

**A CULTURAL RESPONSE TO DEMENTIA:
PARTICIPATORY ARTS IN CARE HOMES AND RELATIONSHIP-CENTRED CARE**

Nicola Hatton

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DECLARATION

I, Nicola Hatton, confirm that this thesis, *A Cultural Response to Dementia: Participatory Arts in Care Homes and Relationship-Centred Care*, is all my own work.

ABSTRACT

This thesis looks at the role of the arts in dementia care. It examines the creative role of the artist in dementia care settings, and questions what a cultural response to dementia might mean in the context of the emerging field of arts in dementia care. Moreover, it extends current thinking on dementia care by investigating the broader social, environmental and cultural conditions in which caregiving takes place. Inspired by posthumanism and concepts of sensuous geography, it explores the wider network of human and non-human relationships that exist within and shape a care home community. Drawing on a set of case studies of participatory arts projects in care homes, it then considers how artists might support care communities as relational places by engaging with the sensory and aesthetic qualities of the care home. Through these case studies, it explores how artists respond imaginatively to the environment they are working in, and to the daily routines of the care home. In exploring the challenges and possibilities of this approach, particular attention is paid to the intersections between an artist's creative practice and the creativity that is demonstrated by residents with dementia as they negotiate everyday life in a care home. By engaging creatively with the everyday routines of the residents, this thesis shows how collaborations between artists and people with dementia can reveal care homes as sites of everyday creativity. Bringing together critical thinking on creativity, relationality and dementia care, it argues that the arts have a cultural role to play in care homes by demonstrating that caregiving is a creative, improvisatory and relational practice.

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Preface

1994, Headingley, Leeds

I am eight years old and attending primary school in Leeds. It is December and Year 4 class have been rehearsing Christmas carols all week. This morning we are due to perform to residents at a care home down the road. It is a care home that I walk past every morning on my way to school but I have never really noticed it before. We are nervous and excited as we trundle down the street in our winter hats and coats, hyped up at the prospect of an outside audience. When we arrive at the care home we are shown into a lounge that feels stuffy and airless. The residents are sitting in rows of high-backed armchairs that have deep red upholstery and white antimacassars on top. I don't remember much about the concert itself, apart from the fact that I felt itchy and uncomfortable in my woolly hat. One thing stands out though. About halfway through the concert, one of the male residents beckons our teacher over and requests *Hark the Herald Angels Sing*. There is a slightly awkward moment. We haven't rehearsed this carol so we plough on with *Good King Wenceslas* instead. After the first verse, the resident proceeds, with some effort, to pick up his armchair from underneath him. Slowly and deliberately, he turns it around 180 degrees so that he has his back to us. I'm shocked and leave with the impression that old people in care homes are quite frightening. The moment stays with me over the next few weeks as I walk past on my way to school and peer up solemnly at the net-curtained windows.

2011, Swiss Cottage, London

It is 17 years before I have my second experience of a care home. I am working as the Creative Learning Practitioner for Hampstead Theatre, running scriptwriting projects in local

schools. We have just been told that the local authority are pulling their financial support for our programme, and my boss and I are working flat-out trying to secure more funding. It is around this time that I receive a phone call from a care home on the same street as the theatre. The man on the other end of the phone is the activity coordinator, and wants to know if there is 'anything we can do for the residents', most of whom are living with late-stage dementia. Once again, I realise that I have walked past this care home several times a week on my way to workshops but have never noticed it before. It also occurs to me that I have had no experience of dementia, either in a personal or a professional capacity. We agree to go along one morning to meet the residents.

The care home is a large converted Victorian house, which at first glance looks like the rest of the houses on the street. As I approach the front door, I see that it has a number of locks, keypads, and a buzzer entry system. After a few minutes of buzzing and waiting we are shown in by the activity coordinator. Brightly-coloured murals adorn the corridor, and there is a large red post box painted at one end with a tray for residents to put letters in. We are shown into a lounge where the residents are seated in armchairs, facing the television. The activity coordinator turns the TV down and addresses them loudly: 'There's two ladies come from the theatre who want to talk to you'. A couple of the residents look at us, others continue to watch television. We introduce ourselves but it is difficult to be heard over the noise of the television and we are conscious that we are interrupting. We decide to talk to some of the residents individually, and I crouch down awkwardly next to two women who are sat together. I'm not sure what to say, so I try to make polite conversation, telling them about Hampstead Theatre and asking them about themselves. I ask 'did you grow up

in Camden?'. One of the women smiles at me and nods. The other looks at me with a slightly anxious expression. I realise that I have made a mistake: by asking her questions about the past, I may be putting pressure on her to recall things that she does not remember. Feeling foolish, I change tact and compliment her on her skirt, which has a dark print of flowers and birds. She looks at her skirt and smiles at me. We sit in silence for a while. I'm not sure where to go next. We leave the care home a little deflated and unsure of how to proceed.

A few days later my boss tells me that she called the care home and told them that we couldn't work with them this time. She doesn't think that our scriptwriting model can be adapted to fit the needs of the residents, and in our current financial circumstances we don't have the capacity to develop new work. I understand the reasons behind her decision, but I can't help feeling that we have let them down. I feel particularly uneasy about the fact that we are their most local arts organisation, and that they approached us directly. I am left with lots of questions. Are there any theatre practitioners working in care homes? What sort of work is taking place? Is it possible to make theatre with people who have late-stage dementia? How might I go about adapting my own work for people with dementia? Over the next few weeks I start to do some digging.

2013, Dalston, London

Two years later I'm standing in the lounge/dining room of a care home in northeast London with a camera, a notepad and a measuring tape. Accompanying me is activity coordinator

Maria, whom I have been shadowing for the past few weeks, and a resident called Lottie. At the other end of the room, care staff crowd around a large flat screen television to watch coverage of Nelson Mandela's funeral. I have started a PhD about participatory theatre in care homes. We are discussing the possibility of a site-specific project that will take place in the dining room and I'm excited. I want to explore how we can use theatre to make it into a more homely space. I have ideas about transforming it with lighting, gobos and blacks. However, volunteering at the care home has thrown up a lot of practical questions, and I'm finding it difficult to visualise what the project will look like. How will I run workshops when the space is constantly in use for mealtimes and other activities? How will I minimise the disruption that these workshops create in the dining room? How will we address the aesthetic challenges – the noise from the adjoining kitchen, the heavy tables and chairs that can't easily be moved, the health and safety regulations which restrict the use of electrical equipment, and the flimsy curtains that won't allow the space go dark?

Over the next few weeks I visit the care home on a number of occasions to try and get a sense of how it will work. I have lunch with the residents, join the weekly quiz team and attend a concert of Christmas carols. I serve drinks at a cocktail party and help the activity coordinator move residents to and from different sites. After a while I become familiar with the daily schedule for mealtimes, activities and trips to and from the day centre. I learn a little about the relationships that residents have with each other and with the different spaces in the care home. I find out, for example, that Amir likes to watch *Columbo* at 4pm every day in the lounge, as this is a time when he is unlikely to be disturbed by other residents. I become familiar with the care home's sensory properties: the buzz of the door

entry system, the smell of the dining room and the dim lighting in the corridors. The more time I spend there, the more intrigued I am by the care home as a community that has its own particular routines and customs. I realise that my interest has shifted from the impact of participatory arts on the care home to a creative interest in the care environment itself. Rather than trying to work around the routines of the home, I am curious about finding an approach which acknowledges them, or in some way incorporates them into the creative process. This relationship between creative practice and the care home community is the focus of my research.

Chapter One: A cultural response to dementia care

The dementia care crisis

'Dementia [...] remains one of the biggest global public health challenges facing our generation' (Prince *et al*, World Alzheimer's Report, 2014).

When I started this PhD towards the end of 2012 there were an estimated 70,000 people in the UK who were living with dementia,¹ at a cost of around £23 billion a year. According to recent government statistics, this figure is now estimated to be 80,000 and is expected to double in the next 30 years, with the cost rising to over £50 billion a year (Department of Health, 2015, 3). The UK's ageing population is the biggest risk factor for this increase as the risk of getting dementia increases with old age. There are now more people of pensionable age in the UK than are under 16. A 2009 report from the Baring Foundation estimated that, in 2003, there were 20 million people aged 50 or over and that this figure will reach 27.2 million by 2031. The fastest-growing age group of pensioners is 85+, who now make up 4.5% of the population, 'an increase of 45% in a half century' (6).

With no cure and the number of people developing dementia increasing each year, the task of managing the disease and providing high-quality, affordable care for those affected has become one of the biggest economic, health and social care challenges faced by the Global North in the 21st century. Dementia has been referred to by policymakers as a 'global crisis' (Department of Health, 2013), by the neurologist Andrew Lees as a 'silent plague' (2012), and by broadsheet and tabloid newspapers alike as a 'ticking time bomb' (*Express*,

¹ Precise statistics on dementia are difficult to track due to poor levels of diagnosis. Statistics published by the Alzheimer's Society in 2013 suggest that less than half of people living with dementia in the UK have a diagnosis (Alzheimer's Society, 2013).

2015, *The Telegraph*, 2012, and *The Guardian*, 2015). The difficulty of providing care and support for an increasing number of people has been intensified in the UK in 2015 by the government's spending review, which includes a £1 billion cut to the social care bill (Butler, 2015). This announcement has created fresh uncertainty about the future of dementia care in the UK. Writing in *The Guardian* in June this year, George McNamara, head of policy at the Alzheimer's Society, remarked that 'most regular users of the social care system are over 65' and that a lack of investment in social care would 'pass the buck to people with dementia, their families and carers who already shoulder two-thirds of dementia's financial burden through care fees and unpaid care' (Featherstone, 2015). It is anticipated that this cut will also place a greater burden on the NHS – particularly A&E departments, which currently receive a large number of admissions of people with dementia. Statistics published by the BBC in 2015 suggest that over a quarter of hospital beds in England are currently occupied by people with dementia (Gallagher, 2015). Combined with the increasing numbers of dementia cases, this significant reduction in social care funding means that the dementia crisis in the UK is more critical than it has ever been.

Another factor which has contributed to the crisis status of dementia in the West is the fear and stigma that is associated with the disease. As the playwright and performance scholar Anne Davis Basting identifies, connections between memory and identity are culturally ingrained and contribute to a dominant narrative in which a dementia diagnosis is perceived to be synonymous with a loss of self. Speaking in the context of North America, she argues that Alzheimer's 'has become something much more than the disease. It has swollen into a fear that permeates the cultural consciousness of the United States [...] These

fears tap a common source, which is that people with Alzheimer's lose something of enormous value in American culture, their individuality - their selfhood' (2003, 88-89). Her view is one shared by the British arts and ageing researcher, Hannah Zeilig, who argues that under the conditions of late capitalism, dementia has become a 'cultural metaphor' for tragedy in the Western world (2013, 258). In considering how dementia is typically represented in the British media, she observes how it has ominously been described in meteorological terms, as a 'silent tsunami', 'a rising tide', and a 'galactic storm' (2013, 260). Basting and Zeilig's observations on the stories that are told about dementia point to the way in which it is perceived as a loss of identity on an individual level, but also as a societal epidemic of biblical proportions. Their research indicates that, in addition to being a neurological condition, dementia is also a socially constructed phenomenon that is exacerbated by our cultural fears about memory loss.

Despite the fear and stigma that is associated with the disease, Basting also suggests that understanding how memories are constructed culturally and relationally can challenge the perspective that a person's memory is constitutive of their identity:

Like identity, which is always personal and social, memory can never be a solely individual act. Memories are formed within culture and triggered through culture. Memory, therefore, can be used to affirm and define self, but always in relation to others. This is the hubris that Alzheimer's narratives expose: we cling to the notion that personal memory alone constitutes selfhood (97).

Basting suggests that the 'narrative' of Alzheimer's can be understood in different ways, and that the personal experiences of those living with dementia can contest these deep-rooted

connections between memory and self. This assertion is strengthened through her creative practice with people who are living with dementia. Writing about a creative writing programme that she led in a residential care facility, she describes a participant called Cary who kept a journal about his experiences of living with the disease. She observes how Cary expressed, in a fragmented fashion, 'longings for his former life, dread of stairs, passion for music and history, fondness for his little dog, hunger for knowledge, bouts of loneliness and confusion, and empathy for his caregiver' (2003, 94). Cary's journal was significant because it revealed a narrative voice that 'lived in the present moment' and 'did not rely heavily on memory to define who he was' (94). It also illustrated that there are more ways for people with dementia to express their identity than simply 'parading one's control of memory' (97). The journal entries that she describes show how Cary's identity was defined through a number of interrelated factors, including his personal qualities, his relationships with significant others, his hobbies and interests, and his emotional responses to his condition.

Basting's ideas on the cultural construction of memory raise questions as to how those engaged in cultural practices respond to the dementia care crisis. In the UK, 'arts and dementia' is becoming established as a field of work in its own right. A report published by the Baring Foundation in 2011 indicated that 82% of not-for-profit care homes in the UK now offer some form of arts-based activity for residents (6). In 2013, Arts Council England partnered with The Baring Foundation and pledged £1 million to support new arts projects in care homes. This increase in capacity is matched by a new commitment to develop artists' work and reflects an international trend. In a 2013 study that I conducted about arts in dementia care in North America, all of the care facilities I visited offered regular arts

activities for their residents (Hatton, 2013). In some European countries, arts activities are now being integrated into residents' care plans. David Cutler, director of the Baring Foundation, observed that in Finland, many older people will now be interviewed on arrival at a care home in order to create a 'culture plan of their tastes' (2013, 1). As a theatre practitioner who works in care homes, I am interested in the contribution that artists and arts-based research can make to our cultural understanding of dementia.

In the same way that Basting has used the stories of people with dementia to challenge individualised concepts of selfhood – concepts which rely heavily on a person's capacity to remember – my thesis will argue that the arts can support a concept of selfhood in dementia care which is based on interdependence and relationality. It will investigate how people with dementia express and negotiate their identities in a participatory arts context, analysing a year-long residency that I undertook in a care home in London in 2014. By exploring how the residents expressed their identity in relation to the creative work, to each other, and to the wider care home community, my aim is to understand how artists can support dementia care as a relational practice. As the preface to my thesis indicates, this residency developed in response to the everyday activities of the care home and the daily routines of the residents. As such, an important part of the research will be the creative ways that residents negotiate everyday life in a care home. By investigating the intersection between participatory arts and the creative life of a care community, I will argue that dementia care should be regarded as a creative practice in its own right.

Cultural contexts

In understanding the need for a cultural response to dementia, it is necessary to examine how the field of arts and dementia has developed in response to particular strategies in the health sector. In the UK, policies such as the *National Dementia Strategy* (2009) and *The Prime Minister's Challenge on Dementia* (2012) attempted to shift public thinking away from an attitude that 'nothing can be done' for people with dementia (Department of Health, 2012, 3), and to look at strategies for improving their quality of life. This focus on quality of life has led to greater primacy being placed on non-clinical interventions, including a therapeutic interest in how the arts can support wellbeing. Until now, the majority of the research on the arts in dementia care has been focused on their potential to improve the wellbeing of participants. A report written by The Baring Foundation in 2011 explored 'how the arts can contribute to wellbeing and quality of life in residential care' (Cutler, 2011, 1). This research is matched by a body of academic evidence that assesses the health benefits of participation. Key studies include Castora-Binkley *et al* (2010) who investigate the impact of the arts on a variety of health outcomes, Camic *et al* (2011) who explore the benefits of singing, and *Dementia and Imagination*, an AHRC-funded research project which explores whether the arts can improve the wellbeing of those living with the disease. As the theatre scholar Caoimhe McAvinchey remarks in her investigation of arts practices with older people, 'there is now a growing body of research that provides compelling evidence about the impact of participation in the arts on people's well-being' (2013, 361).

While this research is important in understanding the health benefits that can come with participation, it only offers one perspective on the value of the work. Furthermore, the

status of the concept of wellbeing in UK public policy risks limiting the scope of enquiry about the value of the arts in dementia care. As McAvinchey suggests, 'if we only ask questions about the social, economic and health value of the arts with older people, we continue to develop an evidence base that reiterates particular, already known, outcomes' (2013, 361). An additional problem with this type of research is that the concept of wellbeing can be problematic for people with dementia, who may not conform to the criteria that is required for achieving it. In the following section, I will outline how a 'wellbeing agenda' emerged in the UK and why I think it is a problematic concept for people with dementia. I will then explain how this agenda has influenced arts practices in dementia care, and why a cultural response is needed.

Arts, dementia and wellbeing

After the Conservative-led coalition government formed in 2010, the concept of wellbeing became a key policy area for Prime Minister David Cameron. In a speech delivered that year, Cameron launched a National Wellbeing Programme, with the aim of 'measuring our progress as a country' and understanding 'how our lives are improving; not just by our standard of living, but by our quality of life' (Cabinet Office, 2010). Since then, the Office of National Statistics (ONS) has developed several strategies for measuring the nation's wellbeing, including a National Wellbeing Survey, and a series of publications that are designed to capture different aspects of public wellbeing (see ONS 2011, and www.ons.gov.uk).

This programme has meant that wellbeing has become a prominent concept within the public imagination. However, defining what wellbeing is can be a difficult task. The ONS acknowledges that wellbeing 'is a broad term which covers a range of things' (2011, 6), but also attempts to define it as follows:

Wellbeing includes both subjective and objective measures. It includes feelings of happiness and other aspects of subjective wellbeing, such as feeling that one's activities are worthwhile, or being satisfied with family relationships. It also includes aspects of wellbeing that can be measured by more objective approaches, such as life expectancy and educational achievements (2).

The themes of work and family relationships are reiterated in Cameron's speech, in which he states that the wellbeing policy is connected to 'our goal of trying to create a more family-friendly country [...] I want every decision to be judged on whether it makes our country more or less family-friendly and this new focus on wellbeing I believe will be an important part of that' (Cabinet Office, 2010). He goes on to suggest that 'having the purpose of a job is as important to the soul as it is to the bank balances'. This notion of individualised wellbeing was praised by the political commentator Pat Kane at the time, who believed that it extended economic concepts of wellbeing and represented a 'much-needed gentler response to the economic crisis' (Kane, 2011). However, the emphasis that the policy places on family life as a fundamental aspect of wellbeing is problematic for those who live in care homes, who no longer live with family and may have lost their support network in the transition to residential care. Similarly, the idea that employment provides a sense of purpose may mean little to people with dementia who are no longer working and are unlikely to ever do so again. This issue is taken up more broadly by the sociologists Claire Edwards and Rob Imrie, who consider the implications of the wellbeing agenda for people

with disabilities. They criticise the ‘implicit assumptions’ that they believe are embodied in the policy, namely that ‘life satisfaction is related to particular idealised forms of behaviour or ways of being (including being healthy, fit, employed and engaged in civil society) which engender positive emotional states’ (2008, 338). Their criticisms of the wellbeing agenda are pertinent to those living with dementia, who may never be able to contribute to the economy or conform to this idealised version of citizenship. This problem is highlighted further by a lack of representation of people with dementia from the National Wellbeing Survey. Although the Office of National Statistics claims to have consulted a cross-section of the British public including ‘retired people’ (5), there is a conspicuous absence of responses from people living with dementia or those living in care homes. Additionally, though the report claims to have consulted ‘disability groups’ (5), there is no specific information about their responses, or about what types of disability they are referring to.

At the centre of Edwards’ and Imrie’s criticism of the wellbeing agenda is the responsibility that they claim has been placed on the individual in achieving or maintaining their own wellbeing. Drawing on analyses from the sociologists Frank Furedi and Nikolas Rose, they suggest that the wellbeing agenda is symptomatic of a ‘politics of happiness’ in which governments are ‘increasingly concerned with the management of individual emotions and behaviour, as a consequence of a growing tendency to redefine public issues as the private problem of the individual (2008, 338). This idea is shared by the sociologist Eeva Sointu who suggests that in a consumerist society such as the UK, wellbeing emerges as a ‘normative obligation chosen and sought after by individual agents’ (2005, 55). Such an approach to wellbeing, they argue, overlooks the ‘significant societal barriers that particular

individuals, such as those with disabilities, experience in participating in society as self-determining citizens and, through a reductive analysis of emotions, further stigmatise those who do not meet the wellbeing ideal' (2008, 338).

When seen in this light, there is a risk that artists working in dementia care settings may collude unintentionally with an agenda in which responsibility is placed with the individual for maintaining their own wellbeing. This is not to say that artists who work in care homes should avoid therapeutic outcomes, but that the pressure to demonstrate improvements in wellbeing may contribute to a neoliberal agenda, in which the welfare of people with dementia is situated as an individual's 'problem', rather than as something which is the responsibility of health and social care services.

In her book *Fair Play*, the theatre scholar Jen Harvie suggests that there is a need to consider how participatory art and performance practice might 'productively resist but also, damagingly contribute to neoliberal governmentality' (2013, 16). Harvie is writing about a different type of participatory art – the type which invites audience participation rather than the type where participants are co-creators of the work, such as in an applied or community setting. However, her observation is pertinent to artists who are working in dementia care settings, for whom providing quantifiable evidence about improvements in wellbeing can be a necessary part of securing funding and ensuring the continuation of the work. This is particularly true if the work is funded by health organisations for whom cost-effectiveness and measurable outcomes are usually prioritised. A good example of this is *RADIQL*, a reminiscence arts programme run by Age Exchange Theatre Trust and evaluated by drama

and social psychology researchers at Royal Holloway, University of London. I was involved in the early stages of this evaluation, which was led by PhD researcher Jayne Lloyd and Professor Helen Nicholson. The project, which is funded by Guy's and St Thomas' Charity, was designed to evaluate 'the practice and impact of weekly group and one to one interventions on the well-being of older adults with dementia' (www.age-exchange.org.uk).

In many ways, this evaluation is a unique example of arts and dementia research as it includes ethnographic and practice-based research, conducted by arts researchers, which aims to understand the 'affective and aesthetic qualities of Reminiscence Arts practice' (Nicholson *et al*, 2015, 5). With the exception of Anne Davis Basting's work, there has been, to my knowledge, no other research that uses arts-based methodologies to explore the value of the arts in dementia care. However, the project is also characterised on Age Exchange's website as an 'intervention', which will be subject to a cost-benefit analysis and a report on 'Quantitative Evidence for the Efficacy and Effectiveness of Reminiscence Arts' (6). The emphasis placed on quantitative evidence points to the pressure that artists are facing to articulate the importance of their work in measurable terms. While understanding the economic and health benefits of participation is important, this demand for quantifiable evidence and the emphasis on efficacy risks instrumentalising the role of the arts in dementia care and diminishing the cultural and aesthetic value of the work. Furthermore, there are some particular problems attached to conducting evidence-based research in an arts and dementia context that highlight the need for an arts-led response.

The instrumentalisation of the arts in dementia care

The cultural policy researchers Eleonora Belfiore and Oliver Bennett outline some of the broader limitations of evidence-based research when it is used to assess the impact of the arts on society or a particular group. In *The Social Impact of the Arts* (2008), they describe how the notion of transformation has dominated policy debate about the value of the arts in the UK. They argue that, in an era of financial austerity, claims about the capacity of the arts 'to transform the lives not just of individuals but of whole communities' (2) have become a familiar refrain in the case for state funding. This means that the arts occupy a 'fragile position in public policy', because the claims that are made for transformation 'are extremely hard to substantiate' (2008, 5). Belfiore and Bennett suggest that this fragile position has been exacerbated by the 'growing prominence of evidence-based policy making', which is widely perceived to be the 'gold standard' of research in public policy (5), and an economic desire to understand the effectiveness of the arts in achieving pre-determined outcomes.

One of the particular difficulties of attempting to measure wellbeing in an arts and dementia context is that, in addition to being a very difficult thing to define, wellbeing is a subjective experience that does not fit easily within the framework of a scoring mechanism. As the sociologist Bethan Harries outlines in her evaluation of *Storybox*, a drama-based storytelling programme for people with dementia, the use of scoring mechanisms suggests 'a simplification of well-being and infers each measure is uniformly experienced' (2013, 9). In theatre and performance work, attempts to measure the impact that a project has had on participants with scoring mechanisms pose further difficulties because these mechanisms

do not necessarily 'fit' with a performance process. This issue is taken up by the arts therapist Andrea Gilroy in her investigation into evidence-based research in arts therapy. She suggests that 'outcomes are particularly problematic when the 'treatment' being evaluated cannot be broken down into measurable component parts' (2006, 10).

The issues raised by Gilroy, Harries, Belfiore and Bennett demonstrate the limitations of arts and dementia research which focuses exclusively on wellbeing, or which relies solely on quantitative measures to interpret the value of the work. Furthermore, the task of measuring wellbeing, which in quantitative research often requires participants to reflect on how they felt before and after a workshop, is made even more problematic in dementia care settings because participants may be non-verbal, or may not remember taking part. These issues indicate the need to broaden the scope of inquiry, but also to explore what arts-based research methods might offer in understanding the wider value of the work. In the interim evaluation for *RADIQL*, the research team argue that that 'research methods drawn from the arts provide a context for the quantitative study by critically engaging with the 'how' and 'why'; a process of questioning that clarifies and defines the specific artistic, aesthetic and communitarian qualities of Reminiscence Arts' (2015, 6). Their perspective is useful in understanding the methodological importance of arts-led research in this context.

My thesis builds on their research by considering how artists and arts-based research can attend to the wider social, environmental and cultural conditions in which caregiving takes place. By situating my creative practice in relation to the everyday routines of a care home, my thesis will explore how and why the arts can support dementia care as a

relational practice. Drawing a parallel between participatory arts practice and the everyday creativity of a care home, it will consider what the aesthetic and social qualities of arts practices can offer in supporting the care home as a creative place.

Dementia and relationality: insights from critical disability studies

In understanding the particular contribution that the arts might offer to our cultural understanding of dementia, I have been inspired by recent developments in critical disability studies. The disability researchers Dan Goodley and Katherine Runswick-Cole propose an alternative to individualised concepts of selfhood in disability studies with their theory of 'dis/human studies' (2014). Dis/humanism considers how people with intellectual disabilities contribute to alternative understandings of humanity and citizenship. Expanding on Rosi Braidotti's concept of the posthuman, they use the term 'dis/human' to interrogate the 'ambivalent relationship that disabled people with intellectual disabilities have towards traditional notions of the human' (2014, 3). Their intention is not to reject the idea of the human outright but to question, as Edwards and Imrie do in their criticism of the wellbeing agenda, the kinds of human that are currently valued by society. By exploring humanism through the lens of disability, their aim is to explore how disability 'enlarges, disrupts, pauses, questions and clarifies what it means to be human' (2014, 2).

What is particularly relevant about dis/humanism for my research is its emphasis on 'interdependence, mutuality and interconnection' (2014, 2). Their theory challenges humanist concepts of selfhood by suggesting that self is always defined in relation to others.

Dis/humanism recognises the 'relational rather than the individual nature of autonomy in the lives of disabled and non-disabled people' (10). Evoking Deleuze's image of the assemblage, they argue that that thinking about the self as an interdependent rather than an individualised being supports the idea of a 'distributed competence', in which a person with disabilities is advocated by a network of interdependent relationships.

In order to explain what this network might look like, Goodley and Runswick-Cole describe a model of community living called Circles of Support. A Circle of Support is a group of people that a person with learning disabilities chooses to support them in different areas of their lives. They describe one of the users of Circles of Support, a young man called Matt who has used his disability benefits 'to recruit a network of advocates and support staff to support him 24/7 in his own home (10). This Circle of Support enables Matt to draw on 'myriad forms of community support' (11) in order to live independently. They explain that, 'like any good collective, Matt gets lost in the multitude of helping hands and collective gestures [...] and becomes enveloped within the community assemblage' (11).

Goodley and Runswick-Cole's description of Matt's 'collective' evokes Basting's argument that self is always expressed in relation to others, and that the identities of people with dementia are constituted by a range of interdependent factors. In the same way that the man in Basting's story revealed an identity which was constituted by a number of significant 'others', dis/humanism raises important questions about how identity might be understood relationally in a dementia care context.

This research draws a connection between the relationality of participatory arts practice and the relational potential of dementia care. It questions how artists who are working in dementia care settings might use their work to support dementia care as a relational practice. In the following chapter, I will use the concept of the collective as a starting point for rethinking dementia care as an interdependent process. Drawing on critical insights from performance studies and human geography, I go on to explore how concepts of atmosphere, sensoriality and affect intersect with this idea. In doing so, I hope to demonstrate the role of the arts in changing the way we think about dementia and challenging the idea that loss of memory is synonymous with loss of self.

Research outline

This thesis is a creative exploration of arts practices in residential care. It analyses a series of participatory arts projects that I led at Springbank care home over a one-year period.

Springbank is a residential care facility in north London that supports older adults (65+), some of whom are living with dementia. It also supports some slightly younger adults (50+) with physical disabilities, and some with learning difficulties. The focus of my research is how participatory arts can support a relational approach to dementia care. Drawing on my own practice, and the work of other artists, it investigates how artists who are working in care homes might engage with the different types of relationships that exist in a care home community. These include the relationships that residents and staff have with each other as well as the relationships they have with the care home itself. Through an analysis of practice, I explore how arts practitioners who are working in care homes can be inspired by these relationships, and by the everyday creativity of care spaces.

There are three research questions that have driven this enquiry:

- 1) How do participatory arts support dementia care as a relational practice?
- 2) How can participatory arts draw attention to the everyday creativity of care communities?
- 3) How do artists develop creative approaches that are inspired by care environments?

By exploring the intersection between participatory arts and the everyday creativity of a care home, my aim is to generate insights into the cultural value of the arts in dementia care, and to develop current thinking on dementia care as a relational practice.

Methodological approaches

The critical methodologies in this thesis are multidisciplinary, incorporating traditional ethnographical techniques (field notes and interviews), with arts-based research methods and sensory ethnography. The workshops that I prepared were often affected by factors such as changes in space, other activities, participant absence, and the preferences that residents had for different types of activities. As such, I needed a methodological approach that would allow for changes in plan but that also allowed my research questions to evolve alongside these changes. A combined methodological approach enabled me to be flexible around the needs of the care home, and to embrace the unpredictability of the research environment.

I made detailed ethnographical observations of each session in a research diary, which enabled me to reflect on the process in a continual fashion. Where possible, I wrote these entries immediately after the session had finished in order to ensure that I recalled what had happened with as much detail and accuracy as possible. Photos were taken of the space before the projects started and during the sessions. I also experimented with documenting some of the workshops with an online blog. This enhanced my documentation by enabling me to incorporate creative content from the sessions (sound files and photographs), and provided a platform for the work as it developed. Writing a blog also enabled me to experiment with adapting my research for a broader audience – a task which proved vital when honing my research questions. Describing the project to an online audience helped me to articulate some of the difficulties of the research, such as how I addressed the expectations that residents had for different types of creative activities (<https://theatre2026.wordpress.com/>).

Recorded interviews were conducted with Maria, the activity coordinator, and some of the residents at the end of the project. The interview with Maria was particularly helpful, as, in addition to giving critical feedback, she was able to contextualise our project with the other activities and projects that had taken place in the dining room. The interviews with the residents, however, were less instructive. I think there were two reasons for this. First, I think that residents were conscious of my feelings as the workshop leader and as a result, their responses predominantly consisted of complimentary remarks about the sessions. Second, though the participants with dementia were generally able to comment on what they thought about the performance, they were unable to recall what we had done in

previous weeks. Though I was careful not to focus my questions on previous sessions, I realised that the format of an interview could potentially put pressure on these residents to recall things they could not remember. Despite this, I observed that many residents appeared to enjoy being interviewed, and were keen to speak into the microphone that was attached to the voice recorder. The experience taught me the need to balance the rights of participants with dementia to take part in research processes with the researcher's responsibility to find accessible ways for them to participate.

Sometimes the responses that these residents gave me did not seem to relate to the question I had asked, but were an opportunity for them to tell me something about themselves. One resident chose to tell me about her artwork, some of which was displayed in the care home, and another told me about singing as a young man. These moments drew attention to the potential of interview-based research methods in creating opportunities for people with dementia to shape the research inquiry, as well as making them feel valued and consulted.

One of the things that I have found most challenging about conducting this research is identifying and accepting how my research questions changed, shifted and evolved as part of the practice. There were times when my position as a practitioner conflicted with my position as a researcher, where the unpredictability of the creative process tussled with my desire for a clear set of questions and manageable outcomes. In order to understand and perhaps reconcile myself to this process, I have found Jenny Hughes, Catherine McNamara and Jenny Kidd's chapter on the 'usefulness of mess' in applied theatre research extremely

helpful. They address the difficulty that applied theatre researchers face in working in 'complex, diverse and unpredictable contexts' (Hughes *et al*, 2010, 186) by proposing a methodology of 'artistry, improvisation and decomposition' (188). In it, they define artistry as 'a crafted process of research that occurs as part of or alongside creative practice' and improvisation as 'actions that take place during a research process that are spontaneous responses to unpredictable events and venture beyond the confines of predetermined design' (188). Their methodology is instructive for conducting research in care homes, as it shows how research enquiries can be shaped through starting the practice and by the unpredictability of the research environment. Their emphasis on the 'usefulness of mess' suggests that the institutional restrictions of a care home may be seen as 'a troubling and potentially enriching part of the research process [...] in which the research may be carried forward in new and unexpected directions' (188). As well as validating the changes in direction that my research took, their approach drew attention to the unexpected discoveries that came out of the practice. Often, these discoveries took place outside of scheduled activities, such as during tea breaks and set-up time. For example, one of the most memorable moments from my practice was when, in the final session, I heard one of the participants with dementia singing a song that we had learnt as a group to herself during a tea break.

Sarah Pink's work on *Sensory Ethnography* has been extremely influential, both in terms of my methodological approach and in developing an approach to creative practice that was inspired by the sensory properties of the care home. Pink describes sensory ethnography as 'preparation to do ethnography in a way that attends to the senses including considering

how one might use one's own body and senses alongside more classic and contemporary [...] research methods' (2009, 44). Care homes are environments which are often judged by their sensory characteristics, and sensory ethnography helped me to be aware of my sensory biases, as well as how my senses might be used as tools in the research process. In Chapter three, I describe how I used the principles of sensory ethnography during a period of volunteering at the care home before the project started. I explain how embarking on shared sensory experiences with the residents, such as listening to music and eating meals together, helped me to get to know the care home gradually and develop a methodological approach that was sensitive to its routines. In terms of my practice, sensory ethnography was instrumental in helping me to consider the sensory properties of the care home in terms of their affordances, and in developing creative strategies for working with sound, space and taste.

This thesis expands on existing concepts of dementia care by drawing attention to the different types of relationships that exist in care environments, and by exploring care homes as sites of everyday creativity. It extends current thinking on the arts in dementia care by showing how artists might develop creative approaches that are inspired by the care home environment, as well as highlighting some of the challenges and limitations of engaging creatively with care spaces. The research generated new understandings about care homes as multi-layered environments that include public and private spaces, diverse atmospheres, and creative relationships between human and 'non-humans'. The creative practice that is analysed in this thesis provides new insights into the value of the arts in dementia care by demonstrating some of the ways that artists can support care homes as creative places.

Structure of thesis

My thesis analyses three case studies, each of which relates to a different aspect of the care home environment. The first is concerned with the sensory potential of care homes. It is an analysis of a sound installation that I created with residents in the dining room at Springbank. The project involved weekly workshops in the dining room that included drama, song and sound work, and culminated in a performance to staff and residents. In my analysis, I shall explore how we created a piece of sound art that was stimulated by the aural properties of the dining room. By engaging creatively with sounds that were particular to the care home, I consider how arts practices might be inspired and informed by the sensory affordances of care spaces.

The second case study is concerned with the social environment of the care home. It is an analysis of a popular music project that took place with residents on a weekly basis over a five-month period. In my analysis, I shall explore what the expression of taste in a creative context reveals about the way that residents position themselves in the care home community. This analysis of cultural taste is contrasted with an exploration of domestic taste. Drawing on an interior design workshop that I ran with residents, I consider the relationship between domestic taste and personal space in a care home community.

The final case study is concerned with the arts workshop environment. It is an analysis of *Storybox*, an improvisational storytelling programme that takes place in care homes and day centres in Greater Manchester. The focus of this analysis is collaboration, and the different

types of creativity that occur when artists and care home residents work together. Rather than considering arts practices in care homes in terms of their transformative potential, it explores the relational aspects of the work, and how the content and direction of the sessions was led by the participants.

This thesis is composed of six chapters. Chapter two offers a conceptual definition of relational dementia care which expands on some preliminary concepts of relationship-centred care. It argues that dementia care needs to be thought of within a broader relational context in which caregiving relationships and the physical and atmospheric properties of the care environment are considered to be equal and interrelated components. Drawing on the work of Bruno Latour and Jane Bennett, I consider the care environment as a 'collective' of humans and 'non-humans' which has distributive agency. Building on this framework, I go on to conceptualise an approach to arts practices in care homes that draws on the sensory and material affordances of the workshop space. Martin Welton's concept of 'feeling theatre' is used in order to consider its creative affordances, and the way that they are perceived through movement.

Chapter three is a spatial exploration of a care home. Using the principles of sensory ethnography, I explore the creative and methodological considerations that are attached to doing arts-based research and practice in care homes. Drawing on a series of visits that I made to Springbank before the workshops began, I outline how the process of volunteering was significant in both developing a sensory knowledge of the space I would be working in and developing a methodological approach that was sensitive to the care home. Focusing on

the routine activities of the home, I introduce the idea of the care home as a relational space that is configured by multiple tasks, activities and networks. I describe how these activities inspired my decision to work with the dining room, and to engage directly with the sensory properties of the space.

Chapter four considers the sensory potential of care homes through an aural exploration of the dining room at Springbank. It analyses the participatory sound project that took place with residents over a six-week period. Drawing on Gaston Bachelard's work on the re-imagining of everyday spaces, I explore the potential of sound-based practice in supporting the care home as creative space. I focus on the relationship between artistic sound practice and the everyday sounds of a care home, using the concepts of diegetic and non-diegetic sound to explore the interplay between the sounds that were brought into the care home and the sounds of the dining room. I consider how sound practice can draw attention to the relational atmosphere of care spaces, and how atmospheres are cultivated between residents and the space.

Chapter five explores the social environment of the care home through an exploration of personal taste. The first part of the chapter looks at taste in relation to the material environment. It draws on an interior design workshop that I ran with residents in order to consult them about the redesign of the reception space. I use Dick Hebdige's work on style and subculture to show how objects that belong to the care home are reappropriated by residents as an expression of personal taste in an environment where choice is limited. The second part of the chapter explores musical taste. Drawing on the popular music project, it

explores what the expression of taste in a creative context reveals about the social environment of the care home. Using Bourdieu's concept of cultural capital, it suggests that taste is a way in which residents negotiate the social environment of the care home and signal their identity to others. I consider how the tastes of care home residents are evolving with the ageing population, and the aesthetic implications this has for arts practices in care homes.

Chapter six explores the relationship between creativity and care. It is based on analysis of *Storybox*, an improvisational storytelling programme for people living with dementia. Using concepts of domestic creativity and cultural improvisation, I explore some of the ways in which creativity occurs as part of everyday life in a care home. Rather than thinking of arts practices in care homes in terms of their transformative potential, I consider collaboration as two sets of creative practice meeting in the middle. Drawing on the choreographer Rosemary Lee's work with non-professional dancers, I consider how artists might find ways of engaging with the everyday creativity of care homes. I use Martin Welton's concept of care as a 'mode of attention' (2010), to consider how concepts of care are central to this collaboration.

My concluding chapter considers the implications of this research for care homes, for future arts practice in care settings, and for performance practice outside of care settings. Building on the connection between creativity and care, it focuses on how creativity might be integrated into the routine practices of caregiving, and how working in care homes can inspire innovative approaches to performance-making on the main stage.

Creativity and relationality

Understanding the cultural value of the arts in dementia care is a multifaceted process. It requires arts and health researchers to look beyond the individualised notions of wellbeing that have dominated the research agenda until now. By exploring the aesthetic and social qualities of arts practices in care homes, this research begins to address the ‘how and the why’ that is at the heart of a creative response to dementia care. Focusing on relationship-centred care requires me to move away from debates around the instrumental value of the work, and instead explore what is unique about the arts in promoting caregiving as a reciprocal and creative practice. This move towards relationality not only requires me to be aware of the wider network of relationships that exist in a dementia care environment: it also requires me to understand the role of the arts in supporting different types of relationality. By exploring the social spaces, atmospheres and sensory exchanges that coexist in a care home through the lens of participatory arts practice, this thesis will explore how the wider care environment contributes to the selfhood of people with dementia. Furthermore, it will extend current thinking on dementia care by conceiving of caregiving as a creative practice that is shaped by the social, cultural and environmental conditions in which it takes place.

In the chapters that follow, I will share stories about the different ways that participatory arts intersect with a care home community. These are stories of creative discovery, of collaboration and of conflict as I consider the challenges I encountered in responding creatively to the space, and the disruption that this inevitably caused. I will consider the joyful moments that I experienced with staff and residents, the mistakes that I

made, things that didn't go according to plan, and the unplanned discoveries that occurred at inopportune moments. Crucially, I will outline how my thinking shifted and developed through the process of doing the practice, and how my research questions evolved in response to the network of creative relationships that I was exposed to. In doing so, I hope that my research will extend current thinking about the arts in dementia care, and about dementia care itself, celebrating them both as relational and improvisatory practices.

Chapter Two: A relational approach to dementia care

This chapter explores the possibilities of a relational approach to dementia care. My approach marks a transition from person-centred dementia care towards a greater emphasis on relationality. Person-centred care was developed by the British gerontologist Tom Kitwood between 1987 and 1998. It was an innovative response to the medical model of dementia care, in which patients were treated chiefly in response to their neurological and psychiatric symptoms. In his most well-known work, *Dementia Reconsidered* (1997), Kitwood argued that this medical model overlooked the social factors which contributed to the disease, and the extent to which some symptoms 'might be due more to failure of understanding and care than to a structural failure of the brain' (3). Kitwood described this medical approach as the 'standard paradigm' (1997, 35), and argued that dementia needed to be understood more broadly as an interaction between the personal, the social and the neurological. Consequently, person-centred care takes into account the 'psychosocial' factors that contribute to the disease.

Kitwood's work played a ground breaking role in the development of dementia care in the UK and abroad. The dementia researchers Clive Baldwin and Andrea Capstick describe him as 'one of the leading figures in the development of our thinking on the nature and process of dementia, the experience of dementia and the development of person-centred care' (2007, 1). His critique of dementia care culture, his call for a psychosocial understanding of the disease, and his proposals for maintaining personhood have been integrated across health and care institutions in the UK and internationally. Training in 'Dementia Care Mapping' and formal qualifications in Dementia Care have emerged from

his work, and many care homes now use the paradigm of person-centred care to promote their services for the elderly.

Eighteen years on, Kitwood's contribution is starting to be reviewed by dementia researchers in light of critical developments in gerontology and dementia studies. One of the criticisms that has emerged from this research is that his concept of personhood is problematic for people with dementia. It is difficult to give a precise definition of this, as it is something that he was still articulating prior to his death in 1998. It is also a concept that was influenced by several different disciplines, including theology, social psychology and ethics. As Baldwin and Capstick observe, 'Kitwood was aware of differences in discourses and the 'personhood' they produced [...] and attempted to combine insights from different discourses into a more complete theory of personhood' (174). There is however a recurring philosophical premise that runs through Kitwood's work, and that is that every person has an ethical status that should be respected and preserved, 'on account of their *being* a person' (1997, 1, my emphasis). His concept of personhood evolved slightly over the course of his career, but what remained constant was Kitwood's belief that there was 'an essential unity of human beings' (10), and that this unity was the foundation of a caregiving relationship. 'Rather than emphasize the differences that dementia brings', he argued, 'we will first celebrate our common ground' (8).

For Baldwin and Capstick, this association of personhood with an essential unity is problematic, as it implies humanist values that are necessarily exclusionary. They explain:

The question 'What is a person?' is an exercise in setting boundaries. By definition there will be those who fall within and those that fall outside those boundaries – that is, there are persons and non-persons. The implication that follows from this definitional exercise is that it is permissible to treat non-persons differently (174).

While Kitwood was keen to stress that this unity existed 'whatever differences there may be in mental capabilities as conventionally determined' (10), Baldwin and Capstick suggest that any determination of an essential unity risks excluding those who do not fall within the boundaries of its definition. Furthermore, humanism is deeply associated with the Enlightenment ideal of the rational, autonomous individual, to which people living with dementia do not conform. As the posthuman theorist Rosi Braidotti explains, Enlightenment definitions of the human are based on a 'liberal humanist, individualistic view of the subject, which defined perfectibility in terms of autonomy and self-determination' (2013, 23). Dan Goodley explains the problems that such humanist values pose for people with disabilities, or indeed anyone who does not conform to this ideal of personhood:

Citing the primary signifier of the 'person' evokes with it notions of autonomy and independence: precisely the ableist competencies automatically assumed not to be present in the midst of intellectual disabilities [...] in the cold light of day, many of us [...] fail to match up to this impossible ideal of personhood (2014, 31-2).

In addition to the exclusionary implications of personhood, Baldwin and Capstick argue that the problem is exacerbated by the perception that Kitwood's model is 'unidirectional', in that 'people living with dementia have personhood bestowed upon them but are not seen as bestowing personhood on others' (2007, 181). This view is shared by the sociologists Ruth Bartlett and Deborah O'Connor, who suggest that a person-centred approach to dementia care risks upholding a belief that the maintenance of personhood can only be 'the

responsibility of those who are cognitively intact, rather than the individual with dementia' (2010, 112).

The gerontologist Mike Nolan argues that the limitations of person-centred care are revealed in practice, in the context of a healthcare system that promotes independence and individualism. He suggests that person-centred care's focus on privileging individual needs reflects wider trends in health and social care which 'emphasise the importance of promoting the independence and autonomy of older people' (2004, 46). Echoing the criticisms that have been made of the wellbeing agenda in the UK, he explains that a concept of autonomy based on individualism and independence becomes 'untenable in the context of health care for older people', who are unable to live independently (46). As an alternative, Nolan argues that a relationship-centred approach to dementia care, which promotes 'interconnectedness and interdependence' (47), is more appropriate.

I will use this chapter to argue that it is relationality, not personhood, which is vital to the caregiving relationship in dementia care. This is not to say that Kitwood believed that personhood existed independently from relationships. On the contrary, he argued that personhood can only be maintained 'in the context of relationship and social being' (8). This emphasis on relationships was a central part of his theory of person-centred dementia care. Later in this chapter I will show how some of Kitwood's ideas on 'positive person work' (89-93) can support relational dementia care in practice. However, his concept of relationality is underdeveloped. This is partly because it is unidirectional, but it is also because it does not account for the wider network of human and non-human relationships that exist in a care-

giving environment. Similarly, though Nolan's concept of relationship-centred care rightly positions dementia care in the context of interdependent relationships, it does not consider how these relationships are formed in dialogue with social, cultural and environmental conditions.

This chapter conceptualises a relational approach to dementia care that is inspired by posthumanism. My approach expands on Mike Nolan's definition of relationship-centred dementia care by taking into account the wider social, environmental and cultural factors, which not only shape the lives of individuals, but also shape the context in which caregiving takes place. This context, I suggest, is multi-layered and not only includes relationships between people with dementia and their carers, but also relationships with non-human artefacts, which share a vital material presence in the caregiving environment. Bringing together ideas on relationship-centred care, embodied selfhood and affect, I will consider how relational dementia care exists as an interaction between the human and the non-human. I then consider what participatory arts in care homes might offer in supporting relational dementia care in practice. In doing so, I hope to demonstrate how people with dementia disrupt and productively challenge humanist notions of selfhood, and to understand the role of the arts in supporting dementia care as a creative and relational practice.

There are three interrelated components to my approach that I will use to position dementia care in a broader relational context. The first is the notion of relationship-centred care as part of a wider relational aesthetic. This expands on the interdependent, perceptual,

and socio-environmental aspects of relationship-centred care as outlined by Mike Nolan, and considers dementia care in terms of a network of relationships, which include reciprocal caring roles and relationships with non-humans. The second component is the notion of embodied selfhood. This expands on theories of embodied selfhood developed by the Canadian dementia researcher Pia Kontos and considers how some of Kitwood's ideas on positive person work may be understood in an embodied way. The final component is concerned with the material and atmospheric properties of care homes. This is about cultivating an awareness of how material and atmospheric components affect the feel of a care home and are key determinants of how they are perceived by people with dementia.

Latour's collective and the posthuman nature of dementia care

In conceptualising a posthuman approach to dementia care, I have been inspired by the work of the philosopher Bruno Latour. In *Pandora's Hope* (1999), Latour contests the humanist logic that society that is made up of subjects and objects, and reconsiders the relationship between humans, natural objects and artefacts in terms of a 'collective' of humans and non-human 'things'. 'Things', as opposed to objects, he argues, are not 'neutral carriers of human will' but are 'entangled' with humans, and share a status of 'actants', in which 'responsibility for action must be shared' (180). He adopts the linguistic term 'actant', used traditionally to describe the structural roles within a narrative or story, to consider action as a 'property of associated entities and a composition of forces' (182). The political scientist Jane Bennett usefully expands on this definition in her conception of the vitality of matter. 'An actant is source of action that can be either human or non-human; it is that

which has efficacy, can do things [...] produce effects, alter the course of events' (2010, viii). In considering material objects as actants, Latour suggests, we are able to recognise their capacity as 'fully fledged actors in our collective' that have the potential to 'take hold of a passer-by and force them to play a role in [their] story' (1999, 177).

Latour's concept of human and non-human actants is central to my relational approach, as it offers a way of thinking about a care home as an interconnected environment of people and things. His definition of actants as a source of action also points to the creative potential of human and non-human encounters in a participatory arts context. I am interested in exploring how non-human actants might support the participation of people with dementia in an arts workshop, and what occurs in the moment of this encounter. I will use Latour's concept of actants throughout this chapter in order to illustrate the posthuman nature of dementia care settings, but also to argue for a creative approach which takes account of the material and 'non-human' properties of the space.

Relationship-centred care and embodied selfhood

I begin by bringing together Nolan's concept of relationship-centred care and notions of embodied selfhood. This is important in understanding how relationships are negotiated by the pre-reflective body in dementia care, and how people with dementia contribute to caregiving relationships at an embodied level. It is also significant in understanding the sensory relationships that people with dementia have with the caregiving environment.

The overarching principle of Nolan's model is that personhood is best understood as a 'network of social relationships [...] which are deeply connected and interdependent' (47). Though acknowledging the significance of the individual, relationship-centred care focuses on the interdependent nature of caregiving relationships, framing it as a reciprocal and continual process of exchange between the carer and the person with dementia. Using a broader healthcare context to outline the reciprocal qualities of a caregiving relationship, the healthcare researchers Mary Beach and Thomas Inui challenge the 'detached concern and neutrality' that is traditionally associated with a doctor-patient relationship, and suggest that emotion and affect should not only be acknowledged but understood as vital components in developing and maintaining a high-quality care relationship (2006, 3). Their emphasis on the role of emotion – and Nolan's attention to the 'subjective and perceptual aspects' of caregiving – highlight the role of feeling and perception within relationship-centred dementia care and the interplay between the two, suggesting that each caring relationship is perceived differently and necessarily involves a process of 'getting a feel' for each other.

Nolan expands on the sensing and feeling qualities of relationship-centred care in his concept of the 'Senses Framework' - a set of feelings that a person with dementia and their carer must have 'a sense of' in order to achieve a high-quality caring relationship (2004 and 2006). While these six concepts are significant, particularly in offering one of the first conceptual alternatives to Kitwood's 'Flower'², it is the perceptual and sensory qualities of

² Kitwood's flower model outlined six psychological requirements that needed to be met in order for people with dementia to achieve a high standard of person-centred care. These requirements were love, attachment, comfort, inclusion, occupation, and identity (see 1997, 82).

his Senses Framework and the emphasis on 'getting a sense of [something]' that I take forward in my relational approach to dementia care.

Nolan argues that in achieving relationship-centred care, 'there is a need to create a 'milieu' in which all participants are meaningfully involved, and which reflects the existence of multiple environments of care' (2004, 47). Significantly, his suggestion alludes to the role of the environment in dementia care. While relationship-centred care acknowledges that caregiving is made up of a network of different relationships, the term 'relationship' has traditionally referred to relationships between people. This is consistent with Kitwood's concept of person-centred care which, although paying some attention to organisational culture, is generally interpreted as a relationship between two people: the person with dementia and their carer. This is apparent in the way that Kitwood adopts the philosopher Martin Buber's concept of 'I-thou' to describe how people with dementia and their carers pay each other mutual respect and attention (1997, 10). Nolan's description of the care 'milieu' provokes questions about how the caregiving environment functions as an active component in the caregiving relationship. The notion of a care milieu supports the idea of a care 'collective' by pointing towards the broader network of relationships that exist within a single care home, which is multi-layered, and not only includes relationships between people with dementia, care staff, residents and family members, but relationships with non-human artefacts that share a vital material presence in the care environment. In understanding how this care 'milieu' might work in practice, I have drawn on theories about dementia and the embodied self. Kitwood did, in his original conception of personhood, suggest that his theory might be interpreted in a more embodied way (1997, 16). However,

as Bartlett and O'Connor observe, this was chiefly suggested in relation to the neurological features of the body, or a 'duality of mind and body', rather than an understanding of corporeal intentionality (2010, 183). Drawing on research by the health scientist Pia Kontos, they suggest that a non-representational theory of embodiment or 'embodied selfhood' may offer insights into how the 'pre-reflective or taken for granted body, as it is engaged in the usual habits and practices of daily life' (2010, 183), may tell us more about the experience of living with dementia. The concept of embodied selfhood is fundamental to a relational approach to dementia care, in terms of understanding the way in which the body attunes and responds to the care environment, and the information it receives and transmits sensorially through being in the space. As I will argue later in this chapter, it also draws attention to the shared materiality that people with dementia have with other 'non-human' components in the care environment.

Kontos argues that personhood in dementia care should be understood in the context of the pre-reflective body, where 'the body is a fundamental source of selfhood that does not derive its agency from a cognitive form of knowledge' (2005, 555). Theorising the 'agential role' of the body in the constitution of personhood, she draws on phenomenological interpretations of the body as a primary site of knowing. She suggests that existing concepts of personhood in dementia care fail to recognise the significance of the lived body, or at best relegate it to a symbolic role 'where it is understood as being representative of meaning rather than a significant dimension of selfhood' (2005, 553). Kontos' rejection of representationalist interpretations of the body challenges the 'loss of self' narrative which is so commonly associated with a dementia diagnosis. As an arts practitioner who works in

care homes, it encourages me to consider the material significance of the body, and what it contributes to the care milieu by virtue of its 'being in the world' (563). Furthermore, her awareness of the agency of the pre-reflective body validates non-cognitive forms of communication in dementia care, and draws attention to the importance of the body in making sense of the care environment.

Baldwin and Capstick acknowledge the importance of environment in embodied selfhood, arguing that embodiment can only be understood as 'situated [...] in a social or cultural world that not only provides the sources of these bodily practices but also serves as the background against which they make sense and are meaningful' (2007, 183). Moreover, Kontos suggests there is a fundamental relationship between a person with dementia's 'pre-reflective sense' and their 'grasp of their environment', as evidenced by their capacity to 'move around in and to utilise space without first having to think how to do so' (2004, 839). Their observations speak to the affective interplay that exists between the embodied self and the care home environment, and the role that the body has in attuning or responding to it. The body's intuitive behaviour or 'know-how', its meaningful habits and gestures, and the sensory interactions that occur in the moment, validate the improvisatory nature of everyday life in a care home and the way that information is absorbed through sensory encounters with the space. Embodied selfhood supports the notion of a dementia care collective, which is made so because of the shared materiality of humans and non-humans, rather than socio-interactive conditions. Furthermore, it supports the concept of relational dementia care beyond cognitive human interactions by drawing attention to pre-reflective,

sensory relationships that exist intrinsically between the human body and the non-human properties of the space.

In order to understand how embodied selfhood might be supported in practice, I have revisited some of Kitwood's ideas on person-centred care. Although Kitwood's concept of personhood has limitations for people with dementia, some of his ideas on 'positive person work' are instructive in understanding how people with dementia express their identity and maintain relationships at a pre-reflective level. There are two particular ideas of Kitwood's that support the notion of embodied selfhood and embrace the reciprocity of the caregiving relationship. These are the notions of giving and facilitation.

In *Dementia Reconsidered*, Kitwood argues that facilitation refers to the carer's awareness and ability to 'enable the person with dementia to do what otherwise he or she would not be able to do by providing those parts of the action – and only those – that are missing' (1997, 91). He goes on to suggest that 'a subtle and gentle imagination is called into play. There is a readiness to respond to the gesture which a person with dementia makes [...] sharing in the creation of meaning, and enabling action to occur' (120). Kitwood's notion of facilitation, and particularly his emphasis on the shared creation of meaning, can be extended and considered in a more reciprocal way in terms of how people with dementia may facilitate others in a care environment. Opportunities for people with dementia to facilitate may be more apparent in a creative setting where, for example, they may initiate a song or offer a movement or gesture which is taken up by others. However, these opportunities for facilitation are also present within caregiving relationships, particularly

when dementia care is considered beyond the fulfilment of primary care. An example of people with dementia facilitating others was apparent during an initial visit that I made to Springbank at the beginning of my PhD in October 2012.

During this visit, I sat with some of the residents in the garden, which was located in a courtyard at the centre of the care home. As we sipped milky tea in the autumn sunlight, I watched a member of care staff push one of the residents around the garden in her wheelchair. As they moved slowly around the edge of the flower beds, the resident advised her on which plants needed tending to and where the weeds were growing. As the activity coordinator pulled up the weeds, the resident would shake the soil off them and gather them in a neat pile on her lap. During the same visit, I observed one resident teaching another resident how to crochet in the reception area of the care home. These examples of residents sharing embodied skills and knowledge demonstrated how people with dementia can facilitate the learning of others in a caregiving context. Moreover, they demonstrated the importance of embodied selfhood in understanding the reciprocity of a caregiving relationship, and the capacity of people with dementia to teach others.

In extending Kitwood's notion of facilitation as a technique used by a carer to something that is reciprocal and relational, facilitation may also be seen in the context of the collective, as something which is attributable to both human and non-human actants. Facilitation within the collective, I suggest, refers to the distributive agency that occurs between humans and things in the moment of their encounter. Latour's description of the behaviour of the collective suggests that 'things' may also act as facilitators in dementia care settings.

He suggests that action is always a 'property of associated entities' within a collective, and that in order to understand the action we must at first acknowledge the 'association of actants' that relate to the completion of a goal' (1999, 182). His use of the term *subprogrammes* to explain the particular role of material objects in the completion of the goal, points to the potential of things in supporting or enabling people with dementia to achieve certain goals. An encounter with a domestic object, for example, may facilitate an embodied action associated with the completion of a particular task, such as dusting or doing the washing up. Encounters with the atmospheric properties of a particular space, such as sounds and smells, may stimulate a different type of embodied activity, such as cooking. Considered in these terms, facilitation points to the agency of non-human artefacts in supporting people with dementia to be able to do things.

Giving, in *Dementia Reconsidered*, alludes to the reciprocity of the caring relationship, by focusing on the ability of people with dementia to demonstrate 'a sensitivity to the moods and feelings of care givers', and of the opportunities to '[express] concern, affection or gratitude; make an offer of help or present a gift' (1997, 92). This recognition that people with dementia have much to give is crucial to developing a relational understanding of dementia care. Kitwood's consideration of mood, feelings and warmth not only indicates the sensing and feeling characteristics of the caregiving relationship, it also suggests that a sensitivity or attunement to the moods and feelings of others may be expressed or received as a gift. The creative context of a participatory arts workshop can increase our awareness of the broader range of gifts on offer from people with dementia, and the act of coming together as a group can support their capacity to give.

The relational context of giving in dementia care also draws attention to the multiple roles that are inhabited by people with dementia, and helps to conceive of selfhood as an evolving process. Baldwin and Capstick argue that caregiving relationships are always 'contextually bound' and suggest that a more progressive model of dementia care may consider personhood 'not as a fixed status, but rather as a process grounded in social interaction' (2008, 182). Rather than being cast solely in the binary roles of 'carer' and 'person with dementia', they argue that personhood should allow people to change and inhabit more than one role at the same time. Their observation is significant because it highlights the inherently relational nature of selfhood, and draws attention to the wider and composite range of roles that make up the identities of each individual. In addition to being a resident of a care community, a person with dementia may also be a parent or grandparent, a brother or sister, a knowledgeable gardener and a lover of jazz music. By considering identity in terms of a multiple collection of roles, artists may become more aware of the broader range of 'gifts' on offer from people with dementia, and their ability to make meaningful contributions to a caregiving relationship.

The environmental potential of care spaces

The final component of my relational approach is concerned with the way in which the atmospheric and material qualities of the caregiving environment act as relational components of care. Although I will argue later in this chapter that there is a distributive agency between humans and non-humans in a dementia care context, it is first necessary to recognise the inherent liveliness of things within the collective, and to cultivate a sensitivity to their affective potential. I will draw on Latour's notion of non-human actants in this

section in order to conceptualise the way in which material objects behave relationally beyond their association with human beings. In addition to identifying some of the ways in which these environmental features may demonstrate material and cumulative agency in the collective, I am also concerned with cultivating a material awareness of atmosphere, and how components such as lights, sounds, smells and temperatures make up an 'affective climate' in the collective.

In his theory of the senses as perceptual systems, the psychologist James Gibson considers the relationship between the embodied self and the environment in terms of 'the way in which the senses obtain information about objects in the world without the intervention of an intellectual process' (1966, 2). Considering the specific affordances of the animate environment, he explains that:

The environment consists of opportunities for perception, of available information, of potential stimuli. Not all opportunities are grasped [...] but what the environment affords an individual in the way of discrimination is enormous (23).

Though drawing his example from the animal world, Gibson's recognition of the affordances of the animate environment and his search for an ecology (rather than a psychology) of perception helps me to consider the dementia care environment in terms of a set of affordances for the embodied self, and an animate ecology of 'things'. Building on Gibson's theory, the human geographer Paul Rodaway suggests that 'the structure and texture of the environment itself [...] is a necessary determinant of what is perceived' (1994, 20).

Rodaway's attention to the structure or ordering of these environmental features, and their determining role in the meaningful construction of place, is significant in conceptualising the

behaviour of non-human artefacts in dementia care and how they contribute to the 'feel' of a care environment. This is particularly applicable to the environmental architecture of a care home and how things 'behave' in the construction of public, institutional or homely spaces. For example, the texture, thickness and colour of a carpet underfoot may instantly induce a feeling of homeliness or an association with an institution. The presence of a bookcase full of books as part of a living room arrangement, or access to a garden space, may have a homely affect; whereas a fire exit sign or a health and safety poster in a domestic space will create associations with public buildings and work environments. It is the cumulative or collective presence of these non-human artefacts, I argue, that constitute the feel of a care environment and are fundamental to the way it is perceived by the embodied self. The choice and positioning of material objects, therefore, has the potential to transform the way in which dementia care is experienced beyond relationships between human beings.

The sociologist Jenny Hockey and colleagues' work on the agency of personal objects in later life is useful in considering both the relational qualities of personal possessions, and the emotional animate-ness of things within a care collective. Focusing on the materiality and 'social life of things' in a sheltered housing environment, Hockey *et al* argue that objects and spaces not only have their own agency but are 'constitutive of the social time and space of later life' (2005, 139). Their emphasis on the lively persistence of social relations within personal objects encourages me to consider them beyond their sentimental function and instead as manifestations of caring relationships. Furthermore, their observations on the inherent socialness of personal objects suggests that it is the agential and emotional status

of personal things, and their behaviour as lively objects, that reveals their potential role as relational components in dementia care. By exploring the creative behaviour of things in a theatrical context, and the quality of interaction between the human and the non-human world, I hope to demonstrate some ways in which the creative and affective potential of everyday objects in a care home may be harnessed.

In exploring the ways in which the material properties of the space 'behave' within a care collective, it is also important to acknowledge the atmospheric 'climate' of the space. This involves understanding how things that are not seen or held but sensed may still have a material presence in the care home, and play an affective role in the way that the environment is perceived by people with dementia. The German philosopher Gernot Böhme suggests that there is an inherent connection between atmosphere and perception, and goes as far as defining atmosphere as 'a theory of perception in the full sense of the term, in which perception is understood as the experience of the presence of persons, objects and environments' (1993, 116). However, he argues that atmosphere may only truly be conceptualised if 'we succeed in accounting for the peculiar intermediary status of atmospheres between subject and object' (114). This suggests that atmosphere may only be become tangible when it is attributed to a collective of humans and material objects. Similarly, cultural geographer Derek P. McCormack alludes to the 'in-between-ness' of atmosphere as 'something distributed but palpable [...] a quality of environmental immersion that registers in and through sensing bodies, while also remaining diffuse, in the air, ethereal' (2008, 414). Following Tim Ingold's conception of atmosphere as both a material and meteorological phenomenon (2005), McCormack suggests that an 'affective

atmosphere' is best understood as a 'moving materiality' that 'registers differentially the perceptual affordances of sensing bodies' (414).

The notion of atmosphere as a moving materiality not only helps in considering the atmospheric properties of dementia care environments as determinants of the way that they are perceived. It also suggests that the atmosphere of a particular space may shift, alter, or be generated by the collective. McCormack's suggestion that the affective materiality of atmosphere is best registered through the perceptual (or embodied) know-how of humans is useful in conceptualising the relational behaviour of atmosphere in a care environment. It points to the way in which sounds, smells and other climatic features are not only brought into being through their contact with humans, but may also invite people with dementia to engage with the space in a different way. This is an important consideration for my thesis, in terms of the ways in which the affective and sensory affordances of a care home may become perceptible in a participatory arts context. I will now build on this model of relational dementia care in order to conceptualise an approach to arts practices in care homes that draws on the material and atmospheric properties of the space.

Participatory arts and relational dementia care

Developing a creative approach that is inspired by the care environment involves drawing a connection between the embodied creativity of people with dementia and the sensory affordances of a care home. I am interested in how the creative context of an arts workshop

can support people with dementia, as Jane Bennett puts it, to 'do things' in confederation with the non-human actants in a care environment. Building on James Gibson's work on the ecology of perception, my approach will be guided by the liveliness of 'things' and the sensory exchanges that occur between humans and non-humans in a participatory arts workshop.

In 1992 the biologist David Dusenbury developed the term 'sensory ecology' in order to articulate the way in which organisms possess a sensory system which is unique to their individual ecology. Sensory ecology refers to the way in which information about the environment is obtained by organisms in a process of sensory exchange. Rather than examining the senses in relation to physiological systems, Dusenbury's theory is concerned with the information that is available from the immediate environment and how this is used by organisms in the process of perception. The idea of information being obtained through a process of sensory exchange alludes to Gibson's argument for the senses as perceptual systems which have 'a double province: to make us feel and make us perceive', and which have the capacity to obtain information 'without the intervention of an intellectual process' (1966, 2). In a performance workshop, this information may be received by the body in different ways. A movement exercise may stimulate an exchange of information via the sensation of the foot on the floor, whereas an exercise involving objects could initiate a different type of sensory encounter between the object and the fingertips. An arts project which uses sound or music may encourage residents to engage with the aural properties of a care space, either through hearing or by feeling the vibrations of the sound in another part of the body. I will use the concept of sensory ecology in order to consider the creative

affordances of a care home, and specifically, what information the care environment offers to residents when they are participating in an arts workshop. Drawing on Jane Bennett's notion of vibrant matter, I will then consider the creative possibilities of these human and non-human encounters for arts practices in care homes.

Feeling, movement and perception

In considering the sensory properties of the care home as sensory affordances, I have been inspired by the performance scholar Martin Welton's concept of 'feeling theatre'. In his book of the same title, Welton takes up James Gibson's distinction between feeling and perception, and considers what the sensory properties of a theatre or rehearsal space might offer a performer as they prepare for a performance. In *Feeling Theatre*, he describes how a performer obtains information from their environment as they move around it. He explains this process as 'the pick up *in* movement of the feeling *about* movement' (2012, 3) and 'the socially shaped ways and means of making sense of our surroundings which we take with us from place to place' (106). This process, he argues, is not attributable to a cognitive or emotional type of engagement, but is experienced on an embodied level through movement – what he describes as the 'condition of feeling' (108). Welton's application of Gibson's theory to the rehearsal room is instructive in considering what type of sensory information is available from care environments and how this information might be 'picked up' by people with dementia at an embodied level. His suggestion that perception is achieved through movement also raises questions about how this information is received through the body as it moves around the space. What type of information is picked up by the body? Do different types of movement lead to different types of exchanges between the

body and the space? And how might the notion of a 'feeling engagement' support the body as a manifestation of selfhood in dementia care?

The cultural anthropologist Thomas Csordas preceded Pia Kontos' suggestion that 'the body is a significant dimension of selfhood' by arguing that it should be understood as 'a condition where culture and self are grounded' (1993, 136). Drawing on Maurice Merleau-Ponty's work on the body as field of perception (1968), Csordas theorised a 'paradigm of embodiment' in which perception was considered less as a cognitive process and more as a type of bodily engagement. Csordas' insistence that embodied experience is the starting point for analysing human participation in the world, and his question: 'how we can pay attention with and to our bodies?', foregrounds the role of the body in making sense of a care space, and the information that is received by the body through movement. It leads me to question how different types of movement in an arts workshop might induce 'feeling engagements' with a care space, and how this condition of feeling may be experienced by people with limited mobility, who are unable to travel around the care home on foot.

Considering feeling as both an emotional state and a physical sensation, Welton suggests that the two are not easily separable, as they are 'both specified in relation to our physical and social environments' (2010, 9). Instead, he suggests that a perceptual or sensing ecology exists 'on a continuum with an affective one' to the extent that 'the two are not entirely distinguishable' (9). This notion of a sensory-affective continuum suggests that a person with dementia's bodily experiences may exist on a continuum with their emotional ones, and that the distribution of physical sensation and emotional affect may shift with

changes in the care environment. It is this idea that I take forward in the development of my sensory approach, which is concerned with how creative practice can invoke different types of 'feeling engagements' with a care space. I am interested in how the sensory affordances of the care home may be identified, and whether these environmental features are experienced differently in an arts workshop to how they would be in an everyday context. In other words, how is the process of 'getting a feel for something' affected by the creative context of the workshop? And how might creative practice draw attention to the sensory affordances of a seemingly ordinary environmental feature?

A sensory ecology for creative practice can draw attention to the broader range of creative possibilities available from and within a care space, and to the capacity of material objects as a source of information or action. Gibson's description of the properties of the animate environment is particularly instructive here. He argues that all objects in a living ecology possess their own energy and status as a 'reflecting body' that has the capacity to 'radiate structure or information' (1966, 15). Using the term 'contact mechanisms' to describe the consequences of human contact with these objects, he alludes to Latour's argument that material objects 'are not a neutral carrier of human will' and that 'each artefact has its script, its potential to take hold of a passer-by and force them to play roles in its story' (1999, 177).

Gibson's argument that objects radiate information not only helps us to consider the lively status of personal or everyday objects in an arts workshop: it also suggests that these objects might offer something particular in the moment of their encounter with humans. An

example of this might be when an object from the care home is improvised as a prop, or an item of clothing that belongs to a resident is used as a piece of costume. Furthermore, when considered in terms of feeling theatre, the notion of contact mechanisms may be understood more broadly as an encounter between the body and the space, which occurs during movement. Welton explains this process using the example of an actor's foot moving across the boards of the stage:

The actor senses herself in contact with the boards of the stage through the sole of her foot, and feels the affordance for her performance offered by the composite set of relations she establishes in moving across them. The boards themselves might be bare, but in sensing the affordance that they offer her, she experiences once more a sense of her nestedness, and is returned to something of the experience of the original environment of the rehearsal room (2010, 124).

Welton's description of the relationship between feeling and movement in the rehearsal room illustrates how the material affordances of a care home may be experienced by people with dementia during movement. It suggests that the sensations that are induced during movement may help to create sense of place, whether it be a place from reality, memory or imagination. The feeling of 'nestedness' that is achieved by the actor through the sensation of their foot on the floor is pertinent to me as a practitioner in terms of how the sensory properties of floors, objects or surfaces in the care home may offer something meaningful to participants. It also encourages artists who are working in care homes to consider how the creative context of a workshop can invite tactile encounters with everyday spaces. 'Wandering behaviour' is commonly understood to be a symptom of dementia, particularly for those who have moved to care homes, for whom their new surroundings may be unfamiliar. However, an increased focus on the experience of dementia has led researchers, particularly dance therapists, to question the nature and definition of

‘wandering’ as something aimless or directionless, and to consider it instead as a purposeful journey between two places. Mary Marshall and Kate Allan develop this idea in their book *Dementia: Walking not Wandering* (2006), where they challenge the medical perspective on wandering and celebrate walking as a way of creating a sense of place in dementia care. Welton’s notion of movement as a process of perception supports the idea of walking as a purposeful act and a way of creating a sense of place. He explains that ‘walking shares with making and working that crucial element of the body and the mind with the world, of knowing the world through the body and the body through the world’ (120).

The idea of walking as a means of ‘knowing the world’ raises questions about the possibilities of creative practice in supporting the ‘wandering behaviour’ of people with dementia. This could occur by creating opportunities for movement that respond to the need these residents have to travel between different places. For example, an artist might support walking as a purposeful act by walking *with* a resident, engaging with their patterns of movement and validating their journey between different places. Similarly, the use of music might help to validate repetitious journeys between different places in a care home. By considering walking as a means of knowing the world, artists who work in care settings may develop strategies for supporting the personal habits and embodied practices of people with dementia as creative acts in their own right.

Objects and improvisation

James Gibson argued that the environment provides opportunities for perception. I argue that a care environment can also provide opportunities for improvisation in a participatory arts context. For artists working in care homes, developing an awareness of the material properties of a care space can increase their understanding of how they are experienced by people with dementia through improvisatory encounters with things. Following Latour's idea that humans and non-humans coexist as a network of *actants* (2010, viii), Jane Bennett offers a theory of vibrant materialism, which is concerned with cultivating 'sensory attentiveness' (15) to non-human forces operating outside and inside the human body. An awareness of the vitality of matter, she suggests, is essential in helping us to understand the potency of the material environment, and the 'fuller range of the nonhuman power circulating around and within human bodies' (ix). In this section I shall draw together Jane Bennett's ideas on vibrant matter and James Gibson's work on the ecology of perception to explore how objects in a care environment can stimulate creative improvisation in an arts workshop.

Bennett's attention to the materiality of things is fundamental to my sensory approach in understanding how props, personal objects and other non-human artefacts may increase the accessibility of an arts workshop for people with dementia. As a theatre practitioner, it encourages me to consider the way in which the material components of care spaces are experienced sensorially through the embodied self, and what they offer a participant by way of information or exchange. By raising the status of things, and distributing agency between human and non-human bodies, Bennett argues, vibrant materialism could 'raise a safety net

[...] for those humans [who] do not conform to a particular model of personhood' (13). I intend to test her suggestion by exploring the vibrant status of material objects in an arts workshop and how they support embodied forms of participation.

Bennett uses the term 'thing-power' to describe the potential of objects as vibrant things which command attention in their own right. Things, as opposed to objects, she argues, possess an 'energetic vitality' (2). They have the potential to make things happen and a 'tendency to persist in excess of their associations with human beings' (2). Her notion of thing-power suggests that the non-human artefacts of a care environment may have a type of agency that can support the creative participation of people with dementia. The idea that objects can become vibrant things, which are energetically connected to human bodies, is helpful in understanding the creative potential of human and non-human collaborations in an arts workshop. It also raises questions as to how and when everyday objects in a care home acquire the status of things. Are 'things', for example, objects that belong to the residents, or do they extend to domestic objects, furniture, props or even objects from memory and imagination? If 'thing-power' does exist, how might arts practitioners harness it and use it in a creative way?

In cultivating an awareness of the vitality of things, I am interested in the theatricality of the moment in which an object takes on a 'thing-like' status and is experienced by a participant as remarkable. Bennett describes this as 'the moment when the object becomes the Other and the subject experiences the object as uncanny' (2). Examples of objects acquiring 'thing-power' can be apparent in drama workshops, where the theatrical context

of the workshop requires objects to take on a role in a story. During an improvisation project that I led with people with early-stage dementia, there were occasions where personal objects that belonged to the participants became 'lively' during creative exercises. There were instances, for example, where a watch, a pocket diary and a hair comb became props that were used by a fictional character in a scene. At other times, objects were improvised as things that were different to their intended purpose. In one exercise, the participants passed a scarf around the circle and imagined that it was something else by miming an action that was associated with the new object.

An awareness of thing-power can increase artists' understanding of the creative potential of objects in a dementia care setting, and how this can emerge through collaborations between humans and non-humans. In turn, these sorts of exercises can increase artists' awareness of the creative strategies that people with dementia use to participate in arts workshops. These strategies, which do not rely on long-term memory, include improvisation, imagination and embodied interactions with things. In considering the effect of thing-power, Bennett proposes that the materiality of things is 'as much about force and energy as entity and matter' (20). This suggests that it is not just the coexistence of humans and non-humans, but what happens when they come together that is significant in understanding how a dementia care collective works in practice. The force or energy that occurs during the encounter between humans and things will be considered throughout this thesis in terms of how the non-human components of the care environment support people with dementia to do things.

In rejecting the humanist distinctions of subject and object, and the notion of humanity as 'the sole or ultimate wellspring of agency' (30), Bennett uses Deleuze and Guattari's concept of the assemblage in order to consider the combined potential of humans and things. She suggests that agency is something that occurs as a result of an encounter between human and non-human matter. An assemblage, in Bennett's terms, is made up of an 'ad hoc grouping of diverse elements' (23), which have a 'distributive agency' and whose coming together increases their capacity for action. Her notion of distributive agency is particularly significant to my approach, in terms of the relational exchanges that take place between people and things in an arts workshop. In the same way that Goodley and Runswick-Cole outline how a 'dis/human' collective functions as an interdependent community of human and non-human assemblages, Bennett's concept of distributive agency points to the way that agency may be distributed between a participant and a material object in a continual process of exchange. Distributive agency removes the pressure for people with dementia to negotiate a care environment autonomously and shows how non-human actants can increase their capacity.

Addressing the agentic balance of the human-object assemblage, and what she considers to be a human tendency to 'understate the degree to which to people, animals, artefacts, technologies and elemental forces share powers and operate in dissonant conjunction with each other' (35), Bennett suggests that greater weight should be given to actions that originate from things in themselves. She uses the Chinese notion of *shi* to describe this type of action that originates 'not in human initiative but instead results from the very disposition of things' (35). The notion of *shi* speaks to the improvisatory potential

of things, and to objects that stimulate spontaneous sensory encounters. A theatre workshop can draw attention to the improvisatory potential of these objects, supporting their transformation into ‘things’ which offer something particular in the moment of their encounter with humans. Moreover, the notion of *shi* helps artists to understand how everyday objects, when employed in a theatrical context, may support people with dementia to participate in different ways. For example, workshops which involve sensory interactions with domestic objects may evoke embodied memories and actions that are connected to the home. The sensation of water in a washing-up bowl, or the feel of a feather duster, could evoke embodied memories and actions that are associated with domestic tasks. Alternatively, the weight and texture of work tools may feel familiar to someone who is accustomed to manual labour. A sensory approach encourages me to consider improvisation beyond an exchange that takes place between humans and to consider the role of non-humans in supporting the creative participation of people with dementia. It draws attention to the affective potential of things, and how the feelings that are induced through their interaction with humans can lead to different types of participation.

Following Bennett’s description of the moment in which an object is experienced as the ‘Other’, I am also interested in how unfamiliar objects, which are experienced as uncanny, may invite creative participation. The novel presence of theatrical props, for example, may stimulate improvisations that refer to a range of social, cultural and creative roles. The arts-based care development organisation *Ladder to the Moon* offers a good example of this sort of work. A typical project involves artists transforming care homes into ‘film sets’ with the

aid of theatrical (and often exaggerated) props. *Ladder to the Moon* workshops involve residents taking on roles as film directors, make-up artists, costume supervisors and cameramen with the aid of props and filming equipment. Their approach illustrates how the presence of theatrical and technical objects can provide a broader set of opportunities for improvisation in a dementia care context. Furthermore, *Ladder to the Moon's* immersive approach, which sees theatre professionals working alongside care home staff to transform the care space, draws attention to the scenographic and improvisatory potential of the space itself. Artists working in care homes often face a series of spatial and procedural challenges and are regularly required to improvise, often working in significantly reduced spaces with limited resources. Subtle scenographic changes to the composition of the space which occur when during these workshops may, however, alter the feel of the space and invite different forms of improvisation from the participants. The improvisation of a dining room space as a rehearsal room or film set will inevitably change the way in which the space is perceived by residents, and may broaden the scope of improvisatory opportunities that are available to them.

Bringing the weather indoors: the atmospheric affordances of the workshop space

In the final part of this chapter, I will explore sensory ecology in relation to the atmospheric affordances of the workshop space. Using Welton's image of 'bringing the weather indoors', I will consider the climate of the workshop space as something that is both sensed and generated collectively by the participants. I suggest that a sensory approach to practice which draws on the climatic properties of the space may broaden artists' awareness of the material status of atmosphere within the collective. I return to Böhme's argument for

atmosphere as a theory of perception and suggest that an awareness of the materiality of atmosphere may help artists to understand its role in participatory arts practice in care settings.

Welton proposes that 'getting a feel for how it goes' involves a process of attuning to atmospheric shifts as much as material ones (2010, 126). Considering the overlap of climate with felt experience, he describes the significance of weather as something that is ever-present and 'an experience which can be shared between humans' (126). He suggests that this shared sense of place, which is cultivated through 'feeling or imagining atmospheric conditions' (126), is particularly significant to theatrical feeling.

This proposal draws attention to how the role of atmosphere has been somewhat neglected in participatory theatre research. It prompts consideration of how a sensory approach may reveal the atmospheric conditions of the space itself, and how different climates may be cultivated collectively between participants and things. In considering the nature of atmosphere as something that is both meteorological and generative, McCormack proposes that it is both 'processual, distributed, and sensed', suggesting that atmosphere is both material enough to be registered and distributed through humans, while existing simultaneously as something that is 'diffuse, in the air, ethereal' (2008, 414). This conception of atmosphere as material yet ethereal is significant to my ecological approach to practice, in terms of how artists cultivate an atmospheric mindfulness in workshops. This involves understanding how atmospheres not only inhabit a particular space, but are also generated and distributed by participants. Welton's association of theatrical feeling with the

act of feeling or imagining atmospheric conditions also raises an interesting consideration for practice, not only as to how a sensory approach may cultivate different atmospheres, but also how the creative context of the workshop may tap into the existing atmospheric conditions of particular spaces.

In some instances, these subtle manifestations of atmosphere are more tangible at the beginning of the session, before the main activity has started. In 2012 I took part in a sound and movement project that was designed for people with dementia and run by artists from the Trinity Laban Conservatoire in London. During a vocal warm-up exercise that took place at the start of the session, the facilitator Natasha Lohan invited participants to focus on the rhythm of their breathing and on the sounds that were audible within and beyond the room. As we listened to the distant rumble of the traffic, the sound of the central heating system and the faint hum of conversation in the next room, the room became very still. The act of listening closely together had created a shared engagement with the atmospheric properties of the workshop space. Similarly, I observed how the collective layering of sounds that were generated during the vocal warm-up echoed and reverberated around the space, distributing a particular atmosphere which changed the feeling of the space and lingered long after the exercise had finished. This exercise was repeated at the beginning of every session, partly to warm up our voices, but also to engage with the space we were working in and to bring our attention to the way that it could be experienced through sound and movement.

Alluding to the materiality of atmospheric sound, Gibson remarks that the ‘correspondence of sound waves to their source means that the information about an event is physically present in the air around the event’ (1966, 13). His ecological interpretation of sound prompts consideration of how the sounds emitted from the ambient environment and from the participants’ voices generated an atmosphere that was both familiar and materially present, as well as existing ‘in the air’, as something which was particular to that moment in the workshop.

In his attempt to ‘liberate’ atmosphere from a ‘subjective-objective dichotomy’ and the notion that atmosphere is registered solely through the body (1993, 121), Böhme echoes Gibson’s thoughts on the emitting disposition of objects, suggesting that atmosphere is registered and radiated through the quality of things. Atmospheres, he suggests, are not just created by things, but are in themselves ‘thing-like’, in that their presence is articulated through their atmospheric properties. It is ‘the form of a thing’, Bohme suggests, that imbues atmosphere with its affective status or capacity and ‘exerts an external effect’ (121). His proposal that atmosphere is not only inhabited but also exerted through things suggests that the atmosphere of a care space may be perceived through everyday things, as well as conceived or produced collectively and creatively through the workshop. Additionally, Bohme’s insistence that atmosphere is something ‘that proceeds from, or is created by ‘constellations’ of things and persons’ (122) helps in understanding atmosphere as a broader relational creation of the collective, and suggests that the shared cultivation of atmosphere in a participatory arts context may also play a vital role in the way that it is perceived.

This chapter considered the sensory and environmental properties of a care home in terms of their affordances. In proposing the idea of a relational approach to dementia care, I questioned what the care environment can offer people with dementia, and how 'non-human' elements such as objects, spaces and atmospheres might act as 'agents' in a caregiving relationship. By considering how people with dementia interact with the care environment at an embodied level, I explored how people with dementia can act in confederation with the non-human actants of a care environment, and how creative practice increases their opportunities to do so. I also considered the atmospheric and material properties of a care home in terms of their creative affordances, and suggested that they might be drawn upon, in some way, within a participatory arts context. In the next chapter I will consider the different ways in which care environments are negotiated by residents with dementia, and how care spaces are constructed by the activities that take place within them. By offering a sensory and spatial analysis of the care home that I am going to be working in, I hope to develop a creative approach which is responsive to the space. Furthermore, by exploring the sensory relationships that residents have with different spaces in the care home, I will consider how the embodied activities and daily routines of the residents might be understood as forms of 'everyday creativity' which may be drawn upon and supported by participatory arts practice. It is this notion of everyday creativity that I will use to understand the role of the artist in supporting dementia care as a relational practice.

Chapter Three: Preparing for practice: a sensory ethnography of a care home

By collaboratively exploring other people's homes [...] I began to see each of them as a creative domain, a space where each individual I interviewed could articulate his or her unique gendered self in negotiation with the sensory, social, cultural and material environment in which he or she lived (Pink, 2004, 1).

In her book *Home Truths*, Sarah Pink explores the housekeeping practices of a range of people and considers what their housework routines reveal about them. Using the example of a woman who derived particular satisfaction from cleaning, she describes the 'sensory embodied experience' of different housework chores (3), and how these activities can be part of a 'project of home' that is 'expressive of [...] biography and identity' (4). Her attention to how these people expressed themselves in relation to their housework practices led me to reflect on the sensory relationships that residents have with the care home. How do residents negotiate the material and sensory environment of a care home? What opportunities are available to residents to continue with housekeeping activities? And how might the domestic practices of daily life in a care home help artists to understand it as a creative domain?

When I first drafted this chapter my intention had been to critically examine the concept of space in a care home. Influenced by the spatial theories of Henri Lefebvre, I wanted to explore how care spaces were 'socially produced' by the repetition of work-related activities, and to understand how this space might be changed by the presence of artists and creative activity. I had also arranged to volunteer at Springbank before the project started in order to get to know the residents and become familiar with the space we would

be working in. In doing so, I hoped to discover some creative ways of transforming the room. However, as I outlined in the preface to this thesis, this period of volunteering turned out to be extremely influential in changing the focus of my research. As I became familiar with the everyday routines of the home, I realised that my interest had shifted away from the impact of creative practice to a creative interest in the care environment itself. Pink's research on household practices as a 'project of home' has encouraged me to consider the creative possibilities of the residents' routines, and has raised questions about how I respond as an artist.

This chapter explores the findings that emerged from this period of volunteering which took place prior to my creative practice. It still contains a theoretical analysis of care spaces but this analysis is now woven into a 'sensory ethnography' of Springbank. Drawing on Pink's work on home as a creative and sensory domain, I outline how the process of 'being there' (2009, 65), allowed me to develop a methodology that was sensitive to the rhythms and daily practices of life in a care home. Pink suggests that moments of sensory learning in research 'are not necessarily planned processes through which a particular research question is pursued in a structured way'. Rather, 'being there' can pave the way for 'unplanned instances', whereby the researcher 'arrives at an understanding [...] through attending to other people's practices, subjectivities and explanations' (65). Volunteering enabled me to get to know staff and residents, to explain what participation would involve, and to recruit participants gradually. It was also important in developing a creative approach that was responsive to the home. 'Being there' enabled me to experience the care home in its different modes and to get a feel for its unique sensory properties, as well as learning

about how the space was constituted by the activities of the home. As part of this spatial exploration, I will consider the multi-purpose nature of the dining room and how the juxtaposition of different activities inspired my decision to work with sound.

Springbank operates as part of three interconnected sites that offer different levels of supported living. It is a domiciliary care facility – which means that the residents receive some form of personal care but are supported to live as independently as possible. The facility offers 54 self-contained studio flats with private bathrooms. The dining room is the main communal space for residents and it is used for range of purposes, including mealtimes, group activities, residents’ meetings, and special events such as parties and concerts. After a few weeks of visiting, however, I observed that the dining room was rarely used by residents outside of scheduled activities. This observation was a key factor in my decision to work with the space. I wanted to explore how it functioned simultaneously as several different spaces, and how the repetition of different tasks and activities contributed to its construction as an institutional space. I hoped that a sensory exploration of the room would draw attention to its creative potential and offer some ways of working imaginatively with its aesthetic conditions. However, I was also interested in the changes that occurred when the workshops took place, and whether creative practice might help to construct the dining room as a more sociable space that was used by residents outside of scheduled events.

First, I introduce the idea of the care home as a performative space, which is configured by the repetition of work-related activities, such as food preparation, cleaning, and primary care. Picking up on gerontological interest in the spatial dynamics of care, I consider the routines of the dining room at Springbank in terms of Lefebvre's concept of socially produced space, and explore how it is constituted by 'repetitive acts and gestures' that take place over a particular period of time (1991, 70). These spatial readings are instructive in helping me to understand how care homes are socially produced as institutional spaces by the task-oriented nature of caregiving. However, I argue that spatial readings of care spaces can also challenge the accepted logic of a care home as an institutional space and reveal them as sites of everyday creativity. I will develop this idea in light of the cultural geographer David Crouch's concept of 'spatial becomings' (2003, 1948).

Building on Crouch's notion of spacing, I go on to explore how care spaces are constituted by the embodied activities of the residents. I focus particularly on 'fringe spaces' such as corridors and entranceways, and explore how some residents at Springbank improvise these spaces as social and semi-private spaces within the wider 'public' sphere of the care home. Drawing on a series of visits that I paid to residents in their studio flats, I consider the significance of care home bedrooms and how these spaces afford residents opportunities to undertake domestic activities which are significant in the construction of home.

I conclude the chapter by considering the implications of this spatial and sensory analysis for artists who are working in care homes, and outlining how I used my sensory ethnography of Springbank in my preparation for practice.

A sensory ethnography of a care home

In *Doing Sensory Ethnography*, Sarah Pink considers how ethnographical researchers 'might use [their] own body and senses alongside more classical and contemporary innovative research methods and technologies' (2009, 44). She rethinks the ethnographic research process in terms of a set of shared sensory experiences that take place between the researcher and the research participants. 'Doing sensory ethnography', she explains, involves accounting for the 'multisensoriality of experience [...] that is integral to both the lives of people who participate in our research and to how we ethnographers practice our craft' (1).

Pink's approach suggests that my sensory responses to the care home, and those of the residents, are important tools in the research process and have the potential to enrich my exploration of the care environment. One discovery that I made while volunteering was that the dining room at Springbank was constituted by many different sounds. In addition to being used for mealtimes, this room was also used as a social space for residents and for scheduled activities. Consequently, I spent the majority of my time in the dining room during my visits. After a few weeks I noticed that there was a certain combination of sounds that were particular to the room and which I came to associate with my visits. These included the clanking of metal pans and ceramics in the adjoining kitchen, the noise of the television, and the scrape of chairs on the wooden floor. The prominence of these sounds inspired my decision to make a sound installation with residents in the dining room. As such, my initial aural responses to the space, and those of the residents, were an important aspect of my methodology.

Pink's attention to 'sensory subjectivity' (2009, 51) suggests that my own sensory responses might affect the way in which I conduct and interpret my research. She usefully observes that 'an important step towards understanding other people's sensory experiences, knowledge, and practice lies in developing a reflexive appreciation of one's own sensorium' (51). This consideration is particularly relevant to conducting research in care homes, which are widely judged in terms of their sensory characteristics. The noise of the television, unpleasant smells, and a feeling of stuffiness or airlessness are sensory experiences which are commonly associated with care homes. Furthermore, the atmosphere of a care home can play an important part in first impressions. People who are visiting a care home for the first time will often remark on the 'feel of the place' before anything else. In considering the significance of atmosphere to my spatial analysis, I am reminded of Gernot Böhme's idea that atmospheres are in themselves material or 'thing-like' (1993, 121). This suggests that the shifting atmosphere of a care home is an important factor in how it is perceived by residents and visitors, but also in how a care space is constructed or produced.

The dining room at Springbank is a large open-plan room with laminate floors, stone-coloured walls, and an industrial-style kitchen that runs along one side (figures 1 and 2). Two large columns demarcate the centre of the room and there is red, blue and white bunting hung between them. Along the length of one side of the room there are tall windows framed by thin patterned curtains and doors leading out onto a patio area. Round tables with heavy-backed wooden chairs of three or four are placed around the space. Some tables have a sprig of carnations, and glass tumblers turned upside down restaurant-style. On the walls there are emergency tug cords, a few pictures in frames, health and safety posters and

a fire alarm. On the far left side of the room, wooden dividers separate off a small lounge area with a TV, piano, bookcase and sofa. The long windows allow natural light into the room and give the space a bright feel. However, the size of the room and its open-plan nature also make it feel quite imposing.

During my first visit to Springbank I arrived at the end of lunch. It was busy and as I walked down the corridor I could hear the scrape of plates and cutlery clattering as staff started to clean up. As I entered the room there was a strong smell of sponge pudding and custard. Although this may be a welcoming smell to some, for me it evoked an unpleasant association with school dinners in primary school. As a result, I left with a perception that the dining room had quite an institutional feel. My second visit took place on a morning before lunchtime. The room was quiet and empty, and the sun was streaming through the long windows onto the floor. My impression of the room and its possibilities were now quite different from what they had been previously. These experiences made me aware of the potency of my senses in the research process, and of what Pink would describe as my 'sensory biases' (2009, 51). The smell of sponge pudding may have evoked a very different association in another person, for example, if they had grown up in another country or were from a different generation. Additionally, this change in atmosphere taught me that research environments are not fixed spaces, but shift with changes in light, sound, smell and activity. This realisation was important in planning a creative project that was inspired by the dining room. By becoming aware of the different atmospheres within the room, I opened up the workshops to the possibility that they would be influenced by the atmosphere of the room on a particular day. There were moments during the project when the weather outside the room inspired the theme of the workshop, or when the

atmosphere of the workshop was affected by other activities that were taking place at the same time. Volunteering increased my awareness of these atmospheric shifts and encouraged me to be open towards how they could inform the creative process.

Commensality

Pink suggests that shared sensory experiences are significant to the ethnographical research process. She applies the term 'commensality', used to describe the practice of 'eating at the same table', to describe how the shared sensory experience of dining together can lead to 'the exchange of sensory memories and emotions, and of substances and objects incarnating remembrance and feeling' (2009, 37). The idea of commensality seems particularly relevant to a care home dining room – a space which is characterised not just by its communal dining arrangement but by a range of different social and cultural practices attached to eating. The dining room at Springbank is big enough for all the residents to dine together but is characterised by its smaller-scale, semi-private tables where residents choose to eat together in groups of three or four or on their own.

'Eating at the same table' as the residents not only immersed me in the space that we would be working in – it also enabled me to partake in a shared sensory experience with them. One resident who was dining on her own looked a little surprised when I asked if I could join her. She was finishing a bowl of ice cream and watched me carefully as I tried to peel an avocado with a blunt knife that I had found in the kitchen. We sat in silence for a few minutes. 'What's that then?' she asked, after watching me struggle for a while. 'It's an avocado', I replied. She responded with 'Oh, I don't much like the look of that'. We both laughed and talked for a few minutes about the types of food we liked. My experience of

commensality with this resident demonstrated how sensory ethnography can facilitate opportunities for unpredicted discoveries that occur outside the parameters of pre-determined research design. This sensory learning is particularly relevant to my practice as well as my methodology, because it supports a creative approach that is responsive to the care community. Joining in with the residents' daily routines without having a definitive set of things to 'find out' gave me an opportunity to get to know them gradually and to design the project around their interests. For example, one afternoon I found myself sitting with residents in the reception area of the care home as I waited for a staff meeting to end. The man sat next to me asked who I was here to visit. I explained that I was coming to do some work with sound and music, and asked if he would like to join us. He told me that he liked to listen to jazz music and proceeded to tell me about musicians such as Sidney Bechet, Miles Davis and Cannonball Adderley whom he had listened to as a young man. This experience meant that I was able to integrate this discovery into my workshop planning and bring the music that he enjoyed to the sessions.

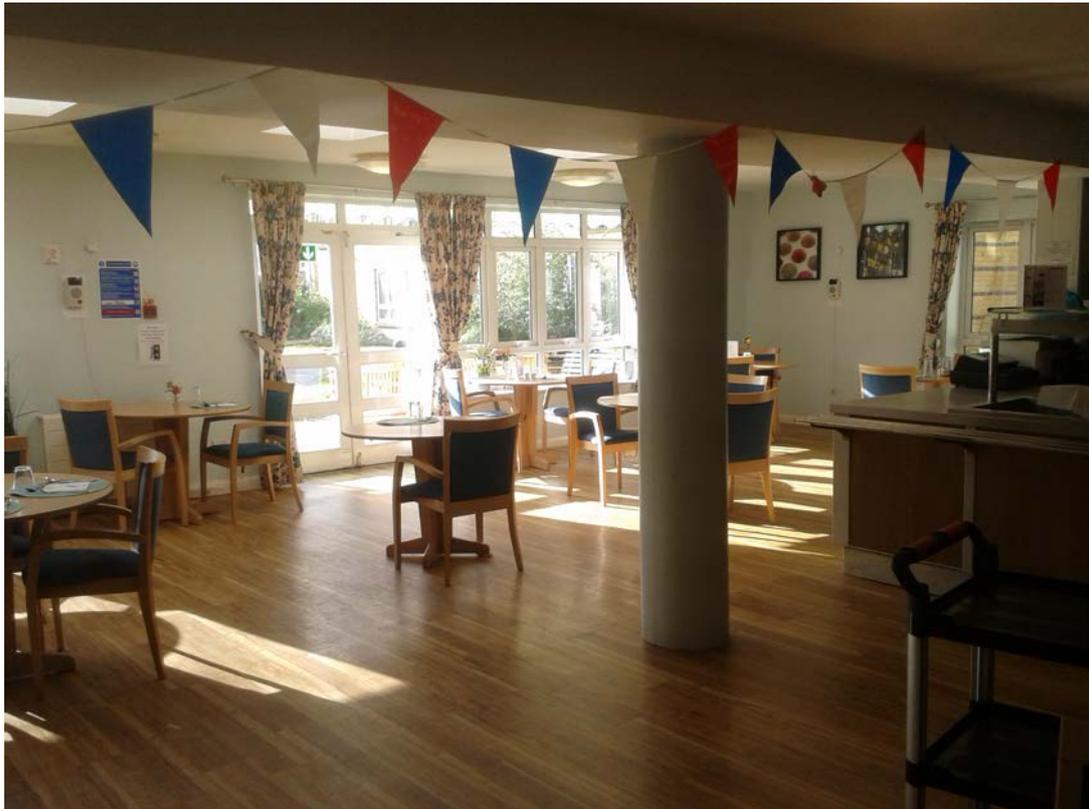


Figure 1: The Dining Room at Springbank (right side).



Figure 2: The Dining Room at Springbank (left side).

How care spaces perform

In applying the term 'performative' to a care home, I am conscious of its broad application and association with everyday life. The theatre scholars Tracy Davis and Tom Postlethwait warn that 'if the practices of everyday life, in their many features, are readily perceived as an extended performance [...] the metaphor is in danger of becoming yet another grand theory of everything' (2003, 32). I need to find a way of ensuring that it serves my spatial exploration of Springbank while avoiding getting lost in the idea that 'everything is performative'. Jen Harvie addresses this concern in her book *Fair Play*, which considers the environmental conditions in which socially engaged art takes place. Quoting the Tate curator Jessica Morgan, she stresses the importance of context 'not merely as a source of reference in art, but as determining force in the meaning of objects', and, as Harvie adds, 'in the meaning of other art, performance events and acts' (2013, 7). Her attention to context suggests that my investigation of an individual care space needs to be contextualised within the broader network of spaces that make up elder care, such as social services, family homes, hospitals and day centres. Following the gerontologist Stephen Katz's suggestion that that the body needs to be foregrounded in elder care settings as 'both the creator and product of the experiences configured by our material worlds' (2011, 188), it is also important to consider how they are constituted by the people that inhabit them. By exploring the residents' relationships with different spaces at Springbank, I hope to demonstrate that concepts of performed space are linked critically to concepts of embodiment, and that care spaces are materialised through the people that inhabit them.

The notion of performed space was initially applied to elder care environments in the doctoral research of gerontologist Janine Wiles. Her thesis, which explores the adaption of family homes as sites of care, suggests that the concept of performed space is helpful for understanding 'the process of the production of homes as places for care' (2001, 61). She draws on Lefebvre's ideas on the production of social space, and focuses on the way that domestic homes 'adapt, 'perform', or are manipulated as spaces for informal caregiving' (61). In considering the transformations that family homes undergo, Wiles focuses particularly on his conception of 'appropriated' and 'dominated' space. In *The Production of Space*, Lefebvre used the term 'dominated space' to refer to a pre-existing natural space which is 'transformed and mediated by technology' and where 'new forms' have been imposed (1991, 165). Dominated space is a product of construction, a space which is 'invariably the realization of a master's project' (164). Lefebvre uses the example of a motorway as a dominated space which disrupts or 'brutalises' a natural space, 'slicing through [...] like a great knife' (164). Appropriated space, by comparison, is a space which is 'modified to meet the needs and possibilities of a group'; a space which is made 'one's own' through a process of 'marking [it], modelling [it] and shaping [it]' (166). These spaces, though different in quality, cannot be entirely separated or excluded from each other. Wiles suggests that the tension between appropriated and dominated space is comparable to the tension that exists when families adapt their homes as care spaces: specifically, the struggle between the desire to continue caring for relatives at home, and the expectation that they *should* care for their loved ones at home. She explains: 'the home is dominated as a place for care of elderly persons through the assumption that families will (and should) provide care and by pushing more responsibility onto them, rather than assisting people to *appropriate* their homes as a place to provide care to people whom they love' (24).

Wiles' investigation of informal care spaces provokes important questions in turn about how care homes are produced or reproduced alternately as homely and institutional spaces, and how far this process is a result of the pre-existing expectations of the space. For example, the extent to which the dining room at Springbank is experienced as a homely space is mediated, to a degree, by the performance of institutional activities. The repetition of scheduled mealtimes and having meals prepared *en masse* creates an environment of labour and production and reinforces its status as a task-oriented space. This idea is supported by the human geographers Nicky Gregson and Gillian Rose who suggest that performative readings of work spaces may lead to understandings of how they are produced by work-related activities, and that these spaces may in turn encourage the following of certain 'scripts'. They explain that the labour undertaken in certain work environments 'might best be understood as a performance [...] there is a form of script, more or less explicit, which governs the behaviour expected of workers, including their forms of speech and frequently too their specific embodiments' (2000, 436). At Springbank, the staff room is situated at the opposite end of the corridor to the residents' dining room. This means that staff and resident mealtimes are kept very separate, and that the residents' dining room is only used by staff in a work-related context, for example, when taking residents to and from the room and clearing up after mealtimes. Similarly, there are separate bathrooms for residents and staff, which further emphasises the spatial 'codes' of the care home. When considered in this way, this spatial layout of the care home may contribute to a 'script' in which the relationship between care staff and residents is clearly delineated as task-focused.

However, Lefebvre's concept of appropriated space suggests that certain spaces within the care home may also be modified to 'meet the needs and possibilities' of staff and residents. The inclusion of smaller, semi-private living arrangements and the presence of plants, carpets and other homely features may enable staff and residents to appropriate the care home as a domestic or social space. The presence of an outdoor space such as a garden is a good example of a natural space that can create opportunities for unscheduled activities such as walking and gardening. Furthermore, it is not just the physical features but the activities of a care home which enable it to be experienced as a more appropriated space. I would like to consider the significance of these everyday activities, and how the performance of domestic activities can support care spaces as creative spaces in their own right.

Domestic routines and spatial becomings

In considering the different ways in which space is 'performatively encountered', geographer David Crouch argues that the 'apparently mundane' or 'everyday' practices that occur within a particular space can provide insights into its status as both a 'space which is being' and 'a space which is becoming' (2003, 1948). In other words, the everyday activities that take place in different spaces are central to its continuing development. This notion of space as simultaneously 'being' and 'becoming' suggests that the repeated performance of different activities, in particular the embodied activities of care staff and residents, might relate to the *emergence* of care spaces as institutional or domestic places.

Crouch's argument evokes Pink's research on the home as a creative domain. It suggests that the domestic activities of the residents at Springbank may be part of a 'project of home' that enables the care space to 'emerge' as a domestic space. A care home is a place that may not feel like home to many of its residents, and the opportunities to engage in the type of domestic activities that are central to Pink's analysis might be limited. However, from volunteering at Springbank I observed that residents often engaged in domestic routines, some of which were connected to particular spaces in the care home. For example, I would frequently see a resident called Jean wipe down the tables in the dining room, straighten the chairs, and push them neatly underneath the tables. This routine, which often took place at the end of activity sessions, revealed something about the relationship Jean had with the dining room, but it also how demonstrated how care spaces can emerge as domestic spaces through the embodied behaviour of the residents. What also interested me about this routine is that Jean had dementia, and the opportunity to complete an everyday domestic activity seemed to provide a sense of familiarity. When considered this way, the notion of 'spatial becomings' as something which emerges through a mundane activity has the potential to expand current thinking about 'dementia-friendly' communities. In addition to considering how people with dementia might be supported by individuals in their local community, the idea of spatial becomings promotes an idea of a dementia-friendly community as a continually developing place which is also made 'friendly' by the embodied activities of people with dementia.

Crouch's ideas about how outdoor spaces are brought into being through routine and embodied activity also point to the wider possibilities of these everyday repetitions. He

argues that 'though the potential existence of so called mundane activities for becoming may seem limited', a discussion of the 'apparently mundane' can help us to realise the possibility of unremarkable, embodied activities as 'becoming remarkable for the individual subject' (1948). Using the examples of caravanning and working on an allotment as practices that could be considered mundane, but are also embodied and repetitive activities, Crouch suggests that these outdoor spaces 'become' something else through 'what he does and the way he does it' (1953), suggesting that the spaces are made remarkable through the actions of the people who inhabit them. In other words, caravan and allotment sites 'become' not just through their physical properties, but through the embodied routines of their inhabitants. Applied to the care home setting, this suggests that in the mundane repetitions of the dining room there may also be potential for creativity. The choice of different foods, the process of preparing them and the decision to eat alone or at a table with a group of people are examples of embodied activities that suggest that mealtimes are creative 'works' rather than manifestations of production. Rather than thinking of institutional spaces as prefigured, fixed and determinate, the notion of a care space as becoming suggests that they are also constituted through the embodied practices of the people who inhabit them. An understanding of how these everyday activities contribute to the dining room as becoming may, as Crouch suggests, 'open up new, re-constitutive possibilities' for the space' (1948).

The notion of a care space as becoming, as opposed to a space which is already socially produced by its work-related activities, also suggests that it is not sufficient to analyse the dining room in dualistic terms as an institutional space which is brought into being exclusively through creative or domestic activities. The coexistence of different types of

activity draws attention to its potential as a creative space, or as a space which at least embodies both production and creation. Perhaps this is close to what Lefebvre would call an emergent or 'differential space', which moves away from the 'homogeneity' of abstract space and 'accentuates difference' (1991, 52). An example of this was apparent during a music concert that took place in the dining room at Springbank.

The dining room is rarely used for concerts, as it is difficult to move the heavy tables and chairs, and the pillars in the centre of the room restrict viewing. However, when I watched an opera concert that took place in the room, I saw how simply the space was transformed into a creative space by the presence of musicians and singing. This was in part due to change in spatial configuration as the dining room tables were pushed aside to make space for a performance area, and the chairs set out in rows. This transformed the space in a literal way and helped to broaden the perception of the room beyond its association with mealtimes. However, this change seemed largely due to the event-like status of the concert, and the presence of musicians in the room. It may sound rather obvious, but it occurred to me that what is needed for the dining room to be experienced as a creative space can be very small. I also realised that it does not have to be a visual or physical transformation, such as a change in spatial configuration. It can be driven more subtly by what Pink describes as 'non-visual sensory modes' (2009, 15) such the quality of light, filling the space with different sounds, and drawing the curtains to create intimacy. The sound of the opera singers' voices, combined with those of the residents and staff who were singing along, transformed the feel of the space and drew attention to its becoming as a creative space which was cultivated by the shared embodied activity of singing and listening.

Understanding how the concert changed the space affectively and atmospherically highlighted the potential of the dining room as a differential space, and how these subtle but significant shifts in atmosphere contribute to its 'becoming' as a social or creative space. I believe that what is needed for the space to become a creative space is most clearly identified in an affective sense, as something that is driven through the atmospheric properties of the room. I would like to develop this idea by considering the relational qualities of care spaces in more detail.

Relational care spaces

The Canadian gerontologists Michael Campo and Habib Chaudhury have explored how dementia care environments are experienced through their relational properties as well as through their architectural and design features. In a study of the social environment of a specialist dementia unit, they suggest that a 'non-institutional or homelike ambience' can increase social interaction between residents as much as the physical layout of the space (2012, 402). This view is echoed by Sandra Davis and colleagues, who consider the care home as both a physical and a social construct. Evoking Mike Nolan's work on the dementia care 'milieu', they stress the significance of a care home's 'social milieu' in how a resident 'reacts, feels, and finds meaning' from their environment (Davis *et al* 372).

These considerations of atmosphere and affect are useful in considering how care home environments might be experienced by residents, and particular those who are living with dementia. Their observations suggest that the atmosphere or 'feel' of a care home is not

just about whether it is a pleasant or unpleasant environment to live in: it can also be a fundamental aspect of how residents engage and make meaning from their surroundings. Reducing the emphasis on the physical and architectural features of care homes opens up a broader range of possibilities for understanding how care environments are experienced and constructed by residents themselves.

In understanding how care spaces are constituted by multiple and contrasting activities and atmospheres, I have found Foucault's concept of the heterotopia instructive. Foucault uses the term heterotopia to explain how a single place is always formed by several different spaces which exist in a 'cluster of relations' (1984, 3). He claims that the heterotopia is capable of 'juxtaposing in a single real place, several places that are themselves incompatible' (6). The heterotopia is useful in conceiving of a care home dining room in relational terms, as a 'single real place' that is composed of several different spaces. It suggests that the multiple performances of public, private, formal, social, and domestic spaces not only affect how and when the residents engage with the dining room, but also how these spaces contribute to a distinct set of atmospheres which are perceived through the body.

Foucault describes how the heterotopia is constructed simultaneously from physically real and 'unreal' spaces, using the example of a mirror:

In the mirror I see myself there where I am not, in an unreal, virtual space that opens up behind the surface [...] it is a heterotopia in so far as the mirror does exist in reality [...] and absolutely unreal, since in

order to be perceived it has to pass through the virtual point which is over there (4).

This example extends the notion of the dining room as an affective space and helps me to conceive of it as a more durational space; a place which is not just constituted by present 'real' spaces, but by other spaces from residents' pasts, in the homes of their families and loved ones, as well as more emergent spaces. Christine Milligan and colleagues support this idea and suggest that the 'geography of care' needs to be extended in order to account for the significance of virtual spaces such as the Internet (Milligan *et al* 2007). This can be particularly significant for residents who left an old neighbourhood, family, or social network behind when they moved into the care home. For these residents, virtual spaces such as the Internet, which create virtual connections with friends and family, may be extremely important.

The heterotopia, however, is limited in conceiving of the uniquely relational conditions of the care home. Foucault argues that despite the relational nature of the heterotopian space, it is still governed by 'a certain number of binary oppositions that remain inviolable' (2). These are, he suggests, the oppositions between 'private space and public space, between family space and social space [...] between the space of leisure and that of work' (2). These binaries of public/private, family/social, and leisure/work do not exist in care homes; though they may exist as contrasts, they overlap and occur simultaneously. They are also not fixed. A dining room may be made more homely by domestic activities such as reading and knitting, just as a private space such as a bedroom will become a more public space if a nurse helps a resident to wash and dress. I am interested in how the layering of

these different spaces constitutes the everyday life of a care home, and how the presence of domestic and creative activity can help researchers to imagine care homes as something more than institutional places. Though these task-oriented activities might appear to overwhelm, the presence of domestic and creative activity and the cultivation of semi-private spaces within the wider spatial context of the home may prevent it from being experienced as an exclusively institutional place.

My investigation so far has focused on how communal care spaces 'perform' and are constituted by the activities that take place within them. Though I have considered how the institutional rhythms of a care space may be altered or disrupted through embodied and everyday activities. I have not yet considered how alternative spaces, which are not traditionally designed to be social spaces, are brought into being through the residents' choice to inhabit them. I will now consider the functions of the more 'peripheral' spaces at Springbank, and how they are improvised as social or domestic spaces by the residents. I focus particularly on how these spaces are used outside of scheduled activities, as these are the times at which informal socialising is most likely to take place.

Fringe spaces, bedrooms, and domestic activities

There have been a number of studies that explore the environmental properties of care homes and how they are experienced by residents. These include Hoof *et al* (2010) who explore the integrated design of care homes for people with dementia, and Rosemary Bakker (2003) and Jan Dewing (2009), who investigate the sensory properties of care spaces.

However, there has been little research exploring how care environments are constructed by the residents themselves. From volunteering at Springbank and visiting other dementia care facilities, I have observed that purpose-built social spaces, while often furnished with comfortable seating and homely features, are not always used by residents. Often, they choose to socialise in their bedrooms. This is perhaps an understandable decision as these rooms offer residents the most private space of any in the care home. Something I did not anticipate, however, was the extent to which peripheral spaces, such as corridors and waiting areas, were occupied by residents and used as social spaces. I am interested in the significance of these peripheral spaces and how they become social spaces by the residents' decision to inhabit them. By understanding something about what makes a fringe space a social *place* in a care home, I hoped to explore how participatory arts practice might support the dining room as a more sociable space for residents to use.

In their study of the dementia care unit, Campo and Chaudhury suggest that the availability of smaller-scale living arrangements, and the quality and quantity of social spaces in care homes, are significant factors in facilitating social interaction among people with dementia. They observe that the dining room is typically 'the hub of social interaction' in a dementia unit (404), and that the visibility or audibility of this room from other parts of the home will affect the extent to which residents use the space. This is consistent with my own observations of dementia 'wings' in the UK and North America, which are often designed with a lounge/dining area at the centre of the wing and residents' bedrooms on corridors around the edge. Campo and Chaudhury suggest that these 'fringe' areas enable residents to become aware of the happenings of the unit, and to 'decide whether or not and

how passively or actively to join in' (417). They also observe that it is not just the position of the dining room in relation to the rest of the home, but the spatial layout of the room itself that affects how much the residents use it. Use of the dining room, they suggest, is also dependent on the presence of 'well-defined social spaces' and 'options between smaller, semi-private spaces and larger semi-public spaces' (404). In the dining room at Springbank, I observed that two women always occupied the same two seats near the entrance to the room. This seemed to enable them to participate in the social environment of the dining room while also being able to maintain a personal conversation and a semi-private space, much the same as a table in a public restaurant. Campo and Chaudhury make an important point in recognising that residents may wish to access the social environment of a public space without having to 'join in' with the activities of the unit. They suggest that 'there is a delicate balance to be struck in terms of having the opportunity to socialise with others, and the opportunity to have privacy' (411).

The relationship between the spatial layout of the care home and the residents' social habits was also apparent in the use of the reception area at Springbank. Over the course of several visits, I noticed that the same group of residents would be seated on chairs in the reception area as I arrived in the morning. I initially assumed that they were waiting to be picked up, as many residents would wait in reception for transport which took them to different day centres. I soon realised that this group of residents would sit there for most of the day. At first this seemed like an unlikely place to cultivate as a social space. There were no books or magazines to read and the proximity to the front door meant that it was often rather cold. However, when I spent some time with the group I grew to understand why it

had become a 'natural' social space for them. The seating was positioned in a way that gave them a clear view of the front door and meant that they were the first people to see visitors as they arrived. This led to several impromptu social interactions with different people; myself, delivery men, visiting relatives and staff as they arrived for their shifts. Additionally, the chairs were arranged in an L-shape rather than a row, which enabled them to see each other clearly, and provided a clear vantage point to a corridor that connected the dining room with the rest of the care home. This meant that they could see who was entering and leaving the room, as well as when different activities were starting and finishing.

In describing how societies produce their own spaces, Lefebvre refers to a triad of spatial codes, which he names as spatial practice, representations of space, and representational space (also referred to in *The Production of Space* as 'perceived', 'conceived' and 'lived' space). He suggests that the body is central to understanding how conceived space is produced, as it possesses an 'internal rationality' (174) which precedes spatial thought: 'Long before space, as perceived by and for the 'I' [...] there was an intelligence of the body' (174). Lefebvre's prioritisation of the body as a determining force in the production of conceived space seems to imply that a society's production of social space is beholden to a bodily intelligence as much as through labour and production. This intelligence or rationality does not come from spatial 'thought' but from lived (or embodied) experience. His conception of bodily-produced space drew my attention to how and why these peripheral spaces are cultivated as social spaces by residents in opposition to their intended purposes. Crucially, in the context of a dementia care environment where residents may have limited cognitive capacity, it suggests that the cultivation of social space

may be as much an embodied and instinctive process as a conscious one. The notion of an 'internal rationality' in the construction of social spaces evokes Pia Kontos' work on embodied selfhood and raises the significance of these embodied decisions as expressions of autonomy and personhood. This idea is furthered by Crouch's emphasis on the role of 'body-performance activities' in the process of *spacing*, and the proximity that exists between 'being' and 'doing'. What they do and feel, he suggests, 'is enacted in relation to spaces. Space takes on, or is given, new significance in a process of spacing' (2003, 1952).

This idea of spacing, as the convergence of *being* in a place and *doing* a particular activity, begs a consideration of how fringe spaces in care homes are constructed as domestic or sociable spaces through the activities that take place in them. I believe that this process is particularly evident in the relationship that residents have with their bedrooms. As I have mentioned, the majority of residents at Springbank prefer to socialise in their studio flats. In addition to offering them private space, I have observed that these spaces also afford them greater opportunities to complete domestic activities. In the communal areas of Springbank, cleaning and tidying is done by care staff and contract cleaners, with the exception of some residents, such as Jean, who routinely tidies up the dining room at the end of activities. While Jean's behaviour draws attention to the potential of the dining room in supporting domestic activity, my experience of visiting some of the residents in their studio flats revealed that these spaces can increase the opportunities they have to complete domestic chores.

At Springbank, the residents' studio flats have standardised bedroom furniture and functional carpets, which give them quite an institutional feel. However, they are also the spaces which provide the most opportunities for residents to display personal possessions. I remember visiting a resident called Henry in his flat and him proudly showing me his collection of vinyl records and an old gramophone player which he had brought with him when he moved into the care home. He told me that he liked to listen to classical music in the mornings and that was how he always started the day. In *Home Truths*, Pink observes that 'music and radio fitted in to how [the participants] experienced certain spaces in their homes and the actions they performed when they were alone' (2004, 69). Her observation resonated with my visit to Henry, for whom the privacy of his studio flat enabled him to continue with a personal routine that he had enjoyed before he moved to Springbank.

When I visited Elena in her studio flat she ushered me in and told me to take a seat on a small two-seater sofa. The room was cluttered with piles of clothes and newspapers on the floor, and a large pile of shoes next to the door. As we chatted, she busied herself picking up the clothes and moving them to another pile in the room. She commented on the mess, but not in an embarrassed way. It was more of a mock-horror exclamation that my visit had 'caught' her unexpectedly when her flat was in a mess. As I watched her folding clothes I got the impression that she enjoyed having visitors and that the act of tidying up for a guest was important in creating a sense of home. This perception was furthered by the fact that Elena was extremely sensitive about letting care staff clean her room and I frequently witnessed disagreements between her and members of staff when they asked if they could enter her room to tidy. Elena had dementia and it occurred to me that tidying and folding up clothes

was an embodied activity that did not require her long-term memory to complete. Like Jean's habit of wiping down the tables in the dining room, the opportunity to tidy and put away her own clothes seemed to offer Elena a sense of familiarity in an environment that felt unfamiliar. Furthermore, tidying up for a visitor, (and in the presence of that visitor) may have been an important manifestation of her identity in a place where she had little opportunity to create and maintain a homely environment.

Implications for creative practice

My observation of how residents continue to undertake household tasks in the care home raised an important question about whether these activities could be interpreted as forms of 'everyday creativity', in which residents improvise care spaces as homely places. In developing a project that responded to the care environment, I felt it was important that I took these routines into account. I wanted to explore how creative practice might support the residents' domestic routines as creative acts, and whether the project might help the dining room to emerge as a more domestic or social space. However, my spatial analysis of Springbank had thrown up a number of what Kathleen Gallagher describes as 'knotty methodological dilemmas' (2008, 2). These dilemmas were concerned with the relationship between participatory arts practice and the space we would be working in. How realistic was it that the dining room at Springbank might inspire some sort of creative response? Was it going to be possible, or even desirable, to design an arts project which could 'respond' what was happening in the room on the day, particularly if there were activities taking place that were not obviously conducive to running a workshop? In considering the

unforeseen dilemmas that can surface though starting a research project, Gallagher suggests that researchers reflect on 'the very process of struggle through the dilemmas and resistances [they] encounter in [their] work' (2). She argues that confronting these dilemmas directly may create 'pleasurable' opportunities for researchers to place 'a frame of significance around something which demands [their] attention' (2). This idea evoked Jenny Hughes' work on the 'usefulness of mess' in applied theatre research, and helped me to consider how I might respond imaginatively to some of the challenges that emerged from this period of volunteering.

One of the obstacles that I encountered was the television. I realised that it would be very difficult to achieve a collective focus in workshops with the television on, as we wouldn't be able to hear each other. However, I felt that turning it off for the workshop was an imposition, as it was in a communal area that was used by other residents. In the end, the television proved to be something that could be incorporated into the creative practice, as I used it to screen old film footage of musical performances. This solution proved to be quite effective, as arranging the tables and chairs around the large flat screen helped to create a cinematic atmosphere that was popular with many of the participants. However, incorporating the television into the project created a new set of challenges. One of the participants, Mary, had dementia and she frequently became irritable at the beginning of the workshops when she watched me adjust the TV settings so that it would project files from my laptop. Often, when she saw the TV screen switch from daytime television programmes to my computer desktop, she would become visibly annoyed, calling out that I had broken it or complaining about the footage we were watching. In addition to the upset that these moments caused her, the protests often created tension amongst other

residents, who were frustrated by her calling out. One of the ways that I tried to address this was to arrive early so that I could set up the screen before she came into the room. As she arrived, I played clips of Buster Keaton and Charlie Chaplin, who she had mentioned in a previous session. This strategy was sometimes successful and reduced the number of incidents when Mary got upset. However, the experience reminded me of the sensitivities that are attached to bringing new activities into care homes, and how running arts projects in communal spaces can be disruptive to a care community.

The Portland-based theatre company Sojourn Theatre, who staged a production of a play called *Finding Penelope* at a care home in Milwaukee, offer some useful insights into the practicalities and challenges of theatre-making in care homes, particularly with regard to sensitivities around space. The documentary film which accompanies the project shows how the company, (who typically make site-specific theatre, but had never worked in a care home before), took over a space which was habitually used for mealtimes and rehearsed alongside the residents. The film shows that some of the residents were confused by the presence of noisy actors at dinnertime, and it reminded me that the appropriation of a familiar space as a creative space has the potential to cause distress and confusion for residents. It also draws attention to the fact that quiet spaces are often sought out by residents within communal spaces, and that artists must be sensitive to this when planning a project for a communal area.

When I visited Luther Manor in Milwaukee a year after the production, I spoke to staff members who had been involved, including a care worker who had started out as

production manager on the show when she was an undergraduate student. While everyone I met spoke enthusiastically of the project and felt it had been a very special opportunity for the home, they also told me that it had been incredibly disruptive, and created a lot of extra work for staff. Their experiences raised important considerations for my own work, in terms of how I respectfully negotiate working in a space which is someone's home, while also finding ways of exploring the creative possibilities of the space. My time spent with staff at Luther Manor taught me that this process involves accepting that the project will inevitably cause disruption to the care home, and being mindful of the expectations that are placed on staff and residents when bringing a project in. In some ways, incorporating the television into the project at Springbank was a means of responding creatively to the everyday activities of the care home. However, as Mary's response indicated, this process may be experienced by some residents as an intrusion.

Responding to sound

In addition to getting to know the routine activities of Springbank, my spatial analysis enabled me to identify and engage with some of the sensory characteristics that are particular to a care home environment. As I argued in Chapter two, cultivating an awareness of these sensory properties can be significant in understanding the relationality of care spaces, and the collective of humans and 'non-humans' that make up a care community. My sensory responses to the dining room at Springbank were also instructive in helping me determine how I might use the sensory features of the space in my creative practice.

Out of all the sensory experiences that I encountered in the dining room, sound was the most prominent feature. The combination of the television, the noise of the kitchen and the voices of care staff and residents became a familiar soundscape over the course of my visits. It was also a soundscape which I associated closely with the beginning of our sessions, as they took place immediately after lunchtime. Often, the music that we played from our portable speakers as we set up for our session would get lost in the clatter of crockery and the burble of daytime television. The combination of sounds – and the way in which they drifted down the corridor as I approached the dining room each week – was a powerful institutional signifier that contributed to my perception of Springbank as an institutional space.

In an article which addresses the relationship between sound and place, the performance scholar Dee Heddon remarks that sound can be a ‘powerful semiotic system that forges an acoustic or auditory community’ (2010, 37). Using the compositional work of Graeme Miller as an example, an artist whose musical work often reflects a sense of landscape and place, she explains that ‘sound and place are frequently mapped onto each other [...] heightening [our] awareness of the ways in which places are, literally, composed of complex, overlapping and shifting soundscapes – scapes heavy with information’ (36). Care homes are typically environments loaded with audio ‘information’, and as with the repetitions of work-related activities, this audio information can express something of the expectations and functions of the space. For example, the sound of kitchen utensils clattering on a metal work surface may signify an institutional kitchen as opposed to one found in a domestic home. Similarly, the persistent sound of daytime television, which

played fairly continuously, even when there was no-one watching it, was an indicator of the fact that we were in an institutional rather than a domestic living room.

The extent to which my experience of the dining room was mediated by sound inspired my decision to use sound as a stimulus for creative practice. In thinking about the care home as a relational community, I was interested in exploring the relational possibilities of sound with the residents. My initial idea was: if sound is such a strong institutional signifier in a care home, how might the institutional experience of the care home be altered by the introduction of new sounds? Sound was a creative medium that could be brought into the care home relatively easily, and there were various possibilities for listening, including speakers, microphones and personal headsets. However, there was a problem with this idea, because it came with an expectation that the space would be ‘transformed’ in some way by the creative practice. While it was inevitable that the project would change the space in some way, it was my intention to find strategies of engaging with the sensory properties of the care home and ways of working creatively with what we had. Rather than trying to replace the sounds of the dining room with other audio experiences, I began to think about whether there was a way of engaging with them directly.

Initial preparation with the sound designer who worked with me provoked interesting discussions about how we might engage and respond to these sounds, perhaps through amplification, through manipulation, but above all through active listening and engagement. This distinction between hearing and listening became an important part of understanding the creative potential of the care environment, and how sounds that belonged to the world

of the care home could be reimagined as sensory affordances. This is discussed in the following chapter where I consider the sounds of the dining room in relation to Jean Luc Nancy's theories on listening. By engaging creatively with these sounds, as opposed to competing with them or trying to replace them, we wanted to know whether they could be experienced as different types of sound – sounds that went beyond their role as institutional signifiers and which were experienced as creative sounds instead. However, in exploring the relational possibilities of sound, we also felt that there was justification to introduce sounds that originated from outside the care home. I was reminded of Christine Milligan's concept of the 'geography of care', and her suggestion that our understanding of what a care space is should be expanded to include virtual spaces, and spaces from outside the care home. In creating a piece of sound art that explored and responded to the relationality of a care community, it seemed important that the work acknowledged other places and events that were significant in the residents' lives. Consequently, I felt it was important for us to introduce sounds from outside the care home, and to include sounds that reflected the life experiences, memories and interests of the participants.

Responding to taste

Another important discovery that emerged from my sensory ethnography was the variety of tastes that existed among the residents, and how these shaped their expectations of what an arts project would involve. Volunteering at Springbank enabled me to get to know many of the residents quite well, and some of them had told me about the type of activities that they wanted to do. For example, I found out from taking part in the weekly quiz team that one man had participated in amateur dramatics groups when he was younger and was keen

that the project would involve script work. I also observed from attending a cocktail party one evening that several of the residents enjoyed dancing, as they had danced regularly when they were younger. It occurred to me that in designing a project that was responsive to the care community, I must also find strategies for responding to different tastes in the care home, and the expectations that residents had for different types of creative activity. Planning around these expectations was challenging at times, as it was impossible to accommodate everyone's preference in one workshop. It was also apparent that certain activities, such as script work, might not be appropriate for all of the residents, particularly those who had learning difficulties or those with dementia. However, getting to know the participants before the project began did ensure that I adopted a flexible approach in the planning of my sessions and created space for different types of activities. For example, in planning the sessions, I tried to create opportunities for movement and singing in the vocal warm-up each week, and ensured that the residents who wanted to were able to do script work. In this aspect, working with a team of applied theatre students was a real asset, as it enabled us to incorporate one-to-one exercises with some residents into the group sessions.

As well as influencing the planning and preparation of my creative practice, this discovery about taste was extremely significant in shaping my research inquiry. I realised that in addition to the diverse spectrum of tastes that existed at Springbank, these tastes were also connected to how the residents negotiated the social environment of the home. For example, I observed that similarities in cultural taste were often connected to social relationships between residents who would attend certain activities together. Furthermore, I observed that expressions of domestic taste were visible in the individual routines of the

residents. Though these expressions of taste were small – the choice of a particular colour of cocktail umbrella at a party for example, or the repeated use of the same place mat – they indicated that taste can be an expression of selfhood after the transition to a care home. As such, taste, and the way that it was utilised by residents as they negotiated social situations, became a key aspect of my investigation into the relationality of care spaces.

Chapter Four: A Poetics of Sound: towards an aural re-imagining of a care home dining room

When insomnia [...] is increased through irritation caused by city noises [...] I can recover my calm by living the metaphors of the ocean [...] I dream an abstract-concrete daydream. My bed is a small boat lost at sea; that sudden whistling is the wind in the sails. On every side the air is filled with the sound of furious klaxoning. I talk to myself to give myself cheer: there there, your skiff is holding its own, you are safe in your stone boat. Sleep in spite of the storm. Sleep in the storm. Sleep in your own courage, happy to be a man who is assailed by wind and the wave. And I fall asleep, lulled by the noise of Paris (Bachelard, 1992, 28).

In imagining the noise of Paris at night-time as the sound of the sea, the philosopher Gaston Bachelard invites us to hear by imagination, attending to what is there and what is not. This 'space of imagination', which enables him to fuse the 'concrete' noise of the city with the 'abstract' sounds of the sea, is what he calls 'inhabited space' and forms the basis of his 1964 work *The Poetics of Space*. His oft-quoted declaration that 'inhabited space transcends geometric space' (47) summarises his proposal that space is constructed as much from daydreams and memories as the 'geometric lines and borders' that make up buildings and cities. *The Poetics of Space* is built around a sentimental image of a childhood home. This home is a symbol of security from the outside world, a haven for secrets which are locked in wardrobes and drawers, and a place which escapes the cramped conditions of the city by rising up to the sky and down into the earth.

The contradictions between Bachelard's house of the imagination and a care home are numerous. To start with, the verticality of his three-story house which has steps stretching down into the cellar and up to the attic are unlikely to feature in a care home, or be accessible to residents, who are often confined to a particular floor. The old drawers and

wardrobes that Bachelard associates with intimacy and charm are homely objects that are rarely to be found in care home bedrooms. Furthermore, his romanticisation of locks and keys as gateways to places where humans can keep or hide their secrets take on a very different meaning when they are associated with safety management and, in some cases, preventing residents from getting out. However, Bachelard's re-imagining of everyday space and his attention to the intimate and intricate composition of domestic spaces provides a valuable foundation upon which to explore the everyday creativity of a care home. In particular, his re-imagining of city noises as the sounds of the sea is significant to my interest in sound and the creative potential of care spaces. It raises a question about whether the everyday sounds of a care home may be understood in terms of their affordances. From my sensory and spatial exploration of Springbank I learned that care spaces can be heavily constituted by sound, and the juxtaposition of different sounds in communal spaces such as dining rooms can be a powerful institutional signifier. Additionally, I learned that sound can be a disruptive influence when doing arts practices in care homes, as it can dominate the space where the workshop is taking place and make it difficult for participants to hear one another. My interest in the relational possibilities of sound has prompted consideration of how the sounds of a care home may be 're-imagined', or perceived differently through creative practice.

This chapter is an aural exploration of the dining room at Springbank and focuses on the relationship between artistic sound practice and the everyday sounds of a care home. It analyses a participatory sound project and installation that took place with residents in the dining room of Springbank over a six week period. In exploring the different ways that we

worked with sound, I consider the extent to which the project supported the dining room as a creative space. Drawing on key moments from practice, I pose two questions: What can sound teach us about space in a care home? Can sound support the possibilities of a care home as a creative space?

I start by giving an outline of the project and the participants who took part. I consider how the diverse needs and interests of these residents affected the design of the sessions and influenced my decision to work with different types of sound. While there is evidence to suggest that music and ambient sounds can have therapeutic benefits in a dementia care context, there are also some studies suggesting that environmental sounds can cause discomfort or distress to those living with the disease. I outline some ethical considerations about introducing new sounds into an environment where people are living with dementia and how this informed the type of sound that was used.

Next, I give an analysis of the project and discuss how environmental, ambient and musical sounds were used as a stimulus in the workshops. I use the concepts of 'diegetic' and 'non-diegetic' sound, phrases which are commonly used to describe different types of sound in film, to explore the interplay between the sounds that we brought in to the care home and the everyday sounds of the dining room. I focus particularly on the production of 'sound poems' – group pieces that were created by the residents in response to soundscapes that we brought in – in order to explore the possibilities of environmental sound in supporting the dining room as relational space.

In considering the creative potential of everyday sounds, sounds that belong to the world of the care home, I continue by exploring how we used noisy objects in the dining room to create new audio experiences in the space. I return to Bachelard's notion of imagined space in order to consider the extent that we were able to 're-imagine' these everyday sounds through creative engagement. I also consider some of the restrictions and distractions that these sounds of the dining room imposed on our project and the limitations of Bachelard's perspective for working creatively with care spaces.

Finally, I discuss the shifting atmosphere of the workshops as something that was a shared product of the practice and the workshop space. Returning to Martin Welton's concept of 'bringing the weather indoors', I explore the 'climate' of the workshop, as something which was cultivated by the participants and the space, but also as something which is influenced by changes in outdoor weather. Drawing together Welton's concept of an 'indoor climate' with Bachelard's reflections on indoor and outdoor spaces, I consider the significance of weather, both as a metaphor for the creative process and as a means of interpreting the relational character of a care space.

Participation, diversity and taste

The project involved weekly, two-hour workshops in the dining room, facilitated by me, the sound designer Jamie Flockton, and three applied theatre students – Jessie Sherman, Stella Nouli and Sara Athans. The project culminated in the presentation of the sound installation and an informal performance of poetry, singing, and script-in-hand readings of plays, to an

audience of residents and care staff. This was followed by a celebration with music, tea and cake.

Maria, Springbank's activity coordinator, helped to recruit residents for the project and attended the sessions when she could. In addition to offering practical support, she knew each of the participants very well and was able to advise on activities that she thought they would enjoy. Furthermore, Maria informed the research process by encouraging me to develop my practice around the wider needs of the care home. In the following chapter, I describe a design consultation workshop that I ran at Maria's request in order to gather ideas from the residents about the redesign of a communal space. This workshop was significant in that it inspired my critical exploration of taste in a care home community. Consequently, Maria played an extremely important role, both in ensuring the smooth running of the workshops and in shaping the direction of my research.

The residents of Springbank come from a diverse range of age groups, social and cultural backgrounds as well as having a broad range of access needs. Some residents are living with dementia, some have physical health problems and some have learning difficulties. This range was reflected in the make-up of our group. There were 14 participants that took part over the six weeks with a core group of seven residents that attended each week. These residents ranged in age between 55 and 86 and there was a mixture of cognitively able adults, people living with mild to moderate dementia, and some younger adults with learning difficulties. As a result of this, the preference for what we did in the workshops was quite diverse. The range in ages, interests and abilities prompted an important line of

inquiry about taste, and how this informs creative practice in care homes. This is considered in detail in the following chapter.

The creative team met before the first session in order to discuss the aims of the project. We all agreed that a primary aim was to provide an opportunity for the residents to socialise and express themselves creatively. As I had discovered while volunteering, many of the residents had participated in music and theatre throughout their lives (some of them professionally), and many had expressed a desire for singing and reading plays. We felt that it was important to provide opportunities for this, as well as exploring the creative possibilities of sound together. Consequently, sessions were structured to include song and script work based on music and plays that the residents had told us about. Usually, the plan for the following week's session would be shaped around things that we had found out about them in the previous week.

Exploring everyday sound

In planning a series of sound-based exercises for the project, I was interested in creating opportunities to explore the creative possibilities of the space. Working with Jamie was an integral part of this process, as this was a departure from my usual way of working with sound. Although I use sound in a lot of my participatory theatre work, I had never worked directly with the sounds of the workshop space before. Nor had I led projects where sound was the artistic focus of the project. Similarly, though Jamie and I had collaborated many times before, our work had always followed a more conventional process of him composing

and sourcing sounds for a performance. Rather than designing a piece to support the final performance, the idea was that he would bring along different sounds each week, which we would use as a stimulus for the workshops. For example, one session had a sea theme, which we introduced by playing sea shanties and a soundscape of the ocean. Having Jamie participate in each session also enabled us to record the voices of the residents and the sounds of the room in a cumulative fashion, with a view to creating an installation for the space. In addition to creating a piece of performance that was inspired by a range of different audio locations, we felt that a group sound piece was something that has the potential to endure in between the sessions and after the project had finished. It could be played during mealtimes and activities, by residents in their bedrooms, or to visitors and family members. I hoped it would also be a way of engaging the participants with dementia, who could contribute in a range of different ways without the pressure of remembering what we did from week to week. Recording every session enabled us to capture their words, songs and sounds in a literal way and encouraged us to create a piece of performance which was not bound by the conventions of a linear narrative.

In considering the aesthetic value of sound-based practice with people with dementia, I was inspired by the work of the Canadian artist Aynsley Moorhouse who made audio recordings with her father in the weeks leading up to his death. In *Turning* (2012), Moorhouse uses her father's repeated words, the sounds of the care facility and their conversations to create what she describes as 'an intimate engagement with my father's experience with dementia' (Moorhouse, 2014). The effect is a soundscape of fragments, singing and sounds which seem to reflect the embodied experience of her father's disease,

but also capture the creativity of his fragmented memories and observations. By capturing the participants' voices in an ongoing fashion, I hoped that we could create something which was faithful to their original contributions, as well as drawing attention to their artistic value. Additionally, many residents seemed to be interested in the procedure of making audio recordings. One participant, Pauline, would hold her hand out in front of her when Jamie went around the circle with the microphone as if to suggest that she was keen to go next. Some participants expressed pleasure in hearing their voices on the recording and smiled with recognition as they were played back to them. Their reactions surprised me, as it often the case that people are uncomfortable when hearing their recorded voices played back to them for the first time. The experience made me realise that the process of making the recordings and listening to them together in the workshops each week was as much a creative act as the final sound piece that we created at the end of the project.

In the same way that the residents who took part had diverse preferences for the types of activities that we did, I anticipated that the participants would interpret and respond to sound in different ways. In a Japanese study which explored how men and women with dementia respond to sound differently, Koji Nagahata and colleagues observed that the 'clashing of pots and pans' was a familiar sound to many of the women who took part in the study. The men, on the other hand, 'did not react' to these sounds or remarked that it 'just represented noise' (2004, 2). Aside from matters of taste, and the diverse cultural and gender associations that are attached to domestic sounds, their study reminded me that there are also issues of health and comfort attached to using sound in a care home. Environmental noise, high-pitched sounds and loud noises can be distressing or disorienting

for people with dementia. Furthermore, there is evidence to suggest that dementia can change the way in which people interpret the sounds around them. For example, the dementia researcher Jan Dewing suggests that Alzheimer's Disease 'generally result(s) in progressive and significant changes in how people interpret what they see, hear, taste, feel and smell' and that 'agitation can be caused from 'sensory overload or under load from noise' (2009, 35). Similarly, the environmental gerontologist Rosemary Bakker suggests that though many people with dementia continue to retain normal hearing, they can 'lose the ability to interpret what they hear accurately' (2003, 48). I was aware that participants might find certain environmental sounds uncomfortable and I wanted to make sure that the more 'active' soundscapes didn't cause discomfort or distress. However, I didn't want this caution to limit us to only using relaxing sounds. Although I wanted to create opportunities for relaxation and reflection, I also wanted to bring in sounds that stimulated the residents and created associations with other places. It was therefore important that we had a varied selection of soundscapes to bring in to the workshop and a flexible approach, so that we could change approach if there was any discomfort with the sounds we were using.

Jamie prepared a range of contrasting soundscapes for the first session, including natural soundscapes and urban pieces that were associated with travel and cities. By bringing along a selection of sounds that originated from outside the care home, we hoped that we could create connections to other places that residents enjoyed or remembered. A lot of the participants responded enthusiastically to sounds of the sea, which evoked memories of different places and events. For Dora, the sea soundscape reminded her of traveling over to England from Ireland in a boat and feeling seasick. Elena told us about

growing up in Malta and watching the fishing boats 'bobbing up and down on the ocean'. Pauline recalled going on seaside holidays in Britain with her parents. The sea soundscape was a good example of how sounds which belonged outside the care home could be used to evoke other places and times that were significant in the lives of the participants. This discovery felt important in understanding the relationality of the care community and how the residents' individual experiences of Springbank were shaped by other significant places, experiences and events.

What was more challenging was finding out how we might work creatively with the everyday sounds of the dining room. By engaging creatively with these sounds, as opposed to competing with them, I wanted to know whether they could be 'heard' in a different way. I also wanted to explore the possibilities of listening to these sounds as a shared sensory experience. In order to do this, I felt it was first necessary to first explore the acoustic properties of the dining room, and how they created a unique soundscape.

The care home soundscape

In his idealised image of the old childhood home, Bachelard invites us to imagine the acoustic characteristics of its different rooms. The voices that are heard on the stairs, he suggests, will sound different if they are heard from the bedroom, and the shape, size and properties of each space will create a different aural experience for the listener: 'The old house, for those who know how to listen, is a sort of geometry of echoes. The voices of the past do not sound the same in the big room as in the little bed chamber, and calls on the

stairs have yet another sound' (1992, 60). My own audio experiences of care homes are not so easily associated with a geometry of echoes. They are more associated with a network of noise in which televisions, door entry systems, loud music, and conversations overlap and compete. Similarly, in her study of one-to-one arts practices in care homes, Caoimhe McAvinchey observed that 'the sounds of televisions on different stations, radios, doors closing and the hum of conversation were a constant soundscape' (2013, 366). Indeed, there is evidence to suggest that the continual audio overload in a care home can be one of the most disorienting changes in the transition from a family home to residential care. Rosemary Bakker observes that 'many people living in care homes and nursing facilities are subjected to loud and disturbing sounds of alarms, call bells, and overhead paging systems throughout their day' and that noise can be 'a known stressor, especially to people with dementia (2003, 48). I would argue that this is particularly true of communal areas such as dining rooms and lounge spaces, which often function simultaneously as multi-purpose spaces. However, Bachelard's suggestion that the physical and architectural properties of these spaces affect the way in which sound is received is useful in considering the creative potential of these everyday sounds, and how space affects how the sound is received. A key question when planning the project was how we might explore the audio possibilities of the room without causing additional disruption or discomfort to residents.

The workshops ran straight after lunchtime, which meant we were usually setting up as residents were finishing their meals. This was an interesting time to work in the space as the acoustic properties of the room were most prominent. As Jamie set up his speakers and played music to encourage residents to stay for the workshop, the voice of Frank Sinatra would get swallowed up in the clatter of cutlery, and the blare of the television. I wanted to

become familiar with these noises and the relationship they had to the room: for example, how sound travelled across different surfaces, the level of echo, and the presence of background noise from outside the space. In addition to understanding what we were up against, I wanted to explore the creative potential of these sounds and how we might use them in the project. The hum of the kitchen fan, the noise of traffic outside, voices from the corridors, cutlery, and shoes on the laminate floor were all sounds that we noted over the six weeks; and though these sounds were distracting at times, the audio practices of lunchtime in the Springbank dining room became a familiar part of our workshops. This is not to say that the sounds of the room were always unpleasant sounds. There were also some everyday sounds which challenged the association of the room as an institutional space. These included conversations between friends, music, the laughter of care staff, and the sound of the birds singing outside the patio doors. However, I was interested in exploring the less palatable environmental sounds and whether we might be able to experience them as something different.

For this task, I found myself returning to Bachelard's notion of imagined space, which invited me to re-imagine noisy night-time Paris as the roar of the sea. Although it is a highly romanticised image, it puts forward the possibility of re-imagining unpleasant sounds as something else, through close listening or manipulation. Specifically, it inspired me to consider the aesthetic potential of everyday sound, and how the residents might respond creatively to the noises of the room. The clattering of pots and pans in the adjoining kitchen, for example, or the noise of plates being washed, may evoke positive associations with home and domestic activities. By cultivating an aesthetic understanding of these everyday sounds, I hoped that we could explore the possibilities of the dining room as a creative

space. Bachelard's delight in the echoes of an old house stem partly from its architectural characteristics, but also from the quality of its sounds, and the ability to imagine them as something different. By listening carefully to the unique soundscape of the dining room at Springbank, I was able to consider how everyday sounds might be used to create new audio experiences in the room.

In understanding the relationship between the sounds we brought in and the everyday sounds of the room, I found it useful to consider some spatial and theoretical aspects of sound. In sound theory, particularly in film, the term *diagesis* is used to describe the different types of sound that are heard in film. Film theorist Barbara Flueckiger describes diagesis as 'the space-time continuum in which a fictional action takes place' (2009, 168). Consequently, 'diegetic sounds' are those which take place inside the fictional world of the film, such as dialogue or an actor firing a gun. 'Non-diegetic sounds' are audio elements from outside the fictional world of the film, such as atmospheric music or sound effects. In reality, these distinctions are complicated by a number of variables, including whether the source of the diegetic sound is visible in the frame. There are also occasions when non-diegetic sounds, such as atmospheric music, can enter the 'real space' of the film. This is particularly prevalent in avant-garde films where, for example, an actor may comment on a sound that originated from outside the fictional world of the film. However, these definitions are useful in considering the relationship between the sounds we brought into the workshop and the everyday sounds of the space.

In exploring the potential of everyday sound in a care home, I must also acknowledge some of the challenges and limitations that are attached to this work. In the same way that Bachelard has been criticised for sentimentalising the childhood home, I am cautious of overstating the possibilities of working creatively with the sounds of a care home. The sounds that we heard were often loud, unpleasant and disruptive, preventing us from hearing each other and swallowing up the external sounds that we brought into the space. Over the course of six weeks these disruptions included a workman coming to fix a ceiling light, a staff meeting that took place on the other side of the room, and (most frequently) the sound of kitchen staff clearing up at the end of lunch. Additionally, in exploring the creative potential of these everyday sounds, I was aware that participants would respond to them in different ways. The noise of pots and pans clashing in the kitchen may be a positive sound to some people (like the Japanese women in Nagahata's study), but it may evoke negative associations in others. This is particularly pertinent to domestic environments, and one of the key criticisms of *The Poetics of Space* is that the childhood home is not always a positive place to remember.

Natalia Cecire evokes Lefebvre's criticisms of Bachelard, arguing that the sentimental rendering of the old house grants it the status of a natural space which is unearned. This is illustrated through his recurrent image of the nest, which Cecire suggests 'becomes an allegory for the home [...] the birds and their habitat become a metonym of nature, such that the human home is itself granted the status of nature, absolute space' (2011, 2). Cecire's reservations are useful in understanding the limitations of Bachelard's approach in a care home context. In particular, it suggests that sentimentalising domestic sounds may not be appropriate or enjoyable for all of the participants. However, the process of

identifying the care home soundscape offered a starting point for engaging with the everyday sounds of the room and discovering which sounds the group wanted to explore. I would like to discuss two examples from practice in order to illustrate how we attempted to engage with these everyday sounds. The first is a vocal warm-up exercise which was repeated each week/ The second is a session which was dedicated to creating soundscapes with objects in the room.

Sound, listening and material imagination

Over several essays, Bachelard distinguishes between two different types of imagination: the material and the formal. In an essay entitled *Earth and Reveries of Will* he explains that the formal imagination is connected to visually perceived images, which are associated with memory and psychological imagination. He suggests that it is 'the perception of images which determines the process of the imagination [...] we begin by seeing things, then we imagine them; we combine through the imagination, fragments of perceived reality, memories of experienced reality' (2002, 12). Material imagination, on the other hand, is associated with images of matter, and is concretised through a conscious engagement with the material world: 'in addition to the images of form there are [...] images of matter. Vision names them but the hand knows them' (11). Bachelard's ideas are expanded further by the philosopher Etienne Gilson in his foreword to *The Poetics of Space*, in which he suggests that Bachelard's concept of formal imagination is 'fond of novelty, picturesqueness and variety', whereas his material imagination is 'attracted to the elements of permanency present in things' (1992, xiii). Although he seeks a 'dual participation' between the two, Bachelard

favours the material imagination as he believes that it goes 'beyond the attraction of the imagination of forms' and derives its image from nature (2005, 31). Unlike formal imagination, which is reliant on the visual perception of images, the material imagination 'thinks matter, dreams it, lives it, or in other words materialises the imagery' (31). Applied to his re-imagining of Paris at night-time, the 'concrete' noises of city may be understood to be material sounds, while the 'abstract' sounds of the sea belong to the realm of the formal imagination.

Bachelard's belief in the significance of matter as a source of imagination is significant to my investigation because it supports a type of creativity that draws on the agency of the material environment. This is important because it connects with my concept of a care collective, drawn from Latour, in which humans and 'non-humans' are equal components in relationship-centred care. The notion of a 'material imagination' offers an intriguing possibility for my exploration of sound, as it suggests that everyday sounds, which belong to the material world of the care home, may be understood as sensory affordances. For example, how might the sound of a kettle boiling or plates being washed up in the kitchen create a 'homely' aesthetic, similar to that which Pink describes in her description of 'domestic soundscapes' (2004, 72)? Is it possible that engaging with these everyday sounds could offer a sense of familiarity to the residents, in the same way that Martin Welton describes the familiarity that an actor experiences 'when sensing herself in contact with the boards of the stage' (2010, 124)? This was something that I explored in the workshops by inviting the participants to engage closely with the everyday sounds of the dining room.

During the vocal warm-up exercise I invited participants to close their eyes and breathe deeply, listening to the sounds of their breath and their bodies. After a few moments of breathing together I opened it out and invited participants to listen to the sounds of the room. We listened in silence for about a minute before returning our attention back to our breath. I asked the group to start making a soft humming sound. Moving through different pitches, I encouraged them to explore the sensations that the humming made in different parts of their body, and how changes in pitch moved these vibrations to different places. This part of the exercise was important for those participants who were hard of hearing and for whom identifying the different sounds in the room may have been difficult. By exploring how sounds resonated within our bodies, my intention was that these participants would be able to feel the sounds as well as hear them. For example, a high-pitched whine could be felt in the nose or the back of the throat and a low throbbing hum could be felt in the chest. We then returned to listening to the sounds of the space and I invited participants to name the sounds that they could hear.

A range of different sounds were identified from inside and outside the space: the hum of the kitchen extractor fan, the sound of other participants breathing, the distant rumble of traffic, and a conversation in the corridor outside the room. The effect of the exercise, as well as warming up our voices for work, was that we began to explore the connection between the sounds of our bodies and the sounds of the room. By alternating our attention between our breath and the space, we were able to engage more actively with the dining room as a creative audio environment. This process included identifying what sounds we could hear but also how they travelled across different surfaces in the room, and, crucially, how we responded to them.

One woman commented on the birds that she could hear on the patio outside the French windows and remarked that it was a sound she had not noticed before. In this sense, the exercise broadened out the possibilities of the dining room as a space constructed not just through 'care home sounds', but also through outdoor sounds and sounds from nature. Additionally, this process of active listening created a shared audio experience between the participants, which in turn helped us to imagine the room as a creative space. As the sound artist Brandon LaBelle remarks: 'the acoustical event is also a social one: in multiplying and expanding space, sound necessarily generates listeners and a multiplicity of acoustical 'viewpoints' adding to the acoustical event the operations of sociality [...] the crowd adds character to sound materially, as well as socially' (2006, x). The idea that sounds are not only received but are also materialised through the process of collective listening supports the possibility of a dining room as an imagined space, as it draws attention to how audio environments are constructed – not just through the activities of the space but through the bodies and listeners that inhabit them. This challenges the idea of a 'care home soundscape' as a manifestation of institutional activity, and opens up the possibilities of the dining room as a creative space that is brought into being through an exchange between sound and the listener.

In distinguishing between hearing and seeing, the philosopher Jean Luc Nancy talks about the relational character of sound. He observes that 'sound is [...] made of referrals: it spreads in space where it resounds while still resounding in me (2007, 7). He also suggests that the act of listening is a key part of how a sound is created or 'made resonant': 'in the case of the ear this is a withdrawal and turning inward, a making resonant' (3). This resonant relationship between sound and subject, which is understood by Nancy as something which

resonates *through* bodies, and brought into being through the process of listening, offered an insight into the importance of listening in our project. It suggests that the participants of the sound project were active agents in the creation of the sounds that they heard. This idea is supported by the ethnomusicologist Steven Feld who suggests that 'soundscapes are perceived as and interpreted by human actors who attend to them as a way of making their place in and through the world. Soundscapes are invested with significance by those whose bodies and lives resonate with them in social time and space' (2000, 184).

Nancy and Feld's interpretation of listening as a type of place-making supports the relational potential of sound in a care home and the idea that the construction of a care space is a responsibility which is shared between humans and 'non-humans'. In the same way that sounds from outside the care home often evoked other times and places from the lives of the residents, the process of actively listening to the space during the warm-up exercise demonstrated the potential of sound in creating a *sense* of place. This was evident in Pauline's response to the listening exercise, in which she remarked that the noise of the extractor fan 'sounds like the machines we had in the launderette'. She then went on to say 'I used to iron Frank Sinatra's shirts you know'. The associations that Pauline made between the sound of the extractor fan, the sound of the East London launderette where she had worked as a young woman, and her memory of ironing Frank Sinatra's shirts, (whether this was true or not), illustrated the way that everyday sounds can create connections with other places and times that are significant to the residents.

The relational possibilities of sound and listening were illustrated further during a session dedicated to making soundscapes from everyday objects in the space. The use of

everyday objects to create musical sounds was developed primarily by the American composer John Cage in the 1950s. In *Water Walk* (1959) for example, Cage uses, among other things, the sound of ice cubes in a blender, a saucepan lid being pushed into a bathtub of water, and five portable radios being pushed off the edge of a table onto the floor. Writing on John Cage's early work with household objects, David Dunn observed that 'through the 'musical' manipulation of the noises of everyday life, they achieved an understanding of the meaning of these sounds as an aesthetic phenomena, opportunities for a deepened awareness of the world we live in' (2009, 3). Cage's dedication to exploring the aesthetic and acoustic value of household objects inspired my decision to explore the household objects of the dining room at Springbank. I was interested in how these ordinary objects, which belonged to the everyday world of the dining room, may be seen as creative objects in their own right, but also how they may be used to create new audio experiences in the room.

For this session we collected a selection of objects that we had found in the dining room and the adjoining kitchen. These included (much to the bemusement of the care staff who were on duty) a bag of lentils, a porcelain cup, a set of keys, a paper bag and a Coke can. The participants were invited, with a partner, to choose an object and to explore the different sounds that it made. Watching the residents carefully selecting their objects offered an interesting glimpse into the attachments and associations that some of them had with particular objects. A few of the participants wanted to have the large bunch of keys, which struck me as a significant choice, as they are objects that are associated with the domestic home but they are also associated with institutions, particularly in the context of a care home. It occurred to me that keys might be a particularly sought-after object in a care home

where private space is restricted, and where locks are often associated with security and safety management.

We went around the circle and 'heard' every object individually. Some participants chose to make 'big noises' with their objects and others made very small sounds, tapping the object with their fingernail or gently rubbing it in a way that was barely audible without amplification. Elena, on the other hand, took delight in making a loud noise with her Coke can, particularly when she discovered that she could make a louder sound by bashing it on the frame of the wheelchair of the person next to her. Jamie recorded each of the objects and played them back to the group, increasing the volume so that everyone could hear them. After some discussion about what the sounds reminded us of, we explored 'playing the objects' as a group. The exercise seemed to foster at first a sense of playfulness, and more gradually a collective focus, as the objects fell into a sort of rhythm. One woman said that it sounded like 'feet tapping on the dance floor'. Her suggestion led to a discussion about dancing and some of the participants talked about going dancing in south London they were younger. Sara suggested that we use the objects to create a dance hall soundscape as a group. As the group played their objects, we encouraged them to explore other sounds that they could make with their bodies, which also reminded them of a dance hall. Gradually, the sounds of clapping, talking, singing, foot-tapping and whistling were added to the soundscape. When the residents were happy with the soundscape the piece was recorded and played back in the space.

The exercise, on the one hand, was an opportunity to engage with the 'diegetic' sounds of the room and to explore the audio potential of everyday objects beyond their intended

function. As with the vocal warm-up exercise, they also presented a connection to a different set of audio environments from outside the care home. By 'manipulating' the everyday objects of the dining room into audio elements in a dancehall, we were literally re-imagining the sounds of the room as sounds from another environment. Working with sounds that already belonged to the audio world of the room reiterated the possibility of the material imagination and supported the possibility of a care home as a creative space in its own right. It drew attention to how care spaces are not just constructed through their physical properties but are also made up of broader networks of places and environments, which can be accessed through creative practice, and through the residents' imaginations. I would like to now explore the possibility of external sound and describe how non-diegetic sounds were used to bring new audio experiences into the room.

Sounding place

In her consideration of how sound effects are utilised across different film genres, the sound theorist Felicity Colman suggests that non-diegetic sound will often fulfil an important function beyond supporting or enhancing the fictional world of the film. This function extends traditional understandings of non-diegetic sound which, according to Marina Burke, were chiefly used to 'cover scene transitions' and to 'offer a [...] temporal support of the fictional scene' (2009, 67). Colman focuses on the genre of the Western Film as she believes it offers a good example of how non-diegetic sounds do not just add aural meaning to the film but also act as 'affective sonic communicators' which convey something deeper about the somatic Western experience (2009, 194). She uses the examples of gunshots and whips

as sound effects which operate as part of a narrative device, but which also produce a 'range of *affective* meanings within a community's ecology' (195, her emphasis). In the case of Western films these affective meanings might, she suggests, be associated with plot points such as danger and death, or themes such as wilderness and rivalry. Though thematically and conceptually very different to my study of sound in a care home, Colman's analysis of non-diegetic sound offers a useful perspective on the boundaries between internal and external sound in our project. The sounds that we brought into the care home certainly created new audio experiences in the dining room, but they also stimulated connections with other spaces and times in the lives of the participants. I would like to use an exercise from the project to illustrate this point.

During the first session we introduced two contrasting soundscapes to the group. The first was a recording of an English countryside in summertime and the second was a soundscape of a busy international airport. The airport soundscape, which lasted for about three minutes, was composed of several different sounds including tannoy announcements, aeroplanes taking off and landing, conversations and footsteps. After playing the soundscape a couple of times, the group were invited to respond with words and phrases about what they could hear. This provoked an animated discussion among the group in which they tried to pinpoint the exact location of the soundscape. As they identified the different sounds that they could hear, and what they reminded them of, I wrote down their suggestions on a large sheet of paper. These were the responses:

Want someone who knows the language.

They said the train was departing for London.

We're on the wrong tracks.

Footsteps.

The whole thing will come together.

Sad departing.

Footsteps.

I don't like it, it's sad.

I like a good airport.

I *love* airports.

Especially – *vrooom* – I used to fly Mosquitos.

Not those – *thwack*, the little planes

Special relationship with planes

We used to be told what was coming next.

Pilot and co-pilot Larry

I don't know how I got into it.

Just one of those things.

Very interesting.

The airport soundscape had generated contrasting reactions in the group, including some unhappy associations with departures and goodbyes as one resident indicated when he

said: 'I don't like it, it's sad'. It also elicited a very personal response from a resident called Kenneth who had been a pilot in the RAF during the Second World War, and told us that he had a 'special relationship with planes'. Brandon LaBelle argues that sound is unique in that it has the possibility to 'simultaneously embed us with local environments' while also 'connecting us to a broader horizon' (2006, xii). His argument helps to articulate the complex interplay between internal and external places that were evoked during the exercise. The soundscape had stimulated a positive recollection of significant places, times and events in Kenneth's life prior to living at Springbank. It seemed to resonate with his identity as an RAF pilot and the comfort and the familiarity that he associated with the sound of aeroplanes. However, these external sounds were also part of our current sensory experience of the space that we were working in. In the process of being listened to, they were given a material presence that became embedded in the audio environment of the room.

In *Listening*, Nancy argues that 'sonority is not a place where the subject comes to make himself heard [...] on the contrary, it is a place that becomes a subject insofar as sound resounds there' (2007, 17). In other words, sound has the capacity to materialise place (or places) by virtue of the fact that it is occurring within them. Applied to my investigation of sound in a care home, this suggests that sound has the ability to create a sense of place by changing the audio construction of a particular space. Dee Heddon furthers this idea by suggesting 'if places carry sounds then arguably sound serves to place us' (2010, 36). Their remarks are significant in understanding how arts practices can support relational dementia care in practice. They show that sound can draw attention to the wider network of spaces that make up a care community. In the same way that care spaces can feel more familiar by

the presence of domestic objects, and the opportunity to complete domestic activities, the presence of sounds from outside the care home may create a sense of familiarity for residents. The relational quality of sound was perceptible in the interplay between the external places that the soundscape evoked and the sensory experience of listening and interpreting these sounds together in the 'here and now'.

The exercise also raised a question as to how 'active' soundscapes, as opposed to soundscapes that are designed to encourage relaxation, may support a broader range of encounters with place, particularly when they are associated with specific locations. Of the sound-based work that has taken place in care homes so far, this has generally been created with therapeutic intentions in mind. For example, the multisensory therapy *Snoezelen*, which is increasingly being used in dementia care settings, has been designed to reduce stress and create relaxing sensory environments (see Van Weet *et al* 2005). While the therapeutic possibilities of sonic experiences such as *Snoezelen* are undoubtedly worthy of investigation, the soundscape exercise suggested that engaging with a range of audio environments might stimulate important encounters with other places, times and experiences from outside the care home. LaBelle says that 'the dislocation of ambient sound from a given location and its reproduction [...] within the space of another location fuels a provocative experience; for such dislocations transform not only our spatial context and awareness of location but our perceptual and cognitive map' (2006, 237). His belief that ambient sound can create a 'provocative experience' when played in an unfamiliar location reminds us that not all sound work in care homes has to be nostalgic or relaxing. It also has the potential to stimulate memories and facilitate journeys to other places.

Musical sound, sonorous bodies

Whether or not he is a musician, for someone who listens, the very instant a sonority, a cadence, a phrase touches him [...] he is propelled into an expectation, urged towards a presentiment (Nancy, 2007, 66).

This chapter has focused so far on how different types of sound can support the possibilities of a care home as a creative space. I have used the distinctions between diegetic and non-diegetic sound to explore how everyday sounds were used to create new audio experiences in the dining room, and how external soundscapes facilitated connections to other times and places in the residents' lives. However, I have given little attention to musical sound and how this affected the space. The participants' singing had an effect on the space in a way that was very different to the environmental soundscapes that we created. I would like to use some of Nancy's thoughts on musical sound and sonority to explore the effect that these melodic vocal sounds had on the space, and what musical sound in particular may offer in supporting a care home as a relational space.

Singing was a popular activity which took place in most of the sessions, both spontaneously and as a planned activity. It was an activity that everyone in the group could join in with, regardless of their ability or access needs. When we sang together as a group, some of the residents sang or hummed along to the tune. Others who were non-verbal or spoke very little nodded their heads or tapped their fingers along to the rhythm. One of the residents, John, mouthed the words to the songs silently and moved his fingers in small circles in the air as if he were conducting an orchestra. Most frequently, singing was offered spontaneously by the participants in response to something that had come up in a session. For example, when we explored the countryside soundscape in session one, someone said

that they could hear a river flowing. This prompted Henry to sing the song *Old Man River* from *Showboat*, which many of the residents recognised and joined in with. Singing was also used as a warm-up at the beginning of the sessions, as Jamie would play songs that the residents had told him about and this would usually lead to a group sing-along. In addition to singing familiar songs that were popular with the group, we also decided to teach the participants a new song. This piece was an old folk song called *Waly Waly*. We had intended to use the song as a vocal warm-up which would lead us into a sea-themed workshop. However, the song proved so popular with the group that it became a regular feature of our workshops each week, and was performed in the final session.

The potential of musical sound was illustrated to me very clearly when we introduced the song to the group. We were not sure how they would respond to a new song and wanted to ensure that they didn't feel under pressure to pick up the tune or remember the words. However, we were also excited at the possibility of introducing a new song and finding out where it could take us creatively. Jessie sang the whole piece through once before teaching it line by line to the group in a call and response. During the first few times, the participants' voices were barely audible, although I could see their lips moving as they followed the words on the song sheet. As the tune became more familiar the volume started to increase very gradually, and the voices became more audible in the room. When it was sung for the third time Kenneth, who had watched the group in silence the first two times, surprised everyone by joining in with a deep, strong baritone voice which resonated around the space. Though none of the participants had heard the song before, it seemed to trigger some strong associations with other places and many of the participants shared personal stories about the sea. Pauline told us about travelling by boat during family

holidays to Margate and Henry told us about the tropical storms he had experienced in Trinidad. Amir, who had been brought up in northern India, told us he had never seen the sea until he came to England as a young man. Like the environmental soundscapes, the song had connected us to other times and places from the residents' pasts.

Nancy's ideas on musical sound and sonority are useful in articulating the affect that the song had on the space. In *Listening*, he distinguishes between musical sound and speech by suggesting that there are different processes involved when we listen to each. When listening to speech, he suggests, there is a necessarily a process of comprehension or sense-making involved in which the listener is required to 'strain toward a present sense beyond sound' (2007, 6). He explains that the French word 'entendre' means 'to hear' but that it also translates as 'comprendre', which means 'to understand' (6). Nancy argues that the proximity between these two terms has meant that philosophical concepts of listening have 'superimposed upon listening [...] or else substituted for listening, something else that may be more on the order of understanding' (1). For Nancy, this connection between hearing and understanding does not account for the meanings that are derived from listening to musical sounds, which do not require listeners to comprehend a verbal meaning that goes beyond the sound itself. He explains that the meaning derived from musical sound comes from its resonance within a 'sonorous body': 'it is from sound itself that sense is offered to auscultation' (6). He goes on to explain that 'sound which is musically listened to may be heard 'not as an acoustic phenomenon [...] but as a resonant meaning, a meaning whose sense is supposed to be found in resonance and only resonance' (7). This concept of resonance as a source of meaning spoke to the sensations that our singing elicited in our bodies and the space, as sound was created, sensed, and transmitted. Like the vocal warm-

up exercises that we did at the beginning of each session, the density of our voices singing together with their different pitches and timbres seemed to resonate further around the room and filled the space in a way that recorded sounds did not. On several occasions when we were practicing the song, staff members and other residents would stick their head round the door to see what was happening. The experience drew attention to the relational possibilities of musical sound, and how it can play a key role in changing the atmosphere of the space. Nancy alludes to this possibility by describing the 'matrix-like construction of resonance' (36), suggesting that musical sound has the potential to create or construct atmospheres in a way that non-musical sound may not.

What was particularly interesting about the song was how it shifted over the course of the project from being a new and unfamiliar type of sound to a routine sound in our workshops. By the end of the project, we were so familiar with it that it had almost become an everyday sound, 'embedded' with the other sounds of the dining room. This was apparent during the final session when Elena sang it quietly to herself, almost absent-mindedly during a tea break. This was a special moment as it indicated that Elena had memories of participating in the project over the six weeks. It also highlighted how music can support the embodied memories of people with dementia and encourage different forms of recall.

Indoor climates

In Chapter two, I described how the notion of an indoor climate, as conceptualised by Martin Welton, is helpful in considering the atmospheric properties of care spaces in terms of their affordances. The weather is also something which is used by Bachelard to connect the childhood house to the outside world. In *House and Universe*, Bachelard describes an inherent connection between the intimacy of the childhood house and the vastness of the outside world. He suggests that the sense of intimacy and comfort that is afforded by the house is increased in torrential weather, where ‘the reminder of winter strengthens the happiness of inhabiting [...] we feel warm *because* it is cold outside’ (2005, 39-40, his emphasis). The pervasive presence of seasons and weather are one way that Bachelard dismisses the binary distinctions of ‘outside’ and ‘inside’, which he claims are experienced as such because of the geometric nature of a house. Instead, he suggests that the outside and the inside exist ‘dialectically’, continually in discourse with each other, and that the weather can increase the sensation of intimacy inside the house. Bachelard’s suggestions resonate with Welton’s description of the changing atmosphere of a rehearsal space, and how these changes are registered by the performer. However, rather than considering the affective capacity of weather in terms of climatic extremes, it is the everyday-ness or mundaneness of weather, Welton argues, which creates a shared sense of place, and can help us to understand its affective potential in terms of more subtle atmospheric shifts:

As well as those intensifications of atmosphere which seize hold of or sweep over the body, there are also those which are simply, and rather lazily there, and which, like mist, drizzle or a faint whiff of perfume, do not disrupt the flow of the mundane, but float idly by it (2010, 127).

The idea of an indoor climate, which is characterised by subtle changes in atmosphere, is useful in considering the relational character of sound and space in the project. Weather was a recurring theme in our workshops, in the soundscapes that we created together, as a topic of conversation and a tangible presence in the space each week. The sun would frequently cast long rectangles of light onto the dining room floor and over the six weeks the temperature became milder. Daffodils bloomed outside the window. This was a big talking point for the residents and when I greeted the group each week and asked how they were, people would often talk about the change in weather. In the same way that Bachelard suggests the weather can intensify our connection with the inside, Welton suggests that the weather creates a shared sense of place as it is ever-present and an experience which is shared between humans: 'People have always talked about the weather, particularly in England and the process of feeling or imagining atmospheric conditions is a shared experience' (2012, 126). The process of feeling, imagining and experiencing atmospheric conditions was inherent to our use of sound, presenting itself in different ways: in our conversations about the weather, in the soundscapes we created, and when rain hammered down on the skylights in the performance during the quietest monologue.

The concept of internal weather offers something particular in understanding the relationship between sound and space in a care home. Rather than thinking about the project as an attempt to transform the audio environment of the dining room, the weather encourages me to engage with the aural environment of a care home in a more relational way, less in terms of a transformation of space and more in terms of a shifting climate which is a shared product of the workshops and the workshop environment. One thing that did emerge in the final week was not so much how the sound piece transformed the space, but

how the 'event' of the performance changed the atmosphere of the room. It was the spaces in between and around the performance itself where these shifts were most palpable. The notion of an indoor climate raises wider questions for doing creative practice in care homes, not only of how we can create different atmospheres in the room, but also how the creative context of the workshop may enable us to tap into the aesthetic potential of the space.

In considering the affective nature of sound, LaBelle suggests that it is 'intrinsically and unignorably relational. It emanates, propagates, communicates, vibrates, and agitates: it leaves a body and enters others' (2006, ix). Sound offered us a particular means of exploring the everyday creativity of a care space. On one level, it drew attention to the multitude of spaces, bodies and environments that make up, and are affected by, the individual 'soundscape' of a care home. This idea is supported by the sound artist Barbara Flueckiger who also uses the concept of atmosphere to consider ambient sound as a shared product between people and their environment: 'On the one hand it is related to spatial acoustics the materials out of which the space is composed [...] and on the other to the people who use the space and their activities' (2009, 169). On another level, sound enabled us to explore how these everyday 'domestic' spaces were shaped by external sounds, atmospheres and other places that belonged to a wider aural community. As Colman suggests, these external sounds do not just add aural meaning or context. They also teach us something about the relational nature of home in residential care.

Something that I did not have the opportunity to explore in the project was the construction of public and private spaces within the wider community of the home and

what sound could offer in this context. LaBelle has written extensively about the potential of personal audio technologies in allowing for the 'alternative construction and experience of a given space' (2011, 97). It would be interesting to explore how sound might be used to demark personal territories and contribute to the construction of semi-private spaces in the wider spatial context of the care home – for example, in the form of personal audio equipment such as radios, headphones and iPods. Cultivating an awareness of how care spaces are constructed through these overlapping public and private audio spaces may open up a broader set of possibilities for sound-based arts practice in care homes. Specifically, the question of how sound and music may be used to maintain personal and private spaces within the wider communal context of the care home may be addressed. With these considerations of personal and private spaces in mind, I now turn to look at taste and how it is used to negotiate space within the social environment of the care home.

Chapter Five: Negotiating space through taste

People seem to be curating their possessions to communicate consciously or more often unconsciously, where they want to fit in society [...] A childhood spent marinating in the material culture of one's class means taste is soaked right through you (Perry, 2012).

This quotation comes from an article that was published by the artist Grayson Perry shortly after the broadcast of his 2012 TV series *All in the Best Possible Taste with Grayson Perry*. In this series, Perry explores the tastes of working-, middle-, and upper-class communities in three different cities in preparation for creating six tapestries about modern British taste. In each episode, Perry reflects on how the personal possessions, home environments and lifestyle practices of the people he meets are indicative of their class and the aspirations that they have towards membership of a social group. Perry focuses particularly on personal possessions and the way in which they disclose a desire to convey a particular image to other people.

Perry's interest in the origins and social function of taste across different communities has raised questions about the significance of taste in a care home community. Care homes are places that typically offer residents little opportunity to display or 'curate' their personal possessions. However, my work with the residents at Springbank has indicated that taste continues to be significant in a care home, despite the restrictions that are imposed by communal and institutionalised living. I am interested in exploring how taste is used by the residents at Springbank in order to communicate aspects of their identity to others. How do residents express their tastes in spaces which offer them little opportunity to display their

personal possessions? And what do these expressions of taste reveal about their position within the care home community?

In this chapter I shall suggest that taste, in its various forms, can be a way that residents negotiate the social environment of the care home and signal their identity to others. Unlike the communities that feature in Perry's study, a care home is a community where people from a diverse range of social and cultural backgrounds are living communally. Some residents may be unable to leave the care home, either due to ill health or mobility issues. In this situation, taste can be a significant social resource, used to negotiate group situations and identify the people who they want to engage with. Participation in an arts project can create opportunities for residents to express their tastes. However, it can also highlight differences, particularly in relation to age, class, education and cultural background. I want to explore what the expression of taste in a creative context reveals about the way that residents position themselves in the care home community.

The first half of this chapter looks at how domestic taste is expressed in relation to the material environment. It explores the domestic tastes of the residents and the ways that they are upheld in the context of communal living. Focusing on the reception area of the care home, I discuss an interior design workshop that took place in order to garner ideas from the residents about the redesign of the space. Drawing on Dick Hebdige's (1979) work on style and subculture, I show how objects that belong to the world of the care home can

be 're-appropriated' by residents as a way of creating personalised and private space in the context of shared living.

I argue that the attention that residents give to these objects can be seen as a form of care work in itself, which is connected to the practice of homemaking. I use the term 'aesthetics of care', a phrase used by the anthropologist Daniel Miller, to argue that the care and attention residents paid to objects in a care home is connected to the relationship that they have with the people around them. I suggest that this appropriation and care of objects can be particularly meaningful for residents with dementia, for whom it can offer a sense of familiarity, as well as an opportunity to engage in caring practices.

The second half of the chapter explores cultural taste and the social environment of the care home. I use examples from a film and popular music project to consider how cultural taste can be a social resource for people in care homes. Inspired by Andy Bennett's and Jodie Taylor's work on musical taste in old age, I consider how musical taste is used by care home residents 'in the performance of their ageing identity' (2012, 233). This discussion is pitched against some common assumptions about taste and old age: the idea that cultural tastes narrow as we get older (Harrison and Ryan, 2010), and the assumption that older people of the same generation will enjoy listening to the same type of music (Forman, 2012). I suggest that arts projects in care homes can challenge some of the assumptions attached to taste in later life and that musical taste in particular can be an aesthetic counter to ageing stereotypes.

In considering the social value of musical taste, I go on to explore how it contributes to the formation of social networks in a care home. Drawing on Pierre Bourdieu's work on cultural and social capital (1980, 1984 and 1986), I suggest that musical taste can be a relational tool in a care home, used to negotiate social situations and form new relationships after personal networks shrink. While participation in an arts project can support cultural exchanges between some residents, it can also emphasise differences and exclude others. I consider some of the challenges presented by these differences in taste, while also suggesting that an understanding of divergence can shed light on how care communities are positively constituted by difference.

I conclude the chapter by considering how the tastes of care home residents are evolving with the ageing population, and discuss the aesthetic implications that this has for arts practice in care homes.

A homely effect

I would like to begin my exploration of domestic taste by considering some interior design features of care homes, and how the attempt to create a 'homely effect' can, in fact, prevent them from being experienced as homely spaces. Communal care spaces such as dining rooms and lounges are typically the spaces which offer residents the least opportunity to display their personal tastes, as they are designed to satisfy health and safety regulations and a restricted budget. The decorative and domestic items that do feature in these spaces are usually selected to cater to the broadest of tastes. On the wall of the

lounge at Springbank there is a triptych of square-framed photographs which feature large sacks of brightly coloured spices and grains. In some ways, the pictures are a refreshing contrast from the sentimental style of artwork that I have seen in many other care homes, which usually consists of watercolour paintings of landscapes and flowers. However, the photographs, which are printed onto thin paper and presented in lightweight plastic frames, have the feeling of being cheaply made and mass-produced. The subject matter of the photos is generic and reminds me of the type of images that are often sold with photo frames as an example of what could go in them.

In *Distinction*, Bourdieu describes mass-produced artwork such as this as an example of the 'popular taste'. Artworks that fall into this category, he suggests, are 'totally devoid of artistic ambition and pretension', and designed to obtain 'maximum effect [...] at a minimum cost' (1984, 380). Monica Kjellman-Chapin extends this idea in her study of kitsch, where she suggests that mass-produced artefacts and images 'contain no intrinsic content, only effect' (2009, 35). Though also exploring the potential of kitsch as something that can produce 'trenchant social and political commentaries' (38), Kjellman-Chapin's study focuses on how artefacts which are produced to target the 'popular consumerist culture' (27) are largely perceived to be 'inauthentic' and lacking in artistic merit.

Bourdieu and Kjellman-Chapin's attention to effect and authenticity seems particularly apt to the aesthetic of care homes, as many of the objects at Springbank seemed to have been placed there with effect in mind. For example, there are a small number of books and out-of-date magazines in the bookcase underneath the television which give the impression

of a domestic space. However, the random selection of titles and the date on the magazines makes them feel less like objects you would find in a home and more like something you would see in a doctor's waiting room. Similarly, the flimsy room dividers which are used to partition the lounge area from the rest of the dining room give the effect of a lounge space. In reality the lounge is still visibly and audibly exposed to the 'public' sphere of the dining room. The art work in the lounge and the token display of homely objects is illustrative of the care home's positive intention to create a homely environment and to make it a more pleasant space for residents to use. However, the effect of these objects is to emphasise the absence of personal possessions and the shared ownership of the space. This absence may account in part for the fact that the residents use the lounge space very infrequently outside of scheduled activities, and prefer to socialise in other spaces.

Familiar objects

Despite the lack of opportunities for residents to display their possessions in communal areas, I have observed that the residents at Springbank often appropriate objects and furniture in the dining room as their own. One resident called Jean has scrawled her name in red marker pen across one of the dining room chairs in order to prevent anyone else from using it. The importance that she attached to this particular chair was apparent during a film screening when she arrived late and discovered that another resident was sat in it. Visibly upset, Jean left the room and could not be persuaded to return, even when it was suggested that the other resident switch chairs. Similarly, Elena has taken a large green cushion from the lounge area – one of the only fabric cushions that I have seen at the care home. She carries the cushion around on her walking frame and uses it to reserve 'her' chair in the

dining room at mealtimes, which is positioned at the far end of the room, away from the other residents. The care staff told me that she prefers to dine on her own and that the cushion enabled her to maintain a space at her chosen table in the corner.

The gerontologists Jill Harrison and John Ryan suggest that attachments to objects in later life may be 'analogous to the shedding and storing of personal possessions' (2010, 650), implying that opportunities to express taste become more significant when personal possessions are reduced. Their suggestion prompts consideration of whether the appropriation of these objects is a response to the reduction in their own possessions. Personalising objects that belong to the care home, (through appropriation or by marking), may be a strategy for creating personal space in communal areas. Bourdieu argues that certain types of taste are 'born out of necessity', and that certain circumstances impose 'a taste for [...] and consequently acceptance of the necessary, a resignation to the inevitable' (1984, 373). This idea is applicable to the appropriation of everyday objects in communal care spaces, as residents may be adjusting to a reduction in their own possessions. The fact that the residents at Springbank are unable to display their own homely objects in the lounge may have led to them forming attachments to the objects that are available in the room. The objects that Elena and Jean selected were unremarkable and there was nothing that made Jean's chair stand out from the other chairs in the room. However, assuming ownership of these objects enabled these women to literally carve out personal space within the communal context of the dining room.

In *Subculture: The Meaning of Style*, the sociologist Dick Hebdige describes how objects, particularly domestic objects, are appropriated and used to 'express certain meanings' within a particular group (1979, 18). Using the example of the safety pin as a domestic object that was reappropriated by punks as a statement of subversion and rebellion, Hebdige argues that 'humble objects can be magically appropriated: 'stolen' by appropriate groups and made to carry secret meanings: meanings which express, in code, a form of resistance to the order which guarantees their continued subordination' (18). The iconic image of the punk safety pin does not seem immediately comparable to 85-year-old Elena carrying around a cushion on her walking frame. However, this behaviour can also be seen as a form of resistance to the regulations of a care space. Elena's decision to take the cushion involved a process of appropriation attached to a rebellious act: the decision to dine on her own at a table away from the other residents. Similarly, Jean's decision to scrawl 'JEAN' in several places across the dining room chair is an act that would be deemed anarchic in other contexts and is a statement of ownership in an environment where nothing is owned or chosen by the residents themselves.

Bourdieu's work on objects and capital offers a useful perspective on how the appropriation of ordinary objects in a care home may afford residents a particular status in the care home community. In *Distinction* he suggests that 'social relations are objectified within things', and that the daily contact people have with 'familiar, intimate objects 'which are there' reveals a certain type of taste (1984, 70). He develops this idea in *The Form of Capital* where he uses the term 'objectified cultural capital' to describe how status is achieved and transmitted through material objects: 'The cultural capital objectified in

material objects and media, such as writing, painting, monuments, instruments etc, is transmissible in its materiality' (1986, 50). Though the objects that Bourdieu is describing are objects that are associated with arts and culture, he also suggests that 'social relations' are present in all sorts of objects, which 'in their luxury or poverty, their distinction or vulgarity, their 'beauty' or 'ugliness' impress themselves through bodily experiences' (1984, 70).

In addition to revealing the tensions that exist between the residents and the care home, the appropriation of everyday objects at Springbank may also indicate the power dynamics that exist between residents in the battle to carry out personal routines. Jean has ensured that no one else can use her chair or she will refuse to take part in social activities. Similarly, it could be argued that Elena's opportunity to dine alone affords her a particular status among other residents, as the opportunities to have private space outside of their studio flats are so limited.

Coincidentally, Bourdieu's description of the sensory qualities of everyday objects evokes many of the sensory properties of care homes. In describing the unconscious process in which objects acquire social relations, he writes of the 'quiet caress of beige carpets or the thin clamminess of tattered, garish linoleum, the harsh smell of bleach or perfume as imperceptible as a negative scent' (1984, 70). This description suggests to me that expression of personal taste is not wholly removed from the sensory experience of taste. In addition to being something which is cultivated through education and upbringing, the

process of acquiring taste is very much an embodied one which stems from responses to colour, texture, smell and other sensory properties in the environment. Bourdieu's attention to how taste is manifest and experienced through 'bodily experiences' (an idea which he develops further in his concept of *habitus*), raises interesting questions for how the tastes of people with dementia are expressed after their diagnosis. Both Jean and Elena have dementia and Maria explained to me that since Jean's diagnosis, (which happened after she moved to Springbank), she had become 'very particular' about her routine. In addition to using her chair, I noticed that at mealtimes she would use the same plastic water glass with purple flowers on it and the same table mat. It is possible that the decision to appropriate objects may also be attributable to dementia and the desire that these residents have to find familiar objects in an unfamiliar environment.

The attachment that these residents had to ordinary domestic objects raises questions about the potential of creative practice in supporting residents with dementia to engage with familiar objects. Creative practice in care homes can broaden the material experience of the care home by introducing new objects. This can yield insights into the nature of residents' tastes, as well as highlighting the possibilities for introducing objects from outside the world of the care home. Reflecting on her experience of doing a performance with drama students in a care home, Helen Nicholson described a moment where one of the residents started to collect up the objects that had been used in the performance. Citing Tom Kitwood, she explained that the moment marked a turning point in their work as they realised that 'hiding and losing objects may be part of a person's attempt to 'make things safe' when there is an overpowering sense that things are continually being taken away'

(2011, 52). Nicholson and her students realised that offering the resident objects to touch only to remove them later 'exacerbated her anxiety', and that if they gave her objects to keep 'she became calmer and increasingly able to participate in the activities' (52).

I would like to extend Kitwood's idea that retaining objects can be a way for people with dementia to 'keep things safe' by suggesting that the attention given to different objects in the care home is a process of care work in itself. The term 'care work' is used by the anthropologist Daniel Miller in his book *The Comfort of Things*, which examines the lifestyle practices of different households on a south London street. Miller uses the term 'care work' to describe how the care and attention that individuals give to domestic objects in their domestic environment is comparable to the care that they give to the people around them. This idea is central to my relational framework for dementia care and the notion that people with dementia are equal contributors to the caregiving relationship. I am interested in the opportunities that domestic objects provide for residents to engage in caring practices and how participation in an arts project may increase these opportunities. To explore this, I am going to discuss the interior design workshop that took place in the reception area. I believe that the way in which the participants engaged with objects and attended to the task of creating mood boards illustrates some of the different ways in which the tastes of care residents can be interpreted as practices of care work.

Objects and care work

The decision to redesign the reception area of the care home came from an acknowledgement, on behalf of the care staff, that a group of residents with dementia liked to use it as a social space. Maria explained to me that those residents liked to sit there because they could see the comings and goings of the home. The reception is a busy thoroughfare between different parts of the building and the seating area is arranged so that residents can see the entrance to the care home as well as the corridor which runs between the dining room and the residents' studio flats. The idea was to make the reception into a more pleasant and homely space for these residents to sit in. What was significant about this workshop, as opposed to other workshops that I have run at Springbank, is that Maria asked me to do it in order to find out what the residents would like for the space. As such, I was aware that the session I designed had a practical purpose and the potential to be put to good effect.

For the workshop I brought in a selection of objects and materials. Some of these materials were associated with decorating, such as wallpaper samples, home magazines, paint charts, and fabrics of different colours and textures. I also brought a selection of natural and scented objects including wood, candles, soaps and some images of places that the residents had told me they liked to visit. A washing line was strung across the space to hold the larger pieces of fabric and to draw attention to any images that the participants particularly liked. Residents were invited to create mood boards by ripping out images and sticking them to large pieces of cardboard with masking tape. For the residents whose hands were unsteady, the care staff helped them to cut out and stick the images to their board.

I had explained to the residents that mood boards were 'supposed to be rough' and encouraged them to rip the images they liked from the home magazines without worrying about being neat. However, I was surprised to see that each of the participants approached this task with great care and attention. Some of the residents were concerned about ripping samples from the sheets of wallpaper because they didn't want to ruin them. The attention that Jean gave to her mood board was fascinating. Her process of choosing images was slow and methodical, as she carefully selected pictures from different magazines, making sure that the colours matched. I watched as she cut out a photograph of a vase of flowers extremely slowly, taking particular care with the edges. After she had cut out her images she placed them out in front of her, and spent a good deal of time arranging and rearranging them on the board before she stuck them down (neatly, with a glue stick: she hadn't wanted to use the masking tape). Not every image she cut out made the final mood board, and when she had finished she asked me for an envelope to keep the spare images in, telling me that she was going to put them in her scrapbook. Her final mood board consisted of a small selection of coordinated images associated with country homes: grand red brick houses set in grounds and lots of garden images such as seeds, bulbs and flowers (figure 3).



Figure 3: Jean with her mood board.

In *The Comfort of Things*, Miller explores some of the different ways that people attend to objects in their home environments. He suggests that the relationships people have with their possessions often represent integral aspects of their relationships with people. Challenging the subject-object dichotomy, he suggests that people can become objects of care in the same way that objects can become subjects of relationships. The focus of his enquiry is on possessions which do not necessarily have financial value but which have a particular value to their owners because they symbolise a specific type of knowledge, an

investment of time, or family history. He uses the example of a man caring for his stamp collection as something that illustrates a caring disposition towards people:

The connection between the way he cares for stamps [...] and the way he cares for people throughout his life is not just one of analogy. Both activities are properly described as care work in the broadest sense because they are both saturated with moral principles – which, if anything, are more explicit in the relation to objects (2008, 26).

Miller's interest in how individuals demonstrate 'care work' in their home environments raises questions in turn about whether certain objects in care homes may support caregiving behaviour among residents, particularly for those living with dementia. The seriousness with which the residents approached the task of creating their mood boards and the care that they took in selecting the 'right' images demonstrated the reciprocal potential of the caregiving relationship. Interestingly, many of the samples that the residents chose matched their own clothing. For example, Rose's mood board was a wash of subtle pinks and purples which matched her cardigan and her nail varnish (figure 4). Her nails were long and immaculately shaped and each week they were painted a different colour. The attention that she paid to maintaining her physical appearance seems to be a practice of care work in itself, and it made me consider the significance of dress as an embodied expression of taste in a care home.

The sociologists Julia Twigg and Christina Buse reflect on the significance of clothing and dress for people with dementia. Drawing on Kontos' study of embodied selfhood, they argue that clothing is an embodied aspect of social identity and that the 'material, tactile aspects of clothing' continue to be important (2013, 329). They hint at the social significance of dress for people with dementia, arguing that 'clothes lie at the interface between the body and its

social presentation [...] signify[ing] to the wider world who and what the person is' (327). Similarly, in her investigation of how selfhood is expressed at a pre-reflective level, Pia Kontos reflected on how the tastes and class values of the residents were expressed in relation to clothing. She used the example of a woman who would 'reach behind her neck to pull from beneath her bib a string of pearls she wore so that they could be seen' (2005, 561). Their studies resonate with my own research, as many of the social interactions I had with the female residents at Springbank were about clothing. For example, one resident would frequently ask me where I bought my skirt, and I would compliment her in turn on her jewellery. However, while these studies hint at the social significance of taste, they do not consider how taste contributes to social networks within the care home. Furthermore, while their attention to how social values are expressed through clothing and jewellery is relevant to the female residents, it does not necessarily account for the male residents, whose tastes were expressed in different ways.



Figure 4: Rose's hands on her mood board

In my experience of running arts projects in care homes, I have often found it difficult to engage men. This challenge is well documented by charities such as Age UK, who are now developing projects with the specific aim of engaging men in sociable activities.³ The challenge is exacerbated by the fact that the majority of care work is undertaken by women. As Mary Daly and Katherine Rake remark in their study of gender and the welfare state, 'one of the seeming constants across [European] nations is a feminization of the caring sector. As the sector has grown, women have formed an even larger majority of paid care workers' (2003, 56). The low representation of men within the care sector means that it can be harder to know what type of activities male residents will enjoy. The complex relationship

³ One such project is *Men in Sheds*, a programme which uses woodworking and other activities to support older men (www.ageuk.org.uk).

between gender, participation and taste was particularly apparent during the film and music project. In the second half of this chapter I highlight some of the challenges of engaging men in care home arts projects, and discuss how I tried to address this by engaging with their musical tastes.

I now consider cultural taste and its relationship to the social environment of the care home. I am interested in how cultural tastes can be a way in which residents signal their identity to others and identify those who have similar tastes to themselves. I am going to focus on musical taste because it was the most popular art form among residents at Springbank, but it was also at times a source of tension and disagreement between them. Additionally, the musical tastes of older people are often associated with nostalgia, and I would like to challenge this perception by suggesting that musical taste is a means by which older people construct their identity in the present.

Taste beyond nostalgia

There has been little research on cultural taste in later life, particularly in the context of residential care. This is starting to be explored by gerontologists who are interested in the cultural dimension of ageing. I would like to begin with an idea that has been advanced by the gerontologists Murray Forman and Andy Bennett: that musical taste is significant to how people express their identities in later life. The wellbeing benefits of music in care homes have been considered extensively in recent years, but the significance of musical taste has not been explored. As Bennett and Taylor suggest, the literature that exists fails to discuss

‘the specificities of musical taste, genre and what forms of popular music do ageing subjects use’ (2012, 233). Rather than associating musical consumption with reminiscence, which is the focus of many studies of music in care homes, Bennett argues that ‘ageing audiences for popular music often exhibit a dynamic, shifting and developing quality in the appreciation of music, its relevance to their everyday lives and its broader sociocultural significance’ (2013, 2).

The majority of Bennett’s fieldwork was conducted with music fans who were approaching middle age, rather than people who had actually reached old age (although many of Bennett’s research participants joked that they would ‘still be listening to the Ramones in the old people’s home’ (2013, 179)). However, his focus on the dynamic and aesthetic nature of taste patterns in later life is relevant to how people in care homes use taste to construct their identities in an ongoing fashion. Furthermore, his study raises an important question as to how the tastes of the care home population are evolving with each generation – something that will be discussed later in this chapter. This section attempts to unpick the sociocultural significance of musical taste in residential care. It suggests that looking beyond music as a form of reminiscence or nostalgia can foster understandings of how musical taste is an important and current aspect of an older person’s identity. I would like to consider how musical consumption and the expression of musical taste can support ageing identities in their present as they negotiate the social environment of the care home. Rather than focusing on the nostalgic or reminiscent qualities of music in care homes, I want to understand how musical taste is used by residents as an *ongoing* articulation of their identity. In order to do this I must first explore some of the assumptions and

stereotypes that are attached to musical taste in old age. Some of these assumptions have been identified by Bennett and Forman; some I have observed from my own work in care homes.

A common assumption I have encountered in care homes is that the residents will enjoy the music that was most popular when they were teenagers and young adults. For many of the residents who were born in the 1920s and 30s, Frank Sinatra is a familiar musical icon and one that features extremely frequently in care settings. Since I started working in care homes, I have encountered Frank Sinatra being played in care homes and day centres in the UK and North America in activity spaces, lounges, dining rooms, and residents' bedrooms. While the popularity of Frank Sinatra among some members of this age group is evident, his prevalence does not address the diversity of musical tastes that exist in a care home community, and differences in age, gender, cultural and social background. Moreover, it points to an assumption that older people must 'almost by necessity, like old music, music from their youthful years' (Forman, 2012, 246).

Forman challenges the widely-accepted assumption that 'in their advanced years people tend to disengage from popular culture, losing their connection with evolving trends and tastes and gradually becoming isolated' (246). He argues that an acceptance that older people will naturally disengage from popular culture as their personal networks shrink reinforces 'social labelling and ageist perspectives [...] that tend to de-legitimise the musical tastes of older citizens' (245). Drawing on his own observations of popular music

programmes in American care homes, he explains that many activity coordinators who are responsible for programming musical activities will adopt the sentiment of 'music you can understand' – a tagline used by a national radio station in America to attract older listeners. Accompanying this perception, he suggests, is an assumption that listening to this music is connected to 'nostalgically yearning' (246) for better times. Forman argues that the 'effect can be corrosive, as the elder subject is effectively displaced from present-day sensibilities and dislocated from contemporary cultural forms or practices' (246).

As an alternative, Forman attempts to identify what these tastes, cultivated in youth, may offer an older person as they negotiate their identities in later life. He suggests that recalling the music of their past doesn't necessarily suggest a desire to return to that period of life. Rather, expressing musical tastes that were developed in their youth may be a way that older people engage with, or make sense of, their present circumstances. He illustrates this idea by drawing on the historian Kimberley Smith's concept of nostalgia.

Smith traces the historical lineage of the term 'nostalgia', arguing that rather than a wistful longing for times past, being nostalgic can be a way of organising feelings about the present. She explains that nostalgia is 'not just a name attached to a universal, brute feeling, but a particular way of ordering and interpreting the various ideas, feelings and associations we experience when thinking of the past. To experience a memory nostalgically is not just to have certain feelings along with that memory but to adopt a particular attitude towards it' (2000, 509). Her view is echoed by Grayson Perry who describes nostalgia as 'the emotional

structures that formed the taste', implying that nostalgia has a practical function in how people develop and express their tastes. Smith rightfully suggests that remembering positive aspects of the past 'does not necessarily indicate a desire to return there. Remembering the past should instead be seen as a way to express valid desires and concerns about the present' (523).

This concept of nostalgia is particularly valuable to my study of musical taste, as it suggests that the musical tastes that care home residents had in their youth are a meaningful aspect of how they negotiate their identity in the present. This idea is developed by Andy Bennett, who suggests that musical taste is a 'cultural resource' that people use to negotiate their identities in later life. Contextualised by what he considers to be a sociological preoccupation with music and youth culture, he suggests that popular music retains a 'critical currency for ageing audiences as a key operative modality of identity, lifestyle and associated cultural practices' (2012, 232). He develops this idea by suggesting that 'ageing identities and lifestyles are also reflexive constructs that draw on and symbolically transform available images, objects and texts, including music' (236). His argument that music is a tool that can be drawn upon in the construction of ageing identities raises questions as to how cultural taste is used by residents to communicate or conceal certain aspects of the self to or from other residents in a care home. I would like to explore this idea with an example from Springbank.

Henry is a man in his early 80s who has dementia. He was born in Trinidad in the 1930s, and spent some time attending school there as a child before moving to England in his early teens to attend a private boys' school. Henry enjoys talking about his school days and often tells me about the English poetry that was drummed into him at school. He has a very good singing voice and regularly seizes upon opportunities to entertain me and the other residents with the poetry and songs he sang when he was younger. Given the opportunity, Henry will sing the song *Too Young* by Nat King Cole. His performance is usually introduced with an explanation that he was 'gifted with a good singing voice' and that he was frequently encouraged to perform at school. Each time Henry sings, he receives enthusiastic applause from care staff and other residents, which seems to please him very much.

Henry's recitals at the care home are inspired by a habit from his past; the routine of performing to his peers at school and on social occasions. However, rather than his singing being a nostalgic remnant of his past, or a symptom of Henry's dementia leaving him 'stuck in the past', it enables him to communicate aspects of his identity to the other residents. The act of singing established him as talented performer and the anecdote about attending a boys' school in England established him as someone who had achieved a private education at a prestigious school. Additionally, the frequency of his recitals revealed something about his social position at Springbank; that he was used to having an audience. His being accustomed to performing and receiving praise from other residents positioned him as a dominant figure in the care home. Though they were wonderful to listen to, Henry's recitals would often dominate the sessions as we had to wait until he had finished singing before we could move on. Henry's weekly performances hinted towards the power dynamics that exist

in a care home community and how these can be revealed or even amplified through participation in an arts project. It reminded me that while group arts practices in care homes can enable residents to express aspects of their identity, they may also restrict others from doing so.

Negotiating the diverse tastes of the residents in a group arts project can be challenging, particularly as the opportunities that residents have to express their tastes are usually very limited. However, it can also reveal the potential of taste as a social tool within the care home. I will now consider the social implications of taste and how the nature of participation in an arts workshop reflects the social dynamics of the care home. I am going to discuss a film and popular music project that took place at Springbank over a three-month period.

Taste and social networks

In *Out of Time*, a book that explores the 'perils and pleasures of ageing', Lynne Segal suggests that friends become harder to find in old age, particularly when 'our elective affinities may reside with communities that have faded away' (2014, 255). Her perspective is shared by Harrison and Ryan who point out that the opportunities for older people to retain social networks in later life are often restricted by 'functional, physical and structural limitations, such as institutionalisation, lack of transport and disability' (2010, 652). They argue that this issue is particularly critical for people in care homes who, in addition to leaving their homes, often leave an old neighbourhood behind as well. In acclimatising to this loss, care home residents are also required to adjust to being part of a new community.

Those who are unable to leave the care home independently are likely to encounter the same people repeatedly in communal spaces, and must make choices about how they engage with the social life of the home, as well as finding strategies for negotiating personal space.

Ryan and Harrison suggest that under these circumstances, taste can be a 'relational tool' (649), used to navigate the social environment of the care home and facilitate social interactions with others. Drawing on the sociologist Paul DiMaggio's work on social networks, they argue that musical taste in particular can 'provide fodder for least-common denominator talk and gives strangers something to talk about, facilitating the sociable intercourse necessary for acquaintances to ripen into friendships' (1987, 443). Their argument raises questions about the social value of taste in care homes and how this might be supported through participation in an arts project. Group arts projects can increase opportunities for residents to come together in a social setting, as well as offering them the chance to engage with different cultural forms. The film and music project brought together residents from two different sites whom would not normally have socialised together, except during parties and special occasions. Moreover, the familiarity of the popular music and films that were played during these sessions provided these residents with conversational 'fodder'. However, though Ryan and Harrison argue that music is an important social resource, they do not account for why music might be an effective form of social capital, or whether different types of musical taste provide different degrees of social capital for older people. These questions are addressed in this chapter.

Coincidentally, the film and music project originated from my interest in the care home reception area as a social space. Following the interior design session, I had been considering how I might introduce creative activities that would support the residents to use it as social space. My intention had been to hold weekly film screenings that were themed around places the residents liked to visit. In the week following the design session, I sourced a projector and prepared a selection of film footage of seaside towns, gardens and other places that they had told me about. However, two things happened which meant I had to change my plans. In the days leading up to the first screening the care home manager said that we could not use the reception area for activities as she was concerned that it posed a health and safety hazard. Consequently, the workshop had to be moved to the staff meeting room down the corridor. The second change happened when I came to drop the projector off and test the equipment in the space. As I set up the projector some of the residents approached me to find out what I was doing. When I explained about the film screenings, they started to talk about film stars and musicians that they liked. As a result, I began to source a collection of clips based on the music and films they had told me about.

The 'old film and music club', as it was named by Maria, was the most well-attended project that I have run at Springbank, with an average of 12 residents attending each week. As the screenings were taking place in a room off a corridor, many residents would often find out about it as they were walking past and would decide to join in. After the first three weeks of running the sessions in the meeting room we had to move the project into the dining room in order to fit everyone's wheelchairs in. Sessions were between an hour and 90 minutes long, (depending on concentration levels), and involved, quite simply, watching film

clips together on a big screen and discussing them over tea and cake. The content of the workshops varied each week and I attempted to theme the sessions, while also including a variety of music and films that reflected the broad tastes of the residents. By the end of the project I had over 16 hours of film footage: a selection of live music performances from the '40s, '50s and '60s, musicals, films and sketches, based on what the residents had told me about. In order to give an idea of the diversity of tastes among the participants I would like to give an account of a particular session that took place about halfway through the project. This workshop illustrates the social relationships that existed between members of the group and how these were played out through space:

It is a Tuesday afternoon in August and I have arrived to run a session in the dining room. The room is muggy and airless and the mood slightly fractious. Since the project has moved to the dining room, I have stopped using the projector as the space is much larger and some of the residents cannot hear the sound when it is played through portable speakers. A few residents have gathered by the time I arrive and watch expectantly as I fiddle with cables, trying to get my laptop to speak to the large flat screen television. I have spent the weekend sourcing a collection of clips based on conversations with residents in the previous week. These include 50s and 60s pop music, and a broad selection of film clips. Rose yells sharply as the TV screen flickers and switches from a quiz show to my computer desktop. I can't quite make out her words but I think she's saying 'You broke it, you broke it'. I apologise awkwardly and ask her if she would like to see some Charlie Chaplin, who she had enjoyed the previous week. 'No', she states emphatically, and turns her head away from me. I plough on nervously and begin with a clip of '60s heartthrob Adam Faith performing to a crowd of hysterical teenagers. Ida springs into life, singing and moving her arms around, blowing extravagant kisses at the screen. Shirley, who is sat next to her, laughs and sings along, moving her arms in sync. Elena enters the room with her green cushion balanced carefully on her walker and makes a slow and determined beeline for the sofa where Dora is sat. I offer to place her cushion on the sofa for her. Dora shakes her head at me and mouths 'no'. As Elena sits, she leans her body as far away from her as possible for the duration of the session. David listens quietly and attentively to the music until the clip has finished and then politely asks me if I've 'got any Marlon Brando'. As I root through my iTunes for the scene from *On the Waterfront* where Charley tries to convince Terry not to testify,

Pauline pipes up from the back of the room and says she would prefer to see *Random Harvest*. She is sat at her own table on her own, a safe distance from the 'hub' of the group. Elena glares at her and mutters furiously under her breath. Amir hangs back shyly in the doorway, leaning on his crutches (Workshop Log, p.288).

This session demonstrated one of the biggest challenges of the project, which was trying to accommodate the diverse tastes of the residents. The resolution with which some of the participants vocalised their choices for different types of film and music and the disagreements that arose between them reflected the diversity of tastes, and the lack of opportunities the residents had to engage with the popular culture they had enjoyed before they moved to Springbank. The session also illustrated some of the tensions that can arise from group-based arts projects. Though each of the residents had chosen to attend the group, it was apparent that several did not get along with each other. What interested me about the residents in this session was how their social position in the care home appeared to be reflected spatially. Dora, for example, would always seek a 'front row' seat where she could make her suggestions heard. Amir would always stand or sit at the back of the room. As I got to know him, I realised that he liked to keep himself to himself and would rarely take part in activities that required him to interact with the other residents.

In his theory of social capital, Bourdieu used the concept of homophily to suggest that people are more likely to associate with those who are socially similar to themselves. 'The exchanges instituting mutual acknowledgement presuppose the re-acknowledgement of objective homogeneity' (1986, 51). In other words, social relationships are cultivated through recognition of similarities in taste. He describes social capital as 'a durable network of more or less institutional relationships of mutual acquaintance and recognition [...] which provides

each of its members with the backing of the collectively owned capital, a credential which entitles them to credit in the various senses of the word' (51). This description made me consider whether popular music could be a type of 'social capital' in a care home, used by residents to identify the people who have similar interests to them and support social interactions. Pop music was the most popular type of music among residents, particularly for those who had been teenagers in the 1950s when pop music was emerging as a genre in Britain and North America. The mutual appreciation of musicians such as Bill Haley, Elvis and the Beatles led to conversations between those who had enjoyed listening to them when they were younger. On many occasions, similarities in musical taste were connected to the social and geographical backgrounds of the residents. Ida and Shirley were both born in east London and had lived there all their lives. They were of a similar age and had both been young mothers in the 1960s when Adam Faith was at the height of his success. This discovery seemed to foster a social connection between them as I noticed at the next session they were sat together, and chose to do so for the rest of the project. The 'credit' afforded to the two women through their shared love of Adam Faith was reflected by their decision to sit together in subsequent sessions. Interestingly, both Ida and Shirley had dementia and though their musical taste was connected to their youth, the realisation that they both liked Adam Faith was something they could respond to and be conversant about 'in the moment'. The social potential of music was also reflected in the interactions that took place between other residents in the group. For example, Pauline and Jean would usually choose to sit at separate tables, a little way away from the hub of the group. However, as the weeks progressed and it became apparent that they were both very knowledgeable about film musicals, I observed that they had started to sit at the same table, still a safe distance apart but close enough for them to converse about what they were watching.

Bourdieu suggests that the unconscious aim behind social capital is to establish social relationships which are 'directly usable in the short or long term, i.e., at transforming contingent relations such as those of the neighbourhood [...] into relationships that are once necessary and elective' (1986, 52). In one sense, it could be argued that this mutual appreciation of music was born out of the necessity of being in social contact with other residents, and that it afforded residents a social tool directly usable in the short term. However, popular music was not enjoyed by all residents, and the limitations of music as a form of social capital were apparent when I consider those residents who did not enjoy it. One of the participants, John, was avid fan of jazz music, and he would talk knowledgeably about it whenever we played artists such as John Coltrane and Miles Davis. However, he would quickly lose interest when other music was played and found it difficult to join in with the conversations about popular music. After the second session he did not return and I could not persuade him to come back. Maria told me that John had achieved what she described as 'a high level of education' and that he often found the activities on offer at the care home a little 'low brow'. In considering how cultural tastes develop Bourdieu suggests that the process of acquiring cultural capital is one of accumulation or 'self-cultivation': '[one which] presupposes a process of embodiment, incorporation [...] time which must be invested personally by the investor' (48). In some ways, John's love of jazz music set him apart from the other residents as it implied a deeper understanding of musical form, and perhaps a personal investment in the form of education or time. However, rather than increasing John's social status, the cultural capital that came with his love of jazz was a source of tension, which highlighted the differences between him and the other residents, and prevented him from accessing the social capital that came from the shared appreciation of pop music. Similarly, Amir, who was born in India and hadn't moved to London until the

1970s, was largely unfamiliar with British and American popular music from the 1950s and 60s. He was shy by nature and initially very reticent to talk about the music he enjoyed. I could understand his apprehension, as when I eventually did play some Bhangra music, another resident was extremely critical of it.

In her book *Class, Self, Culture*, the sociologist Beverley Skeggs suggests that 'some forms of culture are condensed and inscribed onto social groups and bodies that then mark them and restrict their movement in social space, whilst others are not, but are able to become mobile and flexible' (2006, 2). Amir's taste for Bhangra music, which he revealed to me quietly at the end of one session, restricted his participation in the social aspects of the group, as it was not considered to be as socially acceptable as Western popular music. For the residents who had been brought up in the UK, the shared recognition and appreciation of pop music was a social tool which enabled them to become mobile, but for Amir his musical taste served to highlight his cultural differences to the residents who had been born in Britain. His reluctance to share the music he enjoyed seemed to be reflected in the way that he positioned himself within the care home as each week he chose to sit outside of the circle, a little way back from the rest of the group. It could be argued that Amir's taste for Bhangra music 'marked' him as different from the other residents and restricted his ability to engage with the social hub of the group. However, one thing I learnt about musical taste from the project is that it isn't simply *attributable* to gender, social and cultural background, or at least that the development or accumulation of taste involves a more complex process. Henry, the resident from Trinidad, had little interest in Trinidadian music and but was very vocal about his passion for English poetry and classical music. He challenged the assumption

that people's tastes are necessarily rooted in their cultural backgrounds. Additionally, the fact he had acquired a taste for classical music in later life raised questions as to how tastes develop across the life course. If personal tastes can change in our youth, is there any reason to indicate that they don't develop and change in later life? Although the majority of the music that the residents requested was the music they had listened to when they were younger, this did not mean that they would not enjoy music from another era. Matt Cornell hints at the possibility of this in his research into an intergenerational arts project at a care home that involved both DJ technology and old records (2012). Cornell rightly suggests that there is further scope to investigate the relationship between new cultural experiences and taste patterns in later life, reiterating the fact that the development and articulation of taste in later life is a complex process which can be motivated by several factors. Furthermore, Henry's taste for classical music, developed in later life, was a good example of how the identities of people with dementia are not fixed, but are evolving and relational.

The sociologist Wendy Bottero criticises Bourdieu's reliance on homophily, arguing that 'a community of shared dispositions cannot be assumed' (2009, 404). Her argument is pertinent to a care home community as it is made up a diverse group of people who have not necessarily chosen to live in close proximity. The likelihood of residents associating with each other in a social situation is increased not just by commonalities but also through the necessity of encountering each other on a daily basis. Bottero draws attention to the interactional properties of the space itself, claiming that 'greater attention must be paid to the substance and patterning of social networks' (404). This is a view echoed by Skeggs, who suggests that it is 'not the object of exchange but the *nature* of the exchange itself which

establishes value and meaning' (2006, 9). Their suggestions highlight the complex relationship between tastes and social networks, and prompt consideration of how the social exchanges between the residents at Springbank were also influenced by the spatial dynamics of the room and pre-existing social relationships. As the anecdote from the workshop suggests, there was no love lost between Elena and Dora, but Elena still chose to sit next to her, not because she wanted to socialise with her but because she wanted a seat on a sofa instead of a hard-backed chair. Similarly, it could be argued that Ida and Shirley's decision to sit together was motivated by the need to construct an immediate, short-term social connection. Bottero's attention to the nature of social exchange suggests that social networks in a care home can be as much to do with necessity, and a response to what is happening in the space at the time, as a desire for long-term friendship.

Positive divergence

As I've got older I believe less and less in the language of the independent self [...] [in every sense] we are never self-sustaining but constituted by others who are different from us. Another aspect of this is that I've lived between 'home', where I can't be home, and that place where I 'feel at home' but which will never be quite home. So I've learned not to mourn but to embrace displacement as a strategy for survival (Hall quoted in Segal, 2014, 276).

This quotation comes from an interview that Lynne Segal conducted with Stuart Hall, not long before he died in 2014. It stood out to me because Hall is talking at the end of his life about home and how it is constituted by people, rather than a fixed place. This idea resonates with my interest in the relational qualities of a care home community. For residents, accepting the ambiguous status of a care home as a place which 'will never quite be home', and which is constituted by 'others who are different', may be a strategy for

survival. Furthermore, Hall's emphasis on difference suggests that the diversity of tastes that I have discussed in this chapter may be equally as important as commonalities when forming social networks. As Bottero argues that the *nature* of social interaction must be addressed in any exploration of social capital, Hall's reflections have made me question whether divergences in taste, and the opportunity that residents have to express these differences, are a vital part of the social life of a care home.

In a study that explored divergence and taste, Jonah Berger and colleagues suggested that 'people diverge to signal their identity to others so that they can enjoy more fulfilling social interactions' (2007, 2). Following Bourdieu, they acknowledge that taste can gain value through associations with others but argue that these tastes become diluted when 'members of more than one type hold them' (2). Grayson Perry describes this in his TV programme as 'the vanity of small differences', suggesting that an individual's taste is often shaped or defined by its distance from those of others. However, rather than considering divergences in taste as a barrier to social interaction, Berger argues that articulating such differences can 'help achieve a healthy balance between needs for inclusion and for differentiation' in social groups (5).

If I reflect on the way that taste was expressed during the film and music project, there were several occasions where differences in musical taste led to disagreement. Though these disagreements were occasionally a source of tension, they were usually good-natured and often prompted social interactions between residents. Frequently, a conversation

between participants would start from a mutual dislike of an artist, or what I would describe as a 'healthy disagreement' about a song that was being played. Some residents appeared to relish the opportunity to criticise a particular artist or song. For example, when I played Cliff Richard, who was popular with several older members of the group, Ida frequently exclaimed 'Oh, not him! He's *boring*' and covered her ears with her hands. However, I noticed that she was usually smiling while she did this. Similarly, Maggie, who was a particularly strong character in the group, often asked me what music I had brought along that week and said that if I played any pop songs she wasn't coming. Despite this, I would often see her sat at the back with Jean from where they would loudly appraise the music that was being played. It is likely that Maggie's attendance may have been motivated by a desire to socialise with others. However, it is also possible that attending these sessions gave her an opportunity to assert her identity by distinguishing herself from the 'popular' tastes of the group.

Berger's study on taste and divergence points to the possibilities of music in supporting the social life of a care home, creating both opportunities for inclusion and for residents to differentiate from each other. Finding strategies for responding creatively and democratically to these differences can be challenge for artists, particularly when working in group contexts. As I have illustrated in this chapter, differences in taste can also highlight social and cultural differences and lead to exclusion in an arts project. However, considering taste in terms of its social potential can open up new ways of thinking about how arts practices interact with the social life of a care home. Additionally, engaging with the diverse tastes of residents can also create new aesthetic opportunities for arts practices in care homes. I

would like to conclude this chapter by considering how the tastes of care home residents are diversifying with the ageing population and the implications that this has for arts practices in care homes.

Taste and the ageing population

Though many of the participants in the old film and music club were in their 80s and 90s, there were also several younger residents who took part who were in their mid-to-late 60s. Many of these residents were men who had moved to the care home due to a physical injury or illness that prevented them from living independently, such as a stroke or an amputation, or from substance-related mental health problems. These residents had grown up in the 1960s and 70s, and consequently their tastes were very different to that of the older residents. At the end of one of the music sessions I was approached by a heavily-tattooed man who had been watching the workshop from outside the door. He asked me if I had any Santana or Jimi Hendrix and told me that he had been a guitar player himself before he had a stroke. His request for Jimi Hendrix surprised me. Not only did it emphasise the diversity of tastes within a care home, it drew attention to the fact that the tastes of care home residents are evolving with each generation.

Until recently, many of the arts practices that have taken place in care homes have been designed with the pre-war generation in mind. This is apparent in the popularity of reminiscence projects in recent years which are themed around the war, tea dances and seaside holidays in Britain. Age Exchange Theatre Trust's *Paddling to the Palais* (2013), for example, drew on the experiences of participants holidaying in British seaside towns in the

1930s and 40s. While these experiences can be very meaningful for residents born in the 1920s and 30s, they will mean less to those who were born after the end of the war. The changing tastes of the ageing population have aesthetic implications for arts practices in care homes, as they require artists to engage with the cultural and social reference points that are meaningful to a new generation of older people.

The request for rock music by the younger resident reflected the importance of this genre for people who were young adults in the 1960s. This is something that has been picked up by the gerontologist Stephen Katz, who suggests that rock music continues to be significant to the boomer generation, and particularly men, as they approach old age. '[Rock] Music has become the boomer generation's way of representing itself to itself as a collective, as it has moved through families, jobs, places, illnesses, and losses [...] the generational pressure to keep classic rock timeless is connected to its ubiquity as an audionarrative that reiterates memories, relationships, and belongings as life-long experiences' (2014, 1). The resident's love of Jimi Hendrix made me consider the social and aesthetic qualities of rock music and how it might be used to create new social experiences with the care home. At the time of writing this chapter I am planning a rock night at Springbank to engage the residents who grew up on rock music. Many of these residents are men whom I have previously found difficult to engage in arts activities. In addition to extending my understanding of the social potential of taste in a care home, I hope that the event will also draw attention to the potential of rock music as a means of aestheticising the experiences of a new generation of older people.

Chapter Six: Taking Care: a methodology for creative collaboration

It is a typically drizzly morning in south Manchester and I am spending the day with theatre artists Lowri Evans and Sara Cocker from *Storybox*. *Storybox* is an improvisational storytelling programme for older people, with a particular focus on those living with dementia. We have arrived at a large, private care facility near the border of the Peak District. The site is a sprawling complex of old buildings, each of which are named, unironically, after British Royal residences (Balmoral, Sandringham, Craigowan, Windsor). This morning's workshop is taking place at Balmoral – a building which mainly accommodates residents with dementia.

In the previous session the residents shared memories about going to Belle Vue – a fairground and zoo that was a popular attraction in Manchester in the 1940s and 50s. Their recollections have inspired the theme for today's workshop and we have come in a car that is crammed full to the roof with fairground paraphernalia, including cock-a-hoop rings, coconuts, sparkly hats, balloons, and 'goldfish' prizes (carrot sticks in bags of water). Today's workshop is taking place on Remembrance Day and the staff aren't sure how many residents will want to take part. We enter a long conservatory surrounded by a well-kept lawn. At one end there is a lounge area with three or four armchairs arranged around a television. At the other end residents sit in chairs around the edge of the space, a little distance away from each other. I wonder how Lowri and Sara will address the group as a whole, as everyone is so spread out. There are no care staff to be seen and it would be difficult to move the residents without their help as most of them are seated in heavy-backed armchairs. A breakfast television programme blares into the room and some residents are watching it attentively. One woman is reading a TV magazine. She looks up and nods at us when we enter the room,

and then goes back to her magazine. A couple of residents are sleeping. I make eye contact with a man at the far end of the room who grins at me and gives me a little wave.

Lowri and Sara start to unpack, placing props and pieces of costume around the room and greeting people warmly as they go. Some of the residents watch them with faint interest and comment on the props. Others ignore them and focus on the TV. I am half-expecting a member of staff to arrive and formally introduce us but no one comes. When everything is unpacked and they have greeted each resident individually, Lowri suggests turning the TV off. The woman with the magazine looks up and responds with a firm 'no thank you'. Another resident shouts out suddenly from the other side of the room: 'Where has that bitch gone? She's gone and left me here'. As Sara crosses the room to speak to her Lowri turns to me and whispers, 'I think today might be difficult. I think we're going to have to go with it.' Unsure of how to proceed, we sit down rather awkwardly and start to watch TV with the residents.

A little before 11am, a member of staff arrives and fiddles with a wreath of paper poppies, trying to hang it up in the window. After a while she gives up and props it against the wall. She walks over to the TV and switches the channel over to BBC coverage of Remembrance Day. On seeing her, the woman who shouted begins to call out again. The carer pats her hand and says a couple of reassuring words before leaving the room. The woman now focuses her attention on Sara and tells her that they have taken her away from her family. Sara perches on the arm of her armchair and takes her hand. At 11am the TV

prompts us all into a two-minute silence. All eyes are glued to the screen and the room is suddenly very still. Towards the end of the silence the television camera accidentally catches some MPs in suits talking through it. A couple of the residents chuckle and the mood lifts a little. When it has finished, Lowri takes the opportunity to turn the volume down on the TV and asks if anyone would like some music. After what feels like a very long pause, the man who waved at me gestures towards her blue cowboy boots and says 'these boots were made for walking'. Lowri says she has 'just the song' and Sara searches for it on her iPod. As Nancy Sinatra's voice drifts into the space, some of the residents begin to nod their heads to the beat. The woman with the TV magazine looks up with recognition. Lowri leads them into a warm-up exercise, inviting them to do a series of stretches, stomps and hand gestures in time to the music. As she moves, Sara goes around each resident individually, offering them her hands and helping them to raise their arms higher in the air. The song ends and another one starts. This time Lowri goes around the room inviting each resident to pick a movement for the rest of the group to copy. The activity coordinator decides that this is a good time to water all of the plants in the conservatory and zig-zags across the space with a jug, spilling water and talking loudly as she goes.

Finding the sense of a beginning

In *The Philosophy of Improvisation*, Gary Peters addresses the difficulty that improvisers can face in finding 'the sense of a beginning' (2009, 1). This difficulty, he suggests, stems from the fact that a decisive beginning may only be established after a 'multitude of false starts, erasures and abortive attempts to get things going' (1). Finding the sense of a beginning involves understanding how it is 'entangled' with these previous attempts to get started, as

well as finding a way of engaging with the moment. Peters' suggestion may be applicable to most instances of improvising or devising performance but it is especially relevant to the process of getting started in a care home. Knowing how and when to start a workshop can involve a lot of uncertainty, as artists must be responsive to what is happening in the space at the time. In this instance, the fact that the workshop was taking place on Remembrance Day meant that it started with the artists sitting down and watching TV with the residents. So at what point did the creative 'work' begin? When the TV got turned down? When the resident commented on Lowri's boots? When we watched Remembrance Day coverage together? Or earlier still, before we entered the room? In addition to the planning and preparation that took place days or even weeks before the workshop began, the difficulty of pinpointing the start of the creative work seemed in part due to the fact that there were different types of creative activity taking place in the room.

On first appearance, it may seem that a care home is inherently lacking in creative activity. The image of older people sitting in armchairs facing the television is a dominant stereotype, associated with a lack of occupation or the ability of residents to engage in more 'meaningful' activities. Writing in *The Times*, the journalist Valentine Low evokes the apparent passivity that is often associated with this stereotype: 'The image that springs to mind is of a large communal room with chairs arranged around the perimeter, television blaring in a corner while the residents sit with blank, lifeless expressions' (2013).

However, if I reflect on what the residents were doing when we arrived at Meadow View, it seemed that there was a lot of creative activity taking place. This was apparent in the way

that they attended to their individual routines within the communal environment of the lounge. For the woman with the TV magazine, reading was a strategy that enabled her to participate selectively in group activities. I noticed that she chose to stay in the lounge for the duration of the *Storybox* workshop and participated in some of the exercises. However, the magazine gave her an excuse to sit out the activities that she did not want to do and participate on her own terms.

This chapter explores the relationship between an artist's creative practice and the creativity of care home residents. Rather than thinking of arts practices in care homes in terms of their transformative potential, it considers collaboration as two types of creative practice meeting in the middle. By looking beyond the daytime routines of residents as a way of passing the time, artists may begin to understand the creative ways in which residents negotiate everyday life in a care home. I am interested in the inherent creativity of these routines and how they might create new possibilities for artistic collaboration in care settings. This task involves, I suggest, embracing the fuzziness that exists around 'getting started' and recognising that the creative practice of artists is entangled with the creative practice of everyday life in a care home. In approaching this task, I am mindful that this type of collaboration will never be evenly balanced. Residents often have little choice about whether to attend a workshop, particularly when it is taking place in a communal space. However, my aim is to challenge a perception of participatory arts where residents need to be 'rescued' from the monotony of the care home and to offer an approach that acknowledges the creativity inherent in their everyday lives.

The first part of the chapter considers how care home residents are creative on a daily basis and explores some of the ways that creativity occurs as part of everyday life in a care home. I focus my attention on sleeping and watching television, as these are activities that take place frequently in care homes and are widely associated with passivity. I suggest that these activities may be seen as creative acts when considered in terms of Tim Ingold and Elizabeth Hallam's concept of 'cultural improvisation' (2008).

The second half of the chapter addresses how artists engage with the everyday creativity of care homes. Inspired by the choreographer Rosemary Lee's work with non-professional dancers, I develop a methodology for collaboration that is based on notions of care and attention. Using examples from her production *Common Dance*, I consider how concepts of care are integral to the creative process, as well as supporting artists and residents to work reciprocally. I take up Martin Welton's interpretation of care as a 'mode of attention' (2010, 48) in order to consider how artists and residents might attend to each other creatively in a workshop.

Creativity in everyday life

The forward movement of keeping going [...] can involve a good measure of creative improvisation, not unlike that required of pedestrians on a busy street [...] one's own movement is attuned on the one hand to that of companions who one wishes to keep abreast or in file, and on the other, to strangers coming from different directions with whom one does not wish to collude' (Hallam and Ingold, 2008, 7).

In *Creativity and Cultural Improvisation* the anthropologists Elizabeth Hallam and Tim Ingold argue that improvisation is part of everyday life, an integral aspect of how people negotiate social situations in a world which is 'continually in the making' (2). People must improvise due to the fact that 'there is no script for social and cultural life', which means they must 'work it out as they go along' (1). They go on to outline the relational nature of cultural improvisation, suggesting that it involves 'mutually constitutive relationships' through which humans 'continually participate in each other's coming-into-being' (6). Rather than being an artistic skill learnt through years of training, cultural improvisation is woven into the mundane practices of everyday life and traced through everyday encounters between people.

The concept of cultural improvisation is instructive in understanding how residents negotiate or 'attune' to different social situations in a care home. This task can be especially challenging for residents as they are frequently required to acclimatise to 'strangers coming from different directions'. In a care home, these strangers might include a flow of care staff, residents, health workers, family members, artists and activity workers that frequent the care home on a regular basis. For people with dementia, the task of 'keeping going' can be especially difficult, as the social encounter they find themselves in may be unfamiliar. As a regular visitor to a care home, I have noticed that residents with dementia will often adopt the type of conversational patterns that are associated with receiving visitors in the home as a strategy for approaching these encounters. I have often had residents initiate a conversation with me by commenting on the weather, or asking if I have had far to travel this morning. One resident said 'it's nice to see you again', even though it was the first time

that we had met. Her awareness that I was a visitor whom she might have met before and forgotten, and her ability to improvise around this, indicated a particular type of creativity akin to Hallam and Ingold's concept of improvisation. Another example of this type of improvisation was the way that some of the residents told stories from their long-term past as a means of stimulating conversation. In the *Storybox* workshop, a man I sat next to asked me if I liked horses. When I said yes, he proceeded to tell me that he had trained horses throughout his life, starting when he was 15 years old. It struck me that his question was a way into starting a conversation about a topic that he knew he could be conversant about, one that didn't rely on his short-term memory. The resourcefulness with which people with dementia improvise in social situations is one example of everyday creativity in a care home. This type of creativity is also visible within the more mundane practices of everyday life in care settings.

Television and homemaking

Television is widely considered, and with reasonable justification, to be a negative aspect of care home life. Low's description of residents sitting in rows facing the television is certainly consistent with my first experience of a care home, and the challenges that I encountered communicating over the noise. There have also been several studies which consider the negative impact that television can have on those living with dementia. These include Kate de Medeiros *et al* 2009, who consider the 'behavioural effects' of television, and J.S. Shin *et al* 2013, who assess the impact that excessive television-watching may have on those living with frontotemporal dementia. However, my experience of watching television with the residents at Meadow View has prompted me to think about the activity in a different way.

As my fieldwork at Springbank indicated, television can offer residents an element of choice in an environment where there is little choice available. When I switched off the TV in order to play film footage during the music sessions, Rose would frequently protest. This was not the passive, sedentary behaviour that is often associated with watching television in care homes. Similarly, the residents at Meadow View were not watching the Remembrance Day coverage passively. They were actively focused on the ceremony. For many of them the coverage may have stimulated a connection to a significant event in their past as well as connections to friends, family members, and places outside the care home. For those with dementia, making sense of this coverage may have involved connecting up different places, times and events – both recent and in the distant past. The routine act of watching television in a care home may be an important way that people with dementia contextualise their world in an environment that is unfamiliar. To my knowledge there has been no research exploring the potential of television in supporting people with dementia to make connections with other places, people or events in their lives. My observations of the residents watching Remembrance Day coverage suggests that this is worthy of further investigation.

Another interpretation is that watching television is an important aspect of home-making in a care home, as it is a continuation of a domestic routine that residents may have enjoyed before they moved there. Sarah Pink and Kerstin Mackley support this idea in their ethnographical study of night-time domestic routines in the UK. In their article *Moving, Making and Atmosphere*, they describe how ‘everyday atmospheres of home are made, maintained and improvised through habitual routines of movement’ (2014, 1). Describing

how their participants subconsciously turned lights on and off during their night-time routines, they suggest that certain domestic routines are carried out in order to create a 'sensory aesthetic of home' (2). Rather than seeing these routines as mundane or unremarkable, they argue that they represent 'skilled ways of knowing and improvisory tendencies in the everyday tasks of home' (6).

Although the type of domestic activity taking place in their study is different, their analysis raises questions as to whether television-watching can be understood as a creative act and an improvised form of home-making in a care home. In the same way that their participants subconsciously altered the lighting in their home environment, it could be argued that the practice of watching television, or being present when the television is on, is a way that care home residents recreate a sensory aesthetic of home. In addition to continuing with a domestic routine, the television may offer a familiar soundscape for residents which is associated with home. For Amir at Springbank, the routine of watching *Columbo* in the lounge at the same time every day certainly seemed to be associated with relaxation, as he would do so at a time when he knew he would be undisturbed by other residents. The punctuality of this routine, combined with the sensory experience of watching and listening to his favourite programme, may have been a strategy that enabled him to recreate a sense of home in a communal area. Furthermore, it may have helped to create a sense of purpose in his day.

Sleeping and social retreat

Sleeping is an activity which takes place frequently in communal care spaces as well as in bedrooms. It is an activity that can occur on and off throughout the day, often in the presence of other people and at the same time as other activities. Sleep is a particularly important part of the daily routine of people who are living with dementia. The Alzheimer's Society suggests that people who are living with the late stages of dementia typically spend 40 percent of their time in bed at night awake and a significant part of their daytime sleeping (alz.org). The prevalence of sleeping in communal spaces raises questions about its significance as a part of everyday life in a care home. Rather than dismissing it as a sedentary activity, or an activity to pass the time, exploring how residents negotiate sleep within different social and spatial contexts may reveal its potential as a creative act.

The human geographers Peter Krafl and John Horton believe there is a need to pay attention to sleep as a critical aspect of human geography. They describe sleep as a 'fundamentally spatial and spatially-produced phenomenon' (2009, 510), and consider it as an '(in)active agent in the construction of multifarious spaces and spatialities' (520). Their attention to space prompts consideration of how sleep may be employed by residents to negotiate personal space within a care home. Krafl and Horton argue that sleep plays a fundamental role in 'producing and delimiting the everyday time-space rhythms and rituals of most human beings' (512), suggesting that sleep may be a way of structuring the day and creating personal boundaries within communal spaces. Considered in this way, sleep may be understood as a strategy which is used by residents to avoid certain social situations or activities. An example that springs to mind is a carol concert that I attended at Springbank

shortly before Christmas. All residents were actively encouraged to attend the concert and although some residents seemed to enjoy it, many of them dozed through it. I couldn't help but wonder if their sleeping was, in part, a form of protest at being made to attend the concert. My experience was echoed by Murray Forman who, in researching musical performances in care homes, observed that 'residents at each facility were wheeled into the performance rooms [...] whether they cared for the music or not' (2012, 251). He noticed that the residents who were 'prone to sleep' through the musical performances were spoken about 'slightly disparagingly' by staff, while those who 'tapped their fingers or toes to the rhythm, sang along or even danced' were 'subtly praised' (252). Forman's observations on sleeping during scheduled activities draw attention to the possibilities of sleep as a form of resistance to the regulatory practices of care settings.

In considering the creative potential of sleep in care homes, I have been inspired by some anthropological research on daytime napping in Japanese culture. In a study of Japanese politicians who sleep through parliament, the anthropologist Bridgette Steger uses the term '*inemuri*', a word which literally translates as 'to be asleep while present' (2003, 181), to describe how politicians will frequently sleep 'on the job'. Rather than being seen as form of laziness, *inemuri* is considered to be an indication of hard work as employees are working too hard to get enough sleep at home. *Inemuri* is considered to be a legitimate form of 'social retreat' in Japanese culture which enables a person to rest while continuing to be socially present (sleepers will typically remain in an upright position in order to show that they are still socially engaged in some way).

I have been in several workshops in care homes where participants have fallen asleep for some or all of the workshop. In many circumstances this would be seen a failure on the part of the artist to engage their participants. However, Steger's observations remind us of how sleep may be a strategic tool in a care home, enabling residents to engage selectively with activities. Though her study offers a very culturally specific way of thinking about sleep as a creative activity, the concept of *inemuri* is instructive to my research as it suggests that residents can still be asleep and 'socially present' in a workshop, even if they are not participating in the activities.

Applying creative readings to the everyday routines of care home residents broadens my understanding of what they can contribute to the artistic process. However, the task of identifying and engaging with these everyday activities can be challenging for artists. How do artists engage creatively with these activities without imposing their own forms of creative practice? In the next part of the chapter I attempt to identify the processes involved in engaging with the everyday creativity of care homes, and offer a methodology for collaboration.

The creativity of care

My methodology starts with the idea of care as a creative practice. It suggests that the concept of care, when studied under the lens of performance studies, may help artists to engage with the everyday creativity of a care home. The phrase 'taking care' has several connotations: of looking after a person, of being cautious, of keeping oneself safe, and of

approaching a task or activity in an attentive way. Martin Welton has used this latter definition of care to consider the way in which performers attend to different tasks and activities in rehearsal and performance. In an article that precedes *Feeling Theatre*, he forges a direct connection between care and attention in the work of the choreographer Rosemary Lee. Drawing on Lee's production *Common Dance*, he suggests that that the care in which a performer engages with a particular task, or with another performer, may be interpreted as a 'mode of attention' (2010, 48). Welton's interpretation of care as a mode of attention in performance is central to my approach. It reminds me that the process of engaging with everyday spaces requires a type of attention to what is happening in the room. By conceptualising care as an attentive act, rather than a generic quality that artists need when working in care homes, I hope to demonstrate how artists attend creatively to the practices of everyday life in a care home. Furthermore, the concept of care as a mode of attention raises questions as to how residents and artists attend to each other in different ways.

Common Dance was a large-scale, intergenerational production that featured as part of the Dance Umbrella International Festival in 2009. The piece featured an ensemble of mostly non-professional dancers of different ages, and a children's choir, in a performance that Welton described as 'a diverse group of people paying attention to each other' (2010, 47). The production was subsequently the subject of a symposium, *On Taking Care*, where performance scholars and practitioners interviewed Lee about the themes and processes attached to the piece. What interests me about *Common Dance*, and Lee's reflections on it, are the connections that she makes between care and artistic creation. For Lee, the concept of 'taking care' described the relationship between members of the company as well as the

motifs of the performance. Care was a recurring image in the production and the repeated sequences of performers lifting, guiding and gently supporting each other gave the production a caring aesthetic. Lee explains that these tactile explorations were also an integral aspect of how the ensemble learned to work together as a company. In film footage of the first rehearsal, the performers are encouraged to get to know each other through a series of gentle physical encounters, such as leading each other by the hand to explore different parts of the room. She explains: ‘the relationship between caring for someone feels quite similar to me in terms of when you’re caring to bring forth a piece [...] I was really interested in that place, that moment [...] the whole thing of being present’ (Arts Admin, 2012).

This occupation with care as both a process and an image in *Common Dance* feels like an appropriate place to start when considering how artists and participants collaborate in care homes. How might practices of care in large-scale ensemble performances inform creative collaborations of a more intimate scale in care homes? If I reflect on the *Storybox* workshop, I can recall different types of care-taking: from the way that Sara comforted the resident who was distressed by holding her hand, to the way in which the residents attended to creative tasks in the workshop. Whether this care was about meeting an emotional need or approaching an activity in a particular way, the quality of attention was the same. This is an observation shared by both Lee and Welton in their analysis of *Common Dance*.

At the beginning of *Common Dance*, the performers are curled up on the floor of the space with their eyes closed. The audience walk through and around the motionless bodies to take their seats. They must take care with their steps, watching out for fingers, hair and other body parts that they might tread or trip up on. After they have taken their seats, some of the younger performers begin to wake up, stretching and slowly uncurling. They crawl purposefully and silently to the older members of the company and gently place their heads on their bodies, listening carefully, perhaps for a heartbeat or a breath. Slowly, they begin to coax them out of their sleep, using their heads and noses to nuzzle their limbs into wakefulness. The task, which takes a good few minutes, is undertaken with great care and attention. The image of heads cocked closely on the body recurs throughout the performance, and creates the feeling that the performers are listening attentively to each other's bodies.

Attention is the focus of Welton's analysis of *Common Dance* and one which he connects directly to the practice of 'taking care'. For him, taking care was visible in the ways that the performers attended to each other's bodies in this opening sequence, but also in the relationship they had with the work itself. He describes a moment in the performance where 'in laying hands on one another, moving and being moved by one another lifting each other with great care, paying attention was both the mode and matter of their performance' (2010, 47). Considering the particular connection between care and attention, he describes it as a process of listening:

Listening conceived as mode of touch might offer a means of describing the experience of performance in terms of 'paying attention' – a mode of attention in which one is reciprocally giving as well as receiving [...]

The show made space for listening as a treatment in the sense of both a handling of and a quality of care (47).

I have suggested that working creatively with care homes requires a particular type of engagement, a sort of attunement to what is taking place in the space at that particular time. Welton's concept of listening points to some of the different ways that artists may tune into a care space. One of the ways that this might happen is by joining in with the activities of the space, as Lowri and Sara did when they watched the Remembrance Day ceremony together. Another example is the way that artists attend to the contributions of the residents. When the resident commented on Lowri's boots, she attended to his suggestion by playing the song *These Boots Are Made for Walkin'*. This process of 'saying yes' to whatever is offered is a fundamental aspect of the *Storybox* approach, and is a good example of how artists pay creative attention to what the residents offer. However, Welton's concept of listening as a mode of attention, and listening to bodies in particular, is significant to how artists pay attention somatically in a care home. This has particular resonance for working with residents who are non-verbal and may contribute in different ways. In this context, paying attention might mean paying attention to a particular movement or sound that a resident does habitually and incorporating it into the work.

The improvisational storytelling programme, *Timeslips*, created by Anne Davis-Basting, offers a good example of this sort of practice. Basting created *Timeslips* after working with people at the later stages of dementia. She was interested in developing a form of storytelling which captured 'the complexity of their worlds and our relationship to them [...]

complete with missing words, repeated sounds and hazy memories' (2001, 79). Rather than encouraging participants to recall stories from the past, the purpose was to create new stories from imagination through a process of collaborative storytelling. In a *Timeslips* workshop every verbal contribution that is offered is incorporated into the story. Reflecting on the first *Timeslips* project, Basting explains that, 'all answers were folded into the story. One storyteller, whose language was limited to sounds, offered "Bababababa." It became part of nearly every story we told' (2001, 6). Her example demonstrated that the process of 'paying attention' or 'listening' to the contributions of people with dementia involves accepting them in the form they are expressed. I would like to expand this idea by considering the different types of creative contribution that people with dementia make in an arts workshop, and how artists attend to them creatively. For people with dementia who are non-verbal, creative contributions may be physical, such as a facial expression, a gesture, or a form of physical contact with the facilitator or another participant. As such, the process of engagement needs to be understood not just through listening but also through tactility. In understanding what the rehearsal space offered to the performer, Welton described the affordances that an actress receives from the sensation of her foot on the stage as a 'condition of feeling' (106). I propose that this condition of feeling also goes some way toward understanding the non-verbal contributions that are made by people with dementia, and the tactile exchanges that take place during these moments.

Tactile Engagements

In the second chapter of this thesis I discussed the type of exchanges that might take place as part of a relational framework for dementia care. The concept of 'feeling theatre' was

introduced in order to understand the sensory and emotional qualities that both parties should experience in a caregiving relationship. The emphasis on the feeling qualities of relational care is instructive in considering how artist and participants engage with each other through sensory and tactile experiences.

The physical interactions that took place between the performers of *Common Dance* demonstrated how they alternately engaged and found themselves engaged through touch. This process was visible in the opening sequence of the performance when the younger members of the company engaged the older members by nuzzling them with their heads. Lee explains that this 'somatic approach' was integral to the devising process, as sequences of dance were developed from tasks, which connected the performers through hand to body contact.

Lee's discussion of the 'somatic approach' is similar to what Welton describes as 'motility' in *Feeling Theatre*. Welton uses the word 'motility' to describe 'the condition and feeling of being in motion' (107) as opposed to mobility, the ability to be able to move. Rather than focusing on the range or the types of movement that a performer is doing, Lee describes the somatic approach as 'the experience of movement [...] how they feel it with whatever senses they have' (Arts Admin, 2012). This type of feeling engagement, whether it is between performers or with a space itself, is useful in considering the reciprocity of the creative relationship in a care home. Specifically, it prompts consideration of how people with dementia might engage artists creatively through touch.

Two years ago I participated in an interdisciplinary arts project run by Age Exchange Theatre Trust. The project was led by music and a dance practitioner and involved older people from the local area, some who were living with dementia, and their family carers. The weekly sessions combined movement, sound and reminiscence with the aim of devising a group piece of work that would be performed in the final week. After attending for a few weeks I noticed that Pat, a woman with dementia, would always offer to warm up the hands of the person next to her by rubbing them between her own. When the artists realised this they decided to incorporate the gesture into the group physical warm-up each week so that everyone got their hands rubbed. Rubbing hands was Pat's way of making visitors feel welcome as they entered the space, engaging them through touch and through the temperature of her hands. In turn, the artists' decision to replicate her gesture in the group warm-up was a way of acknowledging Pat's contribution in a creative way.

Lee talks about this reciprocity of tactile encounters in her own work. Asked about the tactile relationship she has to the performers she works with, she explains that touch is a way of engaging them both. '[I think it's] something about wanting to make people feel at home and reassured [...] a hand on a knee or a shoulder [...] [but it also] helps me feel connected, not separate' (Arts Admin, 2012). Her belief that she needs to feel physically connected to her participants in order to be engaged is important to my research too as it reiterates the need for artists to experience a feeling of care in order to do the work. Care of the artist is something I will discuss in more detail shortly in relation to emotional labour. However, it is worth mentioning at this point that a creative collaboration in a care home involves understanding the different ways in which residents can care for artists. These types

of tactile encounters demonstrate the vital role that residents play in helping artists to feel cared for, as well as the unique contributions that people with dementia make to a creative partnership.

Finding a 'home' for collaboration

In considering the particular contexts that enable these creative collaborations to take place, I was struck by Lee's description of the rehearsal space as a 'home' for the participants. In the first rehearsal, Lee refers to Greenwich Borough Hall (the site of the rehearsals and the final performance) as a 'collective home' and says: 'we're going to make it our own and it's going to welcome us' (Arts Admin, 2012). A large part of this rehearsal is dedicated to exploring the building in close detail with the participants moving around in pairs, silently drawing attention to mundane details, from holes in the floor to the hinges on the piano lid. Additionally, there is much discussion about the site of the hall: its position next to the river and its navy-style architecture with portals of light streaming into the space. As well as familiarising themselves with the intricacies of the space, the process of making it their 'collective home' involved engaging with its naval history and geographical proximity to the river. When questioned about her use of the word 'home' to describe the rehearsal space, Lee explained why creating a sense of home was so important to the devising process. 'Being at home is such an important notion to me because the body has to be at home in order to explore and challenge itself' (2012).

Lee's assertion that the performers had to 'feel at home' in order to do the work is relevant to how artists and residents find a collective sense of home in their work. A care home is a place which may never feel like home to residents, whatever the activity taking place there. As artists are coming in to work in the residents' home, there is a sensitivity required in how they negotiate the space. Additionally, the extent to which an artist feels at home in a care home is largely influenced by how they are welcomed by the staff and residents. Lee's discussion of a collaborative home for *Common Dance* raises questions about how artists and residents find a context for collaboration to occur.

The cultural geographers David Crouch and David Matless offer some useful thoughts on this process in their investigation of the work of environmental arts company Common Ground. Founded in 1983, Common Ground aim to 'explore the relationship between nature and culture through music, sculpture, poetry, film, markets, photography, architecture, gardening, publishing and pamphleteering' (commonground.org.uk). Through these collaborative activities, the company aim to 'conserve, enrich and improve the quality of everyday places'. Crouch and Matless' investigation focuses on a particular project, *Parish Maps*, which was designed to increase the participants' awareness of the 'aesthetic in the everyday' (1996, 239). Participants were invited to make maps which charted 'the familiar things which they value in their own surroundings', expressing 'their affection for the everyday and the commonplace' (236). Common Ground described *Parish Maps* as a search for a 'local distinctiveness of your own place' and 'a glimpse behind the vibrant life of the obvious' (commonground.org.uk).

The aspirations behind *Parish Maps* are useful in considering how artists cultivate an aesthetic appreciation for everyday or commonplace activities in care homes. This involves, I suggest, discovering what 'local distinctiveness' means to each of the residents and understanding how it is preserved through their individual routines. For the woman reading the TV magazine at Meadow View, this activity may have offered her 'direct contact with a sense of home' (1996, 239) by enabling her to continue with an activity that she had enjoyed before she moved to the care home. In addition to identifying what these routines are, establishing a common ground may involve creating an environment where they are allowed to continue alongside the activities of the workshop.

Creating a methodology that is based on reciprocity rather than transformation requires me to rethink the notion of engagement in participatory theatre. Traditionally, the word 'engagement' has been associated with the involvement of the participants. Philip Taylor wrote in 2003 that 'applied theatre engages participants in an important conversation about issues directly experienced in their community' (2003, xxix). Arts Council England described their Young People's Participatory Theatre (YPPT) project as a 'unique project that engaged with more than 13,500 young people' (Arts Council, 2009). These examples point to the way that engagement is often conceived of in a unidirectional way. When considered more closely, the term 'engagement' can be understood as relational in character in that it can refer to both the act of engaging someone and the act of being engaged. The word also connotes varying degrees of involvement, from getting someone's attention to securing their active involvement in a task or activity. The relationship between an audience member's engagement and the engagement of the performer in the task they are doing is a

process that performance writer Matilda Leyser describes as a 'becoming engaged in their doing' (Arts Admin, 2012). Her interpretation is helpful in considering the processes by which artists identify and work with the everyday creativity of care home residents. In addition to their attempts to engage residents in the creative activities they have prepared, they must also be attuned to the creative activity that is already present in the room. The geographers Ben Anderson and Paul Harrison describe attunement as a process of 'inhabiting':

We come to know and enact a world from inhabiting it, from becoming attuned to its differences and juxtapositions, from a training of our senses, dispositions and expectations and from being able to initiate, imitate and elaborate skilled lines of action' (2010, 9).

Their definition is instructive in understanding the sensory intuition and embodied attention that is necessary for artists to engage with the creative activity of a care home. In *Storybox*, the start of the workshop was affected by Remembrance Day and the fact that the residents were watching the ceremony on television. Instead of attempting to introduce the activities they had prepared around this, Lowri and Sara understood the importance of watching the ceremony together. By tuning into the coverage, they were also tuning into the everyday activities of the space. The moment suggested that paying attention in a creative sense also involves a process of attuning to the spatial and temporal rhythms of a care community.

Paying Attention

Lee and Welton's analysis of *Common Dance* introduced me to the creative possibilities of care in performance. They demonstrated that care can be a mode of attention, both between performers and in the relationship they have to the performance itself. What they

did not consider, however, is how the individual performers of *Common Dance* paid attention in different ways. This is an important consideration when putting my methodology into practice. At Meadow View some of the participants were deaf, some had dementia and others had physical impairments that affected how they attended to the workshop activities. In order to establish the feasibility of this approach in a care home, it is necessary to consider how residents tune in to workshops in different ways. Paying attention to these individual needs may not always be as straightforward as acknowledging what someone has said. It might involve physical modes of attention, such as hand-to-body contact or paying attention to sound and breath, rather than to words. Exploring how artists and residents pay attention to each other in different ways may offer a more nuanced understanding of creative collaboration in a dementia care context.

The task of tuning in to these individual modes of attention while still attending to the group as a whole can be challenging, as artists must find a way of balancing the individual needs of the participants with the needs of the group. The way that the *Storybox* workshop was co-facilitated by Lowri and Sara offered some insight into how this might be approached. Throughout the workshop, a relay-type relationship was used in which they swapped between group and one-to-one work. When Lowri led the group in a physical warm-up, Sara worked individually with the participants, moving around the circle and adapting the exercises where necessary to suit their needs (figure 5). Sometimes this meant doing something quite different to what the rest of the circle were doing. For example, one man associated the music that was playing with his ballroom-dancing days and preferred to talk to Sara about this rather than copying the movements. In the next exercise they would

swap over so that Sara led the group and Lowri worked one-on-one (figure 6). This technique enabled them to attend to the individual needs of the participants while still maintaining a forward momentum to the session. It also enabled them to get to know the residents and find out information that might inform a future activity. Through working one-on-one with the man who had gone ballroom dancing, Sara found out about the sort of music he liked to dance to and was able to source some of the pieces for the following week.

Sometimes, the way in which Lowri and Sara attended to an individual need was demonstrated by a physical type of attention. When the resident was visibly distressed and confused at the beginning of the workshop, Sara responded by sitting very close beside her and holding her hand. After a few minutes, this woman did not want to let go of her hand so Sara led exercises while perched on the arm of her chair for the rest of the session. Her attention to this resident's needs was represented through continuous physical contact – a gesture which felt similar to what Welton refers to as 'marrying listening with touch' (2010, 50). In addition to 'listening' to her anxiety by holding her hand, Sara's physical connection to her while she was facilitating was a way of continuing to include her in the creative process. This moment affirmed Lee's suggestion that the process of care-taking in a 'looking after' sense is closely related to the care-taking that occurs as part of a creative process.



Figure 5: Sara Cocker and *Storybox* participants.
(Photography by Roshana Rubin-Mayhew)



Figure 6: Lowri Evans and *Storybox* participants.
(Photography by Roshana Rubin-Mayhew)

Listening through feeling

Hands are a bit like an ear. They can listen through feeling. It's where hearing and touch often go together (Lee, Arts Admin, 2012).

In considering the concept of engagement in terms of a tactile experience between performers, I am interested in how people with dementia engage others in a workshop. I suggest that certain types of tactile engagement can draw attention to the embodied creativity of people with dementia, as well as supporting them as leaders of artistic activities.

During the physical warm-up at Meadow View I found myself paired with a man who had dementia. As music piped out from a tinny speaker, we silently touched hands at the fingertips. At first our fingers moved tentatively from side to side using a very small range of movement. The man was sunk back in his wheelchair and though his fingertips were engaged with mine, the rest of his body was slackened and heavy against the chair. Unsure of his physical abilities and not wanting to cause any discomfort or injury, I was cautious not to coax his arms too high or too far out to the side. We carried on in this way for a while, moving our arms gently back and forward in a horizontal motion, until, after a while, we made eye contact and held each other's gaze. After this, we became more confident. Our palms slid together and started to move in slow circles. With each circle we went a little higher, stretching our arms further in the air. The sequence of movements prompted him to straighten his back, which in turn moved his head and shoulders into an upright position. Our movements became faster and I realised that he was guiding me through the

movements, applying gentle pressure to my palms and encouraging me to stretch my arms further.

When asked about the prevalence of hand-to-body contact in *Common Dance*, Lee talks about the 'intelligence of the hands' and 'how quickly you can affect change through the use of touch' (Lee, 2012). She talks about the capacity of the hands to provoke movement or action in other areas of the body, claiming 'there is something in the doing they enable'. Her focus on the intelligence of the hands in a dance context resonated with my own experience of hand-to-hand contact with this resident. The tactile encounter between our fingertips opened up our awareness of the possibilities of movement in our arms, as well stimulating movement in other areas of our bodies, such as our spines, our shoulders and our heads. There was something about the way that we communicated through our hands and the fingertips which felt more attuned than the verbal communication we had attempted earlier in the session. The experience demonstrated the type of creative engagements that people with dementia can instigate through physical contact as well as the potential of tactile engagements in supporting people with dementia as leaders of creative activities. By considering hands as an intelligent tool rather than just a tactile part of the body, I am able to think about how people with dementia engage artists with their own forms of embodied creativity, as well as how the content of the workshop may be directed by the participants themselves.

Combining individual and group facilitation is one strategy that artists may use to acknowledge the individual contributions of care home residents. However, there is a

question as to how these contributions are taken forward or incorporated into the artistic process. The ability to take forward an individual contribution and incorporate it into the creative journey requires artists to be skilled improvisers, adapting and responding to whatever material they are given.

Saying 'yes'

Lowri and Sara told me that one of the most important aspects of the *Storybox* process is to 'say yes' to everything that is offered by the residents, in the same way that an improviser would say yes by accepting the previous line that is offered to them by another actor.

People with dementia often improvise as part of their everyday lives, and the basic practice of 'saying yes' in dramatic improvisations is a strategy that can support their participation in an arts project without fear of failure. In the workshop at Meadow View, the process of 'saying yes' to the residents took different forms, from using an idea in a group exercise, to copying a particular gesture or sound, or joining in with a song that a resident was singing.

'Saying yes' often led to rich creative discoveries. When one resident said that he remembered riding the ghost train at Belle Vue, Lowri and Sara encouraged the group to create a soundscape made up of things you would find on a ghost train. The exercise demonstrated that 'saying yes' is not just about acknowledging the contribution of the resident in the way that it is given. It is finding a creative way to take it forward. This is not to say that every contribution must be developed into something more substantial.

Sometimes a resident reciting a song would end in a round of applause and the workshop moved on to something else. However, taking up these contributions was one way in which Lowri and Sara supported their participants to decide the content of the workshops. In the

Storybox evaluation, they describe this process as ‘levelling the playing field [...] so that the participants can shape the direction’ (Harris, 2013, 35).

In exploring how artists find imaginative ways of taking up the suggestions of the participants, it is important to consider the type of labour involved in this type of work. The process of saying yes to everything can be exhausting for the artist as it is a mode of attention which requires them to be continually responsive to what is happening in the moment. As Sara reflected: you have to be ‘constantly thinking on your feet, improvising, going with what the group give you’ (Cocker, 2014). Lowri and Sara run the *Storybox* workshops in character but slip in and out as needed. For example, they might communicate to the group in character but as themselves when working with an individual resident who is confused or distressed. This duality gives them a flexibility as artists but it also has physical and emotional consequences for them as people. How artists find strategies for looking after themselves when working in care homes is a question that is rarely considered, and it is important if I am to conceive of care as a reciprocal process.

In her book *The Managed Heart*, the sociologist Arlie Russell Hochschild introduces the concept of emotional labour to describe the process by which workers are expected to manage their feelings in accordance with organisationally-defined rules and guidelines. She uses the example of flight attendants who are trained to continually smile in order to convey the ‘right’ feeling for the job, and subsequently, to induce the ‘right’ feeling in their passengers. This process, she suggests, involves individual acts of ‘emotion work’ and social ‘feeling rules’ (ix-x) which:

[...] require one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others [...] This kind of labor calls for a coordination of mind and feeling, and it sometimes draws on a sense of self that we honor as deep and integral to our individuality (2012, 7).

Hochschild is writing about emotion work in a very different context. By evoking her concept of emotional labour, I do not mean to suggest that artists working in care homes are required to induce or suppress certain feelings in order to convey the 'right' feeling to residents. However, her concept of 'social feeling rules' (ix) and the coordination of mind and feeling is instructive in understanding the sort of intuition that artists must draw on when leading a workshop in a care home. Hochschild associates emotional labour directly with the senses:

I define feeling, like emotion, as a sense, like the sense of hearing or sight. In a general way, we experience it when bodily sensations are joined with what we see or imagine. Like the sense of hearing, emotion communicates information (17).

Her interpretation speaks to the emotional sensitivity and intuition that is required of artists as they decide how to proceed in a workshop. For example, at the beginning of the *Storybox* workshop, Sara and Lowri sensed that the appropriate thing to do in that moment was to join in with the activities that were happening in the room, rather than introduce their own. The decision of when to turn the TV down and put the music on also required them to work from intuition, since there was no formal beginning to the session. Hochschild's question of 'how does a person act on feeling?' (x) highlights the role of emotional intelligence and instinct in knowing how to proceed in this situation, particularly when attempting to find 'the sense of a beginning'.

These ideas on emotional labour have been advanced by the theatre scholar Erin Hurley in her book *Theatre & Feeling*, where she addresses the range of emotional experiences that are engendered by theatre. Considering the efforts of the actor, she suggests that the combination of physical and emotional work that is involved in performing convincingly amounts to a type of 'feeling labour' (2010, 38). Rather than seeing the emotional and physical effort as distinct types of labour, she describes this process as 'embodied emotional work' (64). This description is pertinent to the type of labour that is involved when doing performance work in care homes. In particular, it speaks to the pressure that artists face from continually improvising and attuning to the activities of the room while still maintaining a forward direction to the workshop.

The notion of emotional labour has also been considered by Caoimhe McAvinchey in her study of arts practices in care homes. She describes the type of labour involved when artists work in care homes as a type of 'unusual labour' which requires 'a commitment of the artist to reveal something of herself' (367), as well as negotiating a series of complex relationships with funders, care providers, residents and partner organisations. Reflecting on the work of Marysia Lachowicz, a visual artist who works in care homes, she describes a conversation in which Lachowicz revealed how much of herself she 'gave' in her practice:

You have to give quite a lot of yourself to get other people talking [...]. I build a rapport by sharing my life with people so they feel comfortable to share with me. I've brought in my photos, ones that I've taken, so it works as a two-way thing and they feel like they are getting to know me at the same time (367).

This account is consistent with conversations that I had with the *Storybox* artists. Lowri told me that this process of continual improvisation could be extremely tiring, as in order to do this successfully she felt as if she were ‘constantly performing’ (2014). The notion of emotional embodied work is a useful way of conceiving of the intuition that is required in this situation, and the emotional and physical consequences of this effort.

In Chapter two I used Kitwood’s concept of giving and facilitation to suggest that reciprocity was a fundamental part of relationship-centred care. I suggested that the creative context of an arts workshop can increase the opportunities that people with dementia have to give in both a creative and caregiving capacity. Hochschild describes the way that people exchange gestures and feelings with each other as a ‘gift exchange’ in which ‘each offers up feeling as a momentary contribution to the common good’ (18). This analogy is appropriate in understanding how people with dementia care for artists in an environment where they are ‘constantly performing’. In understanding the reciprocity that is involved in this type of care work, I am struck by a particular exercise that was led by the residents in the *Storybox* workshop. Each participant was offered a balloon and invited to use it as a crystal ball which let them see into the future. As mystical music played, Lowri asked if anyone wanted to tell her fortune. I was surprised to see how receptive the participants were to this request. One of the residents said she was going to meet a tall handsome man. Another said that she would have seven beautiful children. Someone else piped up that she was going to live ‘til she was 100’. There was something poignant about a group of women nearing the end of their lives predicting happy futures for the young women who were leading the workshop. After they had told Lowri’s fortune, the residents

went on to tell each other's, predicting each other good health and long and happy lives. The exercise validated the status of people with dementia as skilled improvisers who can lead facilitators in creative scenarios. Furthermore, it reflected their role as caregivers who were demonstrating a sort of 'fellow feeling' with the efforts of the artists. The residents in role as fortune-tellers demonstrated the reciprocity of care-taking that takes place between artists and residents in a workshop. It emphasises the need for artists to experience care in a workshop, and the role of residents as carers in an environment where they are primarily seen as recipients of care. Moreover, the fortune-teller exercise demonstrated that the creative context of an arts workshop can increase the opportunities for reciprocal acts of caregiving between artists and residents.

Finding a common ground

This chapter concludes by considering how artists and residents create a context for collaboration to take place through the process of preparing for a performance. In the same way that Lee wanted to establish a 'home' for Common Dance in Greenwich Borough Hall, the process of preparing for a performance in a care home involves creating a particular setting for the work to take place. Like Lee, my understanding of how artists and residents find a context for collaboration to take place means considering how they negotiate the physical territory of the workshop space together. In *Common Dance*, getting to know the space and experiencing it as 'home' was a fundamental aspect of how the company learnt to work with each other. Greenwich Borough Hall was in a sense a neutral space, as it was a space that none of the performers or the creative team had worked in before. Finding a common ground in a care home is very different in that it requires artists to be aware that

they are working in the participants' home, and for the residents to accept them into it. In considering how artists and residents engage creatively with the workshop space, it is important to think about the position of artists as outsiders to the care home. I suggest that the process of finding a common ground begins with the way that residents receive them into the home.

It is often the case that residents with dementia are not expecting artists when they arrive at the care home, and do not necessarily understand why they are there. However, I am struck by the frequency with which people with dementia welcome artists into the care home and accept the activities of the workshop, even if they do not fully understand what is happening. In an Age Exchange workshop that I attended in 2013, the artist was leading a group storytelling exercise which involved the residents becoming characters in the story. As she handed out props and pieces of costume, the woman seated next to me turned to me and said 'I have no idea what she's doing but I'll go with it'. This seemed to indicate that she acknowledged the effort of the artist and was prepared to take it on good faith, even if she did not quite understand the premise of the workshop.

On the day of the performance at Springbank, some of the participants did not remember or understand that we would be performing to the rest of the care home. In preparation for this I had put together a running order and scheduled time for a run-through in the space. I had hoped that this would familiarise the residents with the process and help them to get a feel for what we would be doing. However, as I started to move tables to make space for the performance area there was a sense of confusion. One woman

became unsettled by the noise of the tables scraping against the floor. Some residents seemed perplexed that I was moving them to the other side of the room and positioning their wheelchairs in different spaces around the performance space. As I addressed the group and talked them through what we were about to do, I looked out into a room of blank expressions. I realised that rather than preparing them for the performance, trying to run the session like a dress rehearsal was only creating confusion.

Unsure how to proceed, I suggested taking a break and started to decorate the room for the performance. I invited the residents to help me and put a box of decorations on each of the tables. The presence of these decorations seemed to trigger a feeling that we were preparing for a special event, and the residents took to the task of preparing the space with a quiet industriousness. Some people placed tealights in glass holders which were then placed carefully in a row across the metal kitchen counter. Others arranged daffodils that one of the residents had picked from the garden on each of the tables (figure 7). Jean wiped down the tables with a damp cloth and Maria arranged biscuits neatly on plates. Someone found a box of Chinese paper lanterns in a drawer and Elena instructed us on where to hang them. By the time the performance was due to start we had not had time to do a run-through, but the participants seemed much more comfortable and aware that it was a special occasion. Setting up the space together had created a context for the performance in the way that a rehearsal could not have done.



Figure 7: Daffodils on the table at Springbank

In many ways, this process of preparing the space together seemed concurrent with the everyday aesthetic that is discussed in Common Ground's *Parish Maps*. The row of candles reflected on the shiny metal of the kitchen counter drew attention to its potential as a beautiful object rather than one that was associated with routine mealtimes and institution-style kitchens (figure 8). Similarly, the rearrangement of the heavy dining tables into cabaret-style seating, each with their own candles and flowers, showed how intimate spaces could be created in an open-plan room. The process of preparing for a performance demonstrated that creative collaboration in care homes involves attending carefully and collectively to the space itself, as well as attending to each other. Understanding what the space offered was an important aspect of creative collaboration because it acknowledged the wider social and environmental conditions that shape everyday life in a care home, and how they can affect the participation of people with dementia. Rather than transforming or

taking over the space, this subtle process of bringing out the everyday aesthetic properties of the room was a way in which we established a common ground for the work to take place.



Figure 8: Candles on the kitchen counter at Springbank.

Chapter Seven: Research implications and future practice

This thesis has investigated the cultural role of artists and arts researchers in dementia care settings. In this final chapter, I shall consider the wider implications of my research. As I outlined in the introductory chapter, researching the role of the arts in care homes involves engaging with diverse perspectives and questions about the value of the work, and this thesis has been shaped by several disciplines including theatre and performance studies, health, gerontology, and social care. As I progressed with the research and got to know the care home I was working in, two ideas recurred and moved in circulation: the idea of dementia care as a relational practice, and an approach to arts practices in care homes which draws on the social, environmental and cultural conditions of a care community. Creativity and care are woven together in this thesis, and are central to understanding the implications of the work. In this final chapter I shall look forward, and consider how concepts of care might influence future creative practice, and how creativity can inform caregiving.

This chapter addresses three areas. The first section explores the implications of my research for future arts practice in care homes. It suggests that engaging with the sensory properties of a care home can encourage artists to think about the impact of their work more subtly, in terms of traces and affect. It also considers the importance of developing a relationship with a care home over a long time period, and suggests some ways in which artists might move towards slower modes of collaboration. The second section considers the potential for implementing my research in the care home. I explore the legacy of arts practices in care settings and what gets left behind after an arts project has finished.

Particular attention is given to care staff and how artists may support them to integrate creativity into the routine practices of caregiving. I also consider the challenges of creating a legacy after the work has finished, and the importance of engaging care home managers in this task. The final part of this chapter focuses on how collaborating with people who have dementia can inform performance practice outside of care homes. Drawing on the work of performance-makers who have recently created performance work about dementia, I consider how working in care homes can inspire innovative approaches to performance-making on the main stage.

Creative practice in care homes

When I started this PhD in 2012, 'arts in dementia care' was emerging as a field of participatory arts practice in the UK. Over the past three years, the scale and variety of arts practices that take place in care homes has increased significantly. Arts practices in dementia care are no longer just perceived to be therapeutic interventions or activities that help older people to pass the time in a care home. Artists, researchers and residents are increasingly exploring the aesthetic possibilities of the work.

The 'Arts and Older People in Care' grant, launched by Arts Council England and the Baring Foundation in 2012, is indicative of this shift away from the arts as a health intervention towards creative practice which demonstrates artistic quality and innovation. The criteria that was stipulated for this grant emphasised 'providing access to high-quality arts experiences', 'establish[ing] a series of sustainable, exemplar programmes of arts and

engagement activity', 'stretch[ing] aspiration', and 'showcas[ing] artistic excellence in residential care settings' (2013, 4). This commitment to artistic excellence points to the shifting priorities of arts funders in supporting high-quality arts practices in care settings, as well as the intention to raise the bar on the range of artistic experiences available to residents. The emphasis on sustainability also points to a burgeoning shift towards models of practice which are developed and maintained between artists and care homes over a longer time period. Some of the projects that were funded by this scheme are being rolled out over a three-year period, which will provide arts and health researchers with new knowledge about the value of longer-term partnerships in care homes.⁴ Working with Springbank over a year-long period indicated that developing relationships with care homes over a longer time frame can also lead to more equal collaborations, as it enables artists to design creative projects around the individual circumstances of a care home. Of course, long-term partnerships are not always possible and in the current funding climate, artists may only have the opportunity to embark on short-term projects in care settings. In understanding the implications of this research for future creative practices in care homes, it is therefore important to consider how artists foster a culture of collaboration in the time they have available.

The creative work that I developed in this study attempted to challenge some of the orthodoxies of arts practices in dementia care by engaging directly with that which is perceived to be uninspiring and uncreative. Focusing on the creative possibilities of the care environment, I advocated a new approach to arts practices in care homes which attends to

⁴ These include Arts for Health Cornwall, who are currently delivering a three-year programme called *Home Service*, which creates partnerships between arts organisations and residential care providers in Cornwall, Devon and Somerset.

the social and cultural conditions of a care community. Working with the sensory and environmental qualities of a care space – rather than competing with them – is not without its challenges. Throughout my time at Springbank I was fortunate to have the ongoing support of the activity coordinator, who enabled me to work in different spaces around the care home, and to experiment with sound and space in a way that was inevitably disruptive to the home. This freedom to explore the sensory qualities of the care home may not have been possible in other dementia care settings, particularly in NHS care homes, which are usually bound by tighter regulations. In considering the implications of my work for future creative practice in care homes, I am mindful of how these restrictions can limit the ability of the artist to engage directly with the space they are working in. However, there are certain principles which are useful for artists to consider when exploring the everyday creativity of a care space, regardless of the setting they are working in. Working in an uninspiring space can encourage artists to be resourceful, paying close attention to what is unique about it and tuning into its sensory and atmospheric properties. This process involves understanding how the atmosphere of a particular care space can be an affective tool which influences the mood, content and direction of a workshop.

Understanding atmosphere and affect

Creating a sound installation in the dining room at Springbank revealed the significance of atmosphere as something that is unique to an individual care space, but which can also be cultivated and altered by artists and residents in a participatory arts context. As I suggested in Chapter two, the atmosphere of these sound workshops was a collective product of the creative process and the care home environment. The period that I spent volunteering at

Springbank before the project started revealed that the dining room had a number of sensory qualities which contributed to its institutional atmosphere. The smell of food, the noise of the television and the strip lighting overhead gave the impression of an institutional space. However, my creative practice indicated that engaging directly with these sensory features can change the atmosphere of a care home, and reveal the sensory qualities of a care space as creative tools. Sound is a particularly effective medium in this task because it can create and change atmosphere very quickly, and alter the sensory experience of a particular space without making permanent changes to the room. Working with sound as our primary medium required us to engage directly with the aural properties of the dining room through active listening and collective interpretation. The artistic possibilities of these sounds were then exploited by recording, layering, editing, and manipulation. These were techniques which drew directly on sounds that were unique to the care home but which were also reworked so that they were experienced in a new way.

The sound project also demonstrated how changes in atmosphere can be achieved by introducing sounds from outside the care home. The introduction of sounds from outdoor environments has an affective purpose at Springbank, as they evoked spaces which were connected to other places and times in the lives of the residents. There is further scope to explore how sounds from outside the care home can be utilised to generate new atmospheres by being played in everyday contexts. Going forward, I am interested in exploring the possibilities of sound in different spaces around the care home, and how this could be used in everyday situations such as mealtimes and social occasions. In future practice, I would like to design a sound piece for the reception area of a care home which

can be enjoyed by the residents who sit there. The idea of creating work that can be played over a longer time period also addresses the challenge of creating a legacy after an arts project has finished – an issue that is considered later in this chapter.

Engaging with the sensory properties of the dining room led to some understanding of the affective nature of sound in a care home and how this can be harnessed in a creative context. However, the sound piece that we produced at Springbank was based on a short, six-week project which took place in one space. There is potential to explore the audio experiences of a care home in more depth, in different spaces, and on different scales. More research and practice needs to be done in order to understand the creative possibilities of sound in a care home, and the role of the artist in exploring the atmospheric qualities of a care space.

Understanding the affective nature of creative practice in care homes also involves appreciating how atmospheres are cultivated collaboratively, through the process of embarking on creative activities together. As I described in Chapter four, preparing for a performance at Springbank involved making subtle changes to the space through decoration and altering the spatial layout of the room. This process drew attention to how the changes that occur through creative practice can be registered in small ways. At Springbank, these changes included the flowers that remained in the room for a few days after the performance, the envelope of magazine cuttings that Jean took away for her scrapbook, and the colourful tablecloth that was bunched up by Rose, unseen by most, and quietly slipped into her handbag. Identifying the traces that are left behind after an arts project encourages

artists to think differently about the legacy of their work, and to celebrate the temporary shifts and subtle affects that are left behind and continue to circulate after they are gone.

Creativity in private spaces

Working at Springbank over a year-long period taught me about the creativity that is central to everyday life in a care home as residents negotiate daily routines, unfamiliar spaces, social encounters and a reduction in personal and private space. It raised questions about the nature of creativity in a care setting and, specifically, the different types of creativity that coexist and overlap when artists and residents work together. This is significant in understanding how artists may approach future practice in care homes. Understanding the routines of care home residents, which may feel regimented and uninspiring, as creative acts, widens the possibilities of what may be considered as 'creative practice' in a care setting. It provides a context for collaboration in which artist-led activities and residents' routines may take place simultaneously and overlap. This is not to say that this process is always easy. Watching the *Storybox* artists Lowri and Sara feel their way through the beginning of their workshop demonstrated that this type of collaboration can be an uncertain and precarious process. However, the concept of everyday creativity encourages artists to embrace the messiness and unpredictability of working in care settings as a fundamental part of the artistic process, foregrounding the role of intuition and feeling in identifying the way to proceed. It also suggests that taking delight in the mundane, the routine and the everyday can expand the creative possibilities of the work.

More research is needed in order to understand how artists engage with these daily routines and to find ways of supporting them as creative endeavours. For residents who are particularly frail or in poor health, daily routines may take place predominantly in their bedrooms. In these situations, tapping into the everyday creativity of their routines requires artists to move outside communal settings, working in more private spaces and on a one-to-one basis. As Caoimhe McAvinchey observes in her study of arts practices with older people in private and domestic spaces, 'to truly extend participation and inclusion, arts organisations must develop strategies that allow them not to just bring participants to the work, but to bring the work to the participants in their homes and private rooms in residential care' (2013, 364). Her research suggests that engaging with the everyday creativity of care home residents is affected by issues of access and inclusion, and that working with residents in private spaces may require a different type of attention, care and creative response than when working in communal areas.

My research taught me about the importance of developing a relationship with a care home gradually, in order to create an arts project that is responsive to the care environment. In the following section, I consider the wider significance of slower models of practice for collaborations between artists and people with dementia, and how an appreciation of different temporalities can enhance this creative partnership.

Embracing slowness: 'the social aesthetics of pace'

Slow living involves the conscious negotiation of the differential temporalities which make up our everyday lives, deriving from a commitment to occupy time more attentively. Implicit in the practices of slow living is a particular conception of time, in which 'having time' for something means investing it with significance through attention and deliberation. To live slowly in this sense, then, means engaging in mindful rather than mindless practices which make us consider the pleasure or at least the purpose of each task to which we give our time (Parkins, 2004, 364).

In her article *Out of Time: Fast Subjects and Slow Culture*, the cultural theorist Wendy Parkins writes about the value and practice of 'slow living' in a late capitalist society, a process which she describes as paying mindful attention to everyday tasks. As the quotation suggests, slow living involves understanding the *differential* temporalities that make up everyday life and the reflection that is needed in order to live slowly. Parkins' work is instructive in understanding the value of slowness when doing arts practices in care homes and the way that artists attend to the differential temporalities of everyday life in a dementia care setting. The concept of slow living speaks both to the longer time frame that is needed for arts projects in care homes to take place, and to the quality of collaboration between an artist and an older person. Residents who are physically immobile or who are living with dementia may experience a different concept of time and speed to each other and to the artists who are working with them. Adopting the principles of slow living can encourage artists to embrace slowness in care settings, valuing the time that it takes for residents to arrive at and contribute to a workshop, and being mindful in how they engage with their contributions.

In her prologue to *Social Works*, Shannon Jackson cites the disability and performance scholar Petra Kuppers in order to consider the value of slowness as a 'new possibility for being in space' (2009, 5). In *Disability and Contemporary Performance*, Kuppers analyses a passage written by Walter Benjamin which describes 'turtle-walking', a practice which was fashionable in early avant-garde arts practices, inspired by the idle walking practices of flâneurs in the 1840s. Kuppers considers the resonances of a turtle's pace slowing down its walker in light of what disability can offer to contemporary performance practice:

Similar to the slow walk of the turtle walker disrupting the flow of the city, creating a different rhythm, the performances I investigate [...] question ways of doing, ways of knowing as time slows or space expands [...] The turtle traverses an environment not built for short, stubby legs, its agency is in question, and yet it converses with the alien environment with every step it takes – no other option is open to it. In uneasy alignment, dialogues of being in space develop. Within the larger game plan of city life, turtle walking in the city is a minor, tactical insert into the systematic whole (2004, 2).

When I first read this description it reminded me of Elena at Springbank making a slow and determined beeline over to the sofa she wanted to sit on in the dining room. Slow journeys such as these expose the production of spaces that take certain embodiments, such as mobility and speed, for granted. They also indicate the possibilities of care home residents in resisting the late-capitalist desire for speed and efficiency. The idea that a turtle's pace can open up new dialogues of 'being in space' raises questions as to what the pace of older people can offer to artists in rethinking pace in their creative practice. According to Jackson, Kuppers' application of the 'social aesthetics of pace' in performance 'requires a change of internal odometer', a reconfiguration of pace which has the potential to 'engage our perception of wider social scales' and create a new 'dialogue of being in space' (5). By changing their internal odometer to fall in sync with the residents they are working with,

artists may begin to embrace slowness as a quality or skill for working in care homes. In practice, this may include embracing the time it takes for those with limited mobility to arrive at a workshop, and accepting that people might arrive gradually over the course of a session. It may require artists to take longer over a particular exercise or activity, embracing slow and broken speech, and allowing more time for people to speak, move or respond in a workshop. It may involve accepting the repeated words and phrases of people with dementia, however many times they are spoken. In the example of *Storybox*, slowness also speaks to the time it takes for the workshop to start in negotiation with other activities in the care home. Jackson describes this as 're-calibrating [...] objectives and the time it will take to reach them' (5). Doing so, she suggests, may enable performance-makers to register 'new possibilities for 'being in space' that had always been there' (5). Her research suggests that artists and residents have the potential to creatively address the balance between slowness and quickness in a society which does not value those who move slowly.

In considering the social aesthetics of pace in a care home, it is also important to consider how time is experienced by residents in an environment where days may feel long and unstructured, or lacking in purpose. The cultural theorist Sarah Sharma suggests that understanding the value of slowness involves recognising 'how social experiences of time are multiple and uneven' (2014, 111). For someone living with dementia, their experience of time may be very different to that of someone who hasn't experienced the disease. Similarly, for a resident who feels lonely and lacking in occupation, time may take on a different dimension to an artist who visits a care home on a weekly basis. Sharma argues that slowness can be a strategy which enables people to maintain a distance from the

temporal: 'Slowness appears to be about getting away, about maintaining distance from the temporal and the complex multiplicity of time' (111). This suggests to me that embracing slowness in a care home not only involves acknowledging the time it takes for people to do things: it also involves understanding how the passage of time may be experienced differentially by people in care homes, particularly if they are approaching the end of their lives or experiencing memory loss.

Finally, the concept of slow living also speaks to the burgeoning relationship that can develop between an artist and a care home, and the time that is needed in order for this to flourish. My PhD gave me a rare opportunity to work with a care home over a year-long period, getting to know staff and residents and allowing the practice to develop gradually around the needs of the home. Valuing slowness as a way of working requires a funding culture which recognises the importance of long-term collaborations. This is particularly challenging in the current financial climate where there is a lack of sustainable funding for arts programmes in care homes. Artists and arts organisations relying on one-off project grants are often limited in the timescale of their delivery. However, this issue is beginning to be recognised by arts funders who see the importance of long-term partnerships between artists and care settings. Arts Council England, for example, stipulates that arts projects in residential care should be delivered over the course of three years in order to strengthen partnerships between care homes and arts organisations (2013, 5). My research has demonstrated that this approach is important for a number of reasons. Long-term projects allow residents, staff and artists to get to know each other gradually, and also allow the creative work to be inspired by, and develop in response to, the care community. It

increases the opportunity for creative techniques to be passed on to care staff, and for aspects of the creative work to be integrated into the daily routines of the care home after the project has finished.

Implications for care homes

In consumer societies in which business models dominate systems of value [...] care of the oldest old is often undervalued and this leads to a lack of self-worth and self-confidence among even the most empathetic carers [...] Artists [...] have the opportunity to encourage a shift in culture in which the creativity of everyone involved [...] and multiple perspectives are valued (Nicholson, 2011, 60).

In this section, I consider how my research might change practice in care homes, with a focus on bringing creativity into the daily practices of caregiving. The difficulty of leaving a creative legacy after an arts project has finished is well documented by artists and creative organisations that have evaluated their work in care homes. The *Storybox* team, for example, identified that staff training was a ‘necessary element that needed to be included’ (57) in future projects, in order to maximise the chances of their approach being taken up and embedded into routine care practices. Understanding how care homes can build on and continue the work of artists after a project has finished is a complex area to consider, and it is not my intention to answer this question in the final chapter of my thesis. Rather, I hope to lay the ground for future research by posing questions about the legacy of arts practices in care homes, and making some suggestions which are based on my own observations. In doing so, I will respond to Nicholson’s suggestion that artists have the opportunity to encourage a change in culture in which the expertise and creativity of carers is valued and

built upon. Building on my relational approach to dementia care, I will consider how artists might work with care staff in order to integrate creativity into their working lives, and how they promote the expertise, experience and perspectives of carers in this process. This task, I suggest, requires an understanding of how different forms of expertise are combined when artists and care staff work together. I start however, by considering what gets left behind after an arts project has finished.

Finishing an arts project in a care home and saying goodbye can be a delicate process to negotiate, as social bonds have often been created between artists and residents. The fact that these personal connections may now be lost can have an emotional effect on residents, particularly if they are experiencing loneliness and isolation. At Springbank, the challenge of finishing the project was made more difficult by the fact that I had been working with them for almost a year. Many of the participants had become used to the routine of us being there on a Tuesday afternoon and valued the opportunity to socialise with residents who attended the project from other sites. In the final session, some of the participants asked when I was coming back, and some did not seem to understand that the project was ending. Finishing a project inevitably involves compromise, and there is no easy way for artists to alleviate the emotional consequences that this can have for residents. However, there are some strategies that they can use in order to ensure that the project ends on a positive note.

One of the ways that I have seen artists attempt to address this difficulty is by making the final session into a celebration of the work. When I worked as an evaluator for Age

Exchange Theatre Trust, I participated in a project that took place in an NHS care home in south London. This project was part of their *Hearts and Minds* programme – a creative arts and reminiscence programme for residential care settings. The practitioners who ran this project had decided to end with a party on the ward. This created an atmosphere of celebration while also providing a ritual in which to mark the end to the project. I observed in my notes that:

In addition to the party atmosphere that was cultivated by the music and dancing, the decorations and tables of food changed the space and seemed to create a sense of occasion. Residents seemed to know immediately that they had come to a party. The ritual [...] also seemed to be a very appropriate way to mark the end of the project (2014, 119).

The practitioners also made colourful scrapbooks for the care home to keep, which had photos of the residents participating over the 10 weeks. This was something that residents and care staff could look at together after the project had finished. Similarly, the music and film archive that I created for the music project at Springbank was something which could continue to be used by residents and care staff after the project had finished. For example, it could be used on a one-to-one basis, or during social occasions such as parties. There was also evidence that some of the residents' ideas for redecoration of the reception area had been taken up by the care home: the next time I visited, large fabric purple cushions had been added to the sofas. This addition felt significant as it demonstrated that arts practices in care homes have the potential to affect longer-term aesthetic changes on an everyday level.

Residents with dementia may not remember having taken part in an arts project, which means the legacy of the work needs to be considered more broadly. Furthermore, understanding the legacy of an arts project in a care home may involve identifying subtle shifts and traces which have occurred at a micro- rather than a macro-level. At Springbank, I have been thinking about the legacy of the work that we did in terms of the traces that were left behind. Considering the legacy of the work in this way can help artists to move towards a more nuanced understanding of the effect their work can have on a care home. In her book *Performance Remains*, the theatre historian Rebecca Schneider uses the term 'performative trace' (2011, 102) to describe what remains after a performance, and to challenge the archival desire to interpret performance remains as material documents. Drawing on the work of performance scholar Jose Estaban Munoz, she challenges the idea that ephemerality in performance is synonymous with disappearance, arguing that performance ephemera do not disappear but are 'distinctly material' in the 'traces, glimmers, residues and specks' (96) that remain after it has finished. In the context of the care home, the performative traces that remain might be, for example, objects that are left behind after a project has finished.

When I visited Springbank for a follow-up interview three weeks after the final session, the board of photographs that we had displayed on the wall of the dining room for the performance was still there. It is possible that a trace of the design consultation remains in the envelope of magazine cuttings that Jean took for her scrapbook. The *Hearts and Minds* evaluation report (2014) also suggests that traces of a creative project can be visible in the language that is used by the care home after the project has finished. One of the evaluators

observed that in one NHS care setting, the staff of the dementia care ward now referred to the individual facilities as 'homes' rather than 'units' (74). This indicated that arts practices can encourage small but significant cultural shifts within a care setting, and that the effects of an arts project may be visible in the care staff's perception of their working environment. It also suggested that the traces that remain after an arts project may be tangible in other forms. Schneider argues that 'performance plays the sedimented acts and spectral meanings that haunt material in constant collective interaction, in constellation, in transmutation' (102). This notion of transmutation is significant in understanding the broader affects that an arts project may have on a care home, and how these affects might be visible in new forms.

Recognising differential knowledge

Artists not only bring their understanding of performance as a social and cultural practice to health care settings, their presence also draws attention to forms of knowledge that are not captured by performance management' (Nicholson, 2011, 35).

For many artists working in care homes, engaging care staff with creative activities during a project is perceived to be a challenge. This difficulty is often attributed to the attitude of management, and a culture of task-orientated working conditions. In the *Storybox* evaluation, Bethan Harris observed that in medical and residential settings, 'the artists described that it felt harder to stand up for the value of participation, creativity and culture, or indeed anything that was not deemed a 'necessity', because there is already so much to do' (58). Participation in creative activities or special events may feel like extra work to care staff, particularly if it takes place outside their contracted hours. When I volunteered at a

cocktail party at Springbank, I recall meeting a member of staff called Chloe who told me that she had worked a 14-hour shift in order to provide enough staff cover for the party to go ahead. I had volunteered to give the residents manicures at this party and I offered to give Chloe a manicure too. She gladly accepted, but later got into trouble with her manager who arrived towards the end of the party and wanted her to do the washing up at the same time that her nails were drying. In addition to highlighting the amount of work that takes place unnoticed in order for creative events to happen, the incident drew attention to the fact that participation in creative activities is often perceived to be a privilege or a luxury which is a lower priority than task-based responsibilities.

The *Storybox* team identified a need for 'a supportive management structure' in care homes in order to 'maximise the knock-on effects on the routine of care and ensure activities are extended beyond the session' (58). Furthermore, the *Heart and Minds* evaluation observed that 'the lack of involvement of many managers of the residential units in the programme has been a serious problem, leading to misunderstandings, poor communication and a lack of awareness of how aspects of the programme might be integrated into the daily life of the residents' (2014, 6). These observations chime with my own experience of leading creative practice at Springbank, where I did not see the manager for the entirety of the year that I worked there. Lack of management support and interest can mean that it is extremely difficult to implement changes at an organisational level, as the people responsible for training staff are not aware of the value of the work and its potential to be integrated into caregiving routines.

In addition to these observations from artists and arts researchers, several care staff that I worked with have spoken of the institutional difficulties that prevent them from participating in an arts workshop. Shift patterns can limit staff continuity across a project, as can high staff turnover and staff being sent to work across different care sites. During *Hearts and Minds*, I interviewed an enthusiastic member of staff who had been able to attend most of the sessions. By the end of the project she was starting to lead some of the creative activities herself. However, she pointed out that the opportunities for her to pass on these skills to colleagues were limited as she did not have management support to train her colleagues, who were not able to attend the project. The evaluation identified a further potential difficulty in that the care workers they interviewed 'reported that they lack the confidence to put their learning into practice' (6). This suggests that care staff need structured and ongoing opportunities to try out creative techniques with the support of artists. Staff who participated in this evaluation requested more time with artists in the lead-up to the project and to collaborate with artists in the planning of sessions, as well as having the opportunity to reflect on sessions afterwards. A collaborative approach, implemented from the outset, could also enable staff to feel that they have more investment, ownership and confidence in delivering creative work.

So how do artists approach the issue of legacy in light of these obstacles? And what might be learnt from a relational approach which takes account of the social, environmental and cultural conditions of a care community? In understanding how artists train carers to use creative techniques in their daily work lives, there is a need to promote the expert knowledge and talents of care staff while simultaneously acknowledging the unique skills

that artists bring to a care home. Recognising the differential knowledge of artists and care staff involves, as Nicholson suggests, valuing the creativity of everyone involved while not promoting a perception that arts practices in care homes are a model or a methodology that can be 'rolled out'. This perception can diminish the purpose of professional arts practices in care homes and put pressure on care staff to perform in a way that goes beyond their training and experience. In understanding the legacy of creative practice for a care home, I am interested in exploring how artists can support forms of knowledge and creativity in care staff that go beyond the performance of primary care tasks. This type of knowledge refers to the cultural and local knowledge of staff, their relationships with residents, and the creativity that they bring to the daily routines of caregiving. In the same way that my practice has focused on the relational components of caregiving, my understanding of how artists work with care staff has a socio-cultural focus.

In the *Hearts and Minds* evaluation, one of the researchers described how the cultural knowledge of care staff was used effectively in arts workshops, particularly when carers were called upon for their expertise:

Where expert knowledge about the residents' illness, condition and behaviour was shared, project workers were able to plan activities with greater understanding of how the work might be experienced and received. Where care staff were willing to participate in one-to-one activities or group work, the dynamic of the relationships between carer and resident changed, allowing the residents increased agency and creativity. Project workers were supported by care staff in practical ways, organising space and assisting with craft materials and creatively by ensuring that residents were able to continue their creative work between sessions. Care staff acted as 'cultural intermediaries' between residents and project workers. For example by explaining specific aspects of a resident's cultural background (life in the Caribbean, for example) or suggesting that a project worker's language skills might assist in communication with a resident with whose mother tongue was not English (2014, 75).

These observations suggest that unearthing and tapping into the existing skills and knowledge of care staff can enrich creative projects and strengthen relationships between artists and residents. It also raises questions about the social and cultural knowledge that carers bring to artistic practice. My fellow PhD researcher Jayne Lloyd, who has included cookery as part of her creative practice in care homes, received advice from the cook at the care home when making ackee and saltfish with a resident. This Caribbean dish was native to the carer and the resident but Jayne had never made it before. She was able to learn from both the cook and the resident when making the recipe for the first time and integrate their knowledge into her creative practice by making a cookbook based on their recipes.

Examples such as this suggest that artists should invest in getting to know care staff as well as residents in the planning stages of a project, in order to understand what skills and experiences they can bring to creative practice. They also point to the potential of embodied domestic activities (such as cooking) as an everyday creative practice that carers and residents can do together. Creating opportunities for residents to complete domestic tasks alongside carers may be one way of creating a valued role for residents in the care community, as well as helping them to achieve a greater sense of home.

Embedded practice

In addition to understanding how staff can lead creative activities with residents in arts projects themselves, I am interested in how artists can support care staff to attend to the caregiving routines – which take up the majority of their time – in a creative way. In the

same way that creative collaboration between artists and people with dementia involves improvisation, caregiving can also be seen as a creative and improvised process, rather than something repetitive and task-based. When considered in terms of my relational approach, this process involves understanding how caregiving relationships are grounded in social interactions with bodies, spaces and objects.

One of the evaluators for *Hearts and Minds* described the process of integrating creativity into caregiving as a type of 'embedded practice' (2014, 78). This phrase is instructive in understanding how creative practice must be integrated broadly across the care home in different spaces, times and activities. In order for something to be 'embedded', it must be woven into the everyday fabric of the care home, across all acts of caregiving. The evaluator explains how embedded practice would work in an ideal situation:

It takes place throughout the day and is not contained to a one hour arts and reminiscence session; It takes place in various locations throughout the care setting – it is not restricted to the activity room; it happens simultaneously or in conjunction with day to day care tasks - getting people up, washing, at meal times or whilst walking down the corridor, for example; it is delivered by someone native to the care setting rather than an outside agent; delivery becomes habitual or 'second nature' (78).

The notion of creative practice that is habitual or second nature and which takes places in conjunction with day-to-day care is, I believe, at the root of understanding how creativity can be integrated into caregiving tasks. There was a moment from the film and music project at Springbank that gave me an insight into how this could work. Though the care staff rarely attended our sessions, there were a couple of occasions when a member of staff

called Gloria was present. During the screenings, she would often take the opportunity to catch up on her paperwork. On first appearance, this seemed to indicate a lack of engagement with the activities of the session. In one session, however, I watched how she sat at a table with two residents with dementia, holding one of their hands and moving it around in time to the music as she worked. There was something very natural and sociable about the way they were sat together and it seemed to be a rare opportunity for them to relax together in a social situation. Furthermore, it showed how Gloria was paying creative attention to what was happening in the room while simultaneously continuing with a caregiving routine.

Another example of embedded practice is evident in the *Storybox* evaluation. The artists noted that the carers were increasingly keen to become involved with creative activities, and that ideas from the project were beginning to be brought into other aspects of caregiving. 'In one care home, a carer explained how she had taken a puppet with a patient to the toilet and demonstrated how the activities could feed into more mundane activities' (56). Another carer remarked on how the physical nature of the workshops provided a creative means to incorporate exercise into the daily routine: 'Getting people moving their wrists and ankles in a creative way. We learnt about wrists and ankles in training and now I can see it being applied in this' – Carer.' (56-7). These examples demonstrated the possibilities of integrating creative practice into the daily routines of caregiving and in particular, the physical and tactile aspects of care which can often be functional and impersonal. There is further scope to explore how creative techniques might be used during caregiving routines such as bathing, toileting and dressing, so that the encounter between

resident and care-giver becomes less functional. As part of the Timeslips project, Anne Davis Basting created a pocket-sized pack for storytelling which could be used in one-to-one situations such as this. Basting observes that incorporating creative activities such as this into physical caregiving has the potential to change the way that carers relate to and perceive people with dementia. 'By creating a valued, social role for people with Alzheimer's (that of storyteller), care giving staff were able to engage with them as functional people rather than simply bodies in need' (2001, 80).

In the last few years, there has been an increase in arts-based training programmes for care workers in the UK. These include Ladder to the Moon, who run workforce training sessions in care homes in order to promote a creative care culture; Arts Care Northern Ireland, who have developed a Health and Social Care Staff Arts Training Programme; and *Storybox*, who ran a series of creative training sessions for care staff in the homes they had been working with. The purpose of these programmes is to provide carers with a toolkit of creative approaches that they can use everyday. The Timeslips approach is a unique example of an arts project that provides a creative toolkit for family carers to use with relatives at home. More research needs to be done in order to understand the possibilities of artists working with carers, and to identify the best strategies for integrating creativity into the daily practices of caregiving.

Implications for performance practice outside care homes

The final part of this chapter addresses the implications of this research for performance practice outside of care settings. Focusing on the work of Melanie Wilson and other performance-makers who have recently created work about dementia, it considers what is unique about working with people with memory loss, and how it can encourage artists to work imaginatively with form, text, narrative and space. It argues that post-dramatic approaches to performance-making can offer a more effective means of representing dementia than plays, which have a conventional dramatic structure. Exploring the work of artists who have worked in unusual spaces and created immersive, sensory performances about dementia, I suggest that celebrating the words and memories of people with dementia in the way that they are expressed can inspire performance-makers to create innovative work that goes beyond narrative-based depictions of the disease.

In recent years, there has been an increase in plays written about dementia in Europe and North America. The theatre scholar Michael Mangan accounts for this increase by the fact that dementia has become more prevalent in the public imagination:

As we become more aware of our ageing population, dementia becomes a subject that demands our attention [...] And over the past few years, theatre has responded' (2013, 144).

Many of these plays have focused on the experiences of dementia carers. These include *Inside Out of Mind* by British playwright Tanya Meyers, which explores life on a dementia ward, and *Visitors* by Barney Norris, which deals with a family's response to caring for someone with dementia. Other writers have focused on representing the disease from the

perspective of the patient. Florian Zeller's *The Father*, which opened at the Tricycle in 2014 and subsequently transferred to the West End, tells the story of a man with dementia who is cared for by his daughter at home. As his memory diminishes over the course of the play, things start to unravel. Susannah Clapp, who reviewed the play for *The Guardian*, observed that 'we see and hear what he sees; sometimes we see and hear it twice. We are never given any certainty or explanation. Confusion, suspicion, dismay, hostility are visited on audience and actor simultaneously' (2015). Clapp's comments point to the potential of theatre in presenting the subjective experience of dementia to a broader audience. By creating a narrative that unfolds from the perspective of the patient, and inviting the audience to see and hear what they do, they have opportunity to bear witness to their experiences, and gain an insight into the effects that the disease can have on everyday life.

In addition to these staged works, there have been several radio dramas in the UK that have attempted to capture the experience of the disease. These include *Ancient Mysteries*, a serialised drama created by Charlie Higson and Paul Whitehouse which was based on the transcribed memories of people with Alzheimer's disease, and BBC Radio 4's soap *The Archers* which featured a long-running story about the character Jack Woolley, who was living with dementia. (The actor Arnold Peters, who played Jack for 31 years in the soap, was diagnosed with Alzheimer's disease shortly after his character was, and the final scenes of Jack's life were recorded at Peters' care home). Mangan argues that radio has frequently 'dealt rather well with the issue of dementia' (144) and accounts for its suitability by suggesting that it 'has always worked outside the box of naturalism, has always had an ear for the absurd and the surreal' (144). He observes that the episodic formant of radio soap

operas such as *The Archers* can allow for dementia to be portrayed more gradually than would be possible in a two-hour play: 'The long-time scale in which the soap opera format structures its narratives allowed for a more subtle development of the portrayal of the condition than is usually possible in theatre' (144). Furthermore, he suggests that radio offers a unique opportunity to represent dementia in that it places the listener directly inside the head of a single character, 'offering the illusion of shared subjectivity' (132).

These audio representations of dementia raise questions about how sound-based performance practice in care homes could inspire performance practice outside care settings. Working with sound in care homes can provide rich creative material for performance works about dementia on a different scale, such as on the main stage or through radio broadcast. For example, the audio recordings that I made with the residents at Springbank have the potential to be broadcast in places outside the care home and feature as part of public performances, in the same way that Aynsley Moorhouse's audio recordings of her father were curated and made accessible on the Internet. In turn, radio can be an accessible medium for people who are living in care homes to access, particularly if they have limited mobility. More research needs to be done in order to explore the implications of sound and radio in depth, both as a form which can capture the experience of dementia, and as a means of making performance practice accessible to an audience living in care homes.

The possibilities of sound in representing dementia are also apparent in Wilson's *Autobiographer*, a play that uses an immersive soundscape in order to submerge the

audience in the mind of the protagonist. I would like to explore *Autobiographer* in some detail, as it is a production which effectively illuminates the possibilities of theatre in representing dementia from the experience of the person who is living with it.

Autobiographer was funded by the Wellcome Trust's 'public engagement in science' programme, and had the intention of increasing public awareness about dementia. Wilson's work involved in-depth research with The Alzheimer's Society, the Croydon Memory Service, and dementia researchers from King's College London. In comparison, the Winchester-based theatre company Platform 4's production, *Memory Point(s)*, involved an extensive period of creative workshops with people who were living with dementia, with the intention of communicating their personal stories to a wider audience. These productions illustrate two different creative responses to dementia. Platform 4 and Melanie Wilson are practitioners who inspire me as an artist, as they demonstrate how a performance-making process can be inclusive to people with dementia, while simultaneously revealing the unique aesthetic contribution that they can make to theatre and performance on the main stage. In the final part of this chapter, I will consider both productions, in order to understand the aesthetic implications that these different processes had on their work.

'A multiplicity of selves': Melanie Wilson's *Autobiographer*

In dealing with a profound human experience such as dementia, there are only really questions, and be we scientist or artist, we are all with our different questions only adding to the sum of knowledge and care about the subject. It has never been my experience that biomedical science and art are oppositional, their root is the same one, that of interest in the human experience. We merely have different values for accessing that experience. Neither needs the other to survive, but each

is revealed and illuminated brilliantly when either happens to turn their lens upon the other (Wilson, 2012).

In this interview with *What's On Stage*, Wilson is reflecting on the process of creating *Autobiographer*, a performance that was commissioned by the Wellcome Trust in 2012. In the play, four actors, a small child and an immersive soundscape feature in what Mangan described as 'a poetic portrait of the life and internal world of a woman [...] who is suffering from dementia' (2013, 145). Wilson's suggestion that arts-based and biomedical responses to dementia are 'illuminated' by each other raises questions about the possibilities of theatre and performance in articulating the experience of dementia, and what performance-makers can learn from people with dementia, in understanding how to access and represent the disease.

Wilson's intention was to create an innovative piece of performance which enabled the audience to experience the disorientating effects of the disease. She wanted the audience to feel that they had, 'for a brief moment, brushed up against a state of being lived out by many thousands of people in this country at this moment, but told in a highly engaging, singular and thought-provoking way' (Bayes, 2012). In *Autobiographer*, the main character Flora has dementia. Her experience of the disease is recreated by an immersive soundscape, a fragmented narrative, and having the character played by several actors simultaneously. The four actors wear the same costume and portray Flora at different ages (figure 9). Lines overlap and repeat as the different Floras talk to each other and the audience about different periods in her life. Through this motif, the production evokes the idea that Flora's identity is constituted by multiple selves, selves which refer to different periods of time and

experiences across her life course. Above the audience hang hundreds of lightbulbs of different sizes and wattages that switch on and off at different speeds throughout the performance. Mangan describes the effect as being 'like the synapses in a brain' (147), highlighting the possibilities of theatrical lighting in representing the neurological processes of the disease. The immersive soundscape, composed by Wilson, uses both music and ambient sound such as weather, echoes, piano phrases and vocal whispers, which are combined and build towards a 'disorientating crescendo' (147) at the climax of the play.



Figure 9: *Autobiographer*, Toynbee Studios, 2011.
(Photography by Monika Chmielarz)

The multiple selves that make up Flora's identity are reflected in the language of the play. At some moments, the text is made up of halting, fragmented sentences and repeated words that represent Flora's confusion:

I want...home

I'd like to go home

At the other end of the

Telescope

Where I'm also waiting to go home (21).

At other points, the language is fluid, lyrical, and heavy with poetic imagery. These sections draw attention to how Flora's sense of self is made up from stories, images and memories from her past:

When the bird found her

She fell to the ground

He opened his beak and she fell

He opened his beak and sent beauty into the air

Sending out into the air a tintinnabulation of such outrageous beauty

That the girl fell to the ground horizontal with fear (33).

This passage reflects the poetic character of Flora's speech in *Autobiographer*. Mangan also picks up on the richness of the narrative in which '[...] the fragmentation of the thoughts of the dementia sufferer becomes a poetic principle in its own right, one which generates its own images and rhythms and thus its own unique meanings' (147). This idea highlights the

possibilities of performance in legitimising the speech patterns and communication of people with dementia in the way that they are expressed, drawing attention to what is unique and beautiful instead of what makes sense as part of a conventional narrative structure. The role of contemporary theatre practice in representing dementia is a question that was posed directly by Wilson, as she reflected on her inspiration for developing the piece. She said that: '*Autobiographer* seeks to challenge and engage with the vivid possibilities of contemporary theatre' (Bayes, 2012). Furthermore, while finding a way of depicting the disorientating effects of dementia, Wilson also felt that she had a responsibility to represent the disease in a way that did not reinforce or contribute to a tragic narrative. 'Dementia is often spoken about in public arenas in very heightened and often hysterical terms. I was keen to create a performance that illuminated the experience of dementia without fictionalizing it' (Bayes, 2012). This concept of illumination feels significant to what theatre artists can offer in presenting something of the experience of dementia to a wider audience, but also in terms of what people with dementia can teach artists about their personal experiences, one illuminating the other. This type of collaboration has the potential to challenge tragic narratives of the disease, celebrating the unique aesthetic contributions that people with dementia can make to a performance-making process.

There is further scope to explore how performance-makers can capture the narratives of people with dementia in a form that is meaningful to their diverse experiences. This includes developing work that is inspired by people who are at the later stages of the disease, such as those who are non-verbal. In practice, this may involve physical work that incorporates

small movements and gestures, as well as engaging with verbal sounds, and objects which are significant to the participants. Moreover, there are opportunities for performance-makers to represent people of different ages, genders, social and cultural backgrounds in their work. This may involve engaging with non-Western forms of performance, as well as incorporating social and cultural reference points that are meaningful to participants. This could include, for example, music that is particular to a specific time or place, or telling stories that evoke different occupations and pastimes.

The aesthetics of remembering and forgetting: Platform 4's *Memory Point(s)*

The aesthetic possibilities of representing dementia through theatre and performance were explored on a very different scale in the work of Platform 4. *Memory Point(s)* was a four-year project. It began with a series of creative workshops and curated events that were designed for people with dementia and their carers. Through these workshops, their stories and memories were incorporated into a multisensory performance piece. The artists found out about the lives of their participants, and explored different ways of recreating their stories with objects, music, costumes, sounds, photographs and storytelling. The project culminated in a promenade performance at The Point in Eastleigh, which subsequently transferred to London's Southbank Centre in 2014. It was described aptly by Lyn Gardner in *The Guardian* at the time as a 'remarkable collage-style promenade piece' (2013), a description which captures the fragmentary nature of the journey that the audience embark upon as they encounter snapshots in the lives of the participants.

Platform 4 set out to explore the aesthetic possibilities of collaborating with people with dementia and their carers and to see 'how they, as artists, could work with the families to make inspiring and genuinely original productions' (2013, 5). They also wanted to capture the experiences of their participants without changing or tidying up the stories or memories that had been shared. Their aspiration echoes Anne Davis Basting's commitment to create a form of performative storytelling that could 'capture the complexity of their worlds and our relationship to them' (79). *Memory Point(s)* is an interesting example of how this type of participatory storytelling can be recreated and communicated on a larger scale to a broader audience. It also, as Gardner observes, 'celebrates rather than despairs' the lives of the participants by presenting their memories in the way that they are expressed.

The first phase of the project involved the artists working with people with dementia and their carers over an 18-month period. Participants joined the project through Southampton and Eastleigh's Connections Club and an Alzheimer's Society service called *Singing for Brain*. The timescale of the work marked a radical difference to the 'arts as intervention' approach which often characterises partnerships between artists and people with dementia. This process enabled the artists to get to know the participants gradually and to collaboratively develop a form for the performance which best captured their experiences. The slow duration of the project was captured in an illustrated book which was published in order to document the four-year process as it unfolded. Each chapter moves with the seasons, detailing what the artists learnt as they went along, including their notes, email conversations, photographs, significant moments of discovery and events, as well as mistakes and wrong turns. This detailed documentation demonstrated the value of allowing

the work to develop over time as the artists got to know the participants and gained their trust. It resonated with my own research and practice, and my discovery that artists who are working in care settings need to move towards slower modes of artistic collaboration with people with dementia. This may involve, as the company acknowledged, working with changes and deterioration in memory over the course of the partnership.

The focus of these workshops was on stimulating the participants' imaginations and memories. The book documents how an early session invited participants to answer the question 'where would you like to go in your dreams?', encouraging them to tell stories about their hopes for the future as well as providing opportunities for them to talk about significant places and events from their past. Personal objects were used as a stimulus for evoking memories and the participants were asked to bring in objects that were meaningful to them. As one of the artists explained: 'I wanted to begin the creative process from the perspective of found objects. What memories did these objects conceal? What stories could they tell?' (50). In the workshops, personal objects were discussed as things that get lost and found, and this led to a creative focus on how objects are both lost and accumulated through life. Some participants with dementia spoke about their experiences of losing household objects or finding them in the wrong place, and this became a theme in the final performance:

Lost objects/the wrong objects being in the wrong place/keys in oven/kettles in handbags/losing and finding things from your life/dropping and picking things up on the way (36).

The process of accumulating, finding and losing objects was also captured physically, with personal objects being found in unexpected places. The company explain that the participants' memories are presented as 'pictures, objects, sequences of film, snatches of sound. But they are, above all, fragments; tenderly evoked, they are also left unexplained' (9). Towards the end of the performance, the audience are invited to examine a series of tiny and carefully curated lockers. Each locker contains miniature sculptures, beautifully lit, which depict a snapshot of a particular memory. To access them, each audience member selects a small key with a number on it and unlocks the locker with the number which corresponds to it (figure 10). This process draws attention to the privileged position we are given as audience members in glimpsing the personal memories of the participants. As Gardner remarked, 'I have never met any of the couples from Southampton and Eastleigh's Connections Club and Singing for Brain groups [...] but I feel that I know them as a result of this show' (2013).



Figure 10: Memory Lockers, *Memory Point(s)*, Southbank Centre, 2014.
(Photography by Tom Houser)

I was a participant of the Southbank performance of *Memory Point(s)* in 2014. Rather than being performed in one of the Southbank's designated performance spaces, the performance took place in the basement of the building, an area that is usually off-limits to the general public. The audience, who are guided around the space by actors as well as audio instructions on headsets, are led around the long, dark corridors and dusty corners, backstage areas, cupboards and cubbyholes of the building, some of which you feel haven't

been visited in many years. Like Wilson, Platform 4 attempted to create something of the experience of living with dementia by de-familiarising their audience and taking them out of their comfort zone. The result is disorientating. As we are guided through dark corridors, our attention is led to particular things by torch light or by an actor's gesture. A ghostly violin player, a day at the seaside, a holiday in the sun. With the immersive soundscape and the continuous twists and turns, I feel a slight motion-sickness, as if I am in the bowels of the ship. The voices of the participants also feature on the audio soundtrack, accompanied by music and sound effects. The company explain their decision to present the participants' memories in the way that they were originally told, including fragments and repetitions: 'No attempt has been made to weld them into a conventional clear narrative, no writer has been hired to draw out the meaning for us' (8). The result of these recorded memories being played through headsets is that the audience feels as if they have been placed temporarily in the mind of the participants, that they are reliving their personal memories as they follow the winding paths of the performance space.

The journey, which lasts about an hour, includes a series of wrong turns and encounters with seemingly unremarkable places in the basement. This 'deliberately disorientating' (84) route invites the audience to engage with that which is remarkable about the mundane and the everyday. Each nook, corner, and corridor is carefully curated to represent a different fragment of memory or time. It reminds me of Bachelard's house of the imagination and his celebration of corners and stairwells. The company describe how the memories of the participants are deliberately represented spatially: 'memories are tucked away in the places that an audience doesn't usually get to see, the sprawling corridors and awkward spaces,

underneath, above and behind that stage. We sometimes feel, as we wander around those dusty, awkward spaces, that we are visiting some kind of museum' (8). They explain that this process was a way of encouraging audiences to engage with their immediate surroundings:

Long intervals of simply wandering about encourage us to reflect on what we are experiencing. The experience may seem like an obscure and shadowy one, until we realise that the curators are shining a light on an experience more fundamental by far: what it might be like to become disorientated, confused and unable to recall [...] It places us in the position of those who are trying to remember (9).

In other words, the journey we are taking is less about the destination and more about standing in the shoes of the participants who have inspired it.

As well as issuing instructions, the headsets play an immersive soundscape which paves our journey around the performance route. Fragments of music, voices and sound fade in and out of my headset. Unsure of which direction to turn, I become reliant on my senses to show me the way. I feel physically lost, out of my comfort zone, but after a while I stop seeking a logical route with which to make sense of my journey. I go with the flow and to start to enjoy each bit of the installation in the moment. Our journey ends on the stage of the theatre and we enter from each side of the wings. Just before, we are invited to put on costumes in the dressing room. The costumes relate, in some way, to the memories that we have been given a glimpse of during our journey. A straw hat that was lost on holiday; a glamorous, sequined dress from an evening out dancing. A stage manager says each of our names over an intercom and announces our five-minute call. We feel awkward and a bit giggly as we look at each other with a sense of expectation and compliment each other on

our costumes. Soon, we are led out from the wings onto the stage to join a group of actors and musicians who are singing, dancing and playing instruments (figure 11). The lights are hot and bright. Tea and cake is served at tables. There is a party atmosphere but I feel quite exposed, dressed up, standing centre stage and posing for a photograph with my fellow audience members. My awkwardness increases when I am encouraged to dance to the music with another audience member. There is something a bit odd about being paraded to an empty auditorium. I feel uncomfortable and I realise that this is because I don't know what is coming next. As I look out onto the empty seats in the theatre I am blinded by the lights. I have a thought that the sensation I am experiencing might be similar to what someone with dementia might feel when attending a party at a care home. They may know it is a party because of the atmosphere in the room, in the same way that the residents at Springbank felt a sense of occasion when we decorated the space for the performance. However, they may not necessarily understand where they are or why they are there. I also feel a sense of responsibility in bearing a fragment of someone else's memory. There was nothing passive about my journey through the participants' stories, and I leave the performance feeling as if I had witnessed something quite fragile and personal. The production highlighted the responsibility that artists have when presenting the memories of others, while simultaneously suggesting to the audience that the processes of remembering and forgetting are intimately entwined.



Figure 11: On stage, *Memory Point(s)*, Southbank Centre, 2014.
 (Photography by Tom Houser)

Memory Point(s) and *Autobiographer* demonstrate the possibilities of contemporary performance practice in representing the experience of dementia, and how people with dementia can inspire innovative approaches to performance-making in terms of their scale, form and temporality. Working with people who have memory loss encourages performance-makers to tell stories in a way that does not rely on a linear narrative, and to find creative ways of exposing the dominant cultural narrative that connects memory with selfhood. By finding creative ways of expressing the multiplicity of selves that make up the

identities of people with dementia, performance-makers have the opportunity to challenge humanist ideas of selfhood, demonstrating how identity and autonomy are experienced in relation to others. Furthermore, the way that Platform 4 curated the space they were working in with great care demonstrated how the principles of caregiving offer creative possibilities for performance-makers, encouraging them to pay attention to things which seem unremarkable and to find delight in the everyday.

David Bowie and the aesthetics of dying

Look up here, I'm in heaven.
I've got scars that can't be seen,
I've got drama, can't be stolen.
Everybody knows me now

(David Bowie, *Lazarus*, 2016).

As I write the final sentences of my thesis on the day after David Bowie's death, I am distracted by images across the Internet from his new album *Blackstar*, which was created and timed carefully to be released as a parting gift to his fans. I am drawn in particular to the video for *Lazarus*, a song which deals with his death, both in its lyrical content and its imagery. The video features a frail Bowie singing from a hospital bed, his eyes covered with bandages, and ends with him retreating into a dark closet. As I marvel at one of my heroes' endless capacity to reinvent himself, to the extent that he turns his own death into a work of art, I think about death as an aesthetic phenomenon that has been shied away from in contemporary performance practice. Reflecting on my work in care homes over the last three years, I think about how people with dementia, particularly those at the end of their

lives, have the potential to break down these taboos by fostering artistic responses to death and terminal illness.

In 2012, the theatre artist Liz Rothschild curated *Kicking the Bucket: A Festival of Death and Dying*, which was described by the theatre-maker Sue Mayo as ‘a variety of small, intimate gatherings, open lectures and performances, drop in events and information sharing, looking at, for example, dementia care, and planning a funeral’, alongside ‘opportunities to get involved in music, dance, poetry and song, to hear debate, or to drop in to The ‘Death Café’ (2016, 1). In an interview with Mayo, Rothschild explained how she had been ‘passionate for some time about improving the way we mark a death, through the way we use the rituals of funerals, and the processes that follow after a death’ (1). Her aspiration points to the possibilities of theatre in debating and developing our cultural response to death and dying. These possibilities can be seen in the way that performance-makers such as Wilson and Platform 4 respond creatively to end-of-life experiences, but especially through older people’s participation in performance projects, which can challenge the cultural perception that old age, or a dementia diagnosis, is synonymous with a loss of self.

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APPENDICES

Research Ethics

Consent was obtained from the university's Ethics Committee prior to starting this research. The names of the residents, staff and the care home were anonymised in order to protect their identity. A detailed breakdown of the research process was provided for the care home manager and activity coordinator before the workshops began and a meeting was arranged which gave them the opportunity to ask any further questions.

A consent form was given to each participant at the beginning of the project, which explained in simple terms what participation would involve and provided tick boxes which gave them the option to participate in different aspects of the research. One box asked for permission to use their words, one to take their photograph, and one to record their voices. Even though the two were closely connected, I felt it important to make a distinction between participation in the research and participation in workshops. I wanted to create an environment where residents felt able to take part in the project even if they didn't want to take part in the research.

This research involved working with people at the more advanced stages of dementia, who were not necessarily able to give informed consent to take part. There was a need to balance the protection of these participants with their right to choose to participate in the research if they wished to do so. In these cases, consent forms were completed in conjunction with the activity coordinator, who knew the residents well. Rather than completing the forms as a group, she and I spoke to each resident on an individual basis in order to maximise the chances of them understanding what participation would involve. Where a participant was not able to give consent, she advised me on what she felt their

preference would be. This process increased the chances of the residents with dementia understanding what participation would involve. However, knowing that I had participants' consent was sometimes challenging, particularly during the workshop sessions. That a resident had consented to take part at the beginning of the research process didn't necessarily mean that this consent was consistent throughout the project. This required me to maintain a flexible attitude to consent and be attentive to the choices that the residents expressed in each session. For example, some residents would choose to participate in a session one week but opt out during other weeks or in the middle of a session. In these instances, their decision was always respected, along with reassurance that they were welcome to re-join the group at any point if they wanted to. In this sense, consent was treated as a continual process throughout the research.

Transcript of interview with Maria Jones, 10 March 2014, conducted by Nicola Hatton.

NH: I wondered what you thought worked well about the project, what you felt we achieved, and perhaps some of the stuff you felt didn't work so well or could have been a bit better?

MJ: I think the first session was brilliant with the sound – I really liked that, the way that Jamie edited it all and from something very, very simple it became quite complex, and very effective. When we played it back it became quite dramatic, it was very well done. I thought it was really great the way you'd been able to communicate with people, especially Ellen, who we lost contact with at one stage. It's a shame we couldn't engage Kenneth... I'm not too sure how we could have done that. That was some of the challenges we have I think.

NH: Because we seemed to 'have him' [engaged] for the first two sessions...

MJ: And he was completely... he loved it and it linked well with having Johnny there because I think some of the stuff we do sometimes he thinks is too simple. He was obviously quite a high achiever in life. And then, who else did we have that really worked well? I think you did well with trying to work with a huge range of abilities. Perhaps you could have split them up a bit more so each one could feel confident in their own little area

NH: Yes.

MJ: It was really fantastic to see how Matthew felt... he wanted to contribute and people like Henry can take over and he was able to do so in the end, despite being nervous and I was surprised he was nervous because people like Matthew talk non-stop usually but when it came to a little performance he was quite nervous and shy

NH: Yes, he was very shy. I think he did well to join the group at the last minute...

MJ: So obviously they get confidence and things from it... I'm sure there haven't performed for 20, 30 years many of them. So that's a nice thing. I could easily say it's probably 30 years for some of them

NH: Or if at all I suppose?

MJ: Yes

NH: I think that question about engaging everybody and trying to cater for everybody's tastes and abilities... I think sometimes we were more successful than other times with that. Is there any advice that you could offer around that? I think splitting the group up is a really good idea.

MJ: And you could do it with more supporters

NH: Yes

MJ: I think we could have had some more props, like clothes... perhaps without going into expenses

NH: That's a really good idea

MJ: I think Stacey... You know Stacey is very critical. Her complaint was she would have liked things to be more dramatic and more some script work. Acting itself would have been down her street.

NH: Yes. And if we were to come back and do more acting, that would be something that Tracey and Thomas could do very easily.

MJ: And Matthew....

NH: Yes, and maybe Flora too to an extent. How would you suggest we managed that with the group? Because when we did some of the acting with Thomas, the script, he really enjoyed it and it was lovely to watch, but I sensed Elena and Ellen were getting a bit bored

MJ: I suggest that's when you take them off and do something else

NH: Yes – that's really helpful

MJ: It's almost impossible to engage them all and what they really enjoy is a bit of attention!

NH: Yes.

MJ: Well I suppose we all enjoy attention, but especially those too. And to have Stella speaking to Ellen in Greek helped to make her feel special.

NH: Is there anything else that you would have liked more of? I know some of the group wanted more singing – that was some of the feedback we had

MJ: Right. I'm surprised actually, because we do quite a lot of singing. We have a session every Thursday here. We've got karaoke coming in next week. And the quiz team every Monday...

NH: That's brilliant... Are you dreading karaoke?

MJ: Yes. It's quite hard I think to perform... so what else? Yeah, a bit of use of props, perhaps splitting the group up. I'm being negative, I think, by pointing all these things out.

NH: No, no

MJ: But the overall effect was very good and very, very positive. We should have practiced more with Cara as she was quite fumbling with her reading. Obviously she's got problems but it was fantastic that she had the confidence to do it.

NH: Yeah. Some of the other residents were a little critical of her for reading [instead of singing it] but I kind of thought it was ok that she chose to read it. I think we could have rehearsed more with her, it's true, but she was pleased she did it.

MJ: Yes, the whole idea is to give everyone an opportunity... I think an ideal world another couple of sessions would be what's needed.

NH: Or maybe even a few more... 10 or 12 would have been...

MJ: Yes, because it took a couple of sessions to get to know each other and what they wanted.

The interview ends at this point as a resident arrives and needs Maria's assistance.

Participant feedback after performance, 3 March 2014

Flora

I thought it's all been very good. I've enjoyed every minute of it. It gets us out a bit from our places and gets us around. I would like to do it again, I enjoyed working with nice people. The music was my favourite thing – the singing was lovely.

Johnny

I enjoyed having the privilege of trying to take off a bit of Richard Burton. I tried to replicate his mood and general disillusionment with life but unfortunately I only had one-liners so I couldn't really get into it. I did try to learn the script during the week but I couldn't really. I taped the other lines, I didn't want to make a mistake... To be honest I enjoyed working with Stella before because I wasn't really used to this new lady. I remembered Stella getting quite worked up and I was looking forward to having a sparring match with her... But it was good fun, I've really enjoyed the last few weeks. I've really looked forward to it. It's the best bit of the week.

I think it would have been great if we'd done a script and we'd all had a part, like you'd sat round in a circle. That's probably what you'd do at drama school, where you each do your line and you work together. Someone reads out the directions. That would have been great. But it was great the beginning bits when you jump up and down and do your various arm movements and dance movements to demonstrate your mood. Or your feelings. I think it's fairly good to express yourself that way. I think that was a very good idea

We use the room on Thursday afternoons when Peter Crocket and I play the guitars and all the other people sing and each one has the lines. Sometimes I have my meals here. The atmosphere was nice [today]. I think a lot of it was brought on by you and your ideas for getting us to work together. I think they were good ideas and they were well planned and it was a good mix. It produced a very happy atmosphere which enables you to be more confident... I felt confident and relaxed, because to start off I was thoroughly tense! It's great now with the tea and the cakes.

I hope it comes back again. More script work, more singing, perhaps another song: something that's a bit more well-known – I wasn't familiar with that song – and then everyone could join in... I look forward to the next time.

Henry

Well it's always difficult in situations like this when you've got a recorder as I was carrying on a conversation... but if you lead I can follow!

As I explained to her [Sara] my father was Venezuelan... and one day there was the revolution in Venezuela – they still have one going on now. He came over to Trinidad and met my mum. That's how I happen to be in the world. Dad was absolutely beautiful. When he came to Trinidad he was a carpenter but he did architectural drawing – called himself an

architect! He had drawn his own plans and everything. Back then in the West Indies whatever little qualification you had you'd really capitalise on. I tried going back home because my sister is there. She and I are the only ones living now and I couldn't stand the heat in Trinidad. One American summed it up beautifully: 'they say you've got 3 seasons: hot, damn hot, and god damn hot'.

[The performance] was beautiful. I always enjoy myself here. It's good to get away from your own company at times and meet other people.

The little bit I contributed... it comes from school days. I always had a good singing voice and I also have a good talking voice. For plays and so, they always used to ask me. I love music. If you come to my home you'll find more classical music than anything else. My mum was very good on the piano and she used to play the organ in church on Sundays and I grew up in the church – then left for Sunday school – then in the evening go back to church again – so that's how Sunday was spent.

Matthew

I enjoyed all parts really. I made a mess of my bit. I would like to do a full play. Not me personally, but all of you. I wouldn't mind doing some more Shakespeare. I'd like to read more. It's been many many years since I've done this.

Jean

I've really enjoyed all of it actually. It's been quite good. I thought the readers were great... and the singing. I mean, Cara was supposed to be singing the song but she's talking it – it was a bit boring. She's not a singer. I liked the exercises. More singing would be good. As I say, the drama you can't always hear what they're saying, they can't project... you really want them (the audience) to be able to hear it. Your voice has got to carry. I can't carry my voice – unless I get upset and shout.

I've got the song we did upstairs and I showed my niece and I tried singing to her. She liked it. You have go down on this bit and up a bit here which I can't always do. It's nice to do these things. But it's the last one today. It's a shame, but there's other things that come up. They think something else up. Maria's wonderful for that. Your helpers who come with you – I don't know whether they'll be able to come back and do something. I'm interested in art. I like doing flowers and plants. The cat in the window and he's got the flower pots behind him going up the trellis. I've got a drawing like that upstairs.

Workshop Log ('The Old Film and Music Club')

Design Consultation session – late May

Attending: Elena, Caroline, Shirley, Rose, Jean, Jean, Amir, Ronnie, Clive.

My plan for this session went out of the window as they'd already started by the time I'd arrived. Instead, things happened much more organically. People were already looking through magazines. Hung up washing line with different coloured scarves – this prompted some interest.

People didn't take immediately to the mood boards. A demonstration would have helped but it was hard to do one as things were already going when I arrived. There was a nice relaxed atmosphere to the group though. Jean cut out her images very carefully and kept them together. She paid v close attention to detail and kept her images in order.

Rose worked with a carer who made a beautiful board for her as she pointed at things in magazines. Rose doesn't speak much but has strong reactions to things she does like. She seemed to enjoy having a photo taken with her board and the colours she picked matched her purple nail varnish.

Elena very taken with travel wallpaper which had writing and pictures on it of capital cities. She remembered her mum was French and started to speak/sing in French playfully. This wallpaper seemed popular with a few people actually, and Maria had a great idea that we might design some wallpaper as a group together. Elena doesn't always recognise things for what they are and was a little startled by a photo I showed her in a magazine which had modern stick-type lighting coming out the wall. Something to bear in mind with the re-design.

Had anticipated a lot of disagreements about colour but many people seemed drawn to purple as a colour for the reception area

Jean liked flowers in pastel colours and when I asked her if she wanted to take a photo she photographed the pictures of flowers that were on the wall. Most people didn't want to use the camera though – maybe too fiddly/difficult to handle?

Having table in the reception space really changed it. It was a focal point where people stopped to see what was happening, the first thing people saw when they came back from day centre. Something about the flow of the space gave the workshop energy.

How to engage the men? Amir and Ronnie not so interested in design magazines. Or the different coloured ties I brought in. What else could we do?

6 June

Some stuff has come up in the planning and organisation of future sessions which resonates with my thinking about being spatially responsive. My plan had been to follow up from the consultation session with some creative sessions in the reception area. I was struck by the interest in the project last week from people who were just wandering past. Many said at

first that they didn't want to join in but then agreed to stay for a cup of tea. I was excited about the possibility of doing film screenings etc in the space and seeing what happened. However, Springbank manager is apparently very reluctant for us to continue working in the reception space for health and safety reasons. This is a blow and difficult to articulate to her why we think it's important to keep using the space. The first session is going to take place in the lounge and then Maria and I are going to see if we can negotiate.

Other factors – no wifi, no equipment for showing films, no speakers - have to source absolutely everything. Am very lucky to have an activity coordinator like Maria who is ambitious and passionate for the work. I don't know how we'd have done this in an NHS care home

13 June

In between the sessions we had some written responses from the care home manager about the residents' thoughts on the design consultation. It felt quite negative in tone. It said there's actually no budget for more than a lick of paint and that it would be 'nice to try to include some of the residents views in the redecoration' if possible. This feels a long way away from what they originally proposed and seems to defeat the object of having a consultation session. Still, staying positive. There may be creative ways of including their preferences that don't cost a lot of money.

17 June

Mimi, Elena, Ronnie (briefly), Jean, Rose, Ida, Susan, Amir (briefly), Gloria, Harriet

First film session in dining room. Bit of a nightmare trying to set it all up. After a lot of faffing we realised that the room was going to be too bright for the projector (we're trying to do a mini cinema on the hottest day of the year!) We took over the meeting room instead that had dark curtains and a small window. This was a cramped space to work in but it's on the corridor which generates some interest from passers-by. Also something quite pleasing about improvising a meeting room as a cinema. Big tables and chairs were pushed out and it felt like a blank canvas. Back aching from holding the projector on my lap.

Session was v informal with me showing different clips and people chattering about what they liked. Shirley particularly vocal, shouting out the names of the film stars with encyclopaedic knowledge. Jean vehement about what she didn't like. Gloria doesn't speak but has a lovely energy and seemed very engaged/familiar with the footage. Elena exclaimed loudly when footage of Malta film came on – she recognised it as home. Ronnie seemed relatively disinterested with the football footage, which was a shame. I think hearing might be part of the issue, the speakers were too small and Elena complained about this too. Rose quiet but watching the screen.

As Jayne said the other day, it's sometimes easier to discern what people don't like (e.g. Jean's reaction to Elvis). There were clips that I thought would evoke a strong, positive reaction but didn't (Nina Simone). Amir much more vocal than I thought he would be – clearly engaged by film and music and recognised all the English stuff.

Maria felt that it was a successful session and that most people were engaged. An hour feels like about the right amount of time (by the end people were falling asleep – dark room didn't help). Another interesting outcome is how the care staff got involved. The room is right next to the staff room and several women popped their heads in to see what was going on.

Came away with a long, long list of suggestions from residents for things they'd like for next week.

Possibility of changing the space next week to a small activity room – think this might be too light, but it has the added advantage of a record player.

Elena said something funny about the projector being like a mini wobbly telly. I can't remember exactly what but it made me laugh.

Jean, who I've always felt isn't my biggest fan, was unusually warm this week and gave me a hug and a kiss as I left.

Tea and biscuits really is the biggest draw.

24/06/2014

Attending: Ronnie, Mimi, Gloria, Elena, Thomas, Dave, Pauline, Amir, Shirley, Mary.

Continued in the meeting room but this time positioned the screen across the length of the room rather than the end in order to get more chairs in. This also helped with volume as people weren't sitting as far away from the speakers, however, it still is an issue.

I was really pleased to see that there was a bit of expectation around the session and so many people attending. (Amir was waiting in the reception as I arrived which I haven't seen before, Shirley recognised me and immediately brought it up). However, this seemed to be a bit of tension too which I couldn't quite put my finger on. It felt in part to do with the lack of space –we struggled to fit all the chairs in. Elena got agitated when a carer perched on her chair arm to fiddle with the projector and even more agitated when Pauline was seated not in front but close to her view of the screen (there's no love lost between them). However, it also felt something to do with the different preferences and expectations in the room. I found myself a little tense when playing Bhangra songs for Amir as Pauline very quickly objected. Elena also seemed grumpy and disengaged and my initial attempts to start conversation about the films weren't that easy. However, I was amazed at the focus and interest once we got going. Rose and Elena were silent but watching the screen the whole time and there was a lot of laughter, particularly from Amir and Gloria (who doesn't speak).

Feels like a small victory to have got the men in (helped by canvassing at the cocktail party last week). They seemed to be particularly interested in the old movie stars (Gene Kelly) and Ronnie who is normally very quiet was shouting out names as he recognised them.

Generational differences particularly apparent in these sessions – Shirley, Thomas etc really enjoy the 60s post-rock and roll stuff (Beach Boys, Lulu, Dusty etc) but these clips generated little reaction from the older residents. Older residents often enjoy the film musicals. Charlie

Chaplin and Buster Keaton seem to be popular across the board. Rose actually vocalised that she wanted more of this, which was rare.

I was disappointed that Jean had decided not to come. She stuck her head in but got very annoyed when she saw that someone else was sat in 'her' chair (the one with Jean scrawled on the back in red pen). Have noticed her becoming very particular recently about her space and her things.

For next week: More musicals, films, comedy.

There seems to have been a noticeable shift in my relationship with the home as we've got to know each other better. I'm starting to get to know staff and residents well, and the film sessions are less formal than the theatre ones which seems to help.

1 July 2014

Attending: Elena, Thomas, Ronnie, Hamza, Rose, Jean, Matthew, Shirley, Gloria, Mimi, Pauline, Ida

This is the third week that we've run the film screenings and there seems to be more of a familiarity/expectation around it now. We caught Jean early and put her chair in from the start with her watching us do it. This seemed to alleviate her concern from last week. Full house again and the limitations of the space are starting to become more obvious. It's difficult to fit all the wheelchairs in without interfering with the projector beam. Amir was turned away this week as there was just no more room. Like last week, there was a tension and I've realised that is less to do with the popularity of the group and more to do with the space itself. Ida got upset when we asked her to move her chair slightly and left for a few minutes. Jean got grumpy when Iris moved the curtain as it let some light in. Ida was complaining that she was too hot and Pauline responded antagonistically, saying 'it's nice and cool over here'. Noise of beeping coach coming back from day centre at 4pm quite distracting.

Any disputes or disagreements between residents are exacerbated because we're all sat in such close proximity. Elena got cross when a carer stuck her head in to ask if she could clean her room (she's very particular about this), and her grumbles were audible to everyone/affected the mood of the room. Matthew was winding up Rose in some way from the other side of the room – not quite sure what's going on here but Maria said he'd been teasing her. Narrowly escaped a massive blow up when Pauline made derogatory comments about Malta during Malta footage. Thought Elena was going to get upset but luckily she didn't hear or decided to ignore

Getting to know care staff better, who are joining in and seem to be enjoying the sessions too.

Engagement with the footage is still very good. Everyone is very focused on screen, and there's lots of laughing and shouting out the names of the actors. We ran for about an hour and 15 this week which is a long time for them to concentrate but everyone stayed for the duration (except Shirely who normally nips in and out).

Maria drew my attention to the space issue and she's absolutely spot on. In particular she mentioned that some of the residents like to sit on the periphery and see what's going on – the dining room allows for this much better than the meeting room. People can sit back, have a conversation, leave without disrupting everyone, see outside and into the kitchen. It reiterates the popularity of the reception space – most of the LD/dementia residents return there immediately after the screening. This has made me even more determined to work with the space.

Best discovery of the day is that we can actually hook up my laptop to the big TV in the dining room and cut out the projector! This solves sound and space problem, and although it's not as romantic as an old projector, it's going to make our lives so much easier. Maria and I both feel like we've learnt a lot in the last few weeks. Will see how things run next week

16/07/2014

Elena, Thomas, Rose, Johnny, Dora, Ida, Shirley, Pauline, Jean, Gloria, Hamza, Ronnie

First session in the dining room. Was greeted by Shirley in the reception whose birthday it was and she was in high spirits. Maria wheeled Rose into the room first and left her there while I set up. Rose watched me closely connecting my laptop to the TV and seemed happy as I chatted to her about the session. However, when I switched the TV to HDMI she became very angry and started shouting that I'd broken the TV. Tried to reassure her and tell her about the clips I'd brought in but she wasn't having it and didn't want me anywhere near her for the rest of the session. She shouted a lot between the clips – either to turn it off or that I'd broken it. Was difficult to know how to handle while looking after the rest of the group who were getting frustrated with her calling out. She didn't want to leave the room though, so I hope that she at least enjoyed the social element. Going to try and engage her early on next week by showing some Charlie Chaplin clips which she seems to enjoy.

The space was easier in some ways – there was more room for manoeuvre and it meant that people weren't on top of each other as much. Pauline chose to sit back a bit from the rest. However, we seemed to lose some of the intimacy that we'd had in the meeting room. We couldn't make the space go dark for one thing, and people were getting quite frazzled with the curtains closed as it was very hot day. Also, there's something quite special about using the projector and it seemed to lose some of the magic this week.

Usual problem of bringing along stuff for residents who didn't come! There were some protests to Lulu, Dolly Parton, etc! People more vocal about their dislikes this week. I brought some Guyana folk music for Gloria but she didn't seem to enjoy or recognise it. The variety of taste is one of the big positives and a source of tension in the workshop. People are very vocal about what they want and speak out about what they don't like. It makes for a lively session but it also causes tension. Felt a bit on tenterhooks today.

Horrible moment at the end when Ronnie tried to give me some money and I refused. He got visibly offended and I quickly realised I'd made a mistake (and was ticked off by Elena

who took me on one said and said that if someone offers me money I should accept it graciously!) Lesson learned.

29/07/2014

Shirley, Rose, Pauline, Elena, Johnny, Ida, Jean, Amir, Gloria, Matthew

Had to start earlier today as I was going on to work – this meant that a lot of people weren't here for the start as they were still at day centre. And session was a bit rushed. Started informally with Johnny and Shirley which was quite nice, and there was lots of chatting. Johnny brings a nice energy, laughing and applauding after the clips. Pauline and Jean sit back a bit from the rest of the group. Amir likes to sit on his own too. Rose came in as Charlie Chaplin was playing which was good timing as she missed the TV set up. She still shouted a little between clips but didn't seem as cross as the previous week. Shouted out Charlie Chaplin's name when he came on screen. Slight tension between Elena and Jean but it didn't escalate.

Ronnie and Shirley a little indignant that I'd been away last week – I think we're getting into a routine now. Not sure what will happen when the sessions stop!

Again, a very hot day. We managed ok with the fans but the room was a little stuffy. I moved the dividers and sofas back from the lounge area and tried to set tables cabaret style near the TV with tables for tea. Seemed to work a little better than last week.

Music is becoming a little tricky as people have such diverse tastes and lose interest quickly if their favourite isn't being played (Jean, Pauline). Chaplin and Gene Kelly seem to have a more universal appeal – I'm thinking of showing a full length Chaplin or Laurel and Hardy next week (although Pauline objected to this). Will be interesting to see what the focus is like. Might bring popcorn to try and make it more of an event.

05/08/2014

Elena, Johnny, John, Shirley, Amir, Ida, Hamza, Ronnie (at end), Bob (at end)

Maria away this week so wasn't sure what to expect with numbers. Care staff went to collect people but it all seemed to take a little bit longer. We started with 3 and people gradually trickled in from day centre. Pauline kept to her word and stayed away because I was playing Charlie Chaplin. Slight tension when Ida arrived and demanded Adam Faith. I played a track before I started the film which seemed to please her and once the film started she really got in to it. I feel like the residents recognise me now and perhaps look forward to seeing me.

The film (Chaplin The Kid) was just over an hour long and I wasn't sure how this new format was going to work. It was probably about 15 minutes too long but the focus overall was really good. Elena and Iris dozed at some point but woke up and started watching again. The carer who sat in seemed to be enjoying it too, chuckling and giving a bit of a commentary.

There was a relaxed, 'normal' energy to the room. It didn't feel like a special activity, it just felt like we were all hanging out watching a film. I did get the sense that Shirley had wanted some music as well.

I made Ida a cup of tea and had to re-make it 3 times because it wasn't in the correct sort of mug. It's interesting the small ways in which taste manifests itself – it's not just her being picky, it's an expression of choice in an environment where she has very little.

Bob turned up at the end. I've seen him several times before pop in to projects to see what's going on but he never stays. This time he approached me directly and requested Santana. He told me that he used to play guitar himself before he had a stroke. It's funny how just being there on a weekly basis opens up opportunities to learn things about residents. I've been going in for 9 months and I learnt a lot about him in 2 minutes. Hope he comes back next week

12/08/2014

Dora, Elena, Johnny, John, Hamza, Mimi, Ida, Shirley, Rose, Pauline, Jean

Difficult session today. Had to sit down in the café after to organise my thoughts:

It is Tuesday afternoon in August and I have arrived to run a session in the dining room. The room is muggy and airless and the mood slightly fractious. Since the project has moved to the dining room, I have stopped using the projector as the space is much larger and some of the residents cannot hear the sound when it is played through portable speakers. A few residents have gathered by the time I arrive and watch expectantly as I fiddle with cables, trying to get my laptop to speak to the large flat screen television. I have spent the weekend sourcing a collection of clips based on conversations with residents in the previous week. These include 50s and 60s pop music, and a broad selection of film clips. Rose yells sharply as the TV screen flickers and switches from a quiz show to my computer desktop. I can't fully make out her words but I think she's saying 'You broke it, you broke it'. I apologise awkwardly and ask her if she would like to see some Charlie Chaplin, who she had enjoyed the previous week. 'No', she states emphatically, and turns her head away from me. I plough on nervously and begin with a clip of '60s heartthrob Adam Faith performing to a crowd of hysterical teenagers. Ida springs into life, singing and moving her arms around, blowing extravagant kisses at the screen. Shirley, who is sat next to her, laughs and sings along, moving her arms in sync. Elena enters the room with her green cushion balanced carefully on her walker and makes a slow and determined beeline for the sofa where Dora is sat. I offer to place her cushion on the sofa for her. Dora shakes her head at me and mouths 'no'. As Elena sits, she leans her body as far away from her as possible for the duration of the session. David listens quietly and attentively to the music until the clip has finished and then politely asks me if I've 'got any Marlon Brando'. As I root through my iTunes for the scene from *On the Waterfront* where Charley tries to convince Terry not to testify, Pauline pipes up from the back of the room and says she would prefer to see *Random Harvest*. She is sat at her own table on her own, a safe distance from the 'hub' of the group. Elena glares at her and mutters furiously under her breath. Amir hangs back shyly in the doorway, leaning on his crutches.

When I leave the room to fill up the kettle I find Elena in the corridor half asleep. I go to speak to her and she says she is feeling very depressed. She tells me about her boyfriend who died several years ago.. She says she doesn't want to join in today so I am surprised when, after 10 minutes, she comes into the room of her own accord.

Mimi has a beautiful, gentle energy and sings in a soft scouse accent when I play the song *Me and My Gal*.

Elena looks very surprised and laughs when I dance to the music.

I feel quite tense at the end of the session and I am surprised that the residents clap as I didn't think it had been a particular happy session. It felt heavy with emotion. I couldn't quite put my finger on it, but I was watching Judy Garland singing with Gene Kelly on the screen. She seemed to be going through the motions of smiling and moving and singing but looked very sad behind the eyes and that sort of felt appropriate to the mood of the group.