feel about the session today?
 - Is there anything in this room that disturbed you during this session? What was it?

Schedules for Sonia (on guitar) and Carmel (on violin)

Sonia Landry's Schedule

At the Margaret Fulton Adult Day Care Centre

Tuesday, June 14, between 1 – 2:15 pm. Friendship session (includes music). Cancelled.

Tuesday, June 28, between 1 – 2:15 pm. Friendship session (includes music)

At L'Chaim Adult Day care Centre

Monday, July 4, between 10:30 – 12:00 noon. Friendship session (includes music)

Monday, July 11, between 10:30 – 12:00 noon. Friendship session (includes music)

Carmel's Schedule

Monday, June 20, between 10:30 – 12:00 noon at L'Chaim Centre. Music session

Monday, June 27, between 10:30 – 12:00 noon at L'Chaim Centre. Music session

Tuesday, July 5, between 1:00 – 2:15 pm at Margaret Fulton. Music session

Monday, July 12, between 1:00 - 2:15 pm at Margaret Fulton. Music session

Friendship

Purpose: To explore the link between creative expression, dementia and the therapeutic environment.

Duration: About 90 minutes. Twice in each centre. Second time around with changes to the environment.

Supplies

- A flip chart 18"x24". Or white board. The bigger the better. (centre's)
- Felt pens, at least two colours, black and red, with extra wide tips. (Dalia)
- Tape, pins and laundry pegs to display the sheets around the room in viewing range and at the eye level of a sitting person. (Dalia)
- Bring flowers that represent friendship and love that seniors can take back to their homes. (Dalia)
- Bring chocolates in the shape of a heart or home baked cake.(Dalia brings Chocolates, centre brings cake)
- Video tape of the movie Casablanca. (Dalia brings tape)

Equipment: TV Screen and a VCR. (centre's)

How

- 20 minutes of socializing. Drinking coffee, tea, juice, cake and chocolate. This is a time to socialize. No planned activity takes place.
- Cleaning the tables in preparation for the planned activity.
- 20-30 minutes of topic presentation. Dalia will introduce the topic. That will include:
 - Sharing Dalia's experiences and staff experiences in friendships
 - Talking about the tough times in friendship and the good times
 - Have Sonia play 2-3 songs on friendship (see schedule at the end)
 - Have Carmel play a love song on the violin (see schedule at the end)
 - Ask the participants what did the music do for them
 - Introduce the movie Casablanca and the last 5 minutes
 - Show the last 5 minutes of Casablanca
 - Discuss the scenes from the movie

Writing a group poem

- **Key words** – ask the seniors for key words that describe friendship and write them down on a flip chart.
- **As the sheets of paper fill up**, display them side by side on vertical surfaces at the seniors' eye level.
- **With a new sheet** of paper on the easel, further develop the poem into sentences.
- **Read** the words aloud as sentences are called out. All suggestions are considered and all participants are invited to contribute to the poem. Make an effort to incorporate even awkward key words.
- **The group needs to agree** and approve the final product
- **The finished poem** is then distributed to the seniors the following week.
- **Evaluation Sheets or comments from participants and staff:**
 - How did you feel about the session today?
 - Is there anything in this room that disturbed you during this session? What was it?

Optional questions:

- What does creative expression mean to you?
- In what ways can you express yourself creatively?
- How important is creative expression to you?
- When you look around this room, is there anything you would like to see changed to make it easier for you to engage in creative expression activities?

Schedules for Sonia (on guitar) and Carmel (on violin)

Sonia Landry's Schedule

At the Margaret Fulton Adult Day Care Centre

1601 Forbes Avenue
North Vancouver, BC
V7M 2Y4
Phone: 640-904-3550
Director of the centre: Maureen Murphy

Tuesday, June 14, between 1 – 2:15 pm. Meeting with families at 7:00pm.
Tuesday, June 28, between 1 – 2:15 pm

At L'Chaim Adult Day care Centre

950 West 41st Avenue
Vancouver, BC
V5Z 2N7
Phone: 604-257-5111
Director: Rabbi Dina-Hasida Mercer

Monday, July 4, between 10:30 – 12:00 noon
Monday, July 11, between 10:30 – 12:00 noon

Carmel's Schedule

Monday, June 20, between 10:30 – 12:00 noon at L'Chaim Centre
Monday, June 27, between 10:30 – 12:00 noon at L'Chaim Centre
Tuesday, July 5, between 1:00 – 2:15 pm at Margaret Fulton
Monday, July 12, between 1:00 - 2:15 pm at Margaret Fulton

D. Consent and Assent Forms



The University of British Columbia

Institute of Health Promotion Research,
Interdisciplinary Studies

Curriculum Studies
Faculty of Education
2125 Main Mall
Vancouver, BC Canada V6T 1Z4
Tel: (604) 822-5337 Fax: (604) 822-4714
Rita.Irwin@ubc.ca

Consent Form **Creative Expression, Dementia and the Therapeutic Arts Room**

Principal Investigator: Dr. Rita L Irwin, Professor, UBC, Department of Curriculum Studies. Faculty of Education. Telephone number : (604)822-5322.

Co-Investigator(s): Dalia Gottlieb-Tanaka, Doctorate Student, UBC, Faculty of Graduate Studies, Institute of Health Promotion Research and Interdisciplinary Studies. Telephone: (604) 822-3814 at the office or (604) 986-6408 at home. This research is part of a thesis (public document) for Ms. Gottlieb-Tanaka's graduate degree. The people who will have access to the study are: Dr. Rita L Irwin and Dalia Gottlieb-Tanaka, Doctoral Student,

Purpose: To explore the link between creative expression, dementia and the therapeutic environment. Although some researchers would dispute the level and quality of creativity in each person, the ability to express oneself continues through the stages of early to moderate dementia. Areas destroyed in the brain show reduced cognitive ability but other areas may continue to perform intact for a longer time. Through appropriate programs conducted in responsive environments designed to accommodate their needs, these seniors may continue to enjoy life to the best of their remaining abilities.

Study Procedures: You will participate once a week for eight weeks either in a group of 5 seniors at the Margaret Fulton Adult Day Care Centre or in a group of 12 seniors at the L'Chaim Adult Day Care Centre. Each session is planned to last for 90 minutes. It begins with socializing, serving coffee, tea and baked goods, open discussion and the introduction of relevant materials. Next, a topic such as friendship is introduced, and the group composes a poem based on the topic.

The sessions will be videotaped at both centres. At the L'Chaim Centre all seniors will be included in the session. However, only 5 seniors will be filmed. At the Margaret Fulton Centre, 5 seniors will be selected to participate in the study.

You will not be filmed nor included in the study if you do **not** wish to participate.

Confidentiality: The subjects' identity will be kept strictly confidential. All documents will be identified only by a pseudonym and kept in a locked filing cabinet. Subjects will not be identified by name in any reports of the completed study.

Some data records will be kept on a computer hard disk and will be accessed with a security code known only to Dalia Gottlieb-Tanaka.

However, the subjects and their legal guardians may want to be identified for their contribution; for example, for the artwork they produced. In such case, the subjects and their legal guardians may sign at the end of this consent letter to indicate their wish to be identified and credited for their contribution to this study. Subjects and their legal guardians who agree to be identified may withdraw their consent at any time during the study with no consequences to their treatment or activities at their care centre.

Contact for information about the study: If you have any questions or desire further information with respect to this study, you may contact Dr. Rita L Irwin, Principal Investigator at (604) 822-5322 or Dalia Gottlieb-Tanaka, Doctoral Student, at (604) 822-3814 at the office or (604) 986-6408 at home.

Contact for concerns about the rights of research subjects: If you have any concerns about participants' treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598.

Consent: Participation in this study is entirely voluntary and the participants may refuse to participate or withdraw from the study at any time without jeopardizing their access to further services from the adult day care centre they attend.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participating in this study.

Subject Signature (or Parent or Guardian Signature)	Date
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Printed Name of the Subject or Parent or Guardian signing above.

Your signature indicates that you wish to be identified in any narrative description of the study. Your signature also indicates that you wish to be credited for the artwork you create during the study. You may withdraw your consent at any time.

Subject Signature (or Parent or Guardian Signature)	Date
--	------

Printed Name of the Subject or Parent or Guardian signing above.



The University of British Columbia

Institute of Health Promotion Research,
Interdisciplinary Studies

[UBC Department Letterhead]

Assent Form

Creative Expression, Dementia and the Therapeutic Arts Room

Principal Investigator: Dr. Rita L Irwin, Professor, UBC, Department of Curriculum Studies. Faculty of Education. Telephone number : (604)822-5322.

Co-Investigator(s): Dalia Gottlieb-Tanaka, Doctorate Student, UBC, Faculty of Graduate Studies, Institute of Health Promotion Research and Interdisciplinary Studies. Telephone: (604) 822-3814 at the office or (604) 986-6408 at home. This research is part of a thesis (public document) for Ms. Gottlieb-Tanaka's graduate degree. The people who will have access to the study are: Dr. Rita L Irwin and Dalia Gottlieb-Tanaka, Doctoral Student.

Purpose: To explore the link between creative expression, dementia and the therapeutic arts room. The goal of this study is to document the experiences of seniors with dementia while they are engaged in creative expression activities in particular therapeutic settings at these adult day care centres.

Study Procedures: You will participate once a week for eight weeks either in a group of 5 seniors at the Margaret Fulton Adult Day Care Centre or in a group of 12 seniors at the L'Chaim Adult Day Care Centre. Each session is planned to last for 90 minutes. It begins with 20 minutes of socializing, serving coffee, tea and baked goods while discussion on any subject is encouraged. Next is a prepared activity lasting about 20 minutes. It includes a display of relevant materials. Discussion is encouraged to draw on your own experiences. Following the discussion an activity of about 30-40 minutes is introduced: it might involve talking about friendship, making paper appliqué, listening to music and dancing. Free discussion usually continues and takes on the flavour of the moment.

The two topics were selected. The first topic on friendship includes a discussion on various types of friendship that will draw on your past and present experiences. The last five minutes of the movie "Casablanca" is played, demonstrating how a new level of friendship is struck up between the French policeman and the nightclub owner. An activity of poem writing follows the discussion and the movie clip. The movie "Casablanca" may be replaced by the "King and I" depending on the circumstances.

A second topic consists of listening to music, dancing to music, playing to music, painting to music and reminiscing about the time when the music was composed. No restrictions are imposed on the way you express yourself creatively.

The sessions will be videotaped at both centres. At the L'Chaim Centre all seniors will be included in the session. However, only 5 seniors will be filmed. The rest of the seniors will not be filmed and their activity will not be affected.

You will not be filmed nor included in the study if you do **not** wish to participate.

Confidentiality: Your identity will be kept strictly confidential. All documents will be identified only by a pseudonym and kept in a locked filing cabinet. You will not be identified by name in any reports of the completed study. Records will be kept on a computer hard disk and will be accessed with a security code known only to Dalia Gottlieb-Tanaka. However, if you wish to be identified for your contribution to the study; for example, for the stories and artwork you produced, you may sign at the end of this consent letter to indicate your wish to be identified and credited for your contribution to this study. You may withdraw your consent at any time during the study with no consequences to your treatment or activities at your care centre.

Risks and benefits: There is a very small risk of reliving a troublesome past that might contribute to confusion. Extra care will be taken to avoid materials that may induce those memories, such as in the case of Holocaust survivors. The director of the L'Chaim Centre will be consulted well in advance of each step of the study to prevent such possibilities and so will the director of Margaret Fulton Centre. In my six years of working with seniors with dementia, I most commonly found that these seniors wanted to discuss a variety of topics including sensitive ones. Care will be taken in the selection of potential subjects to make sure that any risk is minimized. The directors will be advised to prepare counseling services in case such a situation arises.

The subjects who participate in the program will enjoy fun, informative and stimulating activities that will enrich the sessions and validate their experiences. It is an opportunity for participants to socialize with each other, staff and the researcher. It is an opportunity to be heard and to be valued.

Contact for information about the study: If you have any questions or desire further information with respect to this study, you may contact Dr. Rita L Irwin, Principal Investigator at (604) 822-5322 or Dalia Gottlieb-Tanaka, Doctoral Student, at (604) 822-3814 at the office or (604) 986-6408 at home.

Contact for concerns about the rights of research subjects: If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598.

Consent: Your participation in this study is entirely voluntary. You may refuse to participate or withdraw from the study at any time without jeopardy to your access to further services from the adult day care centre you attend.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

Your Signature

Date

Please Print Your Name

Your signature indicates that you wish to be identified, including artwork produced, for your contribution to this study. You may withdraw your consent at any time.

Your Signature

Date

Please Print Your Name

E. Sample of Interview Questions

April 22, 2005

Research Topic: Creative Expression, Dementia and the Therapeutic Arts Room

Sample of Interview Questions Addressed to the participants:

1. What does creative expression mean to you?
2. In what ways can you express yourself creatively?
3. How important is creative expression to you?
4. When you look around this room, is there anything you would like to see changed to make it easier for you to engage in creative expression activities?
5. Is there anything in this room that disturbed you during this session? What was it?
6. How did you feel about the session today?