

Moving forwards backwards: Exploring the impact of active engagement in reminiscence theatre with older adults in residential care with mild to moderate cognitive impairment.

by

Trudy Pauluth-Penner
B.F.A., University of Victoria, 1998
M.Ed., University of Victoria, 2002

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Requirements for the Degree of

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Abstract

This descriptive ethno-theatre case study explored the impact of intergenerational engagement through a reminiscence theatre arts initiative on the psychosocial quality of life for older adults with mild to moderate cognitive decline. Study participants were comprised of 11 adults 65 years and older residing in a dementia-specific residential care facility unit, and 13 University of Victoria Theatre students. Both qualitative and quantitative procedures were integrated into the case study. Qualitative processes consisted of older adult life history interview transcriptions, ethno-theatre field notes of theatre devising and performance processes, and post-program drama evaluations. Quantitative measures included pre- and post-administered instruments: CASP-19; Alzheimer's Disease-related Quality of Life (ADRQL) – Revised; and older adult health perception surveys. Overall, it appears from the data that active engagement in reminiscence theatre (the process of creating and performing theatre from real life memories and stories) results in a positive impact on older adults' well-being – increased self-esteem, elevated mood and social engagement, decreased isolation and boredom, and desire to continue with activities.

This study's findings suggest that the integration of reminiscence arts initiatives into residential care plans for older adults with mild to moderate cognitive impairment can substantially enhance psychosocial quality of life. These findings are consistent with reminiscence and life review theory in that intergenerational engagement in these processes promotes healthy aging. This study demonstrated that intergenerational connection between young and older adults through drama and storytelling activities occurred. The creative reciprocal initiatives of reminiscence arts in turn fostered a context for social and emotional engagement that appeared to reduce older adults' isolation.

Key Words: Healthy aging; Dementia; Social determinants of health; Reminiscence / life review; Arts-in-health; Reminiscence theatre; Residential care; Intergenerational.

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Dedication

I wish to dedicate this dissertation to all the extraordinary older adults I have had the great privilege to work with over the years. I have been deeply moved by their lives and stories. In addition I wish to express my immense gratitude to the staff of Oak Bay Lodge. Working as a part of this inspiring and supportive team has had a profound impact on shaping my vision of care. Thank you May Sauder, Carolyn Hoekstra, Mieke Sheper, and Lori Ovestrud – and for the motto from Carolyn’s father: ‘Go ahead, try it out; if it works, great, if not apologize later’. As well, I extend a special thank you to Lori McLeod and the Greater Victoria Eldercare Foundation for their past support and countless intergenerational initiatives which influenced this study.

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Background

This research study, 'Moving forward backwards', has been significantly influenced and motivated from observations and professional experiences and applied and reminiscence theatre praxis. During a fifteen-year freelance practice (Applied Theatre Consulting Services), applied theatre initiatives were developed, implemented, documented and evaluated across education, arts and healthcare contexts for a cross section of populations ranging from pre-school to secondary to older adults. Initiatives for the Vancouver Island Health Authority, now Island Health, in reminiscence theatre influenced by the practice of Pam Schweitzer – founder of the UK's Age Exchange – evolved into the primary focus of Applied Theatre Consulting Services. The effects of engagement in reminiscence theatre anecdotally 'appeared' significant for the well-being of older adults. The inherent therapeutic value and benefits were noteworthy.

These experiences, both positive and disturbing, had a profound effect personally and professionally. One incident in particular was the definitive impetus for pursuing this Ph.D. In keeping with the creative approach to this dissertation, included is a portion of a journal narrative. One couple from a reminiscence theatre adult day program exuded a remarkable story:

Their's is an heroic story of innocent childhoods in Indonesia turning to hardship, struggle, pain and loss under the Japanese occupation; of fleeing to the forest to survive; of finding love with each other; and ultimately of coming to Canada as immigrants, raising a family here and growing old together. Caroline described John and herself as like Rama and Shinta, the mythic husband and wife from the ancient Indian tale the Ramayana which is much loved in Indonesia. I am familiar with the story of the Ramayana and there are in fact some striking parallels which could be quite visually compelling if we chose to weave episodes of Rama and Shinta's story together with John

and Caroline's. Like their counterparts, John and Caroline had to survive by their wits in the forest. Caroline had to resist the advances of the Japanese officer; Shinta resists the advances of the evil King Ravana. The wife of the Governor of Borneo risked her life to help Caroline and her baby; The Bird King Jayatu risks his life to help Shinta. The Indonesians faced a brutal occupation government; the people of the Ramayana are oppressed by the Rakshasas. Both couples survive their hardships and go on to live long lives together. (Weigler, 2007, p. 1).

As the aging process set in with dementia for one, with one memory, one striking action, their lives were instantly disrupted. This was the moment of realization and dedicated determination to make a positive impact on our healthcare systems for older adults with Alzheimer's and related dementias. This is the story, mythically and true-life, of 'Rama and Shinta'.

Rama and Shinta: Journal Narrative (2008) – Beyond the Aesthetic

One night he awakens from a nightmare so real he strikes out at his lovely wife, convinced she is siding with the Japanese. Unbeknown to many, this was the beginning of Alzheimer's-related dementia. Stuck in a time of historic trauma, he is quickly whisked away into a home to be cared for.

She, now alone and bewildered, visits daily, knowing how to calm him and soothe his soul with the rhythm of her dance and song of their hearts. Another, in shock and dismay as to what has occurred, visits... until no longer tolerable.

The walls are stark, barren of life, cold bland in hue, yet loud echoes escape, reflecting the silence of stories. The air is pungent with the histories not told, silenced, willingly and

unwillingly by those who are passionately convinced they are conducting themselves in the most impeccable, most authentic manner, in the best interests of which they serve.

Reflected back to an era where the potentials of theatre in education models inspired and drove the pursuing of this profession that we now often refer to as applied theatre.

Reminiscences inevitably mirrored back an array of youthful educational beginnings of convictions, of hopes and dreams so passionately claimed and, as some have perceived with tenacious determination. After study, hypothesizing and yearning to put into practice all that has been absorbed, the adventure begins – setting out to work with the conventions of theatre and drama with diverse groups of people and contexts.

Equipped with the aesthetics of the arts and the theoretical underpinnings of a health care provider another embarks, excited by the prospects of seniors' grand stories and theatrical productions, yet terrified by the task of working within a foreign context, developing and implementing Reminiscence Theatre programs for those 75 years old and beyond. Some are in transition from home to institution, some with families and caregivers adjusting to the mysteries of dementia, all in some form or another entering into the later stages of their development – a time for remembering, for preparing for their version of life's end.

Reflections, back to the beginning, to convictions, to proceeding passionately forward with great hope and anticipation, filled to the brim with inspiration, possessed with the most important ingredient of all, courage... translucent, disguised beautifully as confidence, masking the deepest of human vulnerabilities. With gifts of mentors past and current, the adventures await... stories to gather, plays to be devised with the liveliest of theatrical flair. Determined in nature, prepared to design and implement applied theatre programs across arts, health care and

educational contexts and diverse social issues, adventures are invited... hope, promise, celebration, churns and turns to flutters of realizations of the enormous tasks ahead.

The drama sessions begin. They are met both with curiosity and resistance. With a commitment to explore we move forward. Individual interviews are conducted, transcribed verbatim and shaped into a story booklet. The drama groups continue, highlighting key points in their lives from youth to young adulthood, romance to family, careers to retirement their stories are shared. With consent, stories are further revised and reformed into our Living History radio play. We practice, we rephrase, we adapt, we embellish narratives with full creative license and flair, we perform; we bow to accolades and deliver our legacy to our DVDs. Most are proud, some are sad, some buckle with side-wrenching laughter and some throughout pull to the side with a tear as an exclamation to the pain, a pain too difficult to allow near, set aside yet only to reappear for us to hear.

A light flickers; a piercing click opens the space, revealing vast human souls decorated with blankets in odd hats on evenly distributed wheelchairs along the walls. In the distance voices are heard... remnants of the daily news that interface the sharp monotone announcements on the intercom. Faint unrecognizable music dances sporadically in the air. Uniforms and white patterned or rubber shoes, soles squeak to the rhythm of medical rounds. Heart rendering images remain. Through this display a distant spark permeates the room, dissipates into a long, obvious escape path. Ready if he could, tipped to one side, head cocked to the left with one eye down to the floor, the other straight ahead, determined, eagerly awaiting the opportunity to leap forward to the life he once knew and on occasion can recall. He sits calmly in his wheelchair, directly in front of the entrance door. A deep breath is heard, a crackle in the spine is intensified as if to protect from the unanticipated. It is mine. The breath – it is mine.

She moves quickly towards his agitation to comfort and care. He insists the Japanese are here to take her away. He plots with others to plan the escape from the regime... to nothingness... awkward silence. She glances... eyes flicker about from soul to soul. Indonesian poetry emerges between both, comforting and provoking the pleasantries of past. Attempts to alleviate disheartened observations through sunshine outdoor strolls dissipate. A smooth red bean ball soothes his agitation, one toss at a time. Rhythms emerge from hand to voice. Whispers become tunes, faint yet recognizable. Voices become song. Song becomes toe tapping, which begets a walk about dance with all willing. He beams with a gentle glow when she comes near.

This is the story of our real-life Rama and Shinta, the mystical Indonesian tale of Romeo and Juliet, reflecting their parallel lives of deep love and the demise of lost minds. Witnessed by the other, their story is revealed and reframed, from trauma – *Oh, no... I can't tell this story; it's too painful* – to: I need to tell this story, and you must hear and feel its breadth.

This, the turning point – How can such occur? How did we go from true love, commitment and epic survival, to disease and justified separation? ‘Rama’ (with dementia) passed in care and ‘Shinta’ two years later (from health and strength, to loss). We can and must do better! We need healthcare systems that treat more than the body, systems that nurture the whole person – socially, emotionally, psychologically and spiritually. Every human being has the born right to live and die with dignity.

Introduction

Literature and the arts offer great insight into the human condition. Our role as artists alongside our healthcare professionals is to explore life as it is, to reflect on the complexity of multiple perspectives, our held worldviews which shape our individual and collective lives. Engagement in the arts can assist us to make sense of our lives past and present. Drama and the theatre, particularly reminiscence theatre, provide a space to explore what is meaningful to us as individuals and as a society. Herein we can question and challenge our held beliefs and values. We can begin to practice the art of seeing the world from perspectives other than our own; we can reframe our thinking and re-examine how we can move forward. By reflecting back we can better understand from where we have come and better understand our historical and cultural experiences which have shaped us. What we glean from our pasts can, with will, inform our future. By reflecting back in time we can authentically and intellectually move forward. This premise lies at the core of reminiscence theatre practice.

This reminiscence theatre study - *Moving forwards backwards* - provided a context wherein older adults in care and adult family members could engage in a novel arts/reminiscence theatre initiative with the aims of reflecting on lived experiences and sharing memories, building relationships, increasing social engagement, and reframing self-perceptions of health and well-being. To best understand the impact of reminiscence theatre arts on older adults' quality of life and well-being it is beneficial to first review this study's literature and theoretical underpinnings. The study is informed by the theoretical principles of healthy aging, social dimensions of health, life course perspectives, reminiscence and life review, and reminiscence theatre arts. These are reviewed in the following chapters.

Chapter One synthesizes the theory and literature on health and aging, the changing older adult demographics in care, arts in healthcare practice, reminiscence, life review and reminiscence theatre.

Chapter Two offers an overview of intergenerational applied theatre and arts-based research methodologies.

In Chapter Three, the reminiscence theatre case study design is described.

Chapter Four discusses the older adult participants' life history interviews with a focus on health. Condensed interview transcriptions are presented as short story narratives beginning with a poem and concluding with Principle Investigator (PI) reflections. The chapter concludes with a synthesis of older adults' health survey results.

Chapter Five describes the intergenerational reminiscence theatre processes of devising, scripting and performing from the applied theatre aesthetic lens. The chapter begins with a synopsis of intergenerational reminiscence theatre practices which have influenced this study. The chapter proceeds with the PI's reflective critique of the play, 'The Artist and her Daughter', and recommendations for adaptation of reminiscence theatre practice with dementia populations. The dissertation closes with a brief discussion of the overall study and findings, concluding with research recommendations.

Chapter One: Literature Review

Setting the Context

Canadians are experiencing increased longevity, activity and health as they enter older adulthood. Many older adults, however, are also experiencing increased chronic health conditions with sometimes accompanying Alzheimer's and related dementias. For some, these complex health conditions may require placement into residential care facilities, adding pressure onto our healthcare systems. Such transitions from home to care can become problematic for older adults and their families, as some individuals become isolated and less engaged while adapting to these changes. Our healthcare professionals are seeking innovative initiatives to augment medical programs addressing the psychosocial and biological needs of such older adults. The field of 'social dimensions of health' balances the delicate and complex interplay between the psychosocial and physical realms to optimize health and well-being, with the aim of enhancing physical, social and mental wellness and quality of life. This study aims to reframe some of the prevalent perceptions of older adulthood and cognitive decline while offering such an initiative.

Relevant theory in gerontology posits that reminiscence and life review are essential for healthy adaptation in later life (Birren, 2011; Butler, 1963; Gibson, 2011). In addition, it is understood that engagement in the arts has the potential to enhance psychosocial quality of life and well-being (Cayton, 2006; Clift *et al.*, 2009; McAdam, 2012). Seminal arts-in-health studies have shown measurable benefits for older adults' health and well-being (Cohen, 2006; Phinney, 2012). In particular, the literature on the practices of reminiscence, life review and reminiscence theatre suggests they are effective psychosocial interventions for older adults with mild to moderate cognitive decline (Basting, 2006; Nicholson, 2011; Hatton, 2013).

Interpretations from Thomas King's book, *The truth about stories: A native narrative* (King, 2003b) and Bertolt Brecht's 1935 poem, 'The Plum Tree' (in Brecht, 1987) - set the context for this study.

King states, in a Canadian Broadcasting Corporation Massey Lecture: "Stories are wondrous things... stories assert tremendous control over our lives, informing who we are and how we treat one another as friends, family, and citizens" (King, 2003a). Particularly inspiring in his book is the turtle metaphor: "There is a story I know. It's about the earth and how it floats in space on the back of a turtle" (King, 2003b, p. 1). His writing exemplifies the art and processes of storytelling, how life stories evolve fluidly.

Sometimes the change is simply in the voice of the storyteller. Sometimes the change is in the details. Sometimes in the order of events. Other times it's the dialogue or the response of the audience. But in all the tellings of all the tellers, the world never leaves the turtle's back. And the turtle never swims away. (p. 1)

King's story of the turtle that never swims away can be interpreted metaphorically as representative of a person living with various forms of cognitive decline (Alzheimer's and other dementias). At first glance an outsider may inadvertently assume the shell is empty and void, that not much is present when in fact the essence of the person with dementia remains – their personality, imagination, capacity for love and forming meaningful relationships are all present. The essential self remains; it does not swim away. Rather, it is still intact, there to access for those who are able and willing to connect with them. As Basting (2006) states: "Where rational language and factual memory have failed people with dementia, the arts offer an avenue for communication and connection with caregivers, loved ones, and the greater world" (p. 17). Our task at hand is to find compassionate, creative and innovative ways to tap into and bring forth

what is still tucked away deep within the turtle's shell. Similarly for Bertolt Brecht, the remaining essence is apparent in the lifeless plum tree:

The Plum Tree

A plum tree in the court yard stands

So small no one believes it can.

There is a fence surrounds

So no one stomps it down.

The little tree can't grow

Although it wants to so!

There is no talk thereon

And much too little sun.

No one believes in the tree

Because no plums do they see.

But it is a plum tree;

You can tell by its leaf.

(Brecht, 1935; in Brecht, 1987, p. 243)

At first glance the tree appears lifeless. Upon closer examination one realizes that some resemblance of life remains. With compassionate care this seemingly lifeless tree can be nourished back to its full potential; with the right ingredients the tree can once again flourish. Metaphorically we can equate caring for the plum tree with caring for our older adults with dementia. How do we access what remains while parts fade? What do we need to put into place so that they can lead a fulfilling life and truly flourish? These are fundamental human rights

which are embedded in ethical healthcare practice. These are the questions which have informed and shaped this reminiscence theatre study.

Overview of Literature Search

This literature review was conducted to gain a sense of social dimensions of health, health and aging, the older adult demographic in residential care, Alzheimer's and related dementias, arts-in-healthcare initiatives, reminiscence and life review, and reminiscence theatre practice. A broad global search was first undertaken, and later narrowed to Canadian and BC populations with a focus on arts-in-healthcare for older adults residing in complex care facilities.

Key words. Health, aging, social dimensions of health, reminiscence, life review, dementia-specific initiatives, life course perspective, quality of life, arts-in-health, and arts-based practice and research.

Sources. The following sources were reviewed.

Data base searches. Academic Search Elite, Ageline, Canadian public health reports, CINAHL (Cumulative Index Nursing Collections), CPIO (Canadian Periodicals Index), CRKN (Science Direct) Health Source, Med Line, International Bibliography of Theatre and Dance: Performing Arts Research Index, Project MUSE, PsychINFO, Pub Med (U.S. National Institute), Rehab Data, Social Science, and Web of Science.

University library searches. In addition to University of Victoria resources, searches were also conducted through universities at Concordia, Harvard, McGill, New York University, Northumbria, Oxford, University of Alberta, University of Calgary, and University of BC.

A 2005 review from University of Victoria's Institute on Aging and Lifelong Health (previously the 'Centre on Aging') is integrated into this literature review, with special acknowledgement to Shelly Waskiewich and the Michael Smith Foundation for Health Research.

This review resulted in nearly 400 references pertaining to the arts and health, hundreds of abstracts and approximately 50 articles. Data bases utilized included Academic Search Elite, PsychINFO, Ageline, CINAHL, Concordia University Catalogue, and Social Work Abstracts. The categories that emerged were: intergenerational, creativity, drama, reminiscence theatre, life review, Alzheimer's and dementia, memory, cognition, research, and evaluation.

Peer reviewed journals. In the literature search process pertinent articles were accessed from many diverse disciplines. These are illustrated through several broad areas:

Arts and medicine. American Journal of Medicine; British Journal of Occupational Therapy; British Journal of Psychiatry; International Journal of Arts Medicine; Journal for Research, Policy, and Practice; Journal of Counseling and Development; Journal of Dementia Care; Journal of Experimental Aging Research; Journal of Interventional Narratology; Journal of Literature and Medicine; Journal of Mental Nursing; Journal of Preventative Medicine; Journal of Progress and Community Health Partnerships: Research, Education, and Action; Journal of the American Medical Association; The Lancet.

Health and aging. Aging and Society; Annual Review of Gerontology and Geriatrics; Canadian Journal of Aging Research; Canadian Journal of Aging; Canadian Journal on Aging Studies; Clinical Geropsychology; Journal of Aging and Health; Journal of Aging Research Reviews; Journal of Applied Gerontology.

Applied arts and theatre. Applied Theatre Journal; Arts and Health International Journal for Research, Policy and Practice; Canadian Journal of Music Therapy; Journal of Alternative Therapies; Journal of Arts and Psychotherapy; Journal of Creativity; Journal of Research in Applied Theatre; Journal on Oral History; RIDE: Research in Drama and Education.

Education/academic: Journal of Aesthetic Education; Journal of Higher Education; Journal of Scholarly Publishing; Journal on Interdisciplinary History.

Monographs. Monograph sources were sought by utilizing five key phrases. Across the libraries accessed by far the greatest number of monographs accessed were through the term ‘quality of life in older adults’, followed by ‘older adults in complex care’. Much lower numbers were accessed through the terms ‘applied theatre’ and ‘reminiscence theatre’; the least number of accessed monographs was through the term ‘expressive arts with older adults’.

Approximately 50 texts relevant to arts, health and aging, and applied theatre were reviewed. Through this search, connections became apparent among diverse disciplines as several themes emerged, highlighting a potential through-line into applied theatre connecting health care, gerontology and reminiscence theatre. Particularly helpful was a key source, ‘Storying later life: Issues, investigations, and interventions in narrative gerontology’ (Kenyon, Bohlmeijer, & Randall, 2011); this significantly links medicine, arts, health, well-being and aging.

Arts and health web sites. A total of 25 web sites were reviewed from Canadian, United States and European networks and organization. Some key resources were the Arts Health Network Canada and The Society for the Arts in Healthcare (U.S.).

International state-of-the-arts in health reports. Arts-in-health reports were reviewed from Australia, Canada, the Netherlands, Norway, Sweden, the UK and the United States.

Public health reports. A number of key public health reports provided helpful information on demographic trends and implications: *A policy framework to guide a national seniors strategy for Canada* (Canadian Medical Association, 2015); *A portrait of seniors in Canada 2006* (Turcotte & Schellenberg, 2007); *An aging world: 2015 - International Population*

Reports (He, Goodkind, & Kowal, 2016); *An overview of long-term care in Canada and selected provinces and territories* (Banerjee, 2007); *Canada's aging population: Seizing the opportunity* (Government of Canada: Special Senate Committee on Aging, Final Report – April 2009); *Canada's population estimates: Age and sex, July 1, 2015* (Statistics Canada, 2015); *Social Dimensions of Health Institute: Publications* (The Universities of Dundee and St. Andrews); *The best of care: Getting it right for seniors in British Columbia* (Library & Archives Canada Cataloguing in Publication, 2009); *The chief public health officer's report on the state of public health in Canada, 2014: Public health in the future* (Public Health Agency of Canada); *The social determinants of health: Developing an evidence base for political action* (Kelly, Morgan, Bonnefoy, Butt, & Bergman, 2007) – Final Report to World Health Organization Commission on the Social Determinants of Health from Measurement and Evidence Knowledge Network; *The social determinants of health: It's time to consider the causes of the causes* (Braveman & Gottlieb, 2014).

Selection criteria. Resources were selected wherein overlapping themes emerged repeatedly from the diverse disciplines (e.g., medical narrative, ethics, storytelling, aging and health, quality of life, reminiscence and life review). The interdisciplinary nature of this study called for a multi/cross-disciplinary approach. Therefore, research and literature articles were reviewed from both quantitative and qualitative studies.

Literature was prioritized from the following criteria: Key experimental studies with control groups involving arts interventions with older adults - Priority was given to these studies as they are relatively novel in the emergent Canadian arts-in-health research; Methodical, international reviews on the state of the arts in healthcare; Longstanding research on aging, reminiscence and life review with progress evaluation reviews and meta-analytic articles; Key

theoretical articles and qualitative studies in arts based and applied theatre research on arts interventions in healthcare with and for older adults; Studies that exemplified best practices, person-centred care and dementia-specific programming.

Seminal research (e.g., Butler, 1963) was included as it exemplified the theoretical framework for this study. Current research in the aforementioned disciplines was integrated to track development over time, to draw inferences between seminal and more recent research on aging, dementia, social dimensions of health and arts-in-healthcare.

Literature Synthesis

Health & Aging

In this chapter, definitions of ‘health’ from various disciplines are synthesized. Herein, perceptions on health from the World Health Organization (WHO), from a Social Dimensions of Health (SDH) perspective on social determinants of health, from gerontology and from applied theatre are reviewed, linking health and aging.

The WHO defines health as “a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946). Clift and Camic (2016) note that this 1946 definition has not been amended as it has strengths of positive wording, and being multidimensional and holistic. Yet, this definition has been challenged (Huber et al., 2011). It is suggested that the WHO definition be revised, extended or abandoned as it has been viewed as problematic for a number of reasons. These include the major demographic and epidemiological changes since the late 1940s such that there are markedly greater numbers of older people and greater burdens of chronic ill-health, and the view that the existing definition does not easily lend itself to validated and reliable measurement. Discussion of experts at a Dutch conference reflected broad support “for moving from the present static formulation towards a more dynamic

one based on the resilience or capacity to cope and maintain and restore one's integrity, equilibrium, and sense of wellbeing. The preferred view on health was the ability to adapt and self-manage" (Huber *et al.*, 2011, p. 2). See also, Resnick, Gwyther, & Roberto (2011) – *Resilience in aging: Concepts, research and outcomes*, and Wykle & Gueldner (2011) – *Aging well: Gerontological education for nurses and other health professionals*.

The Ottawa Charter (WHO, 1986, 2011) has resulted in declarations towards a common understanding of the multiple determinants of health, wellbeing, illness and strategies to improve population health. A central feature is health promotion, supporting the existing definition of health but extending it by viewing health as an everyday life resource rather than the purpose of life (WHO, 1986). The Ottawa charter emphasizes that health promotion can be attained through public policy enhancements, the creation of supportive environments, strengthened community actions, personal skill development and the reorientation of health services.

Conventional understanding of health. The conventional model of health and disease views health-related outcomes as a consequence of the interaction between variables that are associated with resilience and vulnerability (e.g., age, genetics) and biological and behavioural factors (e.g., exposure to toxins, level of exercise). Davidson (2014) refers to the biomedical and behavioural variants of risk factor analysis as two main examples.

The biomedical model encompasses the 'biomedical variant' which Davidson (2014) notes is a version of the risk factor model that focuses on behaviours and lifestyle choices as key determinants of health. For Davidson (2014), this is "a reductionist approach to determining the probability of disease or death by calculating the potential impact of agent variables (pathogens, toxins), biologic marker variables (blood pressure, blood lipid profile), and behavioural variables (exercise, sexual habits) on an individual" (p. 272).

Shifts in perceptions of health. MacLachlan (2006) has pointed out that perceptions of health have shifted from a primarily biomedical model to increased attention to preventative, therapeutic and rehabilitative aspects that influence health outcomes. This has led to integration of models that elaborate the psychological, physiological and sociological influences on health. Hancock and Perkins (1985), for example, have described a ‘mandala of health’ as a way of understanding and remembering an array of factors that may influence health. SDH delves into the array of health-influencing factors with its emphasis on social determinants as related to how a society organizes and distributes social and economic resources (Raphael, 2016). Given that the greatest barriers to improving a society’s collective health have to do with structural inequalities (e.g., in income, employment, education, housing, food security, safety), the SDH approach directs attention to public policies towards enhancing health.

Applied theatre scholars and practitioners highlight differing views on what are understood to be health and well-being, and have entered the debate on the WHO definition. They draw our attention to the need for a broader holistic approach to both understanding and researching the links between the arts and health. Some argue that defining health and well-being in WHO’s terms is problematic in that it at best creates a binary framework which defeats the purpose of a comprehensive understanding. Low (2017), for example, comments on difficulties with the definition’s reference to ‘complete’ health which is overly simplistic (a person may feel healthy even if suffering from chronic pain); as well it is over-reaching in that it tends to equate health and happiness (Saracci, 1997). Awofeso (2005) would enrich the WHO definition with attention to community health and spiritual well-being, while White (2009) emphasizes the importance of linking dignity with health.

Low (2017) notes that the terms ‘health’ and ‘well-being’ sometimes are used interchangeably; however, she distinguishes between them. For Low, ‘health’ denotes an individual’s emotional, spiritual and physical condition while ‘well-being’ is linked to ‘social health’. She views well-being “as a social construct that intersects with individuals’ and communities’ perceptions of their own health” (Low, 2017, p. 11). According to Low, well-being is a slippery term often used by politicians and policy-makers with diverse understandings and purposes. She maintains that ‘wellbeing’ should be viewed from a holistic perspective since wellbeing, like the concept of ‘health’, should take into account many factors such that wide diversity and broad understandings are acknowledged. Next, health with regard to aging is discussed. First, a significant landmark study – the Canadian Longitudinal Study on Aging is briefly summarized.

The Canadian Longitudinal Study on Aging (CLSA). This is the first study of its kind, a comprehensive multi-disciplinary longitudinal investigation that tracks a large sample of Canadian adults from age 45 to 85 and to be followed over at least 20 years. Although much is known about changes associated with the aging process during the lifetime of an individual, the combinations and interactions among various medical and non-medical factors are not yet well understood; these include biological, psychological, social and societal aspects as related to outcomes of successful aging and proneness to disease. As Raina et al. (2009) point out, the effects of complex interactions contributing to the aging process takes years to emerge and “it is anticipated that these changing factors will manifest themselves differently among tomorrow’s seniors (i.e., the baby boomers) than among today’s seniors” (p. 222).

The CLSA developed a conceptual framework based on models and theories of ‘successful’ aging (e.g., Phelan & Larson, 2002), noting a variety of similar and overlapping

terms such as healthy aging (e.g., Darnton-Hill, 1995) and optimal aging, active aging and productive aging (e.g., David & Patterson, 1995). In the CLSA the term ‘successful’ aging is used and is noted to comprise three central criteria: low probability of disease; high cognitive and physical functional capacity; and active engagement in life, particularly the ability to adjust to changes to meet life goals. The study developers heeded the advice of Kahn (2003) that various models of successful aging be viewed as complementary rather than contradictory, and that it is best to integrate models for comprehensiveness. Briefly, the study has integrated models from Rowe and Kahn (1997); Baltes and Baltes (1990); Riley, Kahn, & Rowe (1998); and Strawbridge and Wallhagen (2003).

Rowe and Kahn (1997) presented a model of successful aging that challenges the view of inevitable decline. Their model emphasizes risk factors for disease and disease-related disability, one’s level of physical and cognitive functional capacity, and being actively engaged with life through productive activity and interpersonal relationships. Baltes and Baltes (1990), on the other hand, focus on the inevitability of change as part of aging in their model of selective optimization with compensation. Attaining goals through adaptation is central. Riley, Kahn, & Rowe (1998) highlighted that the above models are focused on individual characteristics and ignore contextual factors in successful aging, e.g. social structures, norms and institutions. Another aspect of successful aging, not addressed by the aforementioned models, has to do with aging persons’ phenomenological experience - their personal perceptions and reflections about their experience with aging (Strawbridge & Wallhagen, 2003).

Essentially, the study assumes multidimensional influences on aging through biological and psychosocial factors within the context of life pathways. The CLSA views successful aging broadly, including not only physical, psychological and social functioning but also taking into

account concepts of adaptation, context, and aging individuals' perceptions. Raina et al. (2009) explain that the conceptual framework allows for exploration of relationships among three types of components: precursors (e.g., nutrition); quantitative changes in traits (e.g. biomarkers, cognitive functioning); and consequences of changes in phenotype on whether an illness (e.g., depression, dementia) or disability (e.g., physical limitations) develops and with attention to psychosocial outcomes (e.g. social isolation).

The study began in 2010, and follows approximately 50,000 Canadian women and men every three years; about 30,000 'comprehensive participants' are followed up through in-depth interviews and on-site data collection, and about 20,000 'tracking participants' through phone interviews (Raina et al., 2009; Kirkland et al., 2015). The design fosters optimal representation of the diverse Canadian population.

As the CLSA addresses issues of health transitions and trajectories, the study is multidisciplinary and includes the diverse areas of biology and genetics, economics, epidemiology, health services, psychology, and population health (Tuokko, Griffith, Simard, & Taler, 2017). The broad range of information collected includes many measures in the areas of lifestyle/behaviour, health status, physical examination, biological specimens, psychological data, social and demographic measures, and healthcare utilization data. With regard to cognitive functioning, Tuokko et al. (2017) clarify the rationale of narrowing the neuropsychological focus to three domains: memory, executive functions, and psychomotor speed. They note that previous research has shown that these domains correlate with everyday functioning, and that major changes within each domain have been linked with abnormal aging processes.

The CLSA's first 3-year cohort data on cognition has been released. Baseline cognitive data have been reported in several specified areas – comparisons with other studies, whether

medical conditions affect scores on measures of cognition, and ‘remembering to remember’ (Tuokko, 2017). Briefly, data from the neuropsychological measures used in the CLSA supports their ongoing use as results are consistent with findings from previous research studies that have utilized the same instruments. This will provide a sound baseline for later comparisons as new longitudinal information emerges every several years. As for the relationship between the number of reported medical conditions (0, 1, or 2) to cognitive test data, there was not a significant relationship. Data from a cognitive task assessing the ability to ‘remember to remember’ showed no gender or language (English, French) difference but did indicate declines associated with older age groups, and overall weaker performance for those with less than secondary education compared to secondary education attainment.

Ultimately, the intent of the CLSA is to advance understanding of aging as guided by fundamental areas of inquiry elaborated at the outset: Specifying the determinants of changes in biological, physical, psychological, and social functioning across age groups and over time; determining the importance of genetic and epigenetic factors as related to the process of aging; exploring why some individuals age in a healthy fashion whereas others do not; clarifying any patterns of cognitive functioning in mid-life that predict later onset of dementia; and elaborating on how life transitions in family and work interact with changes in social networks and social support in the impact on overall health (Raina et al., 2009).

It is posited that the CLSA will prove to be “a rich resource that allows us to move beyond merely describing change over time to actually studying the dynamic determinants of change within and between individuals over time” (Kirkland et al., 2015, p. 376). Practically, objectives of the CLSA include contributing to healthier aging and disease prevention by

integrating solid research findings into health practice, programs, and policies, resulting in “a strengthened and more responsive health system” (Raina et al., 2009, p. 229).

Healthy aging. Before a discussion of ‘healthy aging’ it is instructive to first clarify what is meant by ‘aging’. Definitions of ‘aging’ often include a mixture of technical medical processes, associations with age-related diseases, references to maturity or negative connotations of deterioration, and demographics with regard to age groupings. Generally, the terms ‘seniors’, the ‘elderly’ and ‘older adults’ refer to the broad chronological age group of individuals 65 and over, recognizing that health and vitality may vary greatly within any age grouping.

Healthy aging is a life-long process of optimizing opportunities that improve and maintain physical, social and mental wellness, independence, quality of life and enhancement towards successful life course transitions (Health Canada, 2002). A central aspect of healthy aging includes *mental health*, defined as “a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can live productively and fruitfully, and is able to make a contribution to her or his own community” (WHO, 2002). Increasingly, well-being is being assessed and tracked at a national level (e.g., Canadian Index of Wellbeing, 2011).

With respect to seniors, mental health is viewed as the capacity to interact with each other and their environment in ways that promote their sense of well-being, control and choice with their life, and with optimal use of their mental abilities and achievement of their own goals (MacCourt, 2008). A key determinant of health and well-being is social support (Martinez-Martin *et al.*, 2012). Cohen (2012) has noted that risk of poor health and loneliness is substantially increased by isolation and social exclusion. The capacities of self-efficacy, self-esteem and coping skills help seniors navigate through periods of life transitions and loss; Cohen

(2012) asserts that social connectedness slows cognitive decline, and delays the onset of dementia and the progression of both mental and physical disability. MacCourt (2008) discusses a shift towards promoting positive, healthy aging, outlining the central components in seniors' mental health care: finding and maintaining hope; re-establishing a positive identity; building a meaningful life; and taking responsibility for control.

Global aging and health status. An international population report from the U.S. Department of Health & Human Services, National Institute of Health & Aging, entitled *An Aging World: 2015* (He, Goodkind, & Kowal, 2016) provides a detailed account of aging and health status throughout the world. Globally, among the world population of 7.3 billion in 2015, about 8.5% were 65 and over. Although population aging is typical in the industrialized world with figures considerably higher than the global figure of 8.5 per cent, Canada is among the younger countries (16.1 % aged 65 and over) among those in the G7 group (an informal discussion group and economic partnership comprised of seven countries with powerful economies: the U.S., Canada, Japan, Germany, France, the U.K. and Italy). Japan is among the oldest countries in the world with regard to population aging, at about 26% aged 65 and over.

Population aging – and how societies, families, and individuals manage it - is among, if not the most, consequential demographic trend under way today. The oldest segment (aged 80 and over) of the population has been growing faster than the younger segments, due to increasing life expectancy at older ages and decreased birth rates. Some countries will experience a quadrupling of their oldest population from 2015 to 2050.

Canada's aging population. Life expectancy has steadily been increasing in Canada since the early 1900s (Chappell & Hollander, 2013), with Canadians generally living longer and healthier lives. Currently Canada is tied for 9th longest life expectancy in the world according to

2015 U.S. Census Bureau data (He, Goodkind, & Kowal, 2016), with a life expectancy at birth being 81.8 (males: 79.2; females: 84.5). At age 65, Canadians can expect to live about another 20 years (males: 18.9; females: 22.7). If surviving at age 80, they can expect to live about another 10 years (males: 9.4; females: 11.6).

Likewise, the percentage of the general population 65 and over in Canada has been progressively increasing. Clearly, Canada is in the midst of a major demographic shift. According to Statistics Canada data from July 1, 2015 for the first time in history the 65 and over population outnumbered children under age 15 (Statistics Canada, 2015). In terms of percentage of the overall population in Canada, seniors comprised 16.1% and this proportion is expected to increase to 20.1 by July 2024.

The percentages of the population 65 and over are not evenly distributed across the country, as the report notes the percentage of seniors in the overall population was higher in the Atlantic provinces, Quebec, Ontario and British Columbia (New Brunswick the highest at 19.0%, BC at 17.5%), and the Prairie provinces and the territories lower than the national average (Alberta the lowest among the provinces at 11.6%). Locally, British Columbia statistics project that the current Victoria capital region 65 and over population of 20 percent will increase to 30 percent by 2035 (Duffy, 2014, p. 12).

Due to the impact of the baby boom generation (those born between 1946 and 1965) the rate of population aging is also on the rise. During the year ending in July 2015, the increase of 3.5% in the 65 and over population was four times greater than the increase in the overall population. 'Elderly seniors' (those 85 & over) are the fastest growing age group in Canada, markedly increasing from 309,000 in 1993 to 702,000 in 2013, a 127% increase (Public Health Agency of Canada, 2014).

Prevalence of dementias. Age-related prevalence of dementia has been estimated to be in the range of 6% to 10% of individuals 65 and over (Hendrie, 1998), with marked increases within progressively older age groupings from age 65. Hendrie's study noted that prevalence rises from about 1% to 2% among those 65 to 74, to 30% or more of those at least aged 85. Going further up the age ranges, a Canadian study (Ebly et al., 1994) noted a prevalence rate of dementia of 40% among those 90 to 94, and 58% for individuals 95 and over.

With regard to numbers of persons with dementia, as of 2016 the estimate was 47.5 million people worldwide (more than the total population of Canada) living with dementia (WHO, 2016). With about 7.7 million new cases every year, this is estimated to increase to over 75 million in 2030 and nearly triple to about 135 million in 2050. Globally, the number of people with dementia (approximately 36 million in 2012) is projected to double by 2030 (66 million) and more than triple by 2050 (115 million) (WHO, 2012).

Although the risk of developing dementia increases with age, dementia is not considered a normal part of the aging process. However, with population aging it is projected that the number of those with dementia will increase in Canada - from about 340,000 (2%) of those 40 and over in 2011, to double (about 4%) by twenty years later (Public Health Agency of Canada, 2014). As well, the rate is expected to rise – incidence rate in 2011 of 3.6 cases per 1,000 among those 40 and over, to 5.3 cases per 1,000 by 2031 (Public Health Agency of Canada).

In the 1990s, the established prevalence of dementia in Canada was approximately 8 percent of those 65 and over, with a much higher figure for those 85 and over – 35 percent (Canadian Study on Health and Aging Working Group, 1994). As of 2016, an estimated 564,000 Canadians were living with dementia and this figure was projected to increase to 937,000 in 15

years, a 66 per cent increase older (Alzheimer Society of Canada, 2016). In 2012, the British Columbia Ministry of Health released a provincial Dementia Strategic Action Plan.

Changes in dementia rates. The number of persons with dementia is rapidly increasing, globally and in Canada. Yet, Carstensen (2014) has commented on recent research suggesting there may be less dementia in more recent birth cohorts than in earlier historical periods. This apparent contradiction is understandable when one distinguishes prevalence, incidence, and total number of persons with dementia. ‘Prevalence’ refers to the number of cases at a given point in time, whereas ‘incidence’ pertains to the number of new cases over a specified period of time. If the overall elderly population is steadily increasing, the total number of persons with dementia may still increase even if prevalence and/or incidence rates decrease.

The assumption that rates of dementia remain stable, thereby implying that the percentage of the population and numbers of individuals with dementia will skyrocket with population aging, has been questioned. Jones and Greene (2016) discuss data from recent decades that report a decline in dementia rates across a number of countries (e.g., Larson, Yaffe, & Langa, 2013; and Satizabal et al., 2016 who review dementia incidence rates in the longitudinal Framingham heart study). It is not clear what the explanations are for the declines or how stable the improvements may be. The Framingham study showed increased heart health, which is correlated with some forms of dementia. Jones and Greene (2016) caution, however, that dementia will present a major societal issue because the prevalence of dementia can increase, even if the incidence falls. This is because of the overall increases in the size of the elderly population; this will likely result in ongoing increases in the absolute number of people with dementia. Regardless of future hopes for diminished progression and cures of dementias,

large numbers of our aging population residing in care facilities will be living with dementia and will require innovations in care practices to enhance their quality of life and well-being.

Social dimensions and determinants of health. Social Dimensions of Health (SDH) is a field of study that explores how we best interpret the interplay of social position, biology and the environmental contexts, with the aim of developing social and medical policies to reduce poor health outcomes and inequities. It explores social and economic conditions which shape individuals and communities. Social ‘dimensions’ of health broadly addresses how the social world influences health and illness. More specifically, a frequently used SDH term – ‘social determinants of health’ – pertains to “the conditions in which people are born, grow, live, work and age; and the societal influences on these conditions” (World Medical Association, 2016, p. 1).

Raphael (2016) identified 16 social determinants of health: Indigenous ancestry; disability; early life experiences; education; employment and working conditions; food security; gender; geography; health care services; housing; immigrant status; income and its distribution; race; social safety net; social exclusion; unemployment and employment security (Raphael, 2016, p. 11). About half of individual and population health are determined by social factors, particularly housing, income and social support. With regard to the latter aspect, a Canadian Medical Association report (CMA, 2015) includes social connection among the critically important factors related to Canada’s seniors enjoying healthy and rewarding lives; specifically, social support was identified as linked to positive effects on longevity, and slowing cognitive decline and the progression of physical disabilities.

From an SDH perspective, both medical and non-medical determinants of health are more important than age itself as predictors of health and well-being. Factors such as

socioeconomic status, cultural influences, health service accessibility, health inequities, cognitive function, healthy lifestyle choices and physical conditions all impact health and quality of life (Canadian Healthcare Association, 2009; Cloutier-Fisher, Foster, & Hultsch, 2009; Cranswick, 2003; Duxbury et al., 2009; Le, 2011; Prohaska, Anderson, & Binstock, 2012; also see the 2011 WHO discussion paper on social determinants of health). The social determinants of health impact quality of life and longevity, including overall good health and length of disability-free life expectancy. It takes into account the ‘causes of the causes’, in particular how they influence social inequalities of health (World Medical Association, 2016).

Numerous studies highlight the links between social factors, genes, the environment and an empirical nature/nurture perspective (e.g., Adler et al., 1994; Borrell & Crawford, 2011; Brunner, 2007; Corbin, 2003; De Vogli, Brunner, & Marmot, 2007; De Vreese, 2009; Garro, 2000; Krieger, 2001; MacLachlan, 2006; Marmot et al. (1991); McEwen, 2008; Nachman & Marzuk, 2011; Pearce, 2011; Smith, 2011). Social determinants of health greatly impact quality of life over the life course, as it is known that early interventions to reduce stress, increase physical activity, improve nutrition, and engage in cognitive and creative activity slow the progression of chronic health conditions affecting our older adult populations. A key determinant of objective health status is one’s self-perceived health (Lundberg & Manderbacka, 1996).

As noted by Raphael (2011), “the primary factors that determine whether one lives a long healthy life or a short sick one are not genes or lifestyle choices but rather the living conditions that are experienced... hundreds upon hundreds of research studies have affirmed this basic fact” (pp. 220-221). This is well recognized in the Canadian literature on health promotion (e.g., Butler-Jones, 2011; Canadian Population Health Initiative, 2008; Canadian Public Health Association, 2009; Davidson, 2014; Mikkonen & Raphael, 2010; Raphael, 2016). Yet, Raphael

(2011) notes that Canada along with other countries has been slow in applying concepts of health and social policy development. As observed by Hayes et al. (2007), there has been minimal coverage by mainstream media on the important impact of the social determinants of health and on public policies that shape the determinants. As social determinants of health greatly impact life course trajectories, paying attention to these factors is critical to future development of our healthcare services, institutional framework and effective practices.

Life course perspective. The life course perspective is interdisciplinary as it integrates disparate approaches to the life course as derived from traditional academic disciplines (e.g., psychology, sociology, anthropology, and history (Bengston, Burgess, & Parrott, 1997)). The evolution of life course research into the area of aging has resulted in a perspective reflecting several research traditions. Life course research on aging has come to reflect convergence of thinking at macro- and micro-social levels of analysis and with regard to individuals as well as populations over time (Bengston, Burgess, & Parrott, 1997).

The life course perspective focuses on individuals within a social context, with pathways traced along an age-related and socially marked sequence of transitions (Hagestad, 1990). The pathways occur over three types of time – *life time* (age); *historical time* (time period of the individual's life and key historical events); and *social time* (sequencing of events and social roles according to age-related expectations and opportunities). Chappell et al. (2003) note that through the life course perspective, attempts are made to separate out the effects of age, history, and social structure. The life course perspective is dynamic, focused on complex interrelationships between biographical, social, and historical time, with cumulative early and later life risk factors and proactive processes that operate through an individual's life (Ben-Shlomo & Kuh, 2002;

Kuh, Ben-Shlomo, Lynch, Hallqvist, & Power, 2003; Niedzwiedz, Katikireddi, Pell, & Mitchell, 2012; Singh-Manoux, Ferrie, & Chandola, & Marmot, 2004).

The diversity and complexity of experience across time and space are acknowledged by a life course perspective. As clarified by Cloutier & Penning (in press), central principles of a life course perspective include: consideration of temporal aspects (how early life events impact later life); historical events and their contexts (e.g., economic upheavals, wars, geographical disasters); the timing in life when the events occurred (e.g., mid-childhood, old age); individual characteristics (e.g., gender, age, social class, ethnicity); linked lives (interdependent relationships); and human agency and personal control (with individuals viewed as active agents who shape and are influenced by events and social structures).

As generations adapt to social transformations the life course perspective is reframed accordingly. Older adults are seen as dynamic social actors who enrich overall understanding of human beings in relation to a given society. Cole and Durham (2008) remind us of the importance of intergenerational relationships in which aging is considered as a context for interaction among and between generations, as imaginative landscapes of memories and aspirations.

Quality of life (QoL). Interpretations on QoL are drawn from an increasingly large and diverse body of research and literature (e.g., Higgs, Hyde, Wiggins, & Blane, 2003; Hyde, Wiggins, Higgs, & Blane, 2003; McKee, Houston, & Barnes, 2002; Netuveli & Blane, 2008; Panagiotakos & Yfantopoulos, 2011; Taillefer, Dupuis, Roberge, & Le May, 2003; Walker & Hennessy, 2004). Definitions of QoL are equally diversified; following, a few are selected to reflect a psychosocial and mental health framework.

Health-related quality of life has been referred to as the value assigned to one's duration of life as modified by impairments, functional states, perceptions and social opportunities influenced by injury, disease, treatment or policy (Patrick & Erickson, 1993). Traditionally, QoL focuses on the biomedical and pathological models of health. Martinez-Martin et al. (2012) note the concept of health-related QoL is varied and controversial, but agreement on three broad domains provides the basis for approaches to health-related QoL assessment – physical, psychological, and social well-being – as consistent with the WHO's definition of health (Phillips, 2006). The WHO Quality of Life Group (1993) views QoL as including one's perception of position in life with respect to the culture and value systems in which the individual lives and in regard to goals. According to Mendola and Pelligrini, (1979), QoL is one's individual's attainment of a satisfactory social situation within the limits of perceived physical capacity.

Activity limitations are among the most important factors affecting quality of life and therefore well-being, impacting seniors' abilities to fully integrate socially. The research clearly bears out a strong relationship between self-perceived health and the capacity to engage in daily activities without limitations or dependence on others (Shields & Shoostari, 2001). QoL research is shifting from negative assumptions about decline in old age towards a more positive view of old age as a natural component of the life span (Netuveli & Blane, 2008).

QoL and dementia: Perceptions of loss of self and 'personhood'. It is speculated that many older adults residing in care facilities are coping with accumulated losses; their sense of self, of personhood, of control over their lives, of autonomy and agency, may become diminished as they transition from home into facility care. Some of the literature on Alzheimer's disease (AD) supports the notion that, with dementia, the person experiences a progressive decline of

selfhood to the point that the person no longer remains (Fontana & Smith, 1989). For families, observing the relentless decline in dementia can be devastating, described as “the very splintering of the sedimented layers of Being... until there is nothing left” (Davis, 2004, p. 375). As portrayed by Keane (1994), the AD sufferer is one “whose mind has been dissolved and humanity stolen, leaving only a body from which the person has been removed” (p. 152).

This loss of self arises from what is deemed as ‘guarantors of personhood’ - cognition, memory, and rationality (Kontos, 2010). This notion, however, can be challenged. For example, review of ethnographic observations indicates instances in dementia relationships of “genuine caring, coherence, and even spontaneity” (Kontos, 2010, p. 127). Kontos points out that increasingly, health-science scholars and social scientists are challenging the view of loss of self that has been associated with the cognitive deficits in dementia (Ballenger, 2006; Hughes, Louw, & Sabat, 2006; Kitwood, 1997; Post, 1995; Sabat & Harre, 1992). Kontos (2010) argues that selfhood is embodied; a corporeal nature of being that exists below the level of consciousness and language, which is enacted at a pre-reflective level, equated with the subconscious.

Medeiros (2010) highlights the importance of considering one’s experience of dementia. She notes that books by Basting (2009), Innes (2009), and Snyder (2009) stress that it is important to challenge assumptions about the nature of dementia and traditional models of care, and give greater attention toward the experiences of those with dementia and the sources of knowledge from their caregivers. Medeiros (2010) asserts that such an experiential focus would place more of a focus on ‘possibilities’ and ‘future’ to persons with dementia.

Examples of challenging assumptions about the loss of ‘self’ in dementia are accumulating. Basting (2003) reviews several autobiographies that all seem to portray a clear sense of self, and the work of Kontos in the area of ‘personhood’ likewise challenges

assumptions about loss of self (e.g., Kontos, 2010, 2012, 2014) (also see Kitwood's seminal 1997 text: *Dementia reconsidered: The person comes first*).

Tuokko (in press), in her discussion of social neuropsychology in dementia, points out the challenges of how the 'self' is defined (moving from a view of a single unified self to various models of multiple selves) and how self-perceptions have been studied (i.e., quantitative and qualitative approaches). Furthermore, she notes that research on self and identity in dementia contexts have for the most part been undertaken among individuals in a mild stage of dementia although some studies pertain to late stages of dementia. Despite the conceptual and methodological challenges, it is certainly a positive development that greater attention is now being directed towards understanding the subjective experience of the individual with dementia. Tuokko (in press) notes that the focus of dementia research has mainly been on improving early diagnosis, distinguishing among types of dementia, optimizing medical strategies to stop or slow the disease process, and management of behavioral difficulties. Little attention has been given to social cognition.

Tuokko (in press) refers to 'social cognition' as essentially involving "how people make sense of themselves, others and the social context" (p. 1). In the context of dementia she notes that social cognitive research addresses one's lived experience - how individuals perceive themselves and others, and how they interact in their social environments and are influenced by them. With regard to the emerging literature on these aspects, she states that "much of the research focuses on the ways to assess and explore the social cognitive aspects of dementia, the impact of dementia on self and identity, and recommendations for interventions that support the social cognitive functioning of people diagnosed with dementia" (Tuokko, in press, p. 4).

Research on dementia is accumulating in which opportunities are provided for inclusion,

engagement and enjoyment. Tuokko (in press) notes that dementia research increasingly includes diverse arts-based approaches (e.g., music, visual arts, and applied theatre) that integrate a person-centred approach to enhance QoL.

A recent literature review was undertaken with regard to qualitative research findings on factors that most impact QoL from the perspective of persons with dementia (O'Rourke, Duggleby, Fraser, & Jerke, 2015). The sample included persons with mild, moderate and severe levels of dementia across settings from private residences in the community to facility care, in the U.S., Canada, the Netherlands, Ireland, Australia, and Japan. According to persons with dementia, the key factors impacting QoL that emerged were relationships (being together vs alone), present agency in life (purposeful vs aimless), perceived wellness (well vs ill), and sense of place (feeling located vs unsettled). Together, these factors comprise an overriding concept of connectedness, with higher connectedness/QoL associated with higher levels of reported happiness, and lower levels correlated with reported sadness. These factors impacting QoL relate to the lived experiences of older adults transitioning into care.

Older Adult Transitions from Home to Facility Care

Nursing home placement becomes an important transition for older adults and their families (Rose & Lopez, 2012), as these transitions create challenging dynamics for families (Bramble, Moyle, & McAllister, 2009). The issues facing older adults residing in long term care are varied, complex and multilayered. Shippee, Henning-Smith, Kane, and Lewis (2013) found that the most central factors in improving QoL for older adults in facility care were maintaining functional abilities and providing an engaging social environment.

Providing innovative transitional programming for older adults and their families, then, is essential to supporting those at such delicate points in the life span trajectory. Observations from

practice highlight a gap in specific emotional / counseling support services for older adults in care and their families which address the whole person – their spiritual and emotional needs. Although social workers provide some support they are often constrained by time and financial resources (Pauluth-Penner, 2015 – ethno-drama journal field notes).

Family involvement in residential care. Integrating families with older adult care can powerfully complement other forms of treatment (see Benbow & Goodwillie, 2010; Brown et al., 2003; Maas et al., 2004). Our healthcare system’s focus on healthcare delivery for older adults sometimes inadvertently neglects family issues (Zarit & Edwards, 2008; Rosenthal & Dawson, 1991). As observed by Benbow and Goodwillie (2010), it is often the case that services are organized around diagnostic category or by client group; this can result in an overly narrow focus as the roles of older adults as family members and their impact on the life cycle of the family as a whole may not be considered. Families and intergenerational connection are as important to well-being in the later years as earlier in the life cycle.

Gaugler (2005), in a review of the literature on family involvement with loved ones residing in care, points to research focused on whether family remained involved in their loved one’s care after transitioning into residential treatment. The view that elderly individuals were essentially ‘dumped’ and with little visitation from family after admission into residential care has essentially been debunked. Gaugler (2005) has cited ample research studies showing that family members in general remain engaged in the lives of their loved ones. He explains that earlier reviews of the existing literature on family involvement in residential long-term care had been focused on the degree of family involvement, and that no critical review by the time of his 2005 study had thoroughly examined issues pertaining to the types of involvement; these include

visits, predictors of family involvement, the influence of family involvement on resident outcomes, and interventions designed to facilitate family involvement in residential settings.

The types of roles families have played in their involvement in residential care have largely been ignored according to Gaugler (2005), in part due to the bias of quantitative studies focusing on numbers of visits and task-based analyses of activities of daily living. He cites qualitative research clarifying that the roles of family members are more extensive than providing personal and instrumental care; family members assist as well in efforts to preserve the identity and quality of life of their loved ones. Gaugler (2005) comments that while it makes sense that increased family involvement is positive in psychosocial effects with some supportive literature in this regard, few studies have actually tested this assertion directly.

Gaugler's (2005) review points out that the reasons for family members remaining involved in the lives of their loved one's post-institutional placement are complex. Of particular relevance to this current study on reminiscence theatre is Gaugler's (2005) recommendation for practitioners to engage in research that evaluates novel programs designed to enhance family involvement. Recognizing that this is a growing area of research, he notes that little empirical evidence exists on how family involvement impacts long-term care residents or which are the most effective strategies to incorporate families. Increased understanding in these respects can result in benefits to providers in enhancing quality of care and quality of life for older adults in care.

As Gitlin and Wolff (2011) point out, family members have long been involved in the health and care of older adults and this will continue. This is a global pattern that occurs across all socioeconomic levels, in developed and developing countries, within all race and ethnic groupings. Research suggests that once an individual with dementia has transitioned into

residential care, families will still provide monitoring and hands-on assistance on-site with daily activities, taking on some of the responsibility for coordinating care, ongoing decision making and communication of care decisions with other family members and monitoring the quality of care (Gitlin & Wolff, 2011). This indicates that even post-transition, family involvement may be quite time intensive and demanding, both physically and emotionally.

Gaugler's (2005) comment about the complexity of reasons for family involvement in residential care having to do with various facility, resident, and family-level variables, has been elaborated on by Gitlin and Wolff (2011). Families may be greatly impacted by care transitions for reasons related to family structure (e.g., extent of the family network, division of responsibilities for care tasks, preexisting relationships with the family member in care, financial resources, etc.); to characteristics of family members (e.g., relationship to the resident, gender, ethnicity, and cultural beliefs); and to attributes of the family member in care and the circumstances pertaining to transitions of care (Gitlin and Wolff, 2011).

The literature pertaining to family involvement in transitioning into care in a residential long-term care facility has been reviewed by Gitlin and Wolff (2011). While acknowledging the lack of firm empirical data on the magnitude of families involved in eldercare transitions or the range of activities in which they are engaged, Gitlin and Wolff (2011) concluded unequivocally that families actively engage in the care transitions of their family members across delivery of care settings and across shifting levels of care.

Gitlin and Wolff's (2011) review focused on family involvement in the process of transitioning into care. The current reminiscence theatre study is more specifically concerned with active family engagement in the older adult resident's life once stabilized in the long-term

care facility. Some empirical research is emerging in this area, recognizing that transitioning is ongoing, a fluid process on a continuum rather than fixed in time.

An example of empirical research of particular relevance to the current study on reminiscence theatre is cited by Gaugler, Anderson, and Holmes (2005). They note studies by Hepburn and colleagues on the use of reminiscence and narratives in improving family and resident adaptation in the nursing home environment (Caron, Hepburn, Luptak, Grant, Ostwald, & Keenan, 1999; Hepburn, Caron, Luptak, Ostwald, Grant, & Keenan, 1997). Herein, family group sessions were conducted over a 2-month period integrating a ‘family stories’ approach. Multiple family members completed exercises towards creation of a narrative of the institutionalized relative’s life, with the biographies later presented to staff to provide a more personalized view of the individual. Gaugler, Anderson, and Holmes (2005) summarized that open-ended analysis pointed to families involved in the aforementioned studies had stronger social connections than in more traditional programs. As well, the families engaged in the ‘family stories’ approach tended to avoid discussion of disease-related aspects of residents, and instead focused on personalizing the resident’s life in the care facility.

Researchers articulate that to meet the needs of our increasing aging population in residential care, social and public policy changes must occur (Biernacki, 2007; Brooker, 2007; Dijkstra, 2007; Edwards & Mawani, 2006; Knickman & Snell, 2002). Since the 1990s Canadian policy makers have been recommending a more integrated healthcare system for our older adults (Leatt, 2000). As noted by Tuokko (in press), the arts are shown to be beneficial for older adult and family health and well-being.

Arts & Health

Creative arts in integrated residential care. Several countries in the Organization for Economic Co-operation & Development (OECD) have adopted policy/program frameworks which include arts-in-health initiatives that have effectively assisted families to manage transitions between services more efficiently (Canadian Institute for Health Information, 2011). Canadian residential care program developers can draw upon rich, effective and sustainable international models which have exemplified best practices and practice-based arts research, specifically exploring the impact of arts engagement on older adults (e.g., Allan & Killick, 2002; Arts Council of Northern Ireland, 2013; Basting & Killick, 2003; Gottlieb-Tanaka, 2004; Killick & Allan, 2011; Levine-Madori, 2007; McFadden & Lunsman, 2009; Rylatt, 2012).

Phinney (2012) comments that at least six of the key determinants of health have been shown to be positively impacted by arts interventions. These are identified as social status, social support networks, education and literacy, social environments, coping skills, and culture.

A 2011 WHO interim report discussed by Prior (2011) outlines key components of health and well-being. The report highlights the social determinants of health in the European region, emphasizing the importance of health promotion and development: “a key and unique resource... that must be nurtured... that is much needed” (Prior, 2011, p. iii). Yet, despite the encouraging rhetoric the report ignores the role of the arts in health. Prior (2011) notes that within the report no reference was made to the role of the arts in health and impact on well-being, nor did the 2011 WHO report give any attention to the creative arts practices that were being undertaken throughout Europe, whether in response to health issues or with regard to contributing beneficially to individuals and societies. This was in sharp contrast to the abundant, solid

accumulating arts-based research evidence of the benefits of arts in health initiatives, highlighted in a number of key international arts-in-health reports.

State of Arts-in-Health: Reports. Broadly speaking, arts-in-health programming globally has been growing exponentially, particularly in the U.K. (e.g., Cayton, 2006), Australia (e.g., McAdam, 2012) and the U.S. (e.g., Cohen, 2006). Staricoff (2004) cited nearly 400 papers on the value of creative arts in healthcare, and the UK Department of Health, Arts and Health Working Group reviewed over 1,000 studies making a case for arts-in-health investments (Department of Health, 2006). The UK Report of the Review of Arts and Health Working Group (Cayton, 2006) states: “Arts and health initiatives are delivering real and measurable benefits across a wide range of priority areas for health... There is a wealth of good practice and a substantial evidence base” (p. 3), all of which “make a powerful case for making investment in arts and health” (p. 12).

McAdam (2012) comments that such studies support an evidence-based argument for greater use of the creative expressive arts in healthcare as well as in the overall community; these studies speak to the positive impact of the arts on health and well-being. She affirmatively concludes: “The evidence is strong and the need is pressing” (McAdam, 2012, p. 23). For a review of international perspectives on practice, policy and research on the creative arts as related to health and well-being, integrating works from China, South Africa, India, Brazil and Venezuela see Clift and Camic, 2016.

As for Canada, Cox et al. (2010) conclude that the nation’s status is dramatically behind that of U.K., U.S.A. and other Western countries, and highlights the challenges of little recognition, working in isolation and lack of funding. Nevertheless, art-in-health programming is

beginning to emerge in Canada (Brett-MacLean, 2007; Cooley, 2003, 2005; Cooley, Markle, & Parker, 2006; Lander & Graham-Pole, 2008; Sajjani et al., 2011).

In 2013, the Arts Health Network Canada and British Columbia affiliate were formed. Its aims are to support 'arts & health' as "a growing interdisciplinary field that embraces many forms of art to promote health and prevent disease in individuals and communities, enhance health service delivery and enrich research inquiry" (Arts Health Network Canada, 2013). Arts Health BC is a not for profit organization focusing on "participation and engagement in the arts as a path to improved health, healing and wellbeing for all British Columbians... promotes the field of Arts & Health through outreach and education, engagement, collaboration & professional development" (Arts Health BC, 2016). The organization has built upon Cooley's original vision, developing a literature repository which has evolved into Canada's primary arts and health knowledge and resources sharing hub.

For a synthesis of the state of arts and health developments in various countries see: Clift et al., 2009 (England); Cox et al., 2010 (Canada); Cuypers et al., 2011 (Norway & Sweden); Goodman & Sims, 2009 (U.S.); and Wreford, 2010 (Australia). For annotated reports and resources, see Appendix A.

Arts-in-health programming for older adults. Gene Cohen's seminal research initiative, the U.S. National Multisite Study (Cohen, 2006), measured the impact of community-based cultural and arts programs on general mental and social health of people age 65 and over. The study design utilized control groups, demonstrating overwhelmingly positive differences in the intervention group which utilized arts programs, as compared to the control group whose subjects were not involved in arts programs. Participants who engaged in these experimental arts engagement groups lived longer, had fewer doctor visits, and were less depressed and more

socially involved than the control group. Significantly, Cohen's Creativity and Aging study (Cohen et al., 2007) is regarded as "the first peer-reviewed study examining the influence of professionally conducted, participatory art programs on the general health, mental health and social well-being of elderly persons" (Phinney, 2012, p. 3). Cohen's exemplary study continues to influence current research and practice in arts-in-health initiatives.

Regionally, Phinney (2012) draws attention to a 3-year initiative in central and North Vancouver that focused on community-engaged arts programming with vulnerable and marginalized seniors, with the overall intent of enhancing health and well-being among participating older adults and with greater understanding of the relationship between arts and health. Quantitative measures assessed changes (repeated measures) in the areas of physical well-being (e.g., re perceived health status, chronic pain), emotional well-being (e.g., self-esteem, life satisfaction, symptoms of depression) and social inclusion. The arts genres utilized across four sites were writing, digital photography, digital video, puppetry and dance, and mixed-media visual arts (theatre was not specifically mentioned).

Overall, Phinney's (2012) research findings illustrated (as in Cohen's earlier work) that those older adults "involved in professionally led arts programming benefitted with regard to their mental, social, and overall physical health" (p. 28). Statistically significant improvements on measures of perceived health status, chronic pain, and sense of community were noted. Qualitative methods added understanding of benefits of social connectedness, new learning and creative expression.

Dementia-specific arts-in-health initiatives. Some outcome studies of arts programming with older adults have focused attention specifically on dementia populations. Numerous other studies of this type report positive impacts on well-being (e.g., Fraser, Bungay,

& Munn-Giddings; Grant, Elliott, & Morison, 2011; Kinney & Rentz, 2005; McFadden & Basting, 2010; McFadden & Lunsman, 2009; Pepin, Holley, Moore, & Kosloski, 2006; Phillips, Reid-Arndt, & Pak, 2010; Rowe, Fowell, & Montgomery, 2006; Rusted, Sheppard, & Waller, 2006).

McAdam (2012) developed MAC.ART, a dementia-specific recreation therapy program that is internationally respected and has received multiple awards (www.macart.com.au). The program aims to inquire how interventions can improve quality of life, promote independence and prepare those living with dementia and care partners for the challenges of long-term care. The person-centred care perspective promotes greater recognition of dementia-specific psychosocial interventions that include the creative expressive arts therapies. Hannermann (2006) asserts that persons with dementia can improve their creative skills and sharpen their senses.

Numerous examples are cited by McAdam (2012) as illustrative of positive impacts of psychosocial interventions on quality of life among persons with dementia (e.g., Killick & Allan, 2011; Levine-Madori, 2007; Whitehouse & George, 2008). Exemplary practices from which to draw are highlighted by McAdam (2012): the British Government's national dementia strategy (Department of Health, 2009); the UK's National Institute for Health and Clinical Excellence (2006) which recognizes the value of creative expressive arts in dementia care; and arts-in-health literature reviews in the UK (Department of Health, 2006; Staricoff, 2004). The article by Rylatt (2012) expands on the connection between arts engagement and enhanced well-being in those living with dementia.

McAdam (2012) indicates a growing abundance of excellent dementia-specific programs in North America: *Artists for Alzheimer's* (Zeisel, 2009), *Creative Discovery Corp* (Cohen,

2000), *StoryCorp* (Isay, 2007), *Timeslips* (Basting, 2009), *Opening Minds through Art* (OMA) (Lokon, 2007), *Therapeutic Thematic Arts Programming* (TTAP) (Levine-Madori, 2007), *Memories in the Making* (Kinney & Rentz, 2005; Rentz, 2002), and *The Eden Alternative* (Thomas, 1994, 1996). As well, Bolton (2012) has identified exemplary dementia-specific arts programs in Australia and New Zealand, and Larpent (2011) has explored applications in dementia with respect to oral storytelling utilizing new media.

Opening Minds through Art (OMA) (Lokon, 2010) is a dementia-specific art program based at Oxford, Ohio's Miami University Scripps Gerontology Center. It offers training in program development, research and evaluation on arts in dementia. *Opening Minds through Art* initiatives are grounded in person-centred ethics (Kitwood, 1997) and based on evidence that persons with dementia are capable of creative expression (Lokon, 2010). Lokon, Kinney, and Kunkel (2012) suggest that the benefits of arts engagement in dementia extend to others involved with them. The authors clarify that the benefits of intergenerational programs are well documented with healthy elders but are not clearly established regarding older adults with dementia.

One form of creative expression, theatre/drama, has been shown to be beneficial for those with dementia (e.g., Basting, 2006; Gibson, 2011; Nicholson, 2011; Roush et al., 2011; Sauer et al., 2014; Schweitzer, 2007). Grant, Elliott, and Morrison (2011) assert that "artistic activity with and by older people, regardless of mental capacity, should be seen primarily in the context of a human right to continuing education and access to artistic expression" (p. 253).

Theatre arts and dementia in North America. Nicky Hatton's Winston Churchill Memorial Trust report (Hatton, 2013) highlights several exemplary theatre arts practices in American and Canadian dementia-specific care homes. Hatton conveys interdisciplinary practice

among theatre practitioners, dancers, storytellers, sound artists, musicians and visual artists. She emphasizes that an interdisciplinary approach is essential to maximize participant engagement. Hatton (2013) notes that while theatre and dementia is still emerging as an area of work in North America, activity is increasing.

Hatton (2013) cautions that although collaborations between theatre companies and care homes are significantly beneficial for older adults and their families, practitioners need to be cognizant of the challenges of negotiating between the care home and theatre company's needs. She argues for more documentation through pilot projects in order to better understand the benefits and challenges of doing theatre in care homes, establishing communication and trust to ensure these projects are designed to best serve the needs of the residents.

Hatton (2013) also emphasizes that theatre / drama initiatives in dementia care settings need to balance the needs of healthcare providers and artists. While noting that often there are therapeutic benefits to the work, Hatton (2013) expresses concern that "theatre practitioners are sometimes expected to justify their practice in terms of health and wellbeing outcomes" (p. 4). She acknowledges the importance of positive health outcomes and maintains that "it is also important that the creative and aesthetic values of the work are considered" (Hatton, 2013, p. 4).

Use of improvisational theatre is noted to be quite effective for persons with dementia, allowing for 'in the moment' participation without reliance on short term memory (Hatton, 2013). Evidence is growing to support participation in improvisational engagement as beneficial, enhancing confidence, wellbeing and sense of self.

The theatre can assist in understanding the emotional and embodied experience in dementia. As for accessibility to drama / theatre engagement in dementia care, Hatton (2013) observed that North American circumstances are much the same as in the U.K. as opportunities

for such participation are much more available in privately care facilities and in affluent communities. She noted that many care homes and day centres struggle to provide sustainable arts activities for their residents.

Hatton (2013) suggests that the theatre can be utilized to support care staff, families and persons with dementia. She speaks to the value of articulating the experience of dementia as a complementary research tool alongside quantitative methods; the need for support networks to share ideas of best practices; for students to train with practitioners on the job; incorporating interdisciplinary practice in care homes through integration of several arts genres; offering ongoing programming rather than ‘one-offs’; including care staff and families in projects; and utilizing theatre to support older adults and families on an ongoing basis.

The legacy of Gene Cohen. The aforementioned literature has affirmed much of Gene Cohen’s seminal influences on our perceptions of health and well-being. Referred to as “the psychiatrist who broke ground in geriatrics... changed the image of aging from one of senescence [weakness] to a period of creativity” (Sullivan, 2009), Cohen emphasized the importance of meaningful social engagement and a sense of control, positive effects on the immune system and new understandings of brain plasticity (Vella-Burrows, 2016). Well aware of developments in neuroscience, he promoted creative engagement as a means to form new pathways in the brain regardless of age and with positive neuro-immunological effects (e.g., Kramer et al., 2004). Creativity was embraced by Cohen (2000; 2006; 2009) to enhance inner growth, strengthen morale and enrich relationships (Vella-Burrows, 2016).

While a central focus of Cohen’s work was to alter traditional preconceptions of inevitable decline in old age and thereby promote hope and optimism for high quality of life in one’s later years, his contributions are quite pertinent for those with dementia as well. If Cohen

were to speak today, he would argue that creating environments where older people can thrive with ample opportunities for creative engagement would be as beneficial for those with dementias as for the healthy old.

A review of literature and practices thus far has suggested that engagement in the arts holds positive implications for health and well-being. Broadly speaking, the literature also suggests reminiscence and life review as essential for healthy adaptation through later life. The theatre arts genre of reminiscence theatre suggests similar benefits. Next, reminiscence, life review and reminiscence theatre are synthesized to set the context for this reminiscence theatre study – *Moving forwards backwards*.

Reminiscence & Life Review

Reminiscence and life review: Definitions and distinctions. *Reminiscence* is “the act or process of recalling the past” (Butler, 1963, p. 66). The effects of active engagement in reminiscence for the older adult population have been well-researched for over fifty years. To date, there has been minimal research with regard to reminiscence theatre in the context of individuals with mild to moderate dementia residing in care, specifically with intergenerational reminiscence theatre practices.

Life review is somewhat different from reminiscence but equally important to seniors’ psychological well-being (Birren, 2011, p. x). Life review “is not synonymous with, but includes reminiscence” (Butler, 1963, p. 67). It is the process of recalling personally significant events from the past in order to make sense of the present. It is “a naturally occurring, universal mental process characterized by the progressive return to consciousness of past experiences” (Butler, 1963, p. 66), and viewed as contributing to successful adaptation to old age (McMahon & Rhudick, 1964).

Tromp (2011) acknowledges Erikson (1963; 1978; 1982) as having “provided the framework in which the phenomenon of looking back in the later years of life is to be understood” (p. 252). Erikson’s stage theory of human development defines the last stage as “Ego Integrity vs. Despair” (Erikson, 1980, p. 178). Acknowledging criticisms of Erikson’s stage theory, Tromp (2011) notes Erikson’s conceptualization about the last stage of life remains prominent among gerontologists. This stage of life is characterized by the challenge of attaining a sense of ego-integration, through integrating the past into a meaningful and coherent understanding of one’s life overall: “To that end, they should be engaged in recalling and evaluating past experiences and trying to integrate those experiences into a meaningful vision of their personal life” (Tromp, 2011, p. 253). Tromp (2011) currently refers to the deliberate process of life review as ‘reminiscence’ - structured reflection on the entire course of ones’ life. Noting the positive impact of life review on self-concept, Dobson and Goode (2002) state that “current best practice in working with older people draws extensively on a considerable body of research into the benefits of life review” (pp. 182-183).

Updating Butler’s seminal theory on reminiscence & life review. Achenbaum (2013) in his biographical tribute to Robert Butler, details his longstanding contributions to our understanding of gerontology and positive aging. Most significant is Butler’s concept of life review, which over fifty years later is still used therapeutically, the technique of journaling life’s experiences to assist the elderly “grappling with issues still unresolved from earlier in their lives” (Achenbaum, 2013, p. xi).

Butler himself came to personally revisit his ideas on reminiscence and life review, as reflected in his writings weeks before his death in 2010. Achenbaum (2013) notes that Butler’s “final interpretation of life review concentrates on the here and now; it makes elementality

critical to embracing one's self" (p. 20). Citing Butler (2010), Achenbaum (2013) reflects Butler's views on surmounting fear in late life: "Elders should try through life review to free themselves from being anxious... Invoking Bernard Berenson's descriptions of 'life-enhancing experiences' that make 'life a work of art,' Butler envisions an old age that, for all its dark shadows, holds 'still the opportunity for a sensuous appreciation of life' (p. 19). Such late-life fears are all too often unexpressed. The arts, particularly the dramatic arts, provide a safe context for such expression and resolution.

In Bohlmeijer's (2007) historical review of reminiscence and life review research he divided it into recent developments (1986 to the present) from an earlier period (1963-1985) that began with Butler's (1963) seminal paper. The first period emphasized psycho-analytic and stage-developmental frameworks; eventually it became evident these "had to be complemented with other theories or frameworks to fully understand the phenomenon of reminiscence" (Bohlmeijer, 2007, p. 33) and that as a therapeutic intervention reminiscence is far more complex than initially thought. The recent period has been characterized by greater precision in defining reminiscence and its functions, developing reliable and valid measures of reminiscence, and studying it throughout the life-span. Bohlmeijer (2007) advised linking of reminiscence and psychosocial theories of adaptation, stress and coping, towards specification of the working elements of reminiscence interventions and also taking into account the target group, setting and aims.

Reminiscence and life review include various forms and functions (for elaborations, see Gibson, 2004; Webster, 1997; Wong & Watt, 1991). Bohlmeijer (2007) concludes that reminiscence in the form of autobiographical memory is a reconstructive process. Overall, meta-analyses have indicated that reminiscence is effective for enhancing psychological wellbeing and

decreasing depression; however, Bohlmeijer noted that there has been considerable inconsistency across studies. Recommendations for future directions in reminiscence research are explored in Webster, Bohlmeijer, and Westerhof (2010). The authors state that reminiscence research is now entering a more mature stage that incorporates a life span perspective with awareness of moderator variables (e.g., personality, gender and ethnicity).

Value/benefits of reminiscence & life review. Reminiscence assists the process of life review. Gibson (2004) points out that people facing major life transitions in later life may wish to reflect on their lives while attempting to come to terms with life as it has turned out, whether for good or poor outcomes overall. Numerous theorists comment on the therapeutic value of reminiscence, particularly with regard to social engagement and overall mental health (e.g., Bender, Bauchkam, & Norris, 1999; Cruikshank, 2010; Haber, 2006; Kunz & Soltys, 2007; Maercker, 2002; O’Leary & Barry, 1998; Serrano, Latorre, Gatz, & Montanes, 2004). (See Birren and Reyes, 2008, for an extensive bibliography of reminiscence literature.)

Both reminiscence and life review are now considered important to seniors’ psychological well-being and essential to successful adaptation to the later stages of adult life (Birren, 2011; Butler, 1963; Cappeliez, Guindon, & Robitaille, 2008; Cappeliez, O’Rourke, & Chaudhury, 2005; Cappeliez & Webster, 2011; Dobson & Goode, 2002; Gibson, 2004, 2011; Haber, 2006; Mills & Coleman, 2002; Sherman & Peak, 1991; Thornstam, 1999; Tromp, 2011; Westerhof, Bohlmeijer, & Webster, 2010; Watt & Wong, 1991; Wong & Watt, 1991). The psychosocial benefits of active engagement in reminiscence and life review for the older adult population are supported through many studies (e.g., Bohlmeijer, Roemer, Cuijpers, & Smit, 2007; Bohlmeijer, Smit, & Cuijpers, 2003; Bohlmeijer, Valenkamp, Westerhof, Smit, & Cuijpers, 2005; Bohlmeijer & Westerhof, 2011; Bornat, 1994, 2001; Cohen & Taylor, 1998;

Coleman, 2005; Coleman & Mills, 1997; Elford, Wilson, McKee, Chung, Bolton, & Goudie, 2005; Haight & Webster, 1995; Kikhia & Hallberg (2010); Kunz & Soltys, 2007; Molinari & Reichlin, 1985; Webster & Haight, 2002).

Years after Butler's seminal 1963 article that spearheaded subsequent attention to reminiscence and life review, he later noted that their integrative value ultimately lies in "a kind of meditation on an individual's vanished world, that is, one's own life and the anticipated loss of self as one grows older and experiences the rising expectation of death" (Butler, 1999, p. 36). The life review was considered by Butler (1999) as a process to guide individuals during the final life stage, to help the person organize a sense of one's own purpose in life.

Gibson (2004) notes that research on life review and reminiscence has demonstrated that while most types of psychosocial interventions achieve positive results in cognitive, social, and psychological realms it is reminiscence that tends to show the greatest effects (e.g. Brooker & Duce, 2000; Drees, 1997). She has commented that "life review is recognized as an effective intervention with depression or those at risk for depression associated with nursing facility admission" (Gibson, 2004, p. 273), and emphasizes that reminiscence is a highly interdisciplinary initiative with inherent therapeutic value.

Along with the well-established benefits of reminiscence and life review, Gibson (2004) acknowledges issues that may occur. For example, the reminiscence process can at times be unsettling and viewed as subversive as it may challenge conventional relationships among residential facility staff and thus threaten to unbalance institutional power. When residents are provided a context to express their voice the institution can become democratized. This may not necessarily be viewed positively by staff: "What may well be empowering for residents and service users may be perceived as disempowering for staff" (Gibson, 2004, p. 60), which at times

becomes problematic for reminiscence theatre practitioners who aim to ‘empower’ those with whom they work. The hope is that through reminiscence theatre staff too gains insight into power relationships, and how they inadvertently contribute to creating and perpetuating inequalities within hierarchical institutional structures (Gibson, 2004).

Reminiscence with families. Although an abundance of research and literature on drama and reminiscence with the older population exists, literature on reminiscence with families is minimal. Literature review indicates few specific family reminiscence studies. Some emerged in the late 1990s; most pertinent is the European Reminiscence Network’s ‘Remembering Yesterday, Caring Today’ (RYCT) project (Schweitzer, 2007).

Between 1997 and 1999 the RYCT international project for families coping with dementia was collaboratively implemented through the European Reminiscence Network across 16 cities in 10 partnering countries (Austria, Belgium, Denmark, Finland, France, Germany, Holland, Norway, Sweden, and the UK). The aim of this project was to help families sustain communication and social engagement, supporting their relationships and enhancing quality of life (Schweitzer, 2007). In each reminiscence site, 10 families were engaged over an 18-week period, with groups conducted to effectively maximize social interaction and stimulate intact memory. Memories were enacted thematically (e.g., family life, early days, and courtships).

Overall, the results of the above project supported the “growing body of experience suggesting that reminiscence can be a successful way of maximizing the intact memory of people with dementia (Bender, Bauckham & Norris, 1999; Gibson, 2004; Woods et al., 2005)” (Schweitzer, 2007, p. 243-244). The evaluations of the reminiscence groups “proved very helpful to families in different ways, reducing the stress felt by carers and helping the people with dementia to trust themselves in social situations” (Schweitzer, 2007, p. 253). As well, the family

participants were noted to have felt appreciated as social group members where they could have fun with others who shared and understood their situation, not often the case among families with a loved one experiencing dementia (Schweitzer, 2007).

In follow-up work with family involvement in reminiscence groups, Schweitzer (2007) noted that the RYCT project had been implemented twenty times in the UK and was continuing to be evaluated in other European countries (e.g., Thorgrimsen, Schweitzer, & Orrell, 2002). The 2004-06 UK Medical Research Council's reminiscence groups for persons with dementia and the family caregivers, assessed several interventions as part of the SHIELDS programme (Support at Home Interventions to Enhance Life in Dementia) through a multi-centre randomized control trial design (discussed in Charlesworth et al., 2009).

In the joint group reminiscence project (RYCT), persons with dementia (mild to moderate, living in the community) and family caregivers participated in weekly groups for 12 consecutive weeks followed by 7 monthly maintenance sessions. The project utilized the manual developed by Schweitzer, Bruce, and Gibson (2008) for the study, with specific primary and numerous secondary outcome measures detailed by Woods et al. (2009).

Charlesworth et al. (2011) commented that the existing research at the time had been criticized for design and reporting inadequacies. Their protocol allowed for separate evaluation of one-to-one peer support and a group reminiscence program, as well as in a factorial design wherein the effects could be analyzed by combining factors and levels. Their study included evaluations of cost-effectiveness, heavily weighted on the quantitative side with little attention to qualitative methods. Woods et al. (2012) concluded that the data did not support the effectiveness or cost-effectiveness of joint reminiscence groups for persons with dementia and carers. Furthermore, while attendance at more groups may have been of benefit for the dementia

participants, greater attendance for the carers was associated with increased caregiving stress (anxiety). The authors suggested a need for further exploration but questioned whether the movement towards joint interventions is warranted.

Reminiscence Arts

A landmark research study, entitled *Reminiscence Arts and Dementia Care: Impact on Quality of Life* (RADIQL) explored the use of reminiscence and interdisciplinary arts practices (theatre, music, fine arts and dance) with older adults with dementia residing in care settings over a 3-year period. This UK study (Age Exchange, 2015) was a collaboration between the Age Exchange (Blackheath, London; David Savill: Artistic Director), Royal Holloway University of London (Helen Nicholson: Professor of Theatre and Performance), and partnerships with Alzheimer's Lambeth and Southwark, Guy's and St. Thomas' NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust.

In the context of the RADIQL study, 'reminiscence arts' refers to a fusion of reminiscence practices and diverse art forms that are responsive to the abilities and creativity, life histories and interests of persons with dementia (Age Exchange, 2015). The intent of the study was to enable participants to engage in therapeutic reminiscence arts activities to improve mood, self-esteem, and reduce levels of isolation, unhappiness and depression. RADIQL also provided activities in healthy aging cafes, support groups for caregivers, and ongoing mentoring and training for caregivers in reminiscence and arts-based methodologies. The research emphasized the reciprocity of the work, performativity of the care setting, embedding reminiscence into the arts process, creative interplay between practitioners from different disciplinary backgrounds, and connections between the care setting context and broader practice.

The program was delivered by teams of Age Exchange practitioners through one-on-one and group work. RADIQL was a comparative design in which evidence was gathered from residents and staff in care homes for persons with dementia, regarding measures of psychological and emotional well-being. Six of twelve sites included the Reminiscence Arts program whereas the other six were a control group (waiting list, treatment as usual or 'hold' group). Briefly, in the intervention groups, residents participated in weekly Reminiscence Arts sessions over a 24-week period, a group session lasting between one to two hours. The practitioners, trained in different arts disciplines, co-facilitated activities with the residents. In the Reminiscence Arts approach, embodied and sensory memories are recognized and valued as well as verbal or narrative recall. The arts activities extended reminiscence practices beyond verbal discussion through multi-sensory involvement, enabling participants to communicate non-verbally through mark-making and movement. The focus was not on the past or on memory but on developing meaningful interactions in the present.

The interventions were evaluated through Kings College London and Royal Holloway University (Helen Nicholson and Ph.D. student Jayne Lloyd). Essentially, key findings were that: measures of positive behaviour and quality of life showed increases that peaked at 50 minutes into a session; positive behavioural effects were sustained for 30 minutes; these improvements and sustained duration was a consistent pattern at each session; and quality of life for participants in the intervention group improved over the entire period of the study but dropped to slightly above the baseline level at follow-up. That study suggests that to be optimally effective, reminiscence arts programs need to be implemented on an ongoing, sustainable basis over longer periods of time and integrate several art genres. The study concluded that reminiscence arts practice had a positive impact on the quality of life of people with dementia in residential

settings, strengthening the evidence base for benefits of reminiscence arts practice for people with dementia residing in continuing care homes.

The RADIQL report noted that the study was not able to evaluate whether the severity or the type of dementia was a predictor for improved wellbeing, because over half the intervention group had a non-specific dementia diagnosis. This study significantly highlighted the need for further research to develop methods to capture and explore the views of people with dementia in care homes on the value of arts and reminiscence (Age Exchange Theatre Trust, 2015). The researchers emphasized addressing methodological challenges in evaluating effectiveness of reminiscence arts for persons with dementia.

Reminiscence Theatre

What is reminiscence theatre? *Reminiscence theatre* is the practice of shaping the essence of real life memories into fictionalized stories into theatre production. Schweitzer (2007, p. 255) suggests that one of its values lies in enriching the present. Dobson and Goode (2002) refer to reminiscence theatre as a means “to bring together the therapeutic benefits of both reminiscence/recall and learning through dramatic activity” (p. 184).

Aims of reminiscence theatre. The aims of reminiscence theatre are to involve seniors in social activity relevant to their own life experience, to stimulate long-term memory, to honour the contributions of older people, and to strengthen self-confidence, self-awareness and self-esteem, all of which hold the potential to enhance quality of life. Reminiscence theatre - a genre of applied theatre – is theatre that is used for ‘extra-theatrical’ purposes that may involve education, social justice and social change, or community-building purposes (Dobson, 2012).

Gjaerum, of Norway, states that reminiscence theatre practice is integrated into reminiscence work as a part of aged care in Norway. He describes it as a form of health-

promoting work where “the goal is to create a better quality of life through a meaningful and well-rooted identity in one’s senior years” (Gjaerum, 2013, p. 247). Objectives are identified as strengthened identity through focusing on positive memories and personal strengths, with reminiscence work initiated for various reasons that include “aiding the person in dealing with difficult circumstances to reducing damage to self-image or strengthening contact with family members” (Gjaerum, 2013, p. 247). Gjaerum notes that while the concept of reminiscence is used particularly with persons with dementia, it is also utilized to help consolidate the identity of healthy, resourceful pensioners. In one reminiscence theatre study with healthy elderly participants he describes what they thought about the lives they had lived, and how they perceived younger persons’ view of today’s aged.

Reminiscence theatre for older adults in care facilities. Pam Schweitzer and others in the UK have developed and implemented a variety of reminiscence theatre programs involving persons with dementia and their families (e.g., Mangan, 2013; Nicholson, 2011, 2012; Schweitzer, 2007). Schweitzer’s method involves actors enacting memories of older adults’ younger roles (student, mother, factory worker, etc.), “creating moments of interaction using character and situation, supported by appropriate reminiscence objects” (Schweitzer, 2007, p. 239). Older adults’ impromptu comments would be included into the scenes, with the enactments fed back to the whole group. The drama groups integrate role-playing, improvisation and storytelling with actors playing out the stories remembered by the older adults, and prop boxes to stimulate memory. The seniors would be invited to suggest dialogue and actions, with the older adults occasionally taking on roles to ‘show how it was done’. Schweitzer (2007) noted that the imaginative playing out of stories through ‘as if’ situations was particularly effective: “By entering into remembered situations and performing them as though they were happening again

now, the older people could retrieve knowledge, competence and confidence long submerged” (p. 243). Drama engagement was observed to increase energy of older adults. Schweitzer (2007) commented that similar kinds of projects have been “contributing to a sea-change in opinion as to what older people in residential care can participate in and respond to when they have the opportunity, encouragement and support (Killick & Allan, 2001; Kitwood, 1997; Klocker, 2004; Perrin, 2005; Sim, 2003)” (p. 243).

Value / benefits of reminiscence theatre with older adults. In reminiscence theatre, the theatre context is utilized to reframe the stories of the elderly into performances that provide meaning and confirmation (Prendergast & Saxton, 2009). There is accumulating evidence of positive impacts from reminiscence theatre (Basting, 2001; Brodzinski, 2010; Dobson & Goode, 2002; Gibson, 2004, 2011; Johnson-Lefsrud, 2011; Mangan, 2013; Nicholson, 2011, 2012; Prendergast & Saxton, 2009, 2016; Schweitzer, 1998, 2002, 2004, 2007; Schweitzer, Bruce, & Gibson, 2008; Weisberg & Wilder, 2001). Particularly in the UK, reminiscence theatre practice is abundant and highly regarded (e.g., Cayton, 2006; Clift et al., 2009; Nicholson, 2011; Schweitzer, 2002; 2007).

Dobson and Goode (2002) highlight the intergenerational benefits of reminiscence theatre. They speak to the development of community between older adults and younger students: “Young and old can come together and enter into real and meaningful dialogue” (Dobson and Goode, 2002, p. 191). This is particularly illustrated by Petherbridge and Kendall (2012) in their account of one of many productions from London’s Bubble Theatre Company that creates theatre in partnership with the community. Projects are delivered in schools to children who are having communication difficulties and to large-scale audiences in public spaces. The core belief underlying the company’s works is that theatre is a social art leading to

interpersonal and intergenerational connections that foster well-being. As emphasized by Gibson (2011), when persons of different age groups and backgrounds use their memories of the past – of times, places, people and events – they cross boundaries and decrease the distance between themselves and others. While intergenerational work attempts to celebrate differences through reminiscence and recall, an objective is “also to discover shared experience in order more confidently to foster mutual respect between the generations, community solidarity and social inclusion” (Gibson, 2011, p. 185).

Reframing dementia perceptions of self and loss through reminiscence theatre.

Nicholson (2011) argues for expanding the use of reminiscence theatre to promote “a paradigm shift in which people with dementia are not set against ‘normal’ pathologies of ageing but are instead, valued for the rich contribution they continue to make to the lives of others” (p. 60). She explains that reminiscence theatre can help challenge negative perceptions by re-framing dementia, by generating dramatic representations of ageing that do not conform to prevailing cultural narratives of decline. Nicholson’s approach derives from humanist theories of person-centered care (e.g., Baldwin & Capstick, 2007) that aim to “delink dementia from its cultural associations with narratives of loss, failure and decline” (Nicholson, 2011, p. 60).

Conclusion

In this chapter health and aging from a social determinants/dimensions of health and life course perspective were synthesized. The changing aging demographic in Canada highlights an inevitable increase in Alzheimer’s and other dementias for our older adults residing in care facilities. As a result, our healthcare systems are in great need of dementia-specific, innovative, sustainable initiatives to meet the needs of this population.

Trevor Hancock (personal communication, November 7, 2016) reminds us of the distinction between health and health care. In our over-burdened, over-taxed and under-funded health systems, with the aim of providing priority healthcare we inadvertently overlook health needs. Our primary care services meet the essential biomedical aspects of care but at times fall short in meeting the psychological, emotional and social needs. To best address health and well-being we need to ensure that we develop healthcare policies and procedures that balance the biomedical with the psychosocial needs of the mind, body and soul of our older adults in care. Global research asserts that the integration of arts into healthcare models can greatly enhance health services. A review of reminiscence theatre arts literature in particular highlights the benefits of arts engagement for our overall health, well-being and quality of life for our older adults in care and their families.

This reminiscence theatre study, *Moving forwards backwards*, is rooted in this premise, hypothesizing that intergenerational reminiscence theatre arts programming can augment our current biomedical models of care. Such programming can be seamlessly integrated into existing healthcare frameworks. Doing so holds the potential to fill gaps in care systems without further taxing the workload of our healthcare professionals. With political and administrative will, that is to say by first recognizing the benefits of arts-in-health and secondly integrating these into policy and practices with fiscal support, we can collectively design innovative healthcare systems to meet the need for dignified, compassionate and respectful care. Building reciprocal healthy relationships addresses our fundamental need and right for human connection while strengthening and sustaining healthy communities within our institutions and beyond.

Imagine for a moment what would occur if we were to apply the principles of reminiscence and life review to our healthcare systems. What if we were to pause, take a step

back in time to reflect on what came before, to examine how our healthcare systems evolved over time, to question our societal, political and philosophical worldviews? What if we brought the insights from the past into the present? Much like in the practice of reminiscence by moving backwards and bringing forth what we have learned into the present, we can in fact move forward. With an enriched understanding, appreciation and good will we can build upon the strong foundations of our predecessors.

Reflecting back on Brecht's poem, *The Plum Tree*, we can remind ourselves of fundamental questions: What do we need to put into place to provide best possible care for our older adults in residential facilities and their families? What do we need to put into place to ensure that our older adults truly thrive regardless of health and status? It is postulated herein that reminiscence theatre arts initiatives hold the potential in part to move healthcare practices forward.

In the following chapter the arts-based research literature is synthesized. Health and various applied theatre methodological paradigms are discussed. This chapter concludes with a rationale and intention for this ethno-drama/theatre within-case study design for the *Moving forwards backwards* intergenerational reminiscence theatre research study.

Chapter Two

Arts-Based Research Methodologies:

Navigating the Terrain of Arts-in-Health Research

Overview

As noted in the literature review, understanding health and wellbeing for older adults with Alzheimer's and other dementias is complex and multi-layered. The same can be said for interdisciplinary arts-based research within the residential care context. Key research principles and inherent challenges are discussed from social dimensions of health, arts-based, applied and performance theatre research perspectives. These are offered as a rationale for this dissertation's reminiscence theatre study research design. The chapter begins with a metaphorical interpretation of research and concludes with a commentary on ethical debates in arts-based research.

Exploring research metaphorically. Metaphorically speaking, researching the arts in healthcare can be interpreted as similar to that of a jellyfish. At first observation it exudes crystal clarity and translucence; it draws us in, curious about this mysterious sea creature, *scyphozoa*. As we attempt to hold this in the palm of our hands, exposed to its slippery incomprehensible nature as it drops to the water; other previously unnoticed features appear. The colour is no longer unified and clear. We notice various shades of whites and reds on the colour spectrum. We watch as it swims or gyrates its way through the ocean current, unaware of human onlookers.

An abundance of questions surface and swim in the researcher's mind. What is the nature of this sea creature, the environment in which it lives and how it sustains its life? How does it navigate the contradiction/contraction of sea life, sometimes calm, quiet and peaceful flotations in the warm gentle ocean ripples, or the fierce turbulent storms? Somehow, there it is the next

day – sleek, inspirational and slippery... very slippery... similar to research, particularly with regard to applied theatre and arts-in-health research ethics with our older adult populations. Kerr (2009), referred to applied theatre as “by nature, slippery” (p. 177) in his discussion of ethics.

Navigating the slippery slope of applied theatre research. As noted in Chapter One, defining health and well-being is multi-layered and complex. The same can be said for applied theatre practice. Applied theatre too is complexly layered, intertwining a variety of art genres, conventions, strategies and processes. Understandably, attempting to research the effects of applied theatre engagement on older adults with dementia is significantly challenging.

Deciphering or interpreting what occurs in practice and how the processes interact with each other can become a seemingly fruitless task if not downright daunting, which begs the questions: How do we identify the parallel processes that occur concurrently and interpersonally? How do we tease out what correlates with what? How do we best assess the effectiveness of applied theatre impact on health and well-being? How do we know the claims asserted actually occur with something as intangible and vague as the human condition? What are the variables at play in any given situation?

Intent on clarifying the aims of applied theatre practitioners, educators and researchers in recent years have offered an array of definitions articulating and arguing about what applied theatre is, and what it can do for individuals and communities. The term ‘applied theatre’ began to arise as an established term in the 1990s through the establishment of two research centres – the Centre for Applied Theatre Research at The University of Manchester in the UK (where the term was coined), and at Griffith University in Brisbane, Australia (Gjaerum, 2013). Well over eighty definitions of applied theatre can be found across the literature, each with its own definitive language (Dobson, 2013). Review of applied theatre definitions (e.g., Ackroyd, 2007;

Nicholson, 2005; Prendergast & Saxton, 2009; Prentki & Preston, 2009; Taylor, 2003; Thompson, 2003) led Gjaerum (2013) to conclude there is concurrence that applied theatre occurs outside conventional theatre venues – in site-specific locations in everyday life settings throughout the world.

As diverse as the definitions are, a commonality can be found among them - a through-line of goals to raise awareness, increase understanding, to educate and illuminate, to invite social change for the betterment of society – as in Dobson’s (2013) definition of applied theatre as theatre for extra-theatrical purposes: for education, social justice/change and community-building. Applied theatre researchers concur that we aim for such in our practices and that through rigorous research and careful evaluation we can significantly substantiate our claims. The intentions of applied theatre are focused predominantly on the participants (Nicholson, 2005) and essentially are of five types: activism/politics, posing alternatives, working with healing, challenging contemporary discourses, and reflecting voices from the perspectives of the silent and marginalized (Taylor, 2003).

Whichever applied theatre definition one selects, an argument can be made for asking the often unspoken questions: What can applied theatre actually do? How are the outcomes manifested? What is achieved, and how do we bring forth change? What is meant by change? What lies at the core of applied theatre practice? What are the ontological or axiological principles at play at any given moment? How do these principles shape and move our practices forward? What are the specific artistic practices at play? How do these intersect with the human beings participating? (For discourse on such questions see Balfour, 2009; Etherton & Prentki, 2006; Gjaerum, 2013).

Reflecting back on our jellyfish analogy, specifically researching the impact of arts engagement on older adults with dementia within a healthcare context is indeed very slippery and exceedingly complex. In this research study, ‘Moving forwards backwards’ (MFB), which explores and describes the effects of active engagement in reminiscence theatre arts on older adults in care with dementia, a second, parallel question is raised. In keeping with Dobson’s (2012) applied theatre definition of theatre for extra-theatrical purposes of education, social change/justice, and/or community-building the following fundamental question is reflected upon at each stage of the reminiscence theatre study: ‘What can applied theatre authentically achieve – in this context, at this particular point in time, with this specific individual or community of older adults with dementia in care?’ How can we substantiate applied theatre claims?

Next, before embarking on arts-in-health research methodology it is helpful to first review social dimensions of health research principles as these are central to the MFB study.

Social Dimensions of Health Research Principles

World Health Organization Commission on the Social Determinants of Health.

Authors of the 2007 Final Report to the World Health Organization Commission on the Social Determinants of Health (Kelly, Morgan, Bonnefoy, Butt, & Bergman, 2007) offer key principles of measurement and evidence-based knowledge. Research in social determinants of health (SDH) tends to be based on the following points of understanding: that the health of individuals and of populations is significantly determined by social factors; large inequities in social determinants of health result in substantial health inequities within and between societies; the poor and disadvantaged have less access to health services, have worse health than the wealthy and powerful, and lower life expectancy in all societies; social determinants of health inequities are measurable; through measurement and tracking of social determinants of health, evidence is

provided that can serve as a basis for political action which in turn can alter impacts; generation of evidence of social determinants of health can be utilized in an effective cycle – production of evidence, application to policy development, policy implementation, and learning from the implementation results to further add to the evidence base; an evidence base can accumulate on the effects of interventions derived from knowledge of social determinants of health; understanding about what the social determinants of health are cannot in itself bring about change, as political will translated into policy implementation and measuring the impacts are necessary in responding to the adverse effects of the social determinants (Kelly et al., 2007).

Health equities/inequities. SDH researchers are concerned with the conditions in which a person is born, lives and works, all influencing health and wellbeing of individuals and communities. Therefore, many are interested in interpreting and transferring knowledge gleaned from evidence-based research data into equitable health policies and practice.

Central to SDH is the concept of health equities and inequities. ‘Health equity’ has been defined by the Commission on Social Determinants of Health as “the absence of unfair and avoidable or remediable differences in health among social groups” (Solar & Irwin, 2007), adapted from Margaret Whitehead’s (1992) definition of health equity. ‘Health inequity’, then, is differences among health groups such that the differences are unfair, avoidable, or remediable.

Although not the primary focus of this study, it is beneficial to review key principles of SDH and health inequities as these affect the overall accessibility and healthcare services available for our older adult population (particularly those with dementia in residential care). How social determinants of health function is of growing interest to healthcare professionals and researchers.

Social determinants of health are often associated systematically with being socially disadvantaged and marginalized (Braveman, 2003). Developers of policy and practice seek to better understand the relationships between health and social factors, which is well established at a general level (Marmot & Wilkinson, 1999) but not so well understood with regard to specific causal relationships (Shaw et al., 1999). Researchers look to theories and principles of SDH to explain health inequities across social positions. SDH research is based upon sound evidence at global and local levels. Generating the evidence, synthesizing and interpreting the findings, implementation of SDH programs, and monitoring and assessing their impact can prove difficult.

Key SDH theoretical issues. SDH professionals have proposed four types of theories to explain health inequities. The following models are beneficial to the discourse in the field: materialist/structuralist theory, psychosocial model, social production of health model, and eco-social theory.

Materialist/structuralist theory (Frohlich, Corin, & Potvin, 2001; Goldberg et al., 2003) links inadequate levels of individual income to insufficient resources to cope with life stresses which in turn results in ill health. Others focus on the interaction of social, psychological and physiological factors as in the *psycho-social model* (Evans & Stoddart, 2003; Siegrist & Marmot, 2004) that refer to discrimination related to one's position in the social hierarchy which leads to greater stress causally associated with neuroendocrine effects that in turn result in disease. Another model, the *social production of health model* (Levin & Browner, 2005) considers capitalist priorities of accumulation of material assets, power and prestige, emphasizing the adverse impacts on the disadvantaged.

The principles of the psycho-social and the social production of health models are linked together in *eco-social theory* (Goldberg et al., 2003; Krieger, 2001), exploring the interactions of

social and physical environments with biology and how the individual may ‘embody’ aspects of the environments where they work and live (Kelly et al., 2007). Eco-social theory “builds on the ‘collective lifestyles’ approach and the neo-Weberian theory that lifestyle choices are influenced by life changes defined by the environment in which people live” (Kelly et al., 2007, p. 11).

To best understand the SDH interconnections, researchers assert that these social structures must be precisely described. The social axes of social differences in populations such as class, status, education, occupation, gender, race, ethnicity, caste or tribe, religion, national origin, age, residence, income and assets - all play a vital role in both understanding health and wellbeing and in researching SDH. It is important to note herein that SDH researchers tend to examine more than the individual’s circumstances of where they were born, and where they lived and worked; they look towards larger populations and cohorts over time. These have significant implications for first understanding how the health of individuals and societies has evolved. These principles greatly affect the individual’s and the community’s ability to access the health services required to prevent illness and to maintain health. There are major implications for how we develop our future healthcare services, our infrastructures and facilities. Health differences among various groups and populations overlap and interact with each other, clustering together in their effects; some factors may act independently as well, may be context-specific and change over time (Kelly et al., 2007).

Knowledge translation. One of the aims of SDH research is to translate knowledge into action. Three distinct activities need to be acknowledged as related to knowledge translation: (1) knowledge generation (the main scope of science and research); (2) use of generated knowledge such that it is combined with other information and turned into policy; and (3) transformation of policy into practice and action (Kelly et al., 2007). The ultimate aim is to turn knowledge into

action. To do so it is necessary to understand local circumstances, the specific population that is the target of the intervention, and secure the involvement and commitment of local professionals. As described in Kelly et al. (2007), different actors are involved at the different stages of evidence generation, turning it into policy, and creating action and practice derived from policy. This is challenging as “the players do not necessarily inter-relate at all, and even if they do it will not be in a linear or even cyclical fashion” (Kelly et al., 2007, p. 15). Furthermore, the inter-relationships may involve “elements of knowledge transfer, of political process, of opportunism, of serendipity and of power influence” (p. 15).

Developing the evidence base. To address the above noted challenges in SDH research, the WHO Measurement and Evidence Knowledge Network (MEKN) established a set of eight principles towards developing the evidence base (Kelly, Bonnefoy, Morgan, & Florenzano, 2006): (1) a commitment to the value of equity; (2) taking an evidence-based approach; (3) methodological diversity; (4) gradients and gaps; (5) causes: determinants and outcomes; (6 & 7) social structure and social dynamics; (8) explicating bias. Of particular relevance to this study are principles 2, 3, 5, and 8.

Evidence-based approach. The commitment to an evidence-based approach in SDH is central to physical and social sciences in general. What is challenging in SDH, and to arts-based research, are considerations as to the type of evidence that is valued. Quantitative empirical evidence principles are well developed in the sciences and medicine; however, other important kinds of evidence have been excluded or under-emphasized yet are of high importance in considering social determinants of health (Kelly et al., 2007). There has been increasing attention to ways of evaluating competing qualitative research approaches, specifically with regard to what constitutes good evidence and how to integrate different kinds of evidence (e.g., Pope,

Mays, & Popay, 2007).

Methodological diversity. The principle of methodological diversity distinguishes SDH from other research paradigms in that empirical quantitative evidence is often considered top of the evidence hierarchy. This principle asserts that contrary to the priority of empirical evidence, there is no single approach that should be favoured over others in generation of evidence (Kelly et al., 2007). Rather, Kelly et al. (2007) assert that use of the appropriate research method for the particular research question, and the research being well executed within the framework of the utilized methodology, should be central factors in appraisal of quality of evidence.

Learning from practice. Pertinent to the principle of methodological diversity is the discussion in Kelly et al. (2007) regarding learning from practice (practice-based evidence). As the authors point out, mainstream evidence-based practice generally does not make good use of ‘non-scientific’, *tacit knowledge* which usually is not documented in published literature yet is often a rich source of data. ‘Tacit knowledge’ is referred to as “knowledge which is held in people’s minds and is difficult to access” (Kelly et al., 2007, p. 68). In an SDH context there may be an explicit effort to document aspects of tacit knowledge to best intervene in efforts to address social determinants of health.

Qualitative research methods, and especially in arts-based research, tend to place more focus on tacit knowledge. Case study development is one way to systematically collect tacit knowledge. Kelly et al. (2007) recommend that “the tacit knowledge of practitioners needs to be captured and shared in a systematic way so that it can be combined with scientific research to improve the chances of policy goals being delivered effectively” (p. 70). Benefits of learning from practice systems include: improvement of practice at local, regional and national levels; building a network of practitioners working in similar areas; fostering better quality of reporting;

improving the base of scientific evidence by impacting the design and evaluation of future studies; and providing compelling evidence – ‘making the case’ – through storytelling about successful local endeavours and potential impact of community-based programs.

Determinants and outcomes. The principle of determinants and outcomes (causes) pertains to identification of causal pathways that underlie social determinants of health. In a broader sense, consideration of causative factors and relationships is relevant to research in general as it is exploratory rather than aimed at definitive explanations.

Explication of bias. The principle of explicating bias is central in SDH, and applies as well in various forms of qualitative research. As “all writing and all science are socially constructed and therefore subject to bias” (Kelly et al., 2007, p. 19), forms of bias may arise from the particular methodology used, and from one’s personal beliefs, attitudes, worldview and experiences. By openly acknowledging and making one’s biases explicit, the researcher’s awareness can minimize impact and lessen the likelihood of interference with selection and interpretation of evidence.

Later in this dissertation attempts will be made to draw upon these key principles and theories, linking them to the life histories of the older adult study participants. Some SDH research principles also parallel arts-based research.

Arts-Based Research

Overview. Arts-based research, “the use of personal expression in various art forms as a primary mode of enquiry” (McNiff, 2013), has grown exponentially over the last few decades across interdisciplinary, multidisciplinary and transdisciplinary contexts. Researchers from various disciplines have been integrating novel art forms of inquiry to reflect research findings. For example, representations occur in visual arts, music, dance, poetry and drama (see state of

the arts-in-health publications, e.g., Clift et al., 2009; Cox et al., 2010; Goodman & Sims, 2009; Wreford, 2010).

Dixon and Senior (2009) advocate for arts-based research as “the arts in general teach us to see, to feel, and indeed to know” (p. 6) (See also, Allen, 1995; Clift, 2012; Clift & Camic, 2016; McLean & Kelly, 2010; White, 2009). Arts-based methods are seen as offering advantages over the use of more traditional research methods and may also provide complementary contributions (Lafrenière & Cox, 2012). This trend is noted to be rising in popularity in health research ranging from technology, biology, neuroscience, psychology, medicine, nursing, rehabilitation and art therapies, which is evidenced through increasing international conferences on arts-in-health research (Fancourt & Joss, 2015).

However, along with this surge of arts-in-health research comes friction and tensions between the disciplines. Scholars attest that arts-based research in health contexts may be confusing and often misunderstood (Fancourt & Joss, 2015). Research practitioners in arts-in-health draw attention to core problems in the field. The central difficulty “lies with the fact that there is currently no reference point for arts in health research; no standard for the development, design, delivery and dissemination of such research projects” (Fancourt & Joss, 2015, p. 3). Furthermore, the creation of specific protocols for the research could lead to a climate of ‘exceptionalism’, alienating researchers both from arts-based and health disciplines.

It is increasingly the case that arts-based research practices are utilized as methodological tools in qualitative research during all phases of social research - data generation and collection, analysis and interpretation, and representation of the data (O’Connor & Anderson, 2015).

Haseman and Mafe (2009) argue that artistic methods are research methods; they provide a

platform of understanding that creates diverse ways of knowing the world. (See also: Allen, 2012; Anderson & O'Connor, 2013; Kossak, 2012; Norris, 2009).

Ways of knowing. Central to arts-based researchers is the view that knowledge “cannot and should not be reduced into words and numbers alone” (O'Connor and Anderson, 2015, p. 24). Citing Joseph Conrad (1897), O'Connor and Anderson (2015) note that the arts touch upon “the spaces in-between, into the ephemeral and unmeasurable” (p. 24), the known and unknown, challenging the concepts of singular truths and clear answers, instead looking to research which reveals ambiguities and contrasting nuances along with complex multi-layered truths. Arts-based research deviates from the intellectual alone, to include knowing through felt experiences, intuitive knowing (Bruner, 1977), and multiple other forms of knowledge elaborated by Rappaport (2013) and Prior (2013), summarized below. Some of these arts-based principles and valued sources of knowledge challenge traditional empirical researchers' notions of validity, reliability and what constitutes research and/or evidence.

What constitutes knowledge? Rappaport (2013) advocates for the importance of both direct and artistic expression to best convey experiential meaning. She refers to the person's “felt sense – or embodied knowing” (p. 97), the term ‘felt sense’ having derived from philosopher and psychologist Eugene Gendlin (1981) who describes this as a physical rather than mental experience: “a bodily awareness of a situation, person, or event... that encompasses everything you feel and know about the given subject at a given time” (p. 32). The felt sense goes beyond words and cognitive processes. This form of knowledge is communicated to the individual suddenly and holistically rather than through a series of details.

This felt sense guides much of arts-based research as it brings to the foreground what is unknown along with the known, creating a sense of holistic integrated knowing. The arts provide

an excellent medium to bring forward this type of knowledge. Rappaport notes that this requires mindful awareness to create space for an accepting attitude, the felt knowledge emerging from the inner realm. The arts-based researcher, then, needs well-developed skills of listening to his/her own mind and heart at the same time in a given moment, encompassing trust in the art form of oneself.

Prior (2013) examines the overall question of what represents ‘evidence’ in arts-based research. He notes that many arts-based researchers and practitioners have made substantive claims about the benefits of arts engagement, and points out that a central difficulty is that other professions value different forms of knowledge (e.g., empirical evidence, especially quantitative methods) whereas arts-based researchers value multiple ways of knowing. Nevertheless, Prior (2013) comments that the accumulating research “is now shifting public perception from the intangible into the more practical evidence-based results of therapists and applied arts workers” (p. 58).

In exploring ‘multiple truths’, Prior (2013) mentions diverse forms of knowledge referred to as: procedural; situated; declarative; strategic; structural; tacit; abstract; and concrete. He notes his earlier research in actor training wherein he identifies four constructs of types of knowledge: personal; social; intellectual; and practical (Prior, 2012). As well, he divides subjective knowing into two types of knowledge: explicit and tacit. Prior (2013) in particular elaborates on ‘craft-based’ knowledge – ways of knowing based on specific meanings inherent in one’s practice that are often challenging to communicate. For Prior, craft-based knowledge embraces subjectivity which is part of the spirit of human experience. He asserts that the diverse ways of knowing through arts-based research necessitate a broader definition of what is to be considered ‘evidence’.

Arts-in-health. Some arts-based researchers are working towards developing effective arts-based research methods for healthcare contexts (e.g., Gray, 2011; Gray et al., 2003; Fraser & al Sayah, 2011; Kontos & Naglie, 2007). Lafrenière & Cox (2012) speak to important and unresolved contentious issues which are arising through this burgeoning arts-in-health research environment. They express concerns about the appropriateness of various methods of creating art works and how to effectively assess arts-based contributions as there are few clear guidelines. They assert the need for both theoretical and methodological development in arts-based research, pointing out that little attention has been directed towards establishing frameworks to assess the quality of arts-based work (Lafrenière & Cox, 2012; See also: Clift et al., 2009; Eisner, 2008; Faulkner, 2009; Kerry-Moran, 2008; Poindexter, 2002; Prendergast, 2009).

Evaluating the quality of arts-based research. The challenge of assessing quality of arts research lies in the inherent interdisciplinary nature of the arts, making the finding of suitable paradigms for research methodology difficult as there is a lack of agreed-upon methods for assessment. Furthermore, Lafrenière and Cox (2012) point out that beyond surveying participants' reactions to an experienced arts-based intervention (e.g., a post-performance questionnaire given to audience members), there really is little if any empirical evidence whether or how arts-based endeavours in a research context impacts specific audiences.

In an attempt to address the challenges of assessing quality in arts-based research, Lafrenière and Cox (2012) offer a conceptual meta-framework entitled 'Guiding Arts-Based Research Assessment' (GABRA), which integrates several methodological approaches with multiple epistemological methods. Their aim is to guide the quality and effectiveness of an art work specific to a given research context. They emphasize that arts-based research is not in itself either a science or an art form; rather it is a hybrid. They note that many arts-based researchers

(e.g., Eisner, 2008; Saldana, 2008) link the aesthetic quality of the end product to its assessment, and assert that it is essential to develop the skills and techniques with the art form if one is to attain effective arts-based research.

The GABRA framework is based upon sets of assessment criteria which address the art's effectiveness in meeting therapeutic goals and in fostering empathic understanding. Regardless of the specific intent of the research, effective assessment requires that at the outset there should be explicit identification and weighting of pertinent criteria as a basis for evaluation (Lafrenière & Cox, 2012). 'Criteria' refers to "specification of desirable attributes, qualities or elements guiding an individual and/or intersubjective judgment of an artistic form used as a dissemination tool and its performance" (Lafrenière & Cox, 2012, p. 320).

However, contrary opinions argue that specified assessment criteria will limit artistic autonomy. Baldacchino (2008) asserts that restricted artistic autonomy in arts-based research may lead to circumstances in which "no arts, artists, art-forms, art-works or art-based research will make sense" (p. 211). Nevertheless, Lafrenière and Cox (2012) concur with those who value the identification of criteria towards improving assessment in arts-based research (e.g., Barone, 2003; Knowles & Cole, 2008; Rossiter et al., 2008), and cite Kerry-Moran (2008) in support: "It is not enough to appreciate arts-related inquiry; quality evaluation demands the development of the language and skills to describe, explore, and explain arts-related work and the reactions it elicits" (p. 496).

A number of arts-based researchers (e.g., Kerry-Moran, 2008; Lafrenière and Cox, 2012) support the need for assessment criteria specific to a particular artistic genre. For instance, Lafrenière and Cox (2012) cite examples of medium-specific criteria with regard to poetry (Faulkner, 2009) and particular cultural or political issues, e.g., "the articulation of a politics of

hope using direct and indirect symbolic and rhetorical means (Denzin, 2000)” (Lafrenière and Cox, p. 321). Assessment criteria may also target the aesthetic elements of an artistic piece focusing for example on the use of expressive language (Ellis, 2000) or the presence of aesthetic form (Knowles & Cole, 2008). Lafrenière and Cox (2012) point out that these types of assessment criteria are for the most part concerned with the intended effect of the arts-based work, e.g. engendering empathy (Barone & Eisner, 1997), or stimulating new questions or dialogue (Siegesmund & Cahnmann-Taylor, 2008).

Some authors assert that it is important to develop arts-based research evaluation criteria which reflect norms across various disciplines (Lafrenière & Cox, 2012; Oberg, 2008). Lafrenière and Cox (2012) emphasize that to establish a common ground among diverse contexts and disciplines it is essential to engage in dialogues across disciplines. A challenge for arts-based research in health contexts lies in conceptualizing evaluation criteria through trans- versus specific disciplinary norms. To date, the key contribution of such research is derived from a knowledge translation model for health care settings in which the model combines critical realism and arts-based methodologies - the Critical Realism & Arts Research Utilization Model (CRARUM) (Kontos and Poland, 2009). Lafrenière and Cox (2012) acknowledge that this model is strong in its support of arts-based research utilized for dissemination purposes and in the evaluation of outcomes from artistic projects. However, they feel the model does not provide guidelines or sufficiently specific criteria to assess the quality and effectiveness of artistic works within specific research contexts.

The GABRA meta-framework (Lafrenière & Cox, 2012) focuses on the whole knowledge translation process which reflects three significant requirements. First, the work must accurately reflect significance about the data without denying voices of the participants, with

accurate interpretation; this is referred to as *normative criteria* that include methodological rules and ethical principles through all stages of the research process. The methodological criteria pertain to ‘appropriateness’, ‘clarity’, ‘reliability’, and ‘rigor’ (Lafrenière and Cox, 2012). Appropriateness relates to whether the use of arts-based methods to represent data is appropriate for the particular research project. Clarity has to do with sufficient detail being provided about the methods used in creating the arts-based work. Reliability pertains to whether the researcher verified interpretations or meanings from information obtained through interview or other means. Rigor refers to methods of data collection and analysis, and whether these were sufficient to answer the research question or determine if the researcher’s goal was achieved.

Secondly, the artistic work must present literary, visual or performative techniques skillfully – referred to as *substantive criteria* which pertain to the technical or artistic qualities of the arts-based work. Third, the work needs to have a substantial impact on the audience’s appreciation or comprehension of the study findings; this is referred to as *performative criteria* which focus on the results of the arts-based work, the effects on the audience (e.g., increased depth or change in understanding of the topic, emotional impact, stimulating new questions or change in opinions that might lead to new practices or policy).

These three types of criteria are intended to address both quality and effectiveness of arts-based research endeavours. Lafrenière and Cox (2012) clarify that this framework is based on key questions derived from literature review of assessment criteria in arts-based research: Does the artistic piece derive from data collected, interpreted and analyzed through rigorous and ethical qualitative or other research practices? Is the research work created and produced according to the technical and artistic properties of its genre(s)? Does the artistic work have an effect on the audience that enhances appreciation for the experiences of research participants

and/or the overall study findings? (See Tsiris, Pavlicevic, & Farrant (2014) for a comprehensive guide to evaluation for arts-and-health practitioners.). A somewhat differing perspective on arts-based research is noted among applied theatre practitioners, reviewed below.

Applied theatre research.

Overview of principles and methodologies. In applied theatre research the processes of inquiry particularly are concerned with dialogue, praxis, participatory exploration and transformation, social change, and the experiences of both the researcher and the study participants (Baxter, 2017; Gjaerum, 2013; Jackson, 2007; O'Connor & Anderson, 2015; Prendergast & Saxton, 2016; Prentki & Preston, 2009; Taylor, 2003; Thompson, 2003). Some applied theatre methods are positioned well, with the aims of balancing arts and science, performance aesthetic and reflecting the human condition.

Key principles in applied theatre research tend to place reflexivity, participation and collective co-creation at the forefront. Applied theatre research aims to offer more than performance as a representation of data; it is viewed as a process which informs every stage of the research. The research may involve participants working with a personal experience directly or through a fictional perspective. Either way, both are intended to create a safe and critical distance from a subject in its exploration (Fels & Belliveau, 2008).

Fundamental to effective applied theatre research are principles of transparency and accountability. As asserted by Baños Smith (2006), it is essential to examine the impact of applied theatre works such that practitioners are accountable for what they do to those with and for whom they work. This is applicable at the individual, group, and institutional levels. Applied theatre professionals advocate for balancing program enhancement, accountability, advocacy, artistic autonomy, ethical practice, and participant needs with project goals.

Common methodologies in applied theatre research include arts-based research (Clift & Camic, 2016), historical research, action research (Reason & Bradbury, 2008), critical ethnography (Davies, 1999; Denzin, 2003), and reflective practice case studies (Neelands, 2006). Regardless of methods selected for an inquiry, key principles parallel participatory action research (PAR) and community-based participatory research (CBPR). These include: tacit knowledge involving affect and intuition, personal and social realities, metaphors and symbols to communicate meaning, ways of knowing from everyday life, willingness to engage with narrative, multiple roles and changing settings, willingness to improvise and take risks, and above all – a sensitive and self-reflexive response to the environment (Henry, 2000).

Researching arts-in-health and wellbeing from applied theatre perspectives. Applied theatre scholars, as of late, have shown significant interest in the arts and health movement (e.g., Baxter & Low, 2017). In health contexts, two strands of theatre-making in applied theatre and performance have emerged – ‘arts in health’ and ‘arts for health’ (Low, 2017). Arts *in* health views art-making as the primary purpose of the arts activity; any health or education benefits that may result are a welcome outcome but not the focused intent. Arts *for* health refers to a strand of theatre-making in which the arts are seen as the medium to engage regarding the health issue and with pedagogical intent (Low, 2017). However, Low (2017) points out that in applied theatre practice it is difficult to categorize specific research studies as one strand or the other, it is her belief that art-making should transcend categorization, which potentially can medicalize the arts. Throughout this dissertation, the term ‘arts-in-health’ is used and broadly refers to both the aforementioned strands.

Applied theatre practitioners caution us in our assumptions on the impact of the arts on wellbeing. While acknowledging the potential for increased wellbeing through arts engagement,

acknowledgement must also address the subjectivity of creative practice. “For art to have ‘improvement’ qualities it needs to succeed as art in and as itself... in terms of aesthetic qualities” (Low, 2017, p. 7). As Brodzinski (2010) has cautioned, theatre-making should not neglect artistry in pursuit of the intentions of the work, as the intention to improve wellbeing or quality of life in a healthcare context often takes priority.

Low (2017) cautions that without a focus on creativity and aesthetics, arts-in-health practice can result in mainly addressing the agenda of the public health provider or funding agency and less the artistic intentions. The arts aspect in the research may be viewed as a means, an ‘instrument’, to achieve a health goal rather than the experiencing of the qualities of the arts engagement per se (often referred to as instrumentalization of art).

Similarly, White (2009) has expressed concern on the primary purpose of the art in arts-based research as demonstrating therapeutic effects while ignoring the importance of social interaction. He believes it is a hazardous path for arts-based researchers to focus on demonstrating mental health or physiological benefits while overlooking the participatory nature of arts projects with the potentials for social engagement and autonomy. White has emphasized that the participatory aspects of arts engagement can foster collective creativity and social inclusion as well as understanding of artistry, all of which may impact one’s sense of wellbeing but can be difficult to quantify. At the top of the hierarchy in solid scientific evidence are randomized control trials and detailed quantitative reviews. Such methodologically rigorous designs are impractical and often un-doable for many arts-in-health projects; furthermore, White (2009) has asserted that quantitative measures alone cannot capture the subtleties of delicate changes that occur for people.

Baxter (2017) elaborates on the impact of economic pressures on arts research to meet funding conditions by granters who require measurable outcomes. Baxter believes such pressures have resulted in “a utilitarian approach and a feverish but flawed research process” (p. 67). She especially is concerned that pressure to demonstrate effects has been at the expense of attention to critical evaluation of applied theatre praxis. The lack of infrastructure to support applied theatre practitioners also poses challenges to researching the impacts of applied theatre. Applied theatre researchers have commented on evaluation seeming like a chore that serves corporate interests, with boxes that can be ticked and formulaic cases made to justify funding, with little space to develop critical and reflective practice (Jennings & Baldwin, 2010).

Applied theatre professionals argue for arts-based research that is complementary in design, which captures both quantitative and qualitative information. Each can inform and shape the other, inferring that both have the common goal of better understanding the human condition. Binary research practices are seen as counterproductive. Fundamental to arts-in-health researchers is the aim to balance attention to arts aesthetics, inherent values and impact assessments on health, while being mindful of untenable or unproven assumptions of what the art form can achieve in the health care context.

The discussion thus far has supported the notion that researching arts in and for health and wellbeing as both beneficial and problematic. In applied theatre specifically, researchers are in need of a methodology which can capture the subtleties of practice, and the affects and effects on those who engage. The following offers insights from applied theatre discourse (from what has been written or spoken about).

Applied theatre methods discourse. Performative arts researchers have increasingly been drawn to current movements to employ both quantitative measures and qualitative research

methods. Applied theatre research tends to be viewed more often as qualitative in nature. Herein the research is understood to be non-objective. O'Connor and Anderson (2015) note that applied theatre research is influenced by political and personal motivations, describing the research as a "collaborative catalyst for change" (p. 4); they advocate for research which moves beyond the notion of disconnect between researcher and the research itself. Other applied theatre scholars (e.g., Boal, 1979, 1998, 2006; Cahill, 2006; Freire, 2005; Gallagher, 2011) argue for a model which exemplifies the generation of knowledge towards processes of participatory democracy and critical hope, as researchers often work alongside the silenced, marginalized or oppressed.

Broadly speaking, the applied theatre researcher aims to build creative partnerships that enhance community capacity through aesthetic theatrical engagement. O'Connor and Anderson (2015) assert strongly that such research is at its core political, with intent to confront and ultimately disturb the status quo. Others (e.g., Denzin, 2003) look through the critical ethnography lens, which moves back and forth along a continuum among politics, biography and history, as a form of civic participatory social science.

Key to applied theatre practice is the premise that it is not enough for research to tell us what our worldview is; instead, it must provide opportunities for communities and individuals alike to imagine what might be (O'Connor & Anderson, 2015). Also central is Cesar Rossatto's (2005) notion of 'transformative optimism' as a first step in creating a socially just community. For O'Connor and Anderson (2015), transformative optimism is deeply felt emancipatory hope, a principle to guide applied theatre research with the aim to foster a sense of ability and possibilities at the collective level. This stance is closely linked to principles of democracy. Dewey (1916) reminded us that freedom and the ability to talk freely are at the core of democracy, which in turn is crucial for healthy development.

Gjaerum (2013) suggests that two characteristics of applied theatre research seem to be ‘diversity’ and ‘tensions’. The diversity and tensions are reflected in six main discourses identified by Gjaerum (2013), based on his meta-study which reviewed applied theatre research between 2000 and 2012. He covered fifteen books and over fifty journal articles on applied theatre research (mainly from the *Applied Theatre Researcher* and *Research in Drama Education*), and global analysis of twenty-three interviews (2010-2012) with applied theatre researchers. The meta-study included research from the US, Canada, Australia, Europe, Asia and Africa. The main discourses noted by Gjaerum (2013) are: the *legitimation* discourse, the *effect* discourse, the *ethics* discourse, the *outsider-visitor* discourse, the *global economy* discourse, and the *aesthetic* discourse. These discourses all connect to the key applied theatre research strategy of reflection and action.

(1) *The ‘legitimation’ discourse.* This involves efforts for applied theatre and applied theatre research to be considered legitimate. This is reflected in very positive descriptions of applied theatre projects and superlative words used in describing applied theatre research; some examples pointed out by Gjaerum include, ‘a gift’ (Nicholson, 2005), ‘fruitful inquiry’ and ‘new possibilities for humankind’ (Taylor, 2003), and ‘participants on the journey towards enlightenment’ (Mienczakowski, 1997), while others reflect the negative consequences that may arise from applied theatre.

(2) *The effect discourse.* This refers to addressing the impact applied theatre has on individuals and society. It is a major area of discourse that relates to diverse issues including health, economics, politics and aesthetics. The discourse concerns itself with issues of evaluation, assessment and measurement. There is diversity of opinions as to why and how one

might measure the processes and products of applied theatre, for whom one is measuring, and whether one can really measure applied theatre effects.

Gjaerum (2013) clarifies the tensions between a 'positive strand' and 'negative strand' in the discourse. The positive strand argues for the importance of measuring effects of applied theatre (e.g., Etherton & Prentki, 2006) through thorough analysis, participatory methodologies and creativity. The negative strand (e.g., Jackson, 2001; Prior, 2013; Thompson, 2009) highlights difficulties from over-emphasis on effects at the expense of 'affect' (touching one at an emotional level, recognition of bodily responses and sensations, aesthetic pleasure). These researchers caution that when researchers minimize attention to affect in applied theatre, the power of performance can largely be missed or limited when it focuses mainly on effects, i.e., targeted social messages, impacts or outcomes (Thompson, 2009).

Some researchers side-step the dichotomy and focus on integration of these strands (e.g., Chinyowa, 2011; Fryer, 2010). For example, Fryer (2010) advises shifting the assessment/evaluation focus from critical and reproductive, towards viewing assessment/evaluation as quest for new possibilities with creative engagement moving forward both artistic and social practice. Balfour (2009) to some extent links the two strands when he comments on the challenges of measurement, evaluation and assessment in applied theatre research: "not always linear, rational and conclusive in its outcomes, but often more messy, incomplete, complex and tentative" (p. 357).

(3) *The ethics discourse*. This involves difficult dilemmas that may arise, with agreement that these occur but with no clear solution for the ethical and moral questions that emerge in applied theatre research. Gjaerum (2013) perceives the applied theatre ethics literature discourse as framed in various dichotomies, e.g., 'necessary clarity' vs. 'creative confusion', 'integrity of

the practitioner' vs. 'demands from the economic funders', etc. He notes that Thompson (2003) "manages to build an ethical discourse universe that several other researchers... pick up on and further develop (e.g., Nicholson, 2005; Stuart-Fischer, 2005; Dalrymple, 2006; Neelands, 2007)" (Gjaerum, 2013, p. 355). At the core lies theoretical analysis of applied theatre practitioners' intentions and roles. Researchers agree that the ethics discourse is a moral and difficult minefield.

(4) *The outsider-visitor discourse.* This discourse in a sense overlaps with the ethics discourse in that it may involve dual-role issues, as the applied theatre researcher might function in more than one role simultaneously - actor, facilitator, director, educator. Gjaerum (2013) notes that this area has been heavily discussed in the literature (e.g., Jackson, 2007; Thompson & Schechner, 2004) and seems to form into two strands. One strand (e.g., Thompson, 2003) posits that applied theatre researchers will always be in an outsider role as a visitor or guest within the disciplines into which theatre is applied. The other strand (e.g., Neelands, 2007) argues that in applied theatre there is no 'outside' as everyone lives within a social dialogue, that "through this process both the 'visitor' and the group begin to shift and develop their intersubjective understandings" (Neelands, p. 310).

(5) *The global economy discourse.* This discourse involves "the relation between the international funding agencies, the researchers and the applied theatre facilitators, by linking 'international politics', 'the social change agenda' and the 'aesthetic demands'... a growing new discourse" (Gjaerum, 2013, p. 357). The focus is on developing critical discussions of the role of international funding agencies and the cooperation between applied theatre facilitators and local community projects that intend to foster social change. Gjaerum (2013) identifies central themes of this discourse as international politics, social change agendas, and aesthetic demands.

(6) *The aesthetic discourse*. This is another growing discourse identified by Gjaerum (2013). Essentially, it involves the tensions between focusing on maintaining aesthetic quality of performance versus compromising on quality of productions in service of other agendas. In applied theatre the term ‘aesthetic’ often implies a broad category of what is considered artistic or art-like, and also may relate to specific aesthetic languages, and references that suggest aesthetic attitudes or an aesthetic experience beyond art (White, 2009).

Cohen, Varea, & Walker (2011) elaborate on the term more specifically in referring to defining features of ‘aesthetic experience’: First, it involves people “in forms that are bounded in space and time” (p. 6). Secondly, there is engagement “on multiple levels at the same time – sensory, cognitive, emotive and often spiritual – so that all of these dimensions are involved simultaneously in constructing meaning and framing questions” (p. 6). Thirdly, through engagement in aesthetic experience, people can “acknowledge and mediate certain tensions, including those between innovation and tradition, the individual and the collective” (p. 6). These defining experiences combine to create “an enlivening sense of reciprocity... between the perceivers/participants and the forms with which they are engaging” (p. 6).

Sadeghi-Yekta (2015) refers to four types of aesthetics in applied theatre: the ‘aesthetic sphere’, ‘aesthetic practice’, ‘aesthetic criteria’, and ‘aesthetic evaluation’. Aesthetic sphere relates to art in general. Aesthetic practice, also referred to as aesthetic object, is the artistry itself – the activity of making and appreciating art. Aesthetic criteria, also referred to as aesthetic terminology, has to do with “how we describe an art form, whether formal (composition, line and colour, innovation), extrinsic (content) or subjective (beauty, grace, connotation, pleasure)” (Sadeghi-Yekta, 2015 p. 159). Finally, aesthetic evaluation refers to how an artwork is evaluated.

Pressures on applied theatre in the theatre for development context are elaborated by Sadeghi-Yekta (2015), commenting on “the journey away from locating a pure and universal aesthetic of applied theatre” (p. 192). She expresses concern that aesthetic judgements would lead to universal, internationalized applied theatre aesthetics which would end local practices and essentially create a ‘flat’ form of applied theatre practice. Sadeghi-Yekta (2015) asserts that to best understand aesthetics in applied theatre “we cannot detach it from the *ethno* – something attached to the ‘human’ shapes and flows of life through economic, social and cultural channels” (p. 191). She continues to elaborate that as there is not a ‘pure’ aesthetic a different tool is necessary to describe, practice, analyse and explore the implications of applied theatre aesthetics.

The ‘different tool’ to which Sadeghi-Yekta (2015) refers is the ‘cultural ethnoscape’. The term ‘ethnoscape’, having originated in the context of cultural anthropology (Appadurai, 1991) was defined by the sociologist Anthony Smith (1996) as “the belief shared by ethnic groups in a common spatial frame or origin... of shared ethnic memories” (cited by Sadeghi-Yekta, 2015, p. 161). As noted by Sadeghi-Yekta, applied theatre practice occurs in a complex network of communicative exchanges that are spatially and historically based, in the context of a system of behavioural patterns. She asserts that in applied theatre aesthetics, ethnoscape “is a useful tool for analyzing the complicated flow of diverse actors, movements and systems” (Sadeghi-Yekta, 2015, p. 160).

Given the above considerations, Sadeghi-Yekta (2015) stated that she had abandoned the search for a universal aesthetic because “any meaningful notion of aesthetics in applied theatre needs to serve art and community” (p. 193). The ethnoscape concept links applied theatre and SDH research, as it conveys that the arts and social sciences do not stand apart from each other but instead, both reflect on the human condition within a shared social and political frame.

Reframing applied theatre research. Recent developments in applied theatre research advocate for a reframing of the discourse debates on methodology. Chinyowa (2011) suggests a new form of evaluation in which different types of evaluation methods would be combined such that the researcher can pick up on nuances, and account for cultural differences and the embodied learning process which includes ‘affect’. This in essence would merge the notions of ‘effect’ and ‘affect’ (see Thompson, 2009 and earlier discussion of the ‘ethics discourse’ in applied theatre). Harley (2012) comments on connections among types of knowledge: “We need to see the connecting paths and move between them constantly, finding a way around the obstacles... It is crucial to remember that everything connects” (p. 148). Similarly, Hughes, Kidd, & McNamara (2011) speak of interconnections between “the swampy lowland where situations are confusing, ‘messes’ incapable of technical solution” and the “high, hard ground where practitioners can make effective use of research-based theory and technique” (p. 186).

Some researchers argue for reframing our perceptions of applied theatre research, to shift from assessment, evaluation and critical reproduction to viewing research as creative engagement that promotes both social and artistic goals (Fryer, 2010). As Dalrymple (2006) emphasizes, the goal of applied theatre and applied theatre research is to “provide a unique experience or another way of knowing and understanding the world that cannot be measured using tools drawn from the social or physical sciences” (p. 201). She asserts that impacts of applied theatre cannot be fully understood through verbal language alone; rather, applied theatre research needs to combine diverse evaluation methods to best convey cultural differences, nuances, subtle notions of affect, and embodied learning. As noted earlier, applied theatre research may be non-linear, incomplete, complex and tentative, and even messy (Balfour, 2009).

The aforementioned has emphasized ontological perspectives - what the researcher believes about the nature of reality and what can be known; the epistemological - what is accepted and valued as knowledge; and the axiological - the role of values, pertaining to ethics, aesthetics, and religion (Creswell, 2013; Crotty, 1998; Denzin & Lincoln, 2011). The implication, then, is that for research influenced by a critical ethnography perspective the ethical researcher acknowledges up front one's held beliefs and values related to the topic of study.

The manifestations of applied theatre research: What are valid claims? Reflecting back to the metaphoric jellyfish as representative of applied theatre's slippery slope in research, the debate on applied theatre claims in practice and research is revisited.

There is ample literature about the value of applied theatre in fostering change (e.g., Boal, 1979; Bramwell, 1992; Browne, 1992; Doris Marshall Institute, 1990; Epskamp, 1989; Miller & Saxton, 2004; Prendergast & Saxton, 2016; Taylor, 2003). However, less abundant is literature on appropriate measurement tools and research methodology.

Balfour (2009) argues that the most that can be hoped for realistically in applied theatre is 'a theatre of little changes' rather than thinking of applied theatre in grandiose and romantic terms. Ackroyd (2000) raises the issue of drama to promote 'truths' and applied theatre at times being naively complicit with its agenda for social change, and reminds applied theatre practitioners that they need to be open to debate the purposes of what they are doing. She stresses that applied theatre is more than role play and simulations, and that practitioners should not neglect the reflective mode. It is important herein to reframe Balfour's (2009) phrase, 'theatre of little changes', to 'theatre of small successive steps' towards the possibilities for change. 'Little' does not minimize the viability of change; rather, it reminds us to be mindful of claims and that change occurs slowly over time.

Thompson (2008) muses on the nature of changes that might be generated by applied theatre, focusing more on ‘affective’ responses in the audience or community, not just ‘effects’. Winston (2010), likewise, stresses the importance of engendering the pleasures of beauty as this can enlighten a sense of hope. Citing Greene (1995), O’Connor and Anderson (2015) adopt the stance that the potential of applied theatre “is to understand that its role is ‘not to resolve, not to point the way, not to improve, but to awaken, to disclose the ordinarily unseen, unheard and unexpected, to discover new possibilities – new ways of achieving freedom in the world” (p. 34). Acknowledging the minimal societal change that might be created by applied theatre, O’Connor and Anderson (2015) assert the value of applied theatre is in its ability to create dialogue in communities and among the marginalized. They point out that what it does accomplish is a humanizing approach that liberates potential. Applied theatre engages individuals and communities to imagine and enact possible solutions for the future, identify attitudes and beliefs, and consider the diversity of issues at hand.

At the very least, applied theater practitioners need to be mindful of their held beliefs, values and claims. Next, methodological complexities of applied theatre research are discussed.

Methodological challenges of applied theatre arts-in-health research. Applied theatre scholars broadly speaking tend to explore research in four categories: as ‘performance research’ which involves researching people’s health through participatory arts; ‘art-making’ in response to a specific health issue; through creative activity to foster wellbeing; and educational work with specific instrumental and pedagogical approaches (Low, 2017). Recognizing that not all research can be neatly categorized, overlapping methodologies are often interwoven. Applied theatre practice and research is more often seen as an exploration of socially topical issues. Research specific to the healthcare contexts becomes challenging when balancing art intervention

assessments with improvements in health or wellbeing. Matarasso's (1994) view of the arts is inherent to applied theatre practice and research. Herein the arts are viewed as "a means through which we can examine our experience of ourselves, the world around us, and the relationship between the two, and share the results with other people in a form that gives free rein to our intellectual, physical, emotional and spiritual qualities" (pp. 3-4). Brodzinski (2010) postulates that theatre-making specifically must hold artistic integrity, and aesthetic quality.

One feature common to all applied theatre practice is the concept that the aesthetic qualities inspire emotionality, often involving performers and audience without formal theatre training. Researchers and scholars of applied theatre utilize various forms of research to illuminate their practice, many of which hold principles similar to conventional research, particularly CPBR (community-based participatory research) and PAR (participatory action research). CPBR is a collaborative approach to research which involves participants as equals in the research process, recognizing the community as experts; the aim is to combine knowledge and action for social change to enhance communities (Minkler & Wallerstein, 2003). PAR promotes forms of research that are more democratic and transformative. As O'Connor and Anderson (2015) clarify, PAR serves as a way to enable people to view themselves as actors rather than spectators, to foster a sense of agency. In applied theatre the aim is to equalize the power relationship and transform both parties engaged in the research.

Evaluation in applied theatre. Some applied theatre researchers advocate for strong evaluation in the discipline. Etherton and Prentki (2006) argue that practices without effective evaluation methods risk doing unintended harm, by inadvertently raising false hopes; it is important to equally recognize triumphs and failings. The need to understand the impact of applied theatre practices requires ruthless honesty in our reflections. As Baños Smith (2006)

points out, ignoring the full picture of research endeavours may foster a myth of applied theatre as a ‘silver bullet’, a miraculous approach that solves and heals economic and social problems. It is important to bear in mind the unanticipated negative changes that might also result along with positive outcomes. Scholars have commented on the difficulties in measuring the impacts of applied theatre due to the methodological complexity of applied theatre research (O’Connor & Anderson, 2015, p. 43).

Etherton and Prentki (2006) assert that in applied theatre, efforts should be made to measure change over time. These authors suggest that longitudinal studies therefore are needed to track applied theatre practices and outcomes over an extended time period, not just in evaluations at one point during or shortly after a project. They highlight that in the community development context, suitable measures have been developed regarding the delivery of basic human needs but this is not the case for needs that have to do with changes in behaviour or attitude over time. Etherton and Prentki (2006) point out that assessment and measurement of impact is not a straightforward matter when interventions occur within the context of focusing on rights and culture, often the case with applied theatre processes.

Performative research.

Overview. The arts provide us with ways to explore our world and world-views through multiple lenses. Eisner (2013) postulates that arts-based research capitalizes on emotions, making it possible to see beyond what has been observed of everyday life habits. In applied theatre this is interpreted somewhat differently. In Brechtian terms (Brecht, 1964), theatre makes the familiar strange and the strange familiar (*‘verfremdungseffekt’*), resulting in reframing the commonplace. It is through this process, prevalent in performative research, that new understanding is created.

The theatre is a performative art that can capture the human experience beyond the written word. Performance, with respect to artistic practices, includes the various artistic forms involving participation at the individual or group level in presentation to others (Thompson, 2009). Recently, increased interest in arts-based research methodologies has emerged with regard to the representation of research outcomes through performance; most of the methodologies have in common the use of narratives from ‘real people’ (Thompson, 2009). The theatre also provides a space for questioning held beliefs, attitudes and behaviours, for celebrating and challenging individuals and communities.

Research-based theatre. Belliveau and Lea (2016) discuss ‘research-based theatre’ (RBT), “an umbrella term for the various uses of theatre in research” (p. 3). They refer to RBT as a means to present research in a captivating and compelling manner, drawing upon theatre artistry, arts-based and qualitative research approaches with the “potential to engage researchers and audiences in critical and empathetic explorations within a live and ephemeral space” (p. 3).

RBT has gained momentum over the last few decades both as a method and methodology (Mienczakowski & Moore, 2008). Belliveau and Lea (2016) note that initially RBT was utilized as a novel way to disseminate research findings (Walker, Pick, & MacDonald, 1991) and has been evolving as a methodology that may gather and analyze data in addition to dissemination (Belliveau, 2014; Norris, 2009). Belliveau and Lea (2016) cite diverse research studies across disciplines in which RBT has been incorporated: in “health research (Gray, 2011; Lafrenière, Cox, Belliveau, & Lea, 2013; Mitchell, Dupuis, & Jonas-Simpson, 2011; Schneider et al., 2014), anthropology and sociology (Conrad, 2012; Goldstein, 2012), and education (Belliveau, 2008; Bird, Donelan, Sinclair, & Wales, 2010; Lea, 2013)” (p. 5).

RBT has evolved from an applied theatre research practice of ethno-drama/theatre (Mienczakowski & Moore, 2008; Saldaña, 2008, 2011). These are described as ways to use theatre to disseminate data that have been gathered and analyzed through traditional qualitative research methods such as action research, narrative, interviews and field notes (Belliveau & Lea, 2016). In ethno-drama/theatre, the evolving data are integrated into all phases of the study in a cyclical pattern of observing, interpreting, integrating and adapting the research throughout. Herein, the emerging data influences and shapes the study on an ongoing basis. Norris (2000) asserts that use of drama and theatre in research can be much more than a form of data dissemination, as “the potential of drama [and theatre] as research is fully realized, not when one translates data into a play, but when the dramatic activities shape the presentation in the same way as quantitative research uses numerical data through all stages” (p. 45).

Others view ethno-drama/theatre to be somewhat limited in that its definition as “representational and presentational methods of ethnographic fieldwork or autoethnographic reflection” (Saldaña, 2011, p. 15) is only part of the theatre research process and applications. Belliveau and Lea (2016) believe that RBT is a more inclusive term in that it employs multiple ways of integrating theatre throughout the entire research process. Whereas some researchers have focused on the use of theatre for knowledge dissemination in RBT - utilizing dramatic form to capture research knowledge (Sinding, Gray, Grassau, Damianakis, & Hampson, 2006) - others have engaged in RBT more broadly. Mitchell, Jonas-Simpson, and Ivonoffski (2006), for example, have utilized theatre throughout the research process and view RBT as a way of heightening understanding of lived experience in diverse groups and communities. For Belliveau and Lea (2016), RBT is varied as it encompasses the deliberate involvement of theatre within a research process.

With the increasing use of theatre in research contexts, Saldaña (2008) has raised the issue of the perceived legitimacy of ethno-drama/theatre research in particular and RBT in general; as many social science scholars remain skeptical about RBT, Saldaña questions whether it should continue to be explored as a research mode. Denzin (1997), on addressing this, takes the position that “the performance text is the single, most powerful way for ethnography to recover meanings of lived experience” (pp. 94-95). As articulated by Belliveau and Lea (2016), in RBT the “researchers show, not tell, the results of their research, creating a three-dimensional (re)presentation of their research data that moves in space and time” (p. 7). This allows retention of the human dimensions of lived experience, to not lose the persons in the data or at worst, be transformed into ‘dehumanized stereotypes’ (Donmoyer & Yennie-Donmoyer, 2008). As noted by Mienczakowski and Moore (2008), RBT provides ‘empathetic power’ often absent in traditional qualitative research methods. This ‘empathetic power’, central to applied theatre practice and research, also poses some ethical dilemmas.

Ethical Challenges in Arts-Based Research

Workshop discourse. Interdisciplinary research among the humanities and social sciences is characterized by creating new knowledge, and new forms of translating and exchanging knowledge (Boydell et al., 2012). Arts-based research has become of significant interest to diverse fields including communication studies, sociology, health sciences, nursing and education (as cited by Boydell et al.: Gray, 2003, 2004, 2007; Knowles & Cole, 2008; Kontos & Naglie, 2006; McIntyre, 2004; Mitchell, Jonas-Simpson, & Ivanoffski, 2006; Pink, 2007; Rossiter, Kontos, Colantonio et al., 2008). Researchers in these fields are interested in describing the conditions of arts-based research with regard to content and form (Knowles & Cole, 2008).

While advances in arts-based research are taking hold, questions of ethics in large part have been neglected (Sinding, Gray, & Nisker, 2008), with a lack of theoretical and methodological frameworks. As noted by Hodgins and Boydell (2013), “there is so much written descriptively about the content and form of such research but very little critical thought focused on the theoretical, methodological and ethical challenges encountered by the scientists, artists and trainees engaged in conducting these projects” (p. 4). Increasing attention to addressing research ethics in arts-based research is emerging, e.g., a research ethics guide for arts-and-health practitioners and arts therapists (Farrant, Pavlicevic, & Tsiris, 2014). The following discourse on ethical challenges is focused on arts-based research, especially in healthcare contexts; ethical issues with regard to reminiscence theatre practice with older adults in care are addressed in a later chapter.

Ethical criteria in general reflect whether the research was based on a foundation of respectful relations with the research participants: ‘access to data’, ‘anonymity’, ‘assessment’, ‘authorship’, ‘harms and benefits’, and ‘integrity’. Essentially, these address questions of whether informed consent practices were adhered to, if authorship agreements were developed early in the artistic process with all parties, whether the assessment process was inclusive of and clear to various stakeholders, and if the data was made available to participants. To address the aforementioned issues, a group of professionals engaged in dialogue through a trans-disciplinary workshop.

Boydell, Volpe et al. (2012) summarize a 2011 workshop specifically to address the need to bring together those engaged in arts-based health research (ABHR) to discuss the ethical issues they have encountered, and to share the findings from their dialogue with stakeholders such as policy-makers and research ethics board members. The group surveyed peer-reviewed,

empirical arts-based health literature which included attention to ethical issues in the research, identifying three review articles of significant importance: Cox, Lafrenière, Brett-MacLean et al. (2010); Boydell, Gladstone, Volpe et al. (2012); and Fraser and al Sayah (2011).

The review by Cox et al. (2010) included healthcare practice and health policy, health promotion and health professional education as well as arts-based health research (ABHR). They noted that knowledge about ABHR methodology was rapidly increasing but more attention was needed with regard to ethics. In the review by Fraser and al Sayah (2011), 30 ABHR studies were systematically reviewed, the authors finding that ethical considerations in utilizing arts-based research methods were not explicitly stated. Among the key ethical issues highlighted were data ownership, participant anonymity, and appropriate ways to analyze arts-based data. Furthermore, Boydell, Gladstone et al. (2012), in their review of 71 studies, reported that regarding ABHR-specific ethical concerns, they found few guidelines. White and Belliveau (2010) have suggested that ethical considerations in ABHR be attended to throughout the research study and not just one stage of it, that researchers need to remain vigilant of any emergent ethical dilemmas throughout the research process, and that such issues be explicitly addressed with performers and audience as an essential part of the research.

The workshop participants identified five key ethical issues in arts-based health research: authorship/ownership of the work; ‘truth’, interpretation and representation; informed consent/anonymity/confidentiality; dangerous emotional terrain; and issues of aesthetics. These are briefly reviewed as they are critical to sound, ethical and effective applied theatre practice.

Authorship / ownership. With regard to authorship, Boydell, Volpe et al. (2012) raise questions of who is to be considered the author of a collaborative text (Whose story is it anyway?). They also raise a number of complex questions as to ownership: Who owns the work?

Is the owner the research participants, the artists or the researchers? And, who owns the media products – the videos, photographs, originals, negatives, digitalized copies, etc.? An example is given of a university legal department that granted artistic ownership, the rights of the creative research piece, after the artist had been granted permission from a researcher to engage artistically with the research data. Some academics in the workshop did not agree with this decision, and highlighted the need to put safeguards in place to protect participants. As well, it can be counter-argued that in collaborative projects with vulnerable populations, co-ownership arrangements may be considered as an ideal solution. However, observations from applied theatre practice in health contexts, where the applied theatre professional is contracted, may sometimes preclude such an ideal solution; some argue that ownership lies with the organization unless otherwise stipulated (e.g., policy in a Vancouver Island Health Authority project undertaken in 2005-06).

‘Truth’, interpretation and representation. When exploring the interpretation of data, for the most part artists, participants and researchers agree that the art genres utilized to create and disseminate research elicit multiple meanings and contradictions. Several relevant key ethical questions can be raised (Boydell, Volpe et al., 2012): How much discretion should be given to artists to select which research themes are to be conveyed? What if artists focus only on aspects that can easily be dramatized? Does the selection process allow research participants, and researchers, to challenge the interpretation that the artist has given to his/her work? How do we deal with different interpretations of data or intentions by artist and researcher? If disagreement occurs, who has the final say – researcher, participant, or artist?

Bishop (2014) cites Saldaña’s (2011) moral imperative with regard to care: “Participants first, playwrights second, and audiences third” (Bishop, p. 69). This differs somewhat in a

healthcare context, particularly when engaging what are considered vulnerable populations. It could be asserted that the priorities would be: Participants first, researcher second, and artist third (or participant first, and researcher/artist combined as second). In an ideal world all three would negotiate and agree together. One could also ask, what are the implications of divergent interpretations? Each of the aforementioned questions points towards the importance of clarification of roles and responsibilities along with the extent of autonomy in specific research relationships. Boydell, Volpe et al. (2012) advise a pro-active approach that takes into account the naturally fluid nature of the artistic creative process from which tensions may arise between the intended messaging of core research questions or results and aesthetic or other goals of particular concern to artists. These aspects need to be explicit at the outset of any given project.

Informed consent/anonymity/confidentiality. Also imperative to ABHR are ethical conduct practices that highlight the need for respectful individual autonomy when researching human subjects. The accepted ethics protocol of informed consent, to protect participants' wellbeing, is clearly acknowledged but not without controversy. It entails that participants give consent once the potential positive and negative effects of the research are clearly articulated. Traditionally, researchers agree to protect the identity of participants (anonymity); however, there is ethical uncertainty within ABHR when the end product may become public. The issue of total anonymity (sometimes demanded) can produce difficulties in participatory emancipatory research projects (Boydell, Volpe et al., 2012). The ABHR community is working towards educating ethics review boards on the complexity of over-emphasizing the need for total anonymity/confidentiality; while sometimes the researcher needs to favour participants' protection over artistic needs, the perception of research participants as "vulnerable or

marginalized, does not necessarily mean that confidentiality is required” (Boydell, Volpe et al., 2012, p. 10).

This ethical dilemma is particularly perplexing at times for applied theatre practitioners/researchers in healthcare contexts, as ethics protocols designed to protect participants inadvertently do harm by denying voice when advocating for empowerment. This directly contradicts applied theatre’s intentions (community development, social justice and education). Ethical codes of conduct in research can become constraints for both the artist and the researcher, and, most importantly, for the participants themselves. Further explicit discourse is needed to agree on when, for whom and how it is appropriate for research participants to be identified. A reframed ethics protocol for arts-based research, in healthcare in particular, is in order.

Dangerous emotional terrain. It is accepted by many art-in-health researchers that engagement in arts practices will likely evoke emotional responses, as often in applied theatre it is at the core of the work. As noted by Boydell, Volpe et al. (2012), art can be an intense experience that engages emotional, sensory, and intellectual experience simultaneously. What is provoked cannot necessarily be predicted; the responses will vary for different individuals and groups, and therefore have different influences. Also, theatre is not necessarily meant to be safe. The emotional overtones tend to stay with us even if for a time hidden in the subconscious (Boydell, Volpe et al., 2012).

The genres of arts representations elicit differing ways of increasing or decreasing likelihood of impact, positively or negatively for the researcher, artist or community viewer. Emotional effects and persuasiveness of arts-based research raises questions for participants as reactions may be evoked that are uncomfortable or unsettling, sometimes to the extent of being

troubling or disturbing, eliciting among healthcare providers fear of harm. Furthermore, such engagement may at times bring forth unintended consequences (Boydell, Volpe et al., 2012). Such is particularly concerning for those healthcare providers, artists and researchers working with vulnerable older adults through reminiscence theatre practices. Artists for the most part concur that arts opens up the audience to emotional moments and evokes feelings. Some artists and other professionals are concerned that such engagement is too demanding or taxing, doing more harm than good. (Again, this is elaborated on further in subsequent chapters.)

The arts' end is to tap into the emotional and the cognitive simultaneously. Arts researchers tend not to separate these out from one another. However, some researchers and ethics boards often are not willing or are ill-prepared to examine arts-based research protocols where unknown potential impacts exist. As well, there is equal concern about adverse emotional impacts on audiences. It is generally agreed in the social sciences that providing advance knowledge of potential risk to audiences is an ethical responsibility. Along with this responsibility is the duty to provide support systems for participants who may need debriefing and follow-up (Cox, Kazubowski-Houston, & Nisker, 2009).

Issues of aesthetics. The topic of prioritizing aesthetics in arts and applied theatre practice and research has come to the forefront of many debates, e.g., the aesthetics of 'good art' per se vs. the goodness of art regarding its role in the research (Boydell, Volpe et al., 2012). (Again, this discourse is explored in detail later in subsequent chapters.) Briefly, in essence the ABHR debate lies with the problem of what is considered good or bad art. As explained by Gladstone, Volpe, Stasiulus, and Boydell (2012), some argue that the emphasis be on the representation of complexity of the human experience through aesthetic principles while others prioritize the contribution to the research – the process of judging goodness with regard to data

production (ethics as process). As noted by Beck, Belliveau, Wager, & Lea (2011), artists and researchers engaged in arts-based research are involved for different purposes and focused on different audiences, and approach the research from backgrounds of diverse expertise and experiences.

Overall, the above review indicates that meeting ethical competency in arts-based research requires critical scrutiny with reasonable objectivity and reflection on the five aforementioned themes.

Ethical evaluation in applied theatre research. ‘Evaluation’ can be defined as “assessing the success/failure, worth/value and quality of something; and learning lessons that inform and improve future practice” (Arendsen, 2014, p. 16). For applied theatre, this ‘something’ can take many forms, e.g., a project, a process or specific collaborations. Therefore, there is a need to identify relevant standards with stakeholders before the onset of a project. Evaluation cannot be viewed as neutral; there are always politicized practices at play. Applied theatre can be influenced by different stakeholders within applied theatre itself, as different practitioners may have conflicting goals and interests (Arendsen, 2014).

Stakeholders in applied theatre generally agree on the necessity of evaluation in order to enhance the work through critical reflection. However, concurrence as to what is to be considered ‘best practice’ is less agreed upon (Arendsen, 2014). There tends to be greater emphasis on capturing the quality and value of applied theatre work and its impact on participants, caregivers and researchers.

Several ethical dilemmas arise when evaluating applied theatre work. Thornton (2012), from her observations through the Collective Encounters applied theatre company in Liverpool, UK highlights some key questions to consider when exploring applied theatre ethics. These are

delved into in Nadine Arendsen's (2014) research in which her main question was, "How might some of the ethical dilemmas that surface in the evaluation process of applied theatre in the Western World be resolved?" (p. 7). Sub-questions had to do with identifying the most difficult ethical dilemmas in evaluation, the different perspectives regarding these dilemmas, and how the conflicting perspectives might be overcome.

Some scholars (Lincoln & Guba, 1986 – cited in Shaw, Green, & Mark, 2006) refer to 'summative' and 'formative' evaluation. Summative evaluation is focused on establishing the impact of an existing practice; formative seeks information to refine or improve a practice through constructive recommendations and actions. Evaluation can be carried out essentially in two different general ways – 'everyday, informal evaluation' and 'formal, systematic evaluation' (Shaw, Green, & Mark, 2006). In applied theatre the evaluation is often formal, focused on accountability.

Some confusion is evident when evaluating concepts in applied theatre research, like data collection and advocacy activities which are distinctly different. Applied theatre evaluation requires both summative and formative approaches, to critically analyze and reflect on the impact of the work whereas advocacy is more often concerned with gathering data to promote the work. Often both are at play in applied theatre research and practice (Arendsen, 2014). Advocacy tends to highlight strengths as a central objective may be to convince with a compelling argument. However, this approach can pose a threat to the quality of evaluation and lead to significant ethical dilemmas. Documentation, gathering feedback, and monitoring applied theatre practice become critical in the field's advancement.

The concept of ethics is sometimes viewed interchangeably with morality, with the essential concern being responsible behaviour of the individual in relation to others (van Es,

1996), wherein moral values are considered as ‘collective ideas of the good’ and moral norms as ‘group expectations of behaviour’ (van Es, 1996 – as cited in Arendsen, 2014, p. 22). In evaluating applied theatre, ethics focuses on “theories of what is responsible and ‘right’ or ‘wrong’ about intentions, decisions and actions relating to the evaluation processes” (Arendsen, 2014, p. 22). However, ethics do not determine the particular ‘right’ action to take in a specific situation. As Edwards and Mauthner (2012) point out, ethics cannot prevent conflict between principles or differing opinions among stakeholders, and the same applies to ethics and dilemmas in applied theatre. In an ideal world, applied theatre professionals would develop their own guiding principles. However, as Edwards and Mauthner (2012) clarify, ethics is not about eliminating conflict or ambivalence; rather it is about how to deal with it. Accordingly, when principles conflict in a specific evaluation, ethics can guide the decision-making process (Arendsen, 2014).

Ethical dilemmas in applied theatre.

Understanding what is meant by ‘ethical dilemmas’. The term ‘ethical dilemma’ is defined as essentially “a choice between mutually conflicting principles” (Simons, 2006, p. 244). For Simons (2006), ethical dilemmas involve having to make complex judgements and choices between alternative courses of action, in which multiple factors (social, political, personal, cultural) must be taken into account in the specific context. Such conflicts may arise when stakeholders are at a loss of how to choose between conflicting considerations seen as equally important. Conflicts at times can be interpersonal, for example when different stakeholders embrace conflicting principles.

As for evaluation in applied theatre, an ‘ethical dilemma’ is described by Arendsen (2014) as “a complex situation related to a particular evaluation process in which conflicting

moral values or norms lead to the necessity of trading one principle for another” (p. 23).

Arendsen points out that the choice to clearly follow one principle results in violating another.

As noted by House (1993), balancing conflicting principles in ethical dilemmas is ‘the ultimate ethical act’ (cited in Arendsen, 2014). (Such will be discussed further regarding the ‘Moving forwards backwards’ study in the latter part of this dissertation.)

Key ethical dilemmas in applied theatre evaluation. A review of pertinent literature on ethics in applied theatre research and the findings from Arendsen’s (2014) participant observation study identify the most intractable dilemmas that arise in the applied theatre evaluation process: (1) difficulties involving participants in the evaluation process – differing views among stakeholders as to the desired level of participant input, challenges of free expression due to limitations in skill and power/dependency issues in relationships; (2) conflicting values and goals among the different stakeholders involved; and (3) intrapersonal conflicts often due to practical limitations, e.g., insufficient time or funding.

Caution has been called for with regard to claims sometimes made about the transformative impacts of applied theatre. Some applied theatre professionals have expressed their discomfort with grandiose claims and imbalances in power relationships (Nicholson, 2005; Prendergast & Saxton, 2009, 2016). These issues can be addressed by facilitators openly acknowledging their positions regarding power-over, dependencies and any vested interests between them, participants and other stakeholders. As Prendergast and Saxton (2009) have pointed out, the researcher might not have any intention to dominate in any way but needs to be vigilant as to status positions and perceptions; therefore they advise awareness through continuous reflection as a way to maintain ethical balance among the work, the researcher and the fellow participants.

In health-based arts practice and research, the issue of the ‘moral agent’ may surface, particularly when addressing the involvement of participants with dementia. Moral agency has to do with freedom and rationality among participants in the research – freely and rationally articulating their views and making choices on participation at any stage of the process. For example, when participants are individuals with dementia, issues arise regarding the evaluation process: “the conflict between moral values that strive for an inclusive, collaborative and democratic evaluation process and the limited capacities of the participants” (Arendsen, 2014, p. 33). These participants do not have full moral agency; they may not be self-conscious or aware of personal interests involved, may not have sufficient freedom of choice, or are not able to consider the consequences of a particular decision (Van Es, 1996). Such assertions, however, can be challenged, as not all individuals with dementia are seen as void of moral agency.

For participants with capacity limitations pertaining to full moral agency, the question is raised as to whether it is ethical to interpret the person’s attitude about participation in the research on the basis of observation. It is not always clear whether one is speaking on the participant’s behalf or speaking for the person. How do we select ethical models to ensure that conflicting multiple voices are heard when some participants are unable or not allowed to do so?

Next, key ethical models are summarized for a potential framework to guide decision making regarding applied theatre ethics.

Ethical models in applied theatre.

Three ethical models: Edwards and Mauthner (2012). Three ethical models for applied theatre research are highlighted by Edwards and Mauthner (2012). These are summarized below.

The deontological model. This model regards the morality of actions as based on intention rather than consequences. As applied to research and evaluation the emphasis is on

“different kinds of right or duty” (Arendsen, 2014, p. 24). The model proposes universal principles applicable in all circumstances and have been specified as ethical guidelines by some evaluation societies (e.g., the Joint Committee on Standards for Educational Evaluation – discussed in Simons, 2006). Arendsen (2014) notes that there is no professional society for the evaluation of applied theatre. There are, however, some pertinent guidelines available, e.g., Moriarty’s (2002) ‘Sharing practice’ and Woolf’s (2014) ‘Partnerships for learning’. These guidelines refer to broad ethical principles such as openness and honesty, ethical rules involving informed consent of participants and dissemination of findings among stakeholders.

Arendsen (2014) clarifies that the deontological model implies that “when there is a need to choose between two mutually conflicting principles there is always a highest normative principle as a way out of the dilemma” (p. 24); an example might be informed consent viewed as of greater priority than sharing results with stakeholders. Arendsen notes that Kvale (1996) has been critical of the model because, if taken to an extreme, the intention of adhering to absolute principles of ‘right action’ would result in moral absolutism always overriding the human consequences involved. In applied theatre, with its interdisciplinary nature, who would decide the rules and on what grounds? Given that applied theatre practices are offered in diverse contexts, Arendsen (2014) suggests that a combination of two other models – the ‘care-based’ model and the ‘negotiation-based’ model – are more aptly suited to research and practice in applied theatre.

The care-based model. This model, popular in the social sciences, prioritizes care, nurturing relationships, and responsibility in ethical responding (Edwards & Mauthner, 2012), and addresses dependency and responsibility quite differently from the deontological model. Rather than always favouring one ethical principle, a range of ethical choices is considered when

faced with ethical dilemmas. As explained by Edwards and Mauthner (2012), the ethical choices “are dependent on context of time and place, because ethical dilemmas... are rooted in specific relationships that involve emotions, and which require nurturance and care” (p. 19). However, Arendsen (2014) comments that the model has been criticized for the potential to stray too far from firm principles in that there may be over-identification or failure to recognize another’s autonomy. This can easily occur in applied theatre when engaging in work of an emancipatory nature.

The negotiation-based model. Derived from the doctoral dissertation of van Es (1996) from an economic science framework the central focus is negotiation, defined as “a verbal interaction between two and more agents to reach an agreement” (p. 185). The negotiation of ethics model highlights “the promoting of mixed interests, the reaching of compromise, the differences of power between agents and the actual concept of negotiation” (p. 244). Herein, differences are discussed, identifying their own individual or group interests to learn of others’ interests, with agreements attained in various ways. For ethical decision-making in this model, van Es (1996) asserts that reciprocity is necessary; this requires mutual trust and respect between the stakeholders. The ethical action arrived at is considered a “temporary agreement of negotiating agents who have an interest in the moral question at hand” (p. 272); usually such an agreement is a compromise.

Overall, Arendsen (2014) concludes that there is no one-size-fits-all model to resolve the ethical dilemmas that emerge in applied theatre research as the specifics of the context and population must be taken into account. Accordingly, she prefers to rely on a combination of the care-based and negotiation-based models as both value contextual reasoning, and the relations among different stakeholders and power differentials. She rules out the deontological model as it

evaluates an action apart from its consequences, with minimal flexibility in deviating from prioritized normative principles. For the most part, Arendsen most prefers the negotiation-based model with its emphasis on compromise and view of ethical evaluation as a process that takes into account social and temporal aspects.

Further considerations in developing an applied theatre ethics evaluation model.

Arendsen (2014) concludes that “ethical evaluation can only be developed through a process of continual fine-tuning, in close proximity to the field, and with the intent to genuinely include all stakeholders” (p. 62). As for resolving ethical dilemmas, she suggests starting with informal, creative approaches to evaluation already in use by some arts organizations, and promote more interactive relationships with existing formal evaluations.

Differing motivations play a vital role in applied theatre ethics. This is especially pertinent to the issue of applied theatre’s intrinsic value relative to its instrumental value. ‘Intrinsic value’ refers to the worth of the art in its own right whereas ‘instrumental value’ has to do with the effects the art can result in when used as an instrument towards an end, such as benefits in health outcomes, economic savings, etc.; tensions between intrinsic and instrumental value have especially been apparent in the UK as related to legitimacy of funding (Belfiore & Bennett, 2010). Yet, others view the intrinsic and instrumental aspects of arts’ value as interconnected and not separate aspects (Balfour, 2009; Edgar, 2012; Thompson, 2000), supporting a balanced approach. There does, however, seem to be agreement among applied theatre professionals that artistic processes should not be determined by social objectives, and that imbalanced emphasis on the side of instrumental value would be viewed as “limiting, endangering and possibly even damaging the artistic process itself” (Arendsen, 2014, p. 27).

The issue of applied theatre's intrinsic versus instrumental value has been linked to the field's autonomy with regard to the evaluation process. Arendsen (2014) comments that in personal correspondence with Sarah Thornton, founder of the Collective Encounters applied theatre collective, Thornton has raised the question of how applied theatre practitioners can find a way to evaluate work in their own language, to genuinely show impact while communicating to funders such that they understand but does not compromise the work. Similarly, Holden (2004) asserts the need for applied theatre to develop its own language of evaluation, moving towards a language that is critical and convincing, capable of "reflecting, recognizing and capturing the full range of values expressed through culture" (p. 9). Bishop (2014) set out to articulate such a language in her multiple ethics paradigm and moral imperative guide to research-based theatre / applied theatre.

Multiple ethics paradigm model. Recognizing the interdisciplinary nature of research-based theatre and applied theatre as it relates to the health care context, it is important to acknowledge the need for a flexible set of principles to frame research practice. One of the most and aptly suited ethical approaches is articulated by Bishop (2014). In her search for one overall ethical framework for applied theatre, Bishop noted that there had been an extensive and varied literature pertinent to ethical issues in the field. She cited key papers with attention to ethics in applied theatre (Ackroyd & O'Toole, 2010; Fisher, 2005; Gallagher, 2007; Jackson, 2007; Kerr, 2009; McCammon, 2004; Mienzakowski & Moore, 2008; Nicholson, 2005; Prentki & Preston, 2009; Saldana, 1998, 2011; Shaughnessy, 2005; Thompson, 2009). Missing was the 'moral imperative' that she was seeking - "a core principle which could guide applied theatre work... a 'north star' for ethical practice in research-based theatre... a personal principle which may act as a guide for ethical conduct, personally and professionally" (Bishop, 2014, pp. 64-65).

For her ethics review, Bishop interviewed six key figures in applied theatre: Jim Mienczakowski (Abu Dhabi Education Council, UAE); James Thompson (Manchester University and a director of the Centre for Applied Theatre Research); Johnny Saldaña (Arizona State University); Kathleen Gallagher (University of Toronto); Anthony Jackson (Manchester University); and Tim Prentki (University of Winchester). These applied theatre interviews did not reveal a consensus on a moral imperative but did indicate a number of key principles for a “multiple ethics paradigm” (Bishop, 2014, p. 73). These refer to four ethical perspectives rooted in justice, critique, care, and profession (as described by Shapiro & Gross, 2008). A fifth ethical perspective - moral integrity - was later added to the model (Branson, 2010). In essence, the multiple ethics paradigm offers a ‘big picture’ perspective that has been found to be effective through case studies (Shapiro & Gross, 2008).

Bishop (2014) concluded that there was a comprehensive approach to ethical questions that arise in applied theatre work, and she was “able to locate particular dilemmas in a larger theoretical framework to ensure a way of approaching ethics from many different perspectives” (p. 73). These moral imperatives are briefly reviewed as they are current and significantly beneficial to applied theatre research and practice.

Moral imperative: Justice. (Jim Mienczakowski) Emphasizing procedures for research in social sciences and the humanities, the ethic of justice deals with laws, rights and policies that can be applied universally. Deeply rooted in the idea of democracy, the justice imperative takes an analytic and rational approach that focuses on relationships between structures and individuals. Core values are equity, fairness and respect for liberty. Mienczakowski draws upon his work in critical health ethno-dramas, calling for rigorous evaluation on how dissemination of findings meaningfully and positively impacts audiences.

Moral imperative: Critique. (James Thompson) This critique targets inconsistencies inherent in politics and law. This imperative challenges the status quo and questions the oppression and social inequities through analysis of race, class or gender. Core values include redefining privilege, power, justice, language and culture. Thompson calls for applied theatre professionals to engage in the intimacy of practice and at the same time to do so safely and critically with attention to context and discourses. He also asserts that in applied theatre work the practitioner “must seek to also understand what is happening on a broader political level and how a project can be (mis)represented, (mis)interpreted and/or (mis)used” (Bishop, 2014, p. 68). As well, he cautions about the actual consequences that can result from applied theatre events – the ramifications of privately and/or publically telling people’s stories, and how critical and emancipatory practice can be deepened and cultivated, and with what limits.

Moral imperative: Care. (Johnny Saldaña) This imperative, focused on relationships, epitomizes the ethic of care through supportive, nurturing relationships between self and others. Core values include concern, connection, nurture and deep conceptions of trust, loyalty and empowerment. Saldaña speaks towards ethno-drama’s ‘performance trinity’ (participants first, playwrights second, and audiences third). He asserts: “no matter what I as a playwright or director want to see and hear on stage based on my ethnographic fieldwork, the participants’ desires for how they wish to be represented and presented on stage take precedence” (Bishop, 2014, p. 69). An ethno-dramatist’s first responsibility is to the people he/she has interviewed and observed. The second is to oneself as the researcher/artist, to maintain personal integrity and standards of excellence. The audience, the third priority, witnesses what has been collaborated on and is then considered as new collaborators in the ethno-theatrical event. Saldaña offers the following guidance to build trustworthiness: Pre-interview participants to clarify mutual

understanding; continually update participants on the progress of the work; share drafts, play-scripts and videos, and listen to participants' feedback; address the likelihood of disagreements and develop agreed-upon protocols up front at the beginning of the project.

Moral imperative: Profession. (Kathleen Gallagher and Anthony Jackson) Gallagher states: "Don't let artistic questions cloud the ethical dimensions/relationships of the work AND don't let ethical assumptions obscure the drive towards robust artistic work" (Bishop, 2014, p. 70). In this imperative the art form is highly valued with an emphasis on 'robust artistic work' yet not at the expense of sound ethical practice, and vice versa. Jackson cautions that participatory theatre "can be immensely moving, even transformational, but it can also be (at its worst) oppressive: promising enlightenment but delivering doctrine; and at its most mediocre: delivering mere messages" (Bishop, 2014, p. 71). Both Gallagher and Jackson argue for utilizing theatre within research to build professional standards.

Moral imperative: Moral integrity (Tim Prentki) This imperative encourages transparency of the intentions of applied theatre in ethno-drama. Prentki speaks to the need "for theatre-based researchers to engage in self-reflection and inquiry in order to clarify their own positions and ensure that 'right choices' are made" (Bishop, 2014, p. 72). These choices reflect practitioners' moral integrity which is highlighted through the central motive of the decision-maker being on what is in the best interest of others, not based on personal incentives or sanctions. Core values of the moral imperative emphasize self-inquiry and self-reflection, commitment to the best interest of others, inner freedom, and transcendence to make the right choices. In this imperative, the responsibility of decision-makers lies in reflection upon and understanding of the impact of their thinking in its role in constructing reality. This enables practitioners to be aware of their underlying motives that drive their behaviour, which helps

prevent self-deception, impulsiveness and lack of self-control. Prentki strongly advocates for positioning the person at the centre of the decision-making process, to have clarity of intent to give voice to the participants.

A synergized moral imperative. Bishop (2014), in keeping with the aforementioned applied theatre practitioners' ethical discourses, developed a paradigm which she refers to as 'a synergized moral imperative' that could serve as a guide for researchers and practitioners – "Value the forms of theatre and research as you critique, care and choose with good character" (pp. 73-74). She explains that this synergized moral imperative "holds forefront valuing the forms of theatre and research, developing a critical and emancipatory practice, being concerned and caring and recognizing the range of choices at any given time available to, and a responsibility of, the research-based theatre practitioner" (Bishop, 2014, p. 73).

Bishop also emphasizes the need for applied theatre practices to move forward, past the tendency for theatre to be utilized primarily as the dissemination of data (Mieczakowski & Moore, 2008; Paget, 2009). Citing her interview with Prentki: "If the process remains anchored solely in the world of documented fact, why choose the theatrical form? ... This form is about the possibility of change arising from critical and imaginative engagement with reality" (Bishop, 2014, p. 73). Bishop's contribution of the synergized moral imperative to applied theatre research and practice ethics has the potential to evolve research-based theatre forward, with inclusion of theatre processes and practices in all phases of research from data collection and analysis to dissemination. In addition, applied theatre professionals can begin to appropriately address ethics in specific contexts to more accurately reflect the dilemmas which arise, identifying unique situations yet within universal standards of ethical guidance.

Bishop (2014) aptly advocates for the importance of keeping the wellbeing of different individuals central. She emphasizes the care that must be taken with what and how people's stories are being portrayed. Such attention to ethical practices may offer new insights while offering protection and confidentiality for participants. Saldaña (2011), in keeping with the moral imperative of care, asserts that "regardless of the play's story, subject matter, and themes, end with hope" (p. 1). Bishop (2014) emphasizes that ethics begins with the person who perceives the ethical issues; therefore ethical engagement 'with good character' is paramount. To do so, practitioners need to consistently have the opportunity to share stories of ethical dilemmas and speak with each other about them.

The synergized moral imperative values the forms of theatre, research as applied critique, and care with choice of good character. This is a helpful framework to consider in applied and reminiscence theatre practice. Recommendations for a potential ethical paradigm for reminiscence theatre with older adults in residential care (based on Bishop's synergized multiple imperative model) will be offered in the concluding chapter of the dissertation.

Conclusion

In this chapter key methodological research principles from the perspectives of social dimensions of health, arts-based research, applied theatre, and research-based theatre and ethics are offered as a rationale for this dissertation's selected research design for the 'Moving forwards backwards' study. This exploratory descriptive within case study is based upon the theoretical underpinnings of reminiscence/life review, interventional narratology (Kenyon, Bohlmeijer, & Randall, 2011) and intergenerational reminiscence theatre practice. In addition, this chapter highlighted key debates within applied theatre research. An argument is made for forthright reflections upon the intended or unintended outcomes of applied theatre practices aimed at

opening critical dialogue in response to current debates around the emancipatory question, ‘What are the ethically sound and authentic claims for change?’

In keeping with applied theatre for change discourse and debate, it is speculated that applied theatre practice (particularly in reminiscence theatre) within the healthcare context can act as catalyst to reveal what exists rather than as a primary change agent alone. With regard to older adults with dementia, the intention is not focused upon changing the individual; rather, its primary focus is to reveal. Applied theatre as a revealer intentionally exposes and highlights what exists for the dementia individual along with attitudes, beliefs and values towards the condition and the environment in which the person lives. The change component of applied theatre practice within this context is to bring forth increased understanding by reflecting backwards, to learn from previous practices (to move current practices forward by informing future endeavours).

The principles of reminiscence can also be applied to this dissertation’s study as it offers the opportunity to **Pause... Reflect back... Engage in the here and the now to Activate and bring forth the possibilities of change (PREA)**. The past is not obsolete; the presence always remains; the future is forever attainable. Such change is dependent upon fluidity flexibility and tenacity.

In conclusion, Chapter Two makes a case for the integration of arts-based research methods in healthcare to complement and support existing social science research. Science and art together can align to inform each other to capture the subtleties of the human condition. This chapter also highlights a through-line between SDH and ABHR research methodologies. They are both practice-based, honour tacit knowledge and argue for population- and context-specific ethical practice. In the attempt to meet the aforementioned challenges of arts-in-health research, the following chapter describes the intergenerational reminiscence theatre study entitled,

‘Moving forward backwards’, integrating narrative inquiry and critical ethno-theatre/drama into the case study design.

Chapter Three

Moving Forward Backwards - Intergenerational Reminiscence Theatre Research Study:

Within Case Study Design and Description

Introduction

This intergenerational reminiscence theatre study, ‘Moving forwards backwards’, explores and describes the effects of active engagement in [family] reminiscence theatre on older adults with mild to moderate cognitive decline. The primary goal of this ethno-drama/theatre case study was to offer a creative context wherein older adults and their adult family members could engage in a novel reminiscence theatre arts initiative to reflect on their life experiences, share memories, build upon their relationships, increase social activity and ultimately to reframe their perceptions on their health and wellbeing. In a broader sense, it is anticipated that the findings of this study may be beneficial to the development of future dementia-specific sustainable practices to meet the increasing needs of older adults in residential care. The study also anticipates that such programming could greatly enhance psychosocial quality of life for older adults and their families.

The study design is described in two parts. First, key methodological, critical philosophical assumptions and theoretical frameworks are briefly reviewed. Secondly, the reminiscence theatre case study design is presented. To address the interdisciplinary aspects of this study, the following methodologies have been integrated to link the disciplines of social dimensions of health, gerontology and applied theatre (specifically reminiscence theatre): narrative gerontology and interventional narratology, critical ethnography, and ethno-drama/theatre. Next, these are briefly discussed to set the context for the reminiscence theatre study.

Theoretical Frameworks

Intersecting disciplines.

Overview. Gibson (2004) reminds us of the interdisciplinary nature of reminiscence and life review. She highlights how reminiscence and life review theory and practice traverse boundaries of professions, disciplines, generations, cultures and countries. Various aspects of life – physical, emotional, intellectual, spiritual and creative – are embraced in reminiscence and life review. As well, reminiscence and life review are both intrapersonal as private reflection, and interpersonal as social engagement. These often have therapeutic effects although they are not a therapy; they intersect with other aspects - philosophy, history, psychology, religion and the creative arts - in the individual's quest for meaning.

This inquiry of reminiscence theatre and impact on older adults addresses the inherent need for an interdisciplinary approach to the research. Therefore, this study draws upon intersecting disciplines of psychology, sociology, gerontology, social dimensions of health, and applied and reminiscence theatre.

Psychology by definition is the “scientific study of the mind, brain, and behaviour” (Lilienfeld et al., 2017, p. 3). Broadly speaking, psychologists are generally interested in individual changes in the mental, internal processes of neurological functioning (cognition, attention, speed of processing, memory, decision making), social cognition, self-concept, self-efficacy, self-awareness, continuity of role, and personality and behaviour.

The discipline of sociology is interested in understanding group social relationships and their historical underpinnings in social culture. The aim is to understand the relationship between people and their experiences from the wider society, for example, how social structures, culture, and class affect and influence experiences of aging. Sociologists are interested in how people

transition through the stages of life - what constitutes these markers and how they intersect. They assume that nothing occurs in only one way or in isolation, that factors of place, age, health, status, economics, gender, class, ethnicity, family and social support all affect individuals and groups of people.

The field of gerontology, the scientific study of the biological, psychological and sociological phenomena associated with aging, has marked interest in identification of influential factors on the changing aging process and the quality of life experiences of the older population. Social gerontologists often are interested in studying such themes as life course, life journey, social reconciliation, dependence vs. independence, ageism and intergenerational aspects of aging processes.

Narrative gerontology. The term ‘narrative gerontology’ was first coined by Jan-Eric Ruth in 1994 (Kenyon, Ruth, & Mader, 1999) and has since come to designate a framework of research and practice. Narrative gerontology explores how older adults ‘story’ their lives and how this relates to meaning-making and the internal dynamics of aging (Bohlmeijer, Westerhof, Randall, Tromp, & Kenyon, 2011). Kenyon, Clark, and de Vries (2011) describe narrative gerontology as unpacking a metaphor of story, to determine how the dimensions of story may illuminate the dynamics of our lives as we transition through the later years of the life course.

Narrative gerontology is inherently interdisciplinary. Along with other disciplines that utilize narratives (e.g., in anthropology, the humanities, nursing, social work, psychology and sociology), narrative gerontology shares “the guiding assumption that the main way in which we make meaning – of the events, situations, and relationships that constitute our lives – is by making (telling, sharing, and imagining) stories” (de Medeiros, 2014, p. ix).

Current narrative gerontologists assert that memory and storying in later life play a vital role in transforming theory, research and practice in healthcare by balancing biographical and biological understanding of the human and social experience (Birren, 2011). They view narrative care (involving writing, reading, telling and listening to people's accounts of their lives) as 'core care' – respecting and acknowledging a person's biographical life story as fundamentally important as the basics of life.

Interventional narratology. A new term has emerged from the medical narrative approach, entitled 'interventional narratology' (Wood, 2005). This encompasses a blend of medical narrative, storying later life, reminiscence, and psychosocial ethics. Interventional narratology emphasizes the inclusion of human story and narrative as a vital component to foster understanding of human experience (Kenyon, Bohlmeijer, & Randall, 2011), and lies at the core of this reminiscence theatre study. This emerging field encapsulates and connects each of the aforementioned disciplines.

Each of the intersecting disciplines embraces particular theoretical constructs which have further influenced this study. These are next briefly reviewed.

Theoretical perspectives and philosophical assumptions.

Critical theory. Interdisciplinary critical theory emerged from the Frankfurt School of 1920-1930; it was introduced by Max Horkheimer and the school's successors. Critical theory is built upon the ideal of enlightenment, of a civil society, influenced by Marxist theory of social change with the premise of moving domination and oppression beyond class struggles. It is often referred to as a form of social or cultural criticism which advocates for varying degrees of social action (Kincheloe, Hayes, Steinberg, & Tobin, 2011). Critical theorists aim to change social

institutions, policies and practice, improve social justice, and remove barriers and other negative influences (Lincoln et al., 2011).

A group of German writers associated with the University of Frankfurt's Institute of Social Research in the 1920s, explored how oppression and injustice were shaping the lived world in the context of post-WWI Germany. These scholars, believing the world was in need of re-interpretation, focused on changes in capitalism and the associated forms of domination that accompanied them; none ever claimed to have established a unified method of cultural criticism (Denzin & Lincoln, 2000).

In the decade after the formation of the Frankfurt school in 1930, key figures relocated in the 1940s to the United States as a result of the then controlled Nazi Germany and the Jewish association with Marxism in the school. In particular, they (e.g., Max Horkheimer, Theodor Adorno, and Herbert Marcuse) were critical of empirical practices of social science researchers in America, where a common belief among the social science establishment emphasized that their empirical research could accurately measure and describe any aspect of human behaviour. The critical theorists felt challenged to respond to the prevailing empiricist outlook (Denzin & Lincoln, 2000). They focused on the social construction of experience and its centrality in historical contexts of power dynamics, along with some of the key themes in critical theory such as alienation, oppression, social struggle, societal critique, new possibilities, and systematically exploring social institutions through interpreting the meanings of social experience (Creswell, 1998).

Current critical theory has generalized to integrate the social sciences and humanities, attempting to align 'truth' and political engagement (Payne, 1997). Raymond Geuss (1981) offers a succinct set of definitions which articulate the key principles. First, he refers to critical

theories as guides for human action in that “they are aimed at producing enlightenment in the agents who hold them, i.e. at enabling those agents to determine what their true interests are” (Geuss, 1981, p. 1). They are by their nature emancipatory. Secondly, their cognitive content is considered forms of knowledge. Third, there are fundamental epistemological differences from theories in natural science that are objectifying whereas critical theories tend to focus on reflective practice (Geuss, 1982, p. 2).

Payne (1997) notes a preoccupation in critical theory with some epistemological questions, e.g., whether truth and goodness relate to each other and if so, in what way; whether attainment of knowledge relates to a desire for moral action or instead, a temptation towards ethical and legal violation. Payne (1997) emphasizes that self-criticism is of central importance to critical theory, addressed by clearly stating the ethical or political stance from which the researcher is working, opening the researcher’s position for examination by others .

Ideology in critical theory is praxis-oriented, including a variety of approaches that share an overall aim to empower individuals (e.g., neo-Marxism, materialism, feminism, Freireism – e.g., Freire’s (1970) ‘Pedagogy of the Oppressed’, and participatory inquiry). Kincheloe et al. (2011) note basic assumptions among critical theorists as: (1) the importance of power relations that are social and historical in mediating the individual’s circumstances, as facts are never isolated from values; (2) the relationship between concept and object is never fixed but often mediated through social relations; (3) language is central to subjectivity (conscious and unconscious awareness); and (4) acknowledgement of the privileged and under-privileged.

Applied to the social sciences, critical theorists aim for reconstruction to foster more egalitarian and democratic practices. Thus, critical theory in research embraces different methodological approaches. As noted by Creswell (1998), the critical researcher might “design

an ethnographic study to include changes in how people think, encourage people to interact, form networks and action-oriented groups, and help individuals examine the conditions of their existence” (p. 81). Among the pertinent methodologies are case study and ethnographic designs, as critical theory values multiple perspectives and methodologies. Kincheloe’s (1991) following recommendation encapsulates the approach as: Viewing oneself as part of the wider cultural context, “the researcher employs a variety of research strategies, making sense of information collected in light of the system of meaning, gaining awareness of the theories and assumptions that guide practice” (cited by Creswell, 1998, p. 82).

Next, key philosophical perspectives from ontology, epistemology and axiology are offered.

Key philosophical underpinnings. Qualitative research is influenced by philosophical assumptions which shape the research process. These beliefs influence how the researcher views, interprets and acts in the world (Creswell, 2013; Crotty, 1998; Denzin & Lincoln, 2011). Denzin and Lincoln (2011) note that the researchers hold a personal biography – speaking from particular class, gender, race, culture and ethnic perspectives.

Ontology pertains to the nature of being and reality, and their characteristics. Ontological questions focus on the nature of reality and what can be known about it (Creswell, 2013; Crotty, 1998; Denzin & Lincoln, 2011).

Epistemology addresses the nature of knowledge. It explores what counts as knowledge, and what is the relationship between the inquirer and the known (Creswell, 2013; Crotty, 1998; Denzin & Lincoln, 2011). In critical theory, knowledge is viewed as transactional and subjective; findings are mediated by values as the researcher along with those researched are considered linked interactively with the researcher’s values which in turn influence the inquiry (Guba &

Lincoln, 1994; Lincoln, Lynham, & Guba, 2011). Given this understanding, the qualitative researcher aims to move as close as possible to the study participants to glean subjective evidence and experiences. It is through individuals' subjective experiences that knowledge is known. As Creswell (2013) asserts, such research is best situated in the field – where participants live and work.

Carter and Little (2007) discuss three main influences of epistemology key to qualitative research. First, epistemology impacts the relationship between the researcher and the research participants, affecting how the researcher views participants in the processes of data collection and analysis. Secondly, epistemology influences how quality of methods is evaluated. Third, the form, voice and how the method is represented are influenced by the researcher's epistemological stance.

Axiology, a branch of philosophy, is concerned with ethics, aesthetics, religion and spirituality (Creswell, 2013; Denzin & Lincoln, 2011). The central focus of axiology lies in the role of values, clarified by Heron and Reason (1997) as the essential purpose of human inquiry “since any ultimate purpose is an end in itself, a state of affairs that is intrinsically valuable” (p. 287). All researchers bring their values to a study; therefore these values unintentionally or intentionally shape the research narrative (Creswell, 2013). The influences of the researcher's values can manifest at a variety of points throughout the research, for example in the problem statement, when choices are made on theoretical framework, selection of participants, and decisions on methods of data collection, analysis and presentation (Denzin & Lincoln, 2011; Guba & Lincoln, 1990). The qualitative researcher in practice acknowledges the influences of values and presence of biases in research, and is open in discussing how his or her own values may have shaped interpretations along with those of participants (Creswell, 2013).

Each of the aforementioned philosophical perspectives – ontology, epistemology, and axiology – influences the research study design and selected methodologies. Within a broad critical theory framework, methodology can be considered ‘dialogic’ and ‘dialectical’. The dialogic research design enables participants to become actively involved in the construction and validation of meaning with a purpose, to create a basis for further evaluation (Lather, 1986). Dialectical practices in research integrate an interactive approach that values reciprocal ‘reflexivity’ and critique, to guard against impositions on the part of the researcher (Lather, 1986). Reflexivity, of high importance in qualitative critical research, is described as the process of reflecting critically on the self-as-researcher, the human instrument (Lincoln, Lynham, & Guba, 2011).

Reflexivity refers to the ongoing monitoring of the researcher’s actions and thoughts (internalized actions) throughout the research process (Hardcastle, Usher, & Holmes, 2006). As described by Davies (1999), reflexivity denotes “a turning back on oneself, a process of self-reference... the ways in which the products of research are affected by the personnel and the process of doing research” (p. 4) and applies across all phases of the research from topic selection to reporting of findings. Reflexivity enables the researcher to both render as problematic and provisional his or her own held assumptions while still taking a stand (Lather, 1991).

Reflexivity is central to applied theatre practice. As pointed out by Prendergast and Saxton (2016), from an applied theatre perspective the reflective process provides room to foster a personal connection with the material, allowing space for consideration of attitudes and beliefs that underlie actions. In the applied theatre context facilitation and reflexivity go hand in hand.

Next, key methodological/paradigm influences guiding the current reminiscence theatre study are reviewed, integrating the aforementioned considerations.

Reminiscence theatre study: Methodological / paradigm influences.

Critical ethnography. At its core, the aim of ethnography is to describe the nature of those who are studied, gathering empirical data with consideration of the societal and cultural context. In ethnographic research the researcher is closely involved in the culture being studied.

With roots in sociocultural anthropology, ethnography is both a research process and a product of research (Davies, 1999). ‘Process’ includes the data collection methods intended to capture the essence of social meanings and ordinary activities of people (informants) in naturally occurring settings (field settings). Multiple methods may be used to encourage a more in-depth portrait of individuals and their communities. Strategies employed include field notes, interviews (that may be taped and transcribed) and surveys. Secondary research and document analysis may be utilized to provide further insight in order to discover logical patterns and social structure. An ethnographic ‘product’ might be a written description of the studied phenomenon or representation of the data through theatrical performance.

Aldiabat and Le Navenec (2011) give several reasons for choosing to conduct an ethnographic study. Ethnographic research assists in describing, documenting and understanding alternative realities from viewpoints of the participants. It increases the depth of understanding, providing a rich description from participants’ perspectives and the researcher’s observations. Secondly, ethnographic study allows the researcher to build a grounded theory that advances the description and interpretation of observations. Third, ethnographers focus on full descriptions of any given part of reality.

A sub-branch of ethnography, 'critical ethnography', is well suited to this reminiscence theatre study. Critical ethnography integrates a critical theory approach to ethnographic research, emphasizing implicit values and biases as explicitly acknowledged (Kincheloe & McLaren, 2000). This is especially pertinent to research that aims to understand the thoughts, behavioural patterns and lived experience within the context of cultural, societal and historical frameworks. Critical ethnography, then, seems to be naturally situated in arts-based research genres of performative ethno-drama/theatre and reminiscence theatre praxis. Of particular importance herein is the stance that no attempt is made to be purely detached and entirely objective scientifically in reporting and analysis. In practice, critical ethnographers strive to recognize and articulate their own perspective in order to acknowledge biases that may arise from their own backgrounds, institutional frameworks and limitations.

Campbell and Lassiter (2015) draw focus to contemporary ethnography. They point out that although ethnography mixes together elements and histories of both the sciences and the arts, it also "inhabits very particular ways of being... ways of encountering, thinking about, interpreting, and acting in the world around us" (Campbell & Lassiter, 2015, p. 1). They assert that ethnography is hermeneutic, inherently interpretive, and connected intimately to the personal, implying that mutual learning and change in perceptions may result among researcher and those researched. Campbell and Lassiter explain that it is only natural to be influenced by co-experience that develops among researcher and participants as the researcher engages in the participants' lives. Therefore, it is imperative that the ethnographic researcher hone an interpretive stance for engaging in and writing ethnographies.

The creative nature of ethnographic research is also highlighted by Campbell and Lassiter as they point out that the writing processes themselves generate thoughts and ideas with

interpretations and transformations. These thoughts and ideas in turn can change how the researcher thinks about the topics of study and navigation in the world in which one lives.

Campbell and Lassiter view contemporary ethnography as more within the arts than the sciences. With ethnography's established tradition of systematic and empirical approaches based in experience, these writers view ethnography as art to be different from but not necessarily opposed to science; it is different in that it should not be narrowed to "a kind of 'objective', scientific research method that can be acquired and applied independent of his humanistic, textual, and intellectual histories and traditions" (Campbell & Lassiter, 2015, p. 9). While respecting the necessity of epistemological rigor in ethnographic research, Campbell and Lassiter stress as well the importance of ontological flexibility – to persist in being original, creative and imaginative, and to be accepting of fluidity and the ambiguities of human relationships.

Particularly important in contemporary ethnographic research and indeed relevant to the current study is the concept of 'emergent design'. Campbell and Lassiter describe this as a research perspective that recognizes the necessity of creative as well as practical alterations in research design as the project evolves. Emergent design takes into account the diverse and multi-layered contexts in contemporary ethnographic research, which calls for flexibility, creativity, and the necessity to make adaptations as the research proceeds. Campbell and Lassiter remind us that as the research unfolds, plans and goals may change for various reasons. Such research also needs to take into account the possibility of attrition. For example, research participants may drop out by change of mind about participating and consenting, or by relocation, illness or death. Therefore, original questions in the research may become less pertinent while new ones arise.

Campbell and Lassiter emphasize that the core of ethnographic research is about people. Ethnographic researchers, then, must be open, even embrace unexpected shifts and complexities

encountered as the research proceeds, and not to sidestep, downplay or ignore these aspects. These all need to be articulated to give a sense of the contextual environments in which participants and researchers live.

Contemporary ethnographic researchers, then, will need to develop means to navigate the messiness, the slippery slope of ethnographic research, setting aside any notion of true authoritative expertise.

Ethno-drama/theatre. Saldaña (2011) distinguishes between ‘ethno-drama’ and ‘ethno-theatre’. Ethno-drama refers to “a written play script consisting of dramatized, significant selections of narrative” (Saldaña, 2011, p. 13). Narratives may be collected from a variety of sources - interview transcripts, research field notes from participant observation, recollections of personal experiences, artifacts from print and media, and devised and interpretive texts. Ethno-theatre “employs the traditional craft and artistic techniques of theatre or media production to mount for an audience a live or mediated performance event of research participants’ experiences and/or the researcher’s interpretations of data” (Saldaña, 2011, p. 12). Essentially, Saldaña views ethno-drama as a particular genre of dramatic literary writing while ethno-theatre allows for a variety of artistic styles and interpretations. It can be argued that ethno-drama is a process centered creation of theatre whereas ethno-theatre is product centered (the performance).

Ethno-drama/theatre herein is used interchangeably. Ethno-drama/theatre methods lend themselves naturally as a means to document, reflect and shape reminiscence theatre research. Next, interdisciplinary narrative inquiry is described.

Narrative inquiry. ‘Narrative’ refers to a telling of some aspect of a person with action and purpose, for the listener or reader (de Medeiros, 2014). Upon review of various definitions of ‘narrative’, de Medeiros (2014) concludes that narratives are more than the representation of

some reality; they typically involve personal interest, are not neutral, and are a constructive process in the context of the cultural setting, history and interaction. This applies to listening to a narrative as well as telling or enacting one.

‘Narrative inquiry’ refers to the research processes of re-representations of experience, attending to and telling about experience, recording and transcribing the experience, analysis of the experience and the reading of experience (Riessman, 1993). Focal to narrative inquiry are questions on how much is revealed through communicative action, why the speaker or writer tells the narrative and ultimately what it means. Zatzman (2006) explains that narrative inquiry is both a process and a product; as a research methodology it explores how narratives provide a way to make sense of the individual’s personal experiences within the context of culture, history, language and gender. Narrative analysis refers to the systematic study of personal experience and meaning, of how events have been constructed by the individual (Riessman, 1993), all of which can include components of storytelling.

‘Storytelling’ refers to “what we do with our research materials and what informants do with us (Riessman, 1993, p. 1). Central to storytelling is the use of metaphor. This narrative approach is particularly useful to gerontologists seeking to understand biographical aging (Ruth & Kenyon, 1996).

Metaphor, memory and aging. Randall (2011) explores the interplay between memory, metaphor and meaning. He points out that in the psychology of aging, memory has been studied mostly with regard to its cognitive mechanics (e.g., speed of retrieval, accuracy of recall) than to the meanings connected to memories which Randall (2011) refers to as ‘textual entities’ – narrative summaries of events which he considers as metaphors. As memories may be edited and re-interpreted, changes in an individual’s life course may in turn impact how memories are

interpreted and woven together in ongoing storying narratives. Essentially, Randall (2011) reminds us that memory is a process; although flawed regarding reliable, rapid access to full and accurate recollections of facts and events, memory as a process of ongoing story metaphor and meaning-making is posited as the basis for a sense of self – the individual’s feeling of identity, uniqueness and self-direction (Nugent, 2013) - all the more important in late adulthood to adapt to a multitude of changes.

‘Metaphor’ is often utilized across intersecting disciplines, particularly in applied theatre and narrative inquiry, yet its definition is unclear. As Randall (2011) points out, it is a challenge to define the word. A review of how metaphor has been conceptualized from an autobiographical perspective (Olney, 1981) and in science and the humanities (Kenyon, Birren, & Schroots, 1991) offers a working definition of metaphor. Metaphor is a process and a tool for meaning-making – a way to enter the unknown through the gateway of what is known (Randall, 2011). For Randall, memories convey metaphors which in turn evoke memories. He elaborates that the meanings embedded in memories are repeatedly reconfigured as individuals tell and retell their stories which may be re-examined and re-interpreted over time. Of particular importance for the older adult is Randall’s (2011) premise that the inner and outer conditions of later life have advantages that can positively facilitate reconfiguration of memories and meaning making. He highlights linkages between narrative and dementia.

Randall (2011) acknowledges that with dementia, limitations can arise in meaning-making, especially new meaning, but he asserts that the individual with dementia is still capable of some degree of narrative development and can remain ‘biographically active’, which aligns with the author’s perspectives. Ultimately, Randall (2011) links wisdom and self-understanding

with the dynamic interplay between memory, metaphor, and meaning – all central to reminiscence theatre practice.

In this next section, the reminiscence theatre study methodologies are reviewed.

Reminiscence theatre study methodology. This study integrates components of case study, ethno-drama/theatre, and narrative inquiry.

Case study rationale. Case study methodology has been selected for this reminiscence theatre study as it best reflects the interdisciplinary connections between the disciplines. Case study is briefly defined as “an empirical inquiry about a contemporary phenomenon (e.g., a ‘case’), set within its real-world context – especially when the boundaries between phenomenon and context are not clearly evident” (Yin, 2012, p. 4). The case study design is aptly suited for this inquiry as it examines complex conditions, context, and real life experiences of older adults with dementia in residential care. This approach allows for multiple data sources (e.g., ethno-drama field-notes, research reflections pre- and post-health surveys and older adult interview transcripts), all of which embrace multiple perspectives of artist, researcher, and healthcare provider.

As clarified by Yin (2014), case study research is recommended as the preferred method when the central research questions pertain to ‘how’ or ‘why’, when there is minimal control over behavioural events (in contrast to experimental studies where independent variables are carefully manipulated), and when the study is focused on a contemporary rather than mainly historical phenomenon. This is applicable to the current study, as case study methodology encompasses up-close and in-depth understanding of individual older adult life stories within the context of the broader residential care environment. In addition, the small sample size (11 older adult cases) lends itself to a descriptive analysis. Adding qualitative narratives expands upon

what surveys alone offer, enabling a richer understanding of the human experience from the setting. Case study methodology also supports the evaluative component of the theatre devising process.

Yin (2014) elaborates on design and methods in case study research. Construct validity, which identifies appropriate operational measures for the concepts of investigation, is addressed in case study methodology by including multiple sources of evidence and establishing a chain of evidence, typically in the data collection phase. Yin (2014) comments that internal validity, which focuses on establishing causal relationships, does not apply to descriptive and exploratory case studies. External validity, which addresses the generalizability of findings beyond the research context, is tied to ‘how’ or ‘why’ questions at the design phase and is related to theory, with replication involved in multiple-case studies (Yin, 2014).

Reliability, the likelihood of replicating results through the study’s method, seeks to minimize errors and biases in the research. Yin (2014) points out that case study research has generally struggled in this area due to poor documentation. However, reliability can be much improved through use of a case study protocol and developing a case study database. Overall, case study design methods can address limitations regarding issues of reliability and validity (Yin, 2012), and enhance depth and breadth of understanding of the topic of study.

Selection of narrative inquiry and ethno-drama/theatre. For this reminiscence theatre study, narrative inquiry can be justified as an appropriate methodology as it can play a vital role in transforming theory, research and practice in health care by balancing biographical and biological understanding of the human and social experience. Active engagement in writing, reading, telling and listening to people’s accounts of their lives through reminiscence theatre as a health care intervention, supports the concept of narrative care as core care – acknowledging and

respecting an individual's life-story. Narrative analysis assists us to decipher and best understand the complexity of meaning.

Narrative analysis was selected for two purposes. The first was to capture older adults' oral stories through tape recorded, one-to-one open-ended interviews and verbatim transcriptions. These texts are analyzed to identify patterns and themes with the intention of reshaping these into scenarios for the theatre production. Secondly, narrative analysis provides insight into the health and wellbeing, and psychosocial state of the older adults engaged in the interviews by exploring patterns in speech and emerging themes embedded in their stories. Additional texts from field notes and comments from pre- and post-questionnaires are analyzed to identify changes throughout the research process.

Ethno-drama/theatre creates a space for the researcher to observe, reflect and respond from within in the reminiscence theatre process. It also creates a space for the researcher's voice to be embedded within the study. Narrative inquiry and analysis provide a method to understand the lived experiences of participants from the past and bring them forth. Given the nature of reminiscence/life review and storying later life, ethno-drama/theatre and narrative inquiry are viewed as ideal methodologies for the reminiscence theatre study.

Study limitations. The link between ethno-drama/theatre and narrative inquiry for reminiscence theatre is clear. However, it is important to be mindful of the limitations as they hold implications for practice. Generalizations of meanings extracted from story narratives are problematic in that representations and their interpretations are fluid and contextual, not universal or fixed. Reality is represented partially, selectively and imperfectly, with interpretation involving both expansion and reduction of the teller's whole experience. The agency of the narrative lies with the teller but the processes of interpreting, representing and

composing the narrative are subjectively influenced by the experiences of others (e.g., the researcher, the theatre devising team, the playwright).

Another limitation of narrative relates to time and sequencing. Riessman (1993) notes that some researchers argue for a restrictive definition of narrative that pertains to the order of events that move in a linear way through time. Others (e.g., Michaels, 1981) assert that thematic sequencing should be utilized in which details of an episodic narrative are linked together by theme rather than by time. For reminiscence theatre the latter tends to be the case, as in theatre practices, moments in time are re-organized intentionally and non-sequentially, going back and forth for dramatic effect and aesthetic appeal.

Some researchers (e.g., Labov & Waletzky, 1967) focus on language as representing reality and thereby suggest the issue of 'truth in story' may be problematic in narrative research, particularly when working with the elderly with cognitive or memory deficits. However, Riessman (1993) notes that narrative researchers have been influenced by phenomenology and take the stance that "narrative constitutes reality: It is in the telling that we make real phenomena in the stream of consciousness" (p. 22). Narratologists view language "as deeply constitutive of reality, not simply a technical device for establishing meaning. Informants' stories do not mirror a world 'out there.' They are constructed, creatively authored, rhetorical, replete with assumptions, and interpretive" (Riessman, 1993, pp. 4-5). Similarly, de Medeiros (2014) addresses the issue, emphasizing the relational and interpretive aspects of narratives and the importance of meaning, of conveying something personal about the narrator rather than getting the facts perfectly accurate.

Narrative inquiry can be seen as an effective methodology for reminiscence theatre even with its limitations. For applied theatre artists and reminiscence theatre practitioners, narrative

provides an interpretive container to pay attention to meaning in context through an interpretive lens. How experience is represented can be thought of through these questions: How is talk transformed into a written text and how are narrative segments determined? What aspects of the narrative constitute the basis for interpretation? Who determines what the narrative means and if alternative interpretations are possible? (Riessman, 1993). From the perspective of the applied theatre discipline, the answers lie in the intentions of the theatre piece. In applied theatre and reminiscence theatre the narrative content is emergent; therefore the process is fluid and choices are made on an ongoing basis, collaboratively with the older adults, researcher and artists.

In the first part of Chapter Three, key theoretical and methodological influences from intersecting disciplines of social dimensions of health, gerontology, narratology, applied and reminiscence theatre have been synthesized to articulate the influences which shaped this study. The second portion of this chapter provides the case study design overview for the intergenerational reminiscence theatre study entitled, 'Moving forward backwards'.

Reminiscence Theatre Study: Within Case Study Description

Problem statement. The majority of Canadian older adults are living longer, healthier, independent and active lives within the general community. However, for others this increased longevity reflects an increase in chronic illness and Alzheimer's/other dementias in later adulthood, often requiring placement. As a result of changing residential care facility demographics, it is anticipated that many older adults will experience accumulating losses as they transition from home into a care facility, affecting their sense of self, autonomy and agency. They can become socially isolated, decreasing their quality of life and well-being.

To best address the needs of this shifting aging demographic, healthcare professionals are seeking sustainable, dementia-specific initiatives to meet care needs. As noted earlier in the

literature review in Chapter One, international research highlights holistic, person- and relationship-centred arts-in-health programming which is shown to enhance health, wellbeing and quality of life for this population. In Canada, such initiatives are emerging in the general community yet appear less frequently in some residential care facilities.

Research question. Does active engagement in family reminiscence theatre enhance psychosocial quality of life for older adults with mild to moderate cognitive impairment in care? If so, how? If not, what are the barriers? Sub-Questions: What are the factors which affect the impact and outcomes of reminiscence theatre engagement for older adults and adult family participants? What are older adults'/family perceptions of the older adults' health, quality of life and well-being? How does engagement in reminiscence theatre with older adults in care affect family participants' perceptions of their loved ones?

Background. This study was greatly influenced by reminiscence and life review theory and practice, and several years' experience as a freelance applied theatre facilitator. Previous to this study, the PI (principle investigator) founded Applied Theatre Consulting Services (ATCS), a proprietorship which developed, implemented and evaluated applied theatre initiatives across arts, education and healthcare contexts with various age groups. Latter ATCS initiatives were influenced by the reminiscence theatre practices of Pam Schweitzer, founder of the UK's *Age Exchange* and the *European Reminiscence Network*. Reminiscence theatre initiatives were offered ('Living History' programs) to the then Vancouver Island Health Authority (now Island Health) adult day centres in 2004-06.

The ATCS artistic director later expanded upon the Living History program by offering it in a residential care facility. A reminiscence theatre practice model was developed and integrated into the centre's activities programming. The reminiscence theatre model included the steps of

interview, transcription, devising, and performing. A total of twelve reminiscence theatre projects were implemented at the residential care facility previous to this current research study. Each project was informally documented, analyzed and evaluated in accordance with reminiscence theory and literature. Anecdotal observations from practice motivated and shaped the current reminiscence theatre study, which integrated the above model.

Study synopsis. This site-specific ethno-drama/theatre case study explores and describes the impact of active engagement in reminiscence theatre on eleven older adults with mild to moderate cognitive decline residing in a dementia-specific unit of a complex care facility. This family reminiscence theatre research initiative aimed to develop, implement and document the process of creating reminiscence theatre performance from older adult and family participants' memories and stories.

Reminiscence theatre is performance created from the essence of real life stories and memories of older adults. In this study, one-on-one reminiscence/life history interviews were conducted with the older adult participants. These were audio-recorded, transcribed verbatim and reviewed with participants for story selection and consent, to select content for play devising. A core company of reminiscence theatre artists was created to collaboratively devise a reminiscence theatre performance from these stories. The performance was presented to older adult participants and invited guests at the facility, with post-performance evaluative surveys.

Objectives. The central objective of this study was to explore if and how family reminiscence theatre engagement can enhance quality of life for older adults in care with mild to moderate cognitive impairment. Secondly, the research was to explore how engagement in reminiscence theatre affects adult family members themselves and their perceptions of their older adult family member.

Overall, the aims of reminiscence theatre are to involve older adults in social activity relevant to their own life experience, to stimulate long-term memory, to honour the contributions of older people, and to strengthen self-confidence, self-awareness and self-esteem, all of which hold the potential to enhance quality of life.

For this study, a key objective was to provide a context wherein older adults in care and their adult families could engage in a novel creative reminiscence theatre arts initiative to reflect on lived experiences, share memories, build relationships, increase social activity, and reframe perceptions of health and well-being. At a more general level, aims of this research were to advance arts in health initiatives for older adults in facility care, and specifically explore family reminiscence theatre as an initiative to address the need for innovative, sustainable, dementia-specific programming while enhancing quality of life.

Research site description.

Overview. A Victoria area site, an Island Health complex care facility, consented to participate in this study. The site administrators supported the integration of the reminiscence theatre program into the licensed dementia care model on one unit of the facility. This model is elaborated below, in the facility's statement of philosophy.

Research site's philosophy statement. Provide care that is gentle, respectful, ethical, supportive and professional that supports chronic and complex conditions affecting the older adult. Licensed Dementia Care (LDC) is an approach to care that has been demonstrated to benefit people who have moderate levels of dementia. The model of care respects residents for who they are and who they have been in their life. It allows residents to make choices about social interactions and activities that reinforce their sense of dignity and emphasizes their abilities rather than their losses.

It is an activation-based approach to care that emphasizes familiar daily activities that are meaningful to each person and promotes overall health and quality of life. It focuses on keeping people mobile and functional for as long as possible, in spite of their cognitive challenges.

The licensed dementia care model has admission criteria that will assist in identifying those who can most benefit from the service. In general, people who require ‘cueing’ and secure environments in order to continue active lives are the best candidates for licensed dementia care. The model is not suitable for people who have behaviours that may put themselves or others at risk.

LDC focuses on people who are mobile but can no longer live safely in their home or in an Assisted Living site, need additional security features and 24-hour care. The goal of licensed dementia care is to support clients to maintain their remaining abilities for as long as possible. Because they have less need for medical care than some other people in residential care, the model involves a different mix of staff, with greater emphasis on activations and personal care staff.

Individuals will be transitioned into complex care with increased nursing oversight if their medical or cognitive status requires. Every attempt is made to transition people within the same facility as their care needs change, maximizing familiarity with surroundings and staff.

Historical context. Historical socioeconomic origins of the institution ranged from upper-middle socioeconomic status in earlier years, to middle to lower in later years. The residents at the time of the study ranged from middle to lower economic status. Ownership of the residential care centre was in flux at the time of the study (building in need of upgrade to accommodate complex care needs of older adults). The facility was up for sale, creating internal administrative and staffing difficulties. The activities team within the therapeutic services department consisted

of six staff at risk of cutbacks as the facility was undergoing major adjustments to programming and staffing. The administrative framework has shifted over time from privately owned to Vancouver Island Health Authority (now Island Health).

Demographics. This site is a publicly funded community-based care facility for older adults that houses an average of 290 older adults who reside in two, three-level sections comprised of two Alzheimer's/dementia contained units, two mild cognitive impairment units, two general units and an independent living unit. A central, open space Main Lounge hosts the centre's larger group activities. Ages range from 65 to 103.

Participant demographics. The cultural demographic was mainly Caucasian with a Euro-ethnic influence, a strong dominance of UK and Canadian backgrounds. Other much less common ethnicities included Indian, Japanese, German, Norwegian, and Egyptian. Gender was mixed, with more females than males.

The majority of the residents were physically mobile, able to navigate around the institution either with walkers or wheelchairs. Many were coping with the effects of chronic health conditions. The care facility unit was in an adjustment phase, adapting to new management, program development and care structures. It is now referred to as a LDC facility, with services shaped in accordance to the LDC philosophy.

Research study participants. Three groups of individuals were to be engaged in the study: older adult participants, adult family members, and the reminiscence theatre devising company. The first group was comprised of older adults (age 65 and over, mixed gender) with mild to moderate impairment residing in the facility, to participate in interviews and a series of drama groups towards play devising, and view the performance. This was the primary population of interest. Because of decline, these individuals are often perceived as unable rather than able.

As the literature (e.g., Kitwood, 1997; Kontos, 2010, 2012; Kontos & Naglie, 2013) and practice shows, this population tends to become invisible, and loss of personhood occurs as the decline progresses. The literature suggests that engagement in reminiscence theatre increases esteem, decreases depression, and enhances social engagement. There is a need for innovative, sustainable programming in facility care to augment existing services that can enhance quality of life and reflect the positive capabilities of this group. As indicated in the literature, the older adult population in the general community has access to an abundance of resources, creative programming and support services, different than for older adults in care who are often isolated and do not have the same opportunities for creative engagement.

The second group of participants was to be adult (at least age 19) family members of older adult resident participants. Family relationships usually are the most important and longest in duration for older adults, and likely to be a central part of the person's support network. Family members and associated experiences are the most likely to be remembered by older adults. Integrating adult family members into reminiscence theatre practice with older adults in care is relatively novel particularly in the Canadian context. By engaging in a creative collaborative project together, family members may begin to experience their loved one as someone who, despite the decline, is still capable of engagement and personal connection. During the processes of reminiscence theatre, family members have the opportunity to experience new interactions with their loved ones in the here and now, seeing them in a new and more capable light. Reciprocal potential benefits exist. Whereas the focus of the proposed study is on the impact of family reminiscence theatre engagement on older adults' quality of life, the involvement of family member participants does not address their quality of life. Their role was

to be as participants in the reminiscence theatre workshops with older adults and viewing the performance.

The third group - reminiscence theatre devising company participants – was of interest as they would be able to provide the necessary aesthetic component to the project. Victoria has a strong core population of applied theatre graduates who have the necessary understanding of the theoretical underpinnings and professional expertise to conduct themselves in such a challenging project. The proposed core company aimed to include participants with experience in working with older adults in care facilities and familiar with the challenges of this particular demographic. It was anticipated that with the facilitation of the PI they would be able to balance aesthetic autonomy with healthcare integrity.

Study phases / timelines. The research activities initially were broadly organized into the series of phases/timelines summarized below.

Phase 1 (Oct-Dec 2014): Pre-Project Preparation. Preparing all necessary material for the project: Gaining participation consent from the site administrator, confirming procedures and ethics protocol; Selection and refinement of instruments; Letter of invitation to participate.

Phase 2 (Jan 2015): Recruitment, instrument implementation and life history interviews. Recruit older adult and family participants; Hold orientation session for participants (including consent forms); Conducting reminiscence / life review interviews with older adult participants; These interviews were transcribed verbatim in preparation for consent of older adult participants and story selection for theatre devising; Review verbatim transcripts with older adults for consent; story selection decisions on content (for theatre devising with reminiscence theatre actors); compile selected stories into rehearsal manual for actors; principal investigator

prepares workshop material for reminiscence theatre devising company; transcripts coded for themes and content. Recruitment of reminiscence theatre acting company.

Phase 3 (Feb 2015): Reminiscence theatre/drama workshops with older adult and family participants and actors. Weekly drama workshops offered with older adults and family and the reminiscence theatre actors. Workshops filmed and photographed (with consent) for data analysis and archival purposes. The aim of these workshops: to collaboratively devise potential scenes for the final reminiscence theatre production.

Phase 4 (March-April 2015): Reminiscence theatre devising process. 2-hour weekly sessions. Week 1: Orientation: Introductions, review of project; Week 2: Actors review stories with older adults and tease out themes for focus of content; scene development; Week 3: Actors present stories and scenes to older adults and family members for clarification and adjustments, and further consent; Week 4: Actors present final revised scenes to older adults for final revisions; scripted play – sequence outline; concluding workshop. Actors move into devising process; rehearsals, integrate selected consented stories into final reminiscence theatre script.

Phase 5 (1 week in April 2015): Reminiscence theatre company rehearsal process. (Without older adult and family participants). Devising/acting company rehearses and shapes story into final play, integrating theatrical elements.

Phase 6 (April 2015): Reminiscence theatre performance. Reminiscence theatre presentation; the shape of the production to emerge throughout the devising process with the company actors. The performance filmed and photographed (with consent) for data analysis and archival purposes. The reminiscence theatre piece performed first at the site for an invited audience, consisting of older adult and family participants and their guests. Secondly (upon confirmation), the piece to be performed at the University of Victoria Phoenix Theatre, Barbara

McIntyre Studio for an invited audience of site staff, administrators, applied theatre practitioners and students, and available study participants. The performance piece to be followed with an actor-in-role post-production audience question/answer period facilitated by the PI.

Phase 7 (April-June 2015): Post-production instruments administered. Post-production questionnaires: Quality of life instrument (older adults), personal inventory survey (older adults), post-performance interview (family participants) and post-production reflections (older adults and family participants).

Phase 8 (May-Dec 2015): Final data analysis, report preparation and dissemination. Review of all data, synthesized into project report and presentation for facility to occur.

Data collection procedures.

Overview. This arts-based research study on reminiscence theatre in a healthcare context was inherently interdisciplinary. The emphasis was on qualitative data, with an approach that valued the views and voices of the participants. Within case study, narrative inquiry, and ethno-drama/theatre were selected to represent participants' individual and group experiences of engagement in reminiscence theatre.

This study involved pre-planned interview procedures. Emergent themes from interviews were integrated during the drama workshops and play devising process. Themes were anticipated to arise more explicitly from older adult, family and artist/researcher interactions throughout the study phases. The ethnographic insider observations of the researcher and emergent data from analyzed older adult interviews shaped the reminiscence play devising processes. Sources of information related to determination of outcomes included the PI's field notes throughout the project, survey questionnaires, structured interviews, and a few standardized instruments where

the data was used for descriptive rather than formal statistical analysis purposes. Following is a synopsis of the types of data collected and procedures involved.

Self-assessment form. Following completion of approved ethics protocols; ‘Personal Inventory’ forms were completed and reviewed by the PI prior to carrying out interviews with older adults.

Ongoing ethno-drama field notes. These provided qualitative data from the PI’s reflections throughout the study. Field notes included informal observations and reflections from interviews and drama workshops with the older adult participants, and from the reminiscence theatre company’s involvement in the drama workshops, play devising and performance processes.

Older adult interviews: Audio-recordings and transcriptions. Individual interviews of older adult participants were conducted and audio-recorded by the PI in a closed private room by the nursing station in the facility. The interview recordings were transcribed verbatim and coded, removing names and other identifying information. The transcripts were brought back to the interviewees (member checking), verbally read, and the PI and older adult discussed what aspects of the interview were to be selected for inclusion in the theatre play to be devised, with informed consent sought for use of content in the fictional story for play development. Upon this consent, the collected stories were refined and edited into narratives for script development by the researcher in preparation for the reminiscence theatre devising company.

Video-recordings. Upon formal consent procedures and administrative approval, video-recordings of drama workshops and the reminiscence theatre performance were carried out. Selected photographs, images, and video recordings were to be used to supplement the study report to the facility, the oral dissertation defense presentation, and potential journal publications

and conference presentations. Any identifying information for which there is not consent was not utilized.

Play devising process. The director and PI investigator worked collaboratively through a series of drama workshops and orientations to develop a reminiscence theatre script. This script was staged, rehearsed and performed at the care facility for the residents, family participants and invited guests. This process was documented by the PI through reflective journaling on observations as to what was done, how, and reactions throughout the process.

Surveys / questionnaires. Signed consent procedures were followed through, with informed consent/assent obtained from participants and documented prior to administration of any surveys/questionnaires. The selected inventory forms were verbally administered individually by the PI with older adults prior to the theatre preparation process. The standardized instruments included the CASP-19 (Hyde et al., 2003), and the Alzheimer Disease-related Quality of Life (ADRQL) – Revised (Black, Rabins, & Kasper, 2009). The ‘CASP’ in CASP-19 refers to the dimensions of ‘control’, ‘autonomy’, ‘self-realization’, and ‘pleasure’ captured by the items (Hyde et al., 2003). The quantitative data from these instruments were intended to be utilized for descriptive purposes rather than formal statistical analysis (not feasible for a small group size) to note any significant patterns that might correlate with interview transcripts.

The CASP-19, which assesses quality of life among older adults, was self-rated with the older adult participants and verbally administered by the PI. The ADRQL-R focuses on the Alzheimer’s population in assessing health-related quality of life, based on ratings of family caregivers or professional staff in residential care facilities. The latter instrument is more suitable for older adults with at least moderate cognitive impairment (only yes/no responses required) and is proxy-rated. The PI completed the form with and for each older adult participant, and

reviewed it with the Activities staff person responsible for the particular older adult resident, to add their observations.

The Personal Inventory, a self-rating scale developed for the study, was verbally administered by the PI. An impact of engagement rating scale survey (Reminiscence Theatre Evaluation Questionnaire) was administered to older adult and family participants after the reminiscence theatre performance (verbally administered to older adults by the PI; completed on own by family participants and others in the audience).

The following forms, questionnaires and standardized instruments were utilized to collect background and health / quality of life-related information (see Appendix B): Participant Demographics / Perception of Health Form; Personal Inventory - Pre-Program; CASP-19 (Hyde et al., 2003) - Pre-Program; Older Adult Interview Questions - Reminiscence / Life Review Interview for Theatre Devising; Personal Inventory - Post-Program re-administration; CASP-19: Post-Program re-administration; Alzheimer Disease-related Quality of Life (ADRQL) – Revised (Black, Rabins, & Kasper, 2009) - Pre- and Post-Program. The aforementioned forms and questionnaires were devised by the PI except for the CASP-19 and ADRQL-R.

Data analysis procedures.

Overview. The data collected in this study were shaped as an interpretive inquiry exploring reminiscence theatre through a series of within-cases studies. The priority was placed on the qualitative strands with some quantified measures to enhance the descriptive exploration. It was anticipated that a large amount of data would be gathered from field notes, interview transcripts, survey instruments and a reflective journal; therefore, a systematic approach to managing the data was followed.

Qualitative data. Transcripts from interview data were analyzed for two purposes – to gather health-related information on older adult resident participants, and to collect stories and memories for theatre development. Interview data were collected first as verbatim texts and then further refined for analysis by reducing the texts into themes through a process of coding, condensing codes, and finally representing the data in figures and tables. Interview transcriptions were reviewed first to gain a sense of the whole narrative and secondly, to clean the transcripts to remove any identifiable information and replace these with pseudonyms. These transcripts were reviewed with the older adults, the narratives re-read several times with the aim of memo-ing in the margins to focus general ideas expressed by the participants. In addition, field notes immediately after the interview captured the researcher’s interpretation, with the intent of gathering observable behaviours, moods, nuances and other variables which impacted the interview. Next, the PI implemented open coding steps as discussed by Boeije (2002) and Saldaña (2013).

The data from transcripts were analyzed and summarized into ‘codes’ – “labels that assign symbolic meaning to the descriptive or inferential information compiled during a study” (Miles, Huberman, & Saldaña, 2014, p. 71). The first step in coding involved comparisons within a single interview to code passages to draw links between them, comparing fragments, looking for new or repeated information. The second step entailed comparisons between interviews within the same group (axial coding). Herein the aim was to compare individuals with the same group of older adults, looking for patterns and combinations of codes and categories essential for thematic analysis. This provided for further conceptualizing of the subject, identifying indications and characteristics for each concept.

The coding followed first and second step coding cycles (Miles et al., 2014) to provide insights into participants' perceptions, worldviews, and life conditions. Transcripts were reviewed for themes linked to literature and theory on quality of life, well-being and self-perceived health – in turn linked to a social dimensions of health perspective by considering older adult participants background with regard to socioeconomic status and health. The emergent codes were a combination of pre-planned, emotion, exploratory, provisional, hypothesis, magnitude, and attribute coding patterns.

Emotion coding pertains to references to emotional experience in a transcript passage or inferred by the researcher. Exploratory coding includes several methods, the most relevant to this study being provisional and hypothesis coding. Provisional coding begins with codes generated by the researcher, and as the data are reviewed they can be revised, modified, narrowed or expanded. Hypothesis codes also are researcher generated at the start, based on theory or prediction of data to emerge. Magnitude coding are alphanumeric or symbolic codes applied to existing coded data to convey intensity, frequency, presence, direction, or evaluative content. Attribute coding refers to descriptive information such as characteristics of participants or demographics. Miles et al. (2014) proposed that these codes are apt for studies, such as the current one, that aim to honour and prioritize the voices of participants, attending to both intrapersonal and interpersonal experiences and behaviours, thus enhancing insight into the perspectives and life conditions of the participants.

Code patterns were documented as narrative descriptions, integrating first cycle codes into narratives with supported field notes. This information was organized on an ongoing basis utilizing the techniques of jotting (Emerson, Fretz, & Shaw, 2011), essentially 'analytic sticky notes' in which the researcher's comments can be attached to specific chunks of data (Miles et

al., 2014). Also utilized was analytic ‘memo-ing’ – “brief or extended narrative that documents the researcher’s reflections and thinking processes about the data” (Miles et al., 2014, p. 95), aimed towards synthesizing data into a higher level of analytic meaning, towards second cycle coding.

Within-case analysis: once this second cycle data coding was completed the data were further analyzed through strategies within cases, data evaluated pre- versus post-program.

Within-case analysis strategies included replication (studying a case in depth and examining successive cases for matching patterns), forming types or families (finding clusters of cases that share certain patterns and organizing them along particular dimensions), and looking for themes that may be evident across cases. These types of strategies are believed to deepen explanation and understanding (Miles et al., 2014).

Quantitative data. Data from quantitative measures were tabulated. For standardized measures (CASP-19, ADRQL-Revised), individual and group scores were reviewed with reference to normative data. It is acknowledged that the sample was not sufficiently large for formal analysis; however, it was anticipated that the quantitative data may be illuminating and help provide corroborative information regarding other sources of data. Other quantitative measures that are not formal standardized instruments (e.g., Personal Inventory) likewise may supplement qualitative data with quantitative information.

Handling of missing or incomplete information: it was anticipated that the most likely reason for missing or incomplete information would be if participants chose to withdraw at any point from the study or if there was variable attendance. Data from participants choosing to withdraw from the study were not used.

Reliability and validity.

Qualitative data. Reliability was addressed through use of protocols incorporated into the study processes and establishing a database for the case study (Yin, 2014). As for checks for validity, strategies of reflexivity, triangulation, member-checking, and audit-trail were integrated into this study.

The concept of reflexivity acknowledges that the researcher's orientation is shaped by socio-historical locations, values and interests (Hammersley & Atkinson, 2007). In keeping with this principle, reflexivity took place throughout the research process at multiple levels through ethnographic field notes.

Triangulation involves finding evidence for a code or theme across several data sources or different individuals. Data from participant observation, interviews, and survey documents were compared to check for validity of inferences (Hammersley & Atkinson, 2007), qualitative interviews referred to in order to inform or add to the quantitative data from inventory surveys.

Member-checking involves showing the findings to the participants and checking with them whether their experiences were accurately reflected. The PI inquired about the identified themes from interviews, made sense of them and reflected on what they meant (e.g., verbatim transcript texts were reviewed for accuracy with older adult participants).

Audit-trail documents the details of the research process as it unfolds. The PI maintained a log of activities that took place along with evolving decisions made throughout the study. The log accompanied ethno-drama/theatre research journaling as a reflective commentary on what occurred.

Quantitative data. As noted earlier, data from quantitative measures were tabulated for descriptive purposes as it was expected that the sample size would not be large enough for

formal analysis procedures to establish statistical significance. Nevertheless, there is ample statistical evidence to support the use of the CASP-19 and ADRQL-R even if not intended to establish statistical significance of quantitative data.

The CASP-19 (Hyde, Wiggins, Higgs, & Blane, 2003) assesses quality of life among older adults, focusing on the domains of control, autonomy, self-realization and pleasure; these domains are viewed as equal and integrated rather than organized in a hierarchical manner. This instrument is now included in many national surveys in Britain and other countries. A recent study focusing on the psychometric properties of the CASP-19 (Kim et al., 2014) lists a number of studies that have validated its factor structure, most of these undertaken in Western European countries. This research was based on large samples in three Eastern European countries (Czech Republic, Russia, Poland), with findings of Cronbach's alpha coefficient of internal consistency reliability ranging from 0.83 to 0.86 for the total score. Two of the domain scores (Pleasure, Self-realization) showed acceptable reliability while correlations were weak regarding the other domains (Control, Autonomy). The authors conclude that the instrument is a valid and reliable tool for assessing quality-of-life in older adults, and are refining the instrument by exploring twelve-item forms that optimize statistical properties.

The ADRQL-R (Black, Rabins, & Kasper, 2009) focuses on the Alzheimer's population in assessing health-related quality of life, based on ratings of family caregivers or professional staff in residential care facilities. The following excerpts from Kasper et al. (2009) highlight the acceptable statistical properties: "good item-internal consistency (67.5% of items met 0.40 standard); high correlation of items to hypothesized scales (85% of items met criteria for 4 of 5 subscales and the overall instrument)... internal-consistency reliability coefficient exceeding the minimum reliability standard for group comparisons (0.86 for total scores; range of 0.56 to 0.83

for subscales). In a community sample, the ADRQL discriminates between groups and is responsive over time in hypothesized directions” (Kasper et al., 2009, p. 275).

Next, the original Joint University of Victoria and Vancouver Island Health Authority Ethics protocol for this study is reviewed.

Study protocol. (Approved through the Human Research Ethics Board)

Protocol synopsis. This study explored the impact of active engagement in family reminiscence theatre on older adults in care with mild to moderate cognitive impairment. Reminiscence theatre is performance created from the essence of real life stories and memories of older adults. This family reminiscence theatre initiative involved the development, implementation and documentation of theatre performance creation from older adults’ and family participants’ memories and stories. Individual reminiscence/life history interviews were conducted with the older adult participants, audio-recorded, transcribed verbatim and reviewed with participants for consent, and story selection for play devising. A core company of reminiscence theatre artists collaboratively devised a reminiscence theatre performance from these stories – first, through group drama workshops with the older adult and family participants, and secondly with the theatre company actors, playwright and director. The performance was presented to older adult study participants, family and others in an invited audience, with post-performance analysis.

All Ethics protocol documents are in Appendix B. These are grouped into four sub-categories: approval documents (B-1), recruitment materials (B-2), data collection methods (B-3), and free and informed consent forms (B-4).

Selection of study population.

Older adult participants. Older adult participants were selected on the following criteria: age 65 or older, males and females, have a range of chronic health conditions including mild to moderate levels of cognitive impairment, Alzheimer's disease and other dementias, and reside full-time on a dementia-specific unit of the residential care facility. They were capable of cognitively understanding activities and had minimal mobility issues. Psychologically and physically they were able to participate in individual interviews and group drama activities with minimal assistance. They were either capable of giving consent, or if cognitively unable to consent the family or healthcare provider could consent on the individual's behalf where other inclusion criteria are met.

Family participants. Adult family participants considered for inclusion in the study were related to the older adult study participant. At least age 19, they may be a spouse, sibling, parent, aunt or uncle, adult child, adult grandchild, or adult niece or nephew, biological or adopted. Participants would have a relationship history with the older adult with no known physical, behavioral or mental health issues which would negatively impact the older adult. The family participant would be able and willing to positively engage with the project and adhere to ethical conduct in accordance to ethical Joint UVIC/Island Health Ethics protocol as outlined in the consent agreement.

Reminiscence theatre devising and performance company participants. These participants were selected among current and former UVic applied theatre students. Criteria for inclusion were: experience working with older adults in healthcare facilities and familiarity with the challenges of this particular demographic. The participants were young adults age 19 and up, of mixed gender and ethnicity.

Exclusion criteria. For older adult participants, exclusion criteria included being below age 65, beyond a moderate level of cognitive impairment, cognitively incapable of giving consent and without consent from family or the healthcare provider, behavioral or mental health challenges beyond mild severity. For family participants, primary exclusion criteria were being below age 19, a relationship history with the older adult wherein participation of the family member would likely have an adverse impact on the older adult, unwillingness to positively engage in the project or to adhere to ethical protocol as specified in the consent agreement. For devising team participants, exclusion criteria were no prior academic training or experience with applied theatre or reminiscence theatre practices, being below age 19, and not agreeing to adhere to ethical protocols.

Recruitment processes.

Residential care facility. The PI sent a letter of invitation along with the Ethics Operational Review, to the residential care facility administrator for review and authorization. The letter of invitation requested the facility's participation in the research study and consent for the PI to recruit older adult residents and their adult family members. The PI would conduct the recruitment process as approved by the Ethics board.

The PI circulated a poster invitation advertisement to participate in the study at the facility. Older adult and adult family members who wished to commit to participate in the study, provided a signed consent form. Study presentations were offered to older adults, family, and facility staff.

Recruitment of older adult participants and adult family members. Older adults residing in a secured dementia unit of the residential care facility, and adult family members and/or guardians of the residents were recruited. An open call for study participants was circulated via a

recruitment poster. The poster, outlining the reminiscence theatre study, was placed in a visible space on the unit's lobby wall by the nursing station. Those interested in participating in the study were invited to write their names along with their expression of interest and their contact information on a blank card, and to place this card in a sealed envelope. This envelope was inserted into the locked box secured at the unit's nursing station. The PI collected these envelopes daily. The PI then contacted those who had confirmed their interest in participation in the study via phone or email, to schedule a face-to-face private meeting to review the study.

At the close of the orientation, older adults were asked verbally if they wished to participate in the study. The PI verbally reviewed the study participant informed consent form, which included a synopsis of the study, clarification of risks and benefits, confidentiality, no coercion to participate, and freedom to withdraw at any time without adverse consequences.

Family members and/or guardians of residents were recruited in the following manner. Those who had expressed interest in the study were forwarded a letter of invitation to attend a small-group information session. This presentation (on a separate date from the presentation to the older adult residents) provided an overview of the study, its phases and activities, and informed consent protocols along with questions and answers. Family members were invited to participate even if the older adult resident did not participate. It was anticipated that not all older adult residents would have family members able to participate. By allowing additional adult family participants, it was anticipated that the group process would create a sense of family/community for those engaged in the process.

Recruitment of devising and reminiscence theatre performance company participants.

The PI forwarded a notice of this study with invitation to participate in the devising company, to the instructors of applied theatre courses at UVic. Those students interested were to contact the

PI via email; the PI in turn invited them to participate in an orientation session which overviewed the study's objectives, activities, schedules, roles, protocols and consent procedures.

Confirmation of commitment to participate, along with informed consent forms were gathered at the end of the orientation session.

Informed consent procedures.

Overview. Informed consent forms were administered for signatures at the beginning of each phase of the study where consent was needed – interviews with older adult resident participants; storytelling/drama workshops with older adult participants, devising team participants and any adult family member participants; and theatre devising workshops with the devising team participants. All consent forms included the following principles: that participation was voluntary; participants could withdraw without personal or professional consequence at any part of the study; disclosure of possible risks of harm, and procedures for support and referrals should any harm occur; and statements clarifying privacy and confidentiality.

Obtaining informed consent: Older adult participants. The assessment of older adult residents' capacity to provide consent/assent was determined by the facility Administrator and/or the Therapeutic Services Coordinator. In recognition of diminished cognitive capacity of some older adult participants with dementia, consent could be given through assent (by attending and participating in the storytelling group, they have agreed to consent), or full consent on behalf of a resident participant through a Legal Authority Representative (LAR). Any required LAR for full consent on behalf of the residents was gathered as required.

Informed consent was obtained from the LAR if the older adult resident was deemed unable to consent. The LAR consent occurred after the older adult expressed interest, before the project began. Once LAR consent was received, the older adult resident consented through

assent at each stage of the process. Older adult residents' assessment of overall cognitive capacity level had been attained before the study, as such assessment was a criterion for placement on the facility's secured unit (the administrator has clarified that all residents on this unit have a rating of III or under). The assessment tools used were the Mini Mental State Exam (Folstein et al., 2010), and the Montreal Cognitive Assessment (MoCA; Nasreddine et al., 2005).

The consent letter was verbally reviewed before interview. Prospective participants were asked if they understood or had any questions. Ample time was taken for the participants to process and understand the information. Informed consent was signed by the older adult or LAR and the PI.

The original consent form was verbally reviewed at each interaction, and signed and dated at the subsequent interactions. To clarify: informed consent was reviewed verbally with older adult participants and signed before the interview was conducted. A second consent was carried out to review the transcript of the interview with the older adult participant to select aspects of the individual's story for the reminiscence theatre script, and a third time before the performance to review the script and authorize content.

Obtaining informed consent: Family member participants. The Informed Consent Letter was to be provided to adult family members prior to the first drama workshop. Once the family member expressed an interest in participating, the PI would forward an overview of the study and the Informed Consent Form (ICF) for review, and invite the family member to a separate orientation at the beginning of the study. At the orientation session, those who would like to participate would be given an ICF to complete, and then give to the PI at the conclusion of the orientation.

Obtaining informed consent: Devising team participants. Consent letters for prospective theatre devising team participants followed a similar process. Once they had expressed interest, the PI would forward the overview of the study and the ICF for their review before the first workshop. A separate orientation would be held to prepare them for working within the healthcare environment and provide knowledge on the older adult demographic along with the overview of the study and the devising process.

The consent letter was read at the beginning of the orientation session for the play devising process. The prospective participants were asked if they had any questions. Ample time was taken to discuss the information. Respect for confidentiality of the older adult participants was also addressed in the consent form. Informed consent was signed by the reminiscence theatre devising team participant and the PI.

Dual-roles/power-over considerations. Provisions were made for any possible dual-roles and power-over dynamics with the PI, who had been employed as part of the therapeutic activities team at the facility and was no longer an employee at the time of preparation for the study. The role of the PI in the study was as researcher and reminiscence theatre arts facilitator. Potential power-over was minimal. Many of the residents previously known to the PI no longer resided at the facility. Those who still remained, who had a previous resident-staff relationship with the PI in her previous role, were not recruited for the study. Potential participants, then, had no known relationship to the PI, lessening power-over dynamics. Therefore, undue influence on participants to be in the study was minimal.

As the researcher, the PI was in a power-over authority position. Therefore, due diligence was practiced; all effort was made to not influence older adult residents or family members or to coerce them into participation. The choice to participate was solely with the prospective older

adult resident and family participants. In the event that a family member would express interest and consent but the older adult not expressing interest, the family member would verbally approach the older adult for permission to participate; this would lessen the potential for coercion.

Risks for participants: Anticipation of risks, minimizing risk, and planning to address potential harm. This research was regarded as within the range of minimal risk. Participants were reasonably expected to regard the probability and magnitude of possible harms, implied by participation in the research to be no greater than risks encountered by the participant in all aspects of his or her everyday life.

Possible risks for older adult participants could arise. For example, some residents might be at risk for potential embarrassment or general distress through revealing awkward or unpleasant stories (e.g. war traumas) during the interviews. Health limitations and physical conditions could tax a person's capacity to endure long interviews and performances. The reminiscence theatre processes could elicit an adverse emotional response. There was some risk to privacy in that the workshops and performance were videotaped, and residents were known to each other. Therefore, residents' names were not used; instead, fictionalized characters were created within the theatre script.

Possible risks for adult family participants: an older adult participant might reveal memories, whether accurate or distorted, that could have an adverse impact (e.g. embarrassment or through difficult family relationships/dynamics) on the family participant. Families are complex systems based in historical context. It is known from literature and practice that the same event can be interpreted differently by different family members. Therefore, it was possible that engagement in creative theatre from memories together, might trigger sensitive material and

unresolved family issues. The process could elicit or rekindle anticipatory grief issues. It was anticipated that if this occurred it could be worked through in the devising or interview processes; if not, referrals to the facility's social worker would be offered.

Possible risks for reminiscence theatre devising team participants: there could be tension arising from the need to compromise creative expression and aesthetic autonomy in the healthcare context to meet the older adult resident participants' needs. Younger adults not accustomed to later-life aging might feel uncomfortable or ill-equipped to emotionally manage what they observe from older adults in care. They might find this older adult population as somewhat non-responsive (e.g., slower reaction time, difficulty hearing and articulating thoughts, fragmented memory recall, lower energy level) compared to general community audiences to which they are accustomed.

Plans to mitigate risks and address emerging concerns: given the complexities of family dynamics and the sensitivity of some relationships, it was anticipated that through the processes of individual interviews and older adult / family drama workshop sessions, that sensitive personal memories and experiences might surface for both older adult and family participants. Should this occur at any stage of the project, the process would be stopped (interview or workshop), with the participant given the option to take time out and resume, or to disengage from the process temporarily or completely. Therefore, all necessary ethical protocols were discussed with the facility's staff administrator at the outset of the project, acknowledging that participants who might require additional support would be referred to the facility social worker.

During the interview process, for older adult participants there might be risk of embarrassment or general distress from sensitive memories or comments from the transcript. The PI reviewed original transcripts with older adults for consent and uncomfortable comments

were removed, and inappropriate remarks rephrased to a more positive framework. Questions were kept respectful, non-invasive and open ended, and supported the individual if sensitive material and discomfort emerged. The risk also was minimized by the nature of the process of selecting content for play devising, as this was done jointly with the older adult who gave permission to what content could be utilized for play devising. The older adults held all decision-making rights throughout the study, having final say on what was edited out of final transcripts. The written transcripts from the interviews were seen only by the PI and older adult.

As for fatigue or stress, time limits were adhered to and interview periods shortened as needed. Stress of being interviewed was lessened through a relaxed, safe and friendly environment with refreshments served, the interviews having been conducted more like casual conversations over tea. The older adult participants were assured there was no pressure to perform, no right or wrong answers, and that they were not expected to produce or remember, just share only what they were comfortable with discussing freely and spontaneously.

The possibility of reminiscence theatre processes themselves (ranging from the interview to drama workshops to viewing the performance) could result in adverse emotional reactions. The risk of sensitive material eliciting adverse emotional impact was minimized by the play devising process that depicted older adults' stories and memories in a fictionalized, distanced manner; the material was not enacted verbatim from content.

There was the possibility of adverse social impact, e.g., from loss of privacy or diminished reputation. In order to minimize or prevent these risks, a script – ‘Drama Group Ground Rules and Safeguards’ - was read by the PI at the beginning of each drama workshop and performance.

For reminiscence theatre devising team participants, at the outset of engagement with the reminiscence theatre devising company an orientation session was offered, overviewing older adults' aging processes and a synopsis of forms of cognitive decline (Alzheimer's and other dementias) generally speaking. Devising company artists were given the opportunity during the orientation and onward, to ask any questions. On an ongoing basis, reminiscence theatre devising team participants, as with others, had the opportunity to talk with the PI about any issues that might arise, and if need be would be referred to a counselor for additional support.

Applicable to all participants, particularly the older adults, was the safety built into the group structure: group processes / workshops followed a consistent structure of beginning with gentle warm-up and relaxation exercises; the creative activities in the mid-section; sessions ending with grounding exercises along with a gentle debriefing. The PI was the consistent facilitator of the group, and on an ongoing basis would monitor individuals in the group for indicators of stress responses (e.g., increased breathing rate, signs of anxiety and discomfort). To ensure that physical exertions were not taxed, activities were moderated to group skill level, and nutritional refreshments were provided at each session.

Protection of confidentiality and privacy. Interviews were conducted in privacy one-on-one with the PI. All identifying information was removed from transcripts (i.e., name replaced with interview number). The interview content was not used verbatim, only the essence of participants' stories reshaped into a theatre performance script – narratives or poetry.

Ethnographic documentation in the reflective journal would be referred to anonymously. No names or identifying personal information would be cited. The journal was a reflection of the process of how the play was constructed and observations on effectiveness of what was done, choice points, how and why decisions were made, issues and challenges that arose and how they

were managed, and observations of the impact of the arts engagement on older adults and any adult family participants throughout the program. The PI confirmed that all participants recorded in the journal were anonymous and that the journal would be destroyed along with all other data after project completion.

For the performance event, confidentiality was managed in the facility's performance space. During the PI's verbal introduction of the play, audience members were reminded that the content of the play they were about to see had been developed and adapted from the stories of the residents, and that identifying information had been fictionalized. The audience was reminded that the information was to be respected as confidential. A sign detailing the same information as above was posted at the entrance of the main lounge. Printed in the performance program was, "Please respect confidentiality (UVic/Island Health Research Ethics)".

Given the small sample size in the proposed research, and that the older adult participants reside in the same care facility, the likelihood of the individuals knowing each other was good (although memory difficulties might impede recall). Therefore, complete confidentiality was difficult to ensure. Attempts to adhere to confidentiality were respected.

It is important to note that the stories were not represented verbatim. The essence of the stories was fictionalized to depict the themes, not specific factual details. Reminiscence theatre is not oral history depiction. Experiences were not be depicted verbatim or re-enacted; rather, the thoughts, ideas and themes that the older adults wished to convey (e.g., resilience, camaraderie) were portrayed through the fictionalized story line, plot and made-up characters to conceal identity.

With consent from administration and participants, the drama workshops and performance were videotaped and stored for archival and data analysis purposes following the

program. Participants had the right to choose not to have their image shown, whether the participant remained in the program and did not want their image used or if the person withdrew from the project. Use of one's image from video recordings was completely voluntary and the participant could decide to decline use of his/her image at any point. If use of one's image was declined, the person's image would be blurred or removed to prevent the participant being recognized or shown. These points are clarified in the consent forms. If five or more participants declined consent to use their images, then these images would not be included in the analysis. If all declined, the video would not be taped or used as data.

Data storage and transmission. All recordings, transcripts, forms and evaluations were locked in a filing cabinet. All electronic data were stored on a server accessed through a password protected computer. Audio and video recordings were transferred to a separate hard drive and stored in the locked cabinet. All data were stored in a locked filing cabinet at UVic in the office of the PI's co-supervisor, Dr. Warwick Dobson, in Room 108 of the Phoenix Theatre Building.

Interviews of older adult residents were transcribed verbatim, and essences of stories then formed into a theatre performance script. Questionnaires were administered pre- and post-program, the responses in written form and some tabulated for descriptive purposes. With consent from administration and participants, workshops and the performance were video-recorded for archival and data analysis purposes. The use of data from this research study is only for the PI's doctoral dissertation and possible dissemination through professional journal articles.

Upon completion of the project, a report would be prepared synthesizing the project's processes and outcomes. It will be made available to the site administrator in hard copy and/or

verbal presentation. The report also will be offered to older adults and any family participants upon request. In accordance with best practice, data are to be destroyed after 5 years.

Unforeseen circumstances required that the original study be adapted. These adjustments are summarized below.

Study adjustments. The following adjustments were made to the study procedures and timelines to accommodate for unanticipated events. The central factors requiring adjustments were the time duration of the ethics approval process, and that no adult family members of the older adult resident participants signed up for participation in the research. This necessitated a change to intergenerational reminiscence theatre rather than a family reminiscence theatre study.

Phase 1: Pre-project preparation. The Ethics approval timeline (Human Research Ethics Board (HREB) Protocol; UVic/VIHA Joint Application Process for Research with Human Participants) expanded as several revisions were required.

Phase 2: Recruitment, instrument implementation and life history interviews. By request from the facility's administrator, four dementia unit staff orientation presentations were scheduled. Two presentations were completed. The other two were cancelled unilaterally by the facility social worker who cited reasons of being ineffective, not a good use of staff time, and that the presentations were deemed beyond the intellectual understanding of the staff (nurses) as they were perceived as functioning at a grade eight level.

Recruitment of older adults and family was delayed, as the original HREB protocol was ineffective for this older adult dementia population, with no older adult or adult family members signed up. A recruitment protocol amendment process required additional time. Recruitment was changed to the PI facilitating a storytelling/drama workshop with the unit's activities staff, and 11 older adult residents signed up for the study after the workshop. However, no adult family

members signed up for the reminiscence theatre workshops or the study itself. Health surveys and life review interviews with older adult participants were delayed as a result.

Interview times needed to be extended to accommodate schedules and health needs. Length of interviews extended beyond one hour, carried out in smaller segments over time to accommodate for attention spans, agitation or impatience. Two of the individual interviews were conducted in participants' own rooms where they felt more comfortable.

Some of the questionnaires and surveys were carried out before and separate from the life history interviews. It appeared that for some, the questionnaires/surveys were cumbersome and difficult to understand, and some participants would begin to discuss their lives during the survey, at which point the survey would be postponed for a later date while fluidly continuing with the life review interview. Many of the interviewees spoke in a fragmented manner; the sequencing of questions would then be adapted to the topics emerging from the resident.

Given the above-noted factors and adjustments, Phase 2 required an extension of over half a year. Recruitment for reminiscence theatre devising team participants had to be adjusted to meet students' schedules, and adjustments impacted availability of prospective participants. Upon the PI's presentations to applied theatre classes, thirteen undergraduate applied theatre students signed up for portions of the devising and performing parts of the study. One director/playwright (an applied theatre graduate student) was recruited as part of the company, and one videographer (from the community).

Phase 3: Reminiscence theatre/drama workshops with older adult, family, and devising team participants. The number of storytelling/drama workshops that originally were planned was lessened to three sessions only, to accommodate students' and older adults'

schedules. Older adult residents' participation varied due to a Norwalk virus outbreak. Students' availability varied due to their schedules. No adult family members participated.

Workshop formats were adapted spontaneously in each session to accommodate fluctuations in attendance. The videographer for documentation of workshops was cast as an actor in the devised theatre piece; therefore she could not film the sessions. The PI video-recorded with her own equipment, which malfunctioned at times, resulting in sporadic video documentation. The playwright/director co-facilitated with the PI. The dementia unit activity worker participated in one session. The workshop sessions were opened to include additional older adult residents who were not interviewed. Numbers of attendees ranged from four to sixteen.

Phase 4: Reminiscence theatre devising process. Four, two-hour devising workshops were held once a week with the PI, actors and director/playwright, to improvise potential scenes devised from older adults' stories in interviews and workshops. Older adult participants did not attend these devising workshops. The workshops were video-recorded and the audio transcribed verbatim.

The original intention was for the PI to script and direct the performance piece. This was altered to the playwright/director scripting and directing the play in consultation with the PI.

Phase 5: Reminiscence theatre company rehearsal process. Rehearsals for the play, entitled 'The Artist and her Daughter', took place at UVic's Barbara MacIntyre Studio in the Theatre building. The original plan of bringing acted scenes back to the older adult participants for verification and feedback, did not occur due to unavailability of many students (devising team actors). Instead, one follow-up storytelling workshop with the PI and one actor was offered, and several older adults participated in the creation of the story booklet (as a keepsake). Some

residents' photos of their artwork were integrated into the workshop.

Phase 6: Reminiscence theatre performance. The date was altered from the initial plan (April 2015) to about eight months later (December 2015). The reminiscence theatre play was performed at the residential care facility, for the older adult participants, their family members, facility staff, and an invited audience of community and applied theatre artists with approximately eighty in attendance. Some family members and friends of older adult resident participants attended. A post-performance social with music and refreshments was offered, and post-production surveys were implemented during this time. The production was video-recorded for archival purposes and to present to study participants and their families as a keepsake, along with a story booklet and project participation certificate.

Phase 7: Post-production instruments administered. The timing of this phase was delayed due to delays in earlier phases.

Phase 8: Final data analysis, report preparation and dissemination. As with other later phases, timing was delayed due to adjustments in earlier phases.

As noted earlier, critical theory and ethnographic research practice call for full researcher disclosure. The following section of this chapter comments on this study's author-positioning.

Reflective practitioner: Author-positioning

Multiple roles. As the 'Moving forwards backwards' PI, I held several roles. Although my primary role was as a researcher, other aspects – artist and healthcare provider perspectives – were evident throughout the study. My past experience as a healthcare provider and my experiences as an applied theatre artist cannot be in my view separated out from the researcher position. Each is present and in play to some degree at all times. Even though I aim for consummate professionalism at any given moment – that is, I aim to be reflective and self-aware

of the variables at play – I am cognizant that my personal and professional views will at times take precedence and blur the boundaries between diverse roles.

In keeping with reflective practice principles, I as the PI voice my views from multiple perspectives throughout the study. I am a researcher, a healthcare provider, an applied theatre facilitator, and an artist and storyteller. I take these roles seriously and am aware of the potential impact on all the participants engaged in the study. Although ideally I aim to keep these roles in check there are times when particular roles have naturally taken precedence at particular times in the study processes.

Role conflicts and biases. I am aware that there were times where choices between artist, healthcare, and researcher perspectives were at play. At times, some discussions were not in keeping with my ideal personal or professional values and beliefs. Like actors and counselors, I employed the 90/10 rule – 90% of self is engaged in action, the other 10% is witness, noting and observing my personal triggers and reactions. The task at hand was to, in the moment, be aware of my own biases, responses and needs, and separate these from the group or participant needs, setting my internal needs and responses aside to be revisited later. Study participants' needs and study intentions took precedence over my own.

In this particular study there was risk of succumbing to the artist vs. scientist binary, or aesthetics vs. the group process. Throughout my career I have always been challenged by such dilemmas. I often fall prey to the desire to have all at play at any given time. Often I am torn between meeting the fundamental rights of artistic integrity and autonomy in my creative endeavours, and meeting the health and wellbeing needs of groups with which I work. Being aware of my biases I work to balance personal and professional with artist and researcher roles. I am cognizant that some of my colleagues would vehemently disagree, arguing that artistic

creative expression takes precedence. I too support artistic autonomy but my stance varies from that somewhat.

PI's priorities. With regard to balancing artistic autonomy with sometimes conflicting needs in a given healthcare or research context, I argue that applied theatre work is participant- and context- specific, and that these aspects take priority. My priority in this study context (residential care) with this population (older adults with mild to moderate dementia) was first and foremost with the specific intention of honouring the lives of the older adults. My loyalty lies with the safety, health and wellbeing of the older adult study participants, their families and equally so for the reminiscence theatre devising and performing team. Having said this, I fully acknowledge that I am by nature an artist and creative thinker. In my view, then, an arts-based methodological approach was well situated for both my authentic self and the study itself.

In this study I view myself as researcher/storyteller/artist. Although the ultimate aim was to balance the aesthetic theatrical quality, the older adults' stories took precedence over dramatic choices. Therefore, the goal was to honour the older adult participants and integrate the essence of all eleven of their stories into the final reminiscence theatre performance. I was cognizant, however, that not every detail of the older adults' stories could be realistically included in the theatre performance. In keeping with Saldaña's (2011) way of clarifying prioritization in ethno-drama/theatre (participants first, playwrights second, audiences third), I argue for older adults' stories first, researcher second, and artists (playwright, devising team) third. Ideally, all three would be in the play at the same time.

Interdisciplinary stance. I approached this research with several lenses – those of artist (reminiscence theatre deviser and facilitator), healthcare provider (past employment in healthcare provider roles), researcher (ethnographic narratives), and as an advocate for older

adults' health and wellbeing. Each of these perspectives at times has differing intentions which poses some challenges. Nevertheless, I advocate for integrated interdisciplinary research methodologies. The diversity of roles and at times differing intentions are acknowledged and welcomed. These need not be in conflict with each other; rather, each can be seen as ones which can inform and support each other.

An aim of this study was to explore the subtleties of the dynamic relationships of researcher/artist and art-making. As clarified by O'Toole (2006), while research is largely logical and discursive, and art mainly symbolic, they share several essential aspects. Both involve inquiry into the subject matter, locating sources and starting points, and a suitable method. Particularly relevant to applied theatre is that both research and art entail "ongoing reconsiderations and reconstructions in response to emerging data and experience and produces a tangible outcome to the enquiry" (O'Toole, 2006, p. 22). In applied theatre research we are mainly concerned with affect, effects and impact, and the experiences through the dramatic arts – in the theatre devising, play scripting and performance, and responses to drama presentations.

As articulated earlier, some (e.g., Norris, 2000, 2009) equate the theatre-making process with research methodology. However, I would argue to the contrary. While there are similarities between applied theatre devising and qualitative research methods, they are distinctly different in their purposes or intentions. For example, O'Toole points out the dictionary definition of 'research' (Concise Oxford English Dictionary): "Systematic investigation into and study of materials and sources, in order to establish facts and reach new conclusions" (in O'Toole, 2006 p. 2). As O'Toole (2006) points out, drama/theatre researchers are interested in gaining new insights that they consider as important as established facts, and do not expect research findings to be objective and verifiable but "open-ended, dynamic and ambiguous" (p. 2). More so,

drama/theatre researchers are interested in better understanding the human condition or, as Dorothy Heathcote has described it, ‘man in a mess’ (Heathcote, 1973).

The dramatic process creates a context where participants engage to try out new roles and experience a situation from multiple perspectives. In the social sciences the aims are to define, explain and predict human behaviours and understand underlying motivations and other factors; in drama/theatre processes the focus is on discovery and entails imagination, flexibility and fluidity in research. As behaviour and imagination are constantly in flux, ever-changing and shifting, the drama/theatre facilitator/researcher is continually engaged as such; therefore pure objectivity is not only implausible but also unwanted.

Having contrasted key differences between drama/theatre-making processes and research methodologies, I believe such differences need not be in conflict with each other (e.g., fact or fiction; reality or imagination; quantifiable/objective or qualitative/subjective). Artistic practices and products of their various genres do enhance scientific research. Drama/theatre research has some features in common with criteria for high quality scientific research (National Research Council (U.S.), 2003), such as linking research to relevant theory, posing significant investigative empirical questions, and producing an explicit and coherent chain of reasoning. As O’Toole (2006) notes, drama/theatre researchers do well in those aspects but need to make modifications regarding other key criteria – use of methods that allow for direct investigation of the research question, replication across studies and generalization of findings.

In essence I believe that artist and scientist both hold similar goals of understanding and striving to create new knowledge. What is considered as constituting truth or knowledge varies (truth is relative in my view). O’Toole (2006) comments on the mixed motives and intentions among those who engage in drama/theatre research, with some purposes being focused on

academic and professional aspects while others have more personal motivations, or combinations of both. In applied theatre practice and research the overlap of different underlying intentions is recognized, while working to identify and separate these distinctions clearly and honestly. This is a primary intention of reflective practice.

Ultimately, I do not subscribe to a divisive binary of art versus science; rather, I envision both as artist and scientist. Quantitative and qualitative researchers face the same challenges. They acknowledge their subjectivity; they utilize the creative and imaginative capabilities to best analyze, interpret and disseminate their findings. They too aspire to contribute to the health and wellbeing of individuals and communities on many levels. Both are offering evidence, some numerically, others through narrative and theatre arts, to share knowledge and move the disciplinary practices and research forward. Both aspire to better understand and improve the human condition.

Applied theatre stance. A conundrum in applied theatre research is our (or shall I say ‘my’) initial tendency to infer that what occurs in applied theatre practice is the direct result of the applied theatre intervention. Such claims cannot justly be made, as correlation does not equal causation. We are reminded of the messiness, the slippery slope of arts-in-health research with our older adults – of the methodological complications, of replicating results across contexts, challenges of sample size, variability, reliability. Referring back to the jellyfish metaphor for arts-in-health research with older adults, O’Toole (2006) also mentions this creature while discussing data analysis and the bell curve: “The most normal curve plotted on a graph looks a bit like a bell (actually more like a jellyfish)” (p. 124).

While acknowledging the power of applied theatre to bring forth change, as applied theatre artists we need to be cautious about our claims. In my opinion, all that can truly be

claimed is an offering of observations in the here and now, moment by moment at one particular point in time, with one particular population within one particular context and intention, with full disclosure of our interpretations. We hope and aim for such shared knowledge and experience to expand our horizons, and ideally be transferable and useful across several contexts over time.

An ideal outcome, yes... but is it doable in our current political and economic climate?

Having said that, I remain committed and passionate about human potential for our ability to build a better, healthier world, and am not opposed to the view that applied theatre holds potential to impact political, societal and personal change. I am a believer in such, in working authentically to bring forth change; otherwise why do the work if all is to remain the stagnant status quo? I remain committed to the betterment of society yet I ponder the question, Who am I to think I can do so?

I concur with Prentki and Pammenter (2014) on the argument for the positive possibilities of applied theatre while considering its limitations and challenges. In my practice and research I aim to make a positive difference in the lives of the people with whom I engage, in small accumulated steps. As Prentki and Pammenter (2014) note, “it is appropriate to ask what functions applied theatre might undertake in the current context” (p. 8). Accordingly, I may aim for the grand but humbly accept what is doable in any particular context. This may appear contradictory. It is not; it is realism.

Reminiscence theatre stance. Reminiscence theatre is inherently interdisciplinary and requires a multimodal approach to practice. Therefore as the researcher I have integrated my understandings of the findings through creative narratives throughout the study. My observations and reflections are presented metaphorically through poetic narratives, combining researcher field-notes, health surveys and some verbatim text from older adult participants. As a researcher

I am passionate and committed to interdisciplinary research yet quite aware of the complexities and challenges this paradigm holds.

From the beginning of my applied theatre practice and from the inception of this reminiscence theatre study, I authentically believed that reminiscence theatre practices would support Butler's (1963) seminal theories, that engagement in reminiscence and life review would decrease depression, use of medication, isolation, increase esteem and generally enhance quality of life for older adults with or without dementia. I have observed such benefits throughout practice yet, paradoxically I now, after years of practice, study and research find myself at an unusual and significantly awkward place, as currently I am not so sure that Butler's theories hold true. At times throughout this study I have questioned my beliefs. I have questioned whether reminiscence and life review theory still holds true for the current aging demographic. In all honesty, I nervously question if reminiscence theatre in its present form is appropriate for older adults with dementia. Am I inadvertently doing more harm than good? Does my conviction and advocacy for arts-in-healthcare practice cloud my research judgments? Is my passion for arts-in-health creating a blind spot?

This all begs the questions, is this reminiscence study even needed or relevant? How will I know that it has been effective? How will I know the thoughts and feelings of those with dementia? What is knowledge and how is it constructed? My belief at this point is that knowledge is socially constructed, variable, fluid and elusive. All I can authentically do in research practice is move forward with the study analysis and be pleasantly encouraged by discoveries along the way regardless of outcomes. So, open minded and curious, I move forward, trusting in the process in the hope that asking these questions will lead to new insights which can enhance our reminiscence theatre and applied theatre practices.

Personal stance. Philosophically I believe that people are born fundamentally good. I am an optimist at the core, yet swayable towards cynicism when compounded by rhetoric or over-generalizing actions. Essentially I am an idealist turned pragmatist. I believe in the existence of the seemingly invisible, in the unquantifiable self, the spirit and soul which exist in all humanity. I believe we can with authentic care touch what appears invisible within, that such connection can be sensed, felt and brought forth. I believe that this particularly is true for those with dementia, and that engagement in the arts can bring forth what still remains – their imaginative creativity, personality, and ability to form meaningful relationships.

I recognize the world is not fair, that not all people are viewed as equal, but that we can and must strive to equal the playing field to create equitable, sound environments which not only sustain life but nourish the mind, body and soul. This principle in my view holds true across contexts, ages and stages of life.

With regard to dementia populations, my goal is not to change the person but rather to affect the possibility of changing or enhancing their experiences in care. I have often been asked, Why theatre with this population? My response is, What is the role of the theatre artist? ... to reflect life back to you authentically, in the moment... greet and accept you as you are, and offer all that I can. I am not here as an expert to impose what I assume I know is best; instead, I would much rather stand beside the person as he/she is and be warmed or touched and challenged by what I learn. As Prentki and Pammenter (2014) remind us, facilitators and participants in applied theatre can go on and on with dramatized stories about what has gone wrong in theirs and others' lives but this is not a social change process; as they boldly state, rather it is “a celebration of misery” (p. 12). Prentki and Pammenter (2012) clarify that in applied theatre, the action occurs “in the moment of understanding between actors and audience” (p. 12). In the context of this

study, I concur such moments of understanding can occur between the researcher and older adult participants, between devising team participants and older adults, between researcher and devising team members, among those in the devising team, in responses of family and audience at the performance.

My main desire is that we create reciprocally meaningful relationships. Engagement in the arts, particularly reminiscence theatre arts, provides such opportunities for moments of understanding. In this vein I support as does Prior (2010) “the value of art for art’s sake” (p. 4). We can easily lose sight of this in our determination to elevate applied theatre aesthetics. It is the use of spontaneous, imaginative play that captivates the older adult with dementia, as their imaginative abilities do not necessarily diminish with the illness (e.g., Basting, 2003, 2006; Kontos, 2010, 2012, 2014). Aesthetic qualities “act upon our senses to make us feel more, hear more and see more than we otherwise might” (Prior, 2010, p. 4). These qualities naturally intertwine with physical, mental, social and spiritual health.

Observations of our care for older adults with dementia in my view show that not all is well. While acknowledging an abundance of excellent healthcare providers and services, in my heart (felt sense of knowing) I know we can and must do better. As practitioners, we must move beyond the rhetoric and be courageous enough to reveal what exists with individuals and the environments in which they live. Our residential care facilities and services need improvement. The principles of reminiscence theatre can be applied the healthcare: look back over time; keep what is still effective, and develop new systems for today.

Conclusion

I assert that applied theatre practice, particularly reminiscence theatre, holds the potential to reveal what remains – the capabilities of individuals with dementia, freely reigniting the

imaginative and creative aspects of the individual, reframing or adding to perceptions of illness and health.

In previous chapters I argue for applied theatre practice for education, community development and social justice or change and secondly, that engagement in intergenerational reminiscence theatre holds the potential to enhance quality of life socially for those older adults with dementia. The ultimate aim of this study was to honour and pay tribute to the older adults' lives and remind them of their contributions and value, to make the invisible visible, the voiceless heard. It was anticipated that this study's findings would provide evidence, information which can advance arts-in-health initiatives as a complementary component to our healthcare systems, to enhance psychosocial health and wellbeing, and through reminiscence and life review to help support successful adaptation through later life.

Although this study's primary goal was to reflect the impact of reminiscence theatre on older adults, it is my position that this cannot and ought not to be done in isolation. In keeping with applied theatre philosophical and political principles I will include in Chapter Four some reflections on the institutional framework and brief history of the residential care facility in which the eleven older adult participants in the study resided. Their micro-world community (individuals) was part of the whole macro-community (institution). The historical trajectory of the facility has evolved and shifted over time, the infrastructure and policies of the care facility in which they live, care staff and researcher having all been affected by systemic changes.

It is my belief that even though individuals with dementia may not be able to verbally articulate experiences (although some freely do), they can sense the emotional climate and hidden tensions among those with whom they engage and can be subsequently affected negatively. Although this study was not explicitly researching the institutional infrastructure it

was significant. SDH principles come into play here – the conditions in which these individuals live affect health and wellbeing, particularly with the noted shifts in the complex care needs of older adults with dementia. These factors need to be taken into account in addition to the biomedical and social aspects of the study participants. In a sense, although problematic and an ethically interpretive minefield, as the researcher I attempt to reflect the silent, the voice of those older adults within the context of the institution as I have witnessed.

This case study, then, reflected three cases. One, the institution itself – its infrastructure, policy care practices, power structures and decision making practices. The second case - the intergenerational reminiscence theatre devising and performance company practices and processes. Third and most significant, were the eleven individual older adult participant cases within the context of the reminiscence theatre project and the residential care facility.

The following two chapters review the data gathered from the reminiscence theatre study. Chapter Four reviews the health findings regarding older adult participants. Chapter Five offers the reminiscence theatre project analysis and PI reflections.

Chapter Four

Off the Record! Older Adult Participants' Case Studies: Health Survey Analysis

In this chapter 11 individual older adult reminiscence theatre study participants' case studies are presented. Participants were interviewed one on one by the Principal Investigator (PI), audio-recorded and the interviews transcribed verbatim. These transcripts were analyzed, identifying emergent health themes. The older adult case studies are presented as found poems and story narratives integrating both the participant's and the PI.'s voices.

This chapter begins with a brief overview of key concepts in narrative medicine. This is followed with an archival historical narrative of the study site to set the context for the descriptive case studies. The chapter concludes with a synthesis of pertinent key findings from the 2018 British Columbia Seniors Advocate report on residential care facilities.

Introduction: Storying Our Lives – Narrative Medicine and Gerontology

Human beings throughout history have instinctively observed the experiences of their lives through narratives or connecting stories. Currently, narrative study has greatly influenced scholarship and medical practice. Launer (2009) articulates that in almost every academic field, research focus has “moved from the study of facts to looking at how people weave these facts together into stories” (p. 167). This concept had influenced medical practice, referred to as ‘narrative-based medicine’ or ‘narrative medicine’ (NM).

Generally, the aims among those interested in NM cover the following areas: (1) studying literary texts, poems and novels to heighten our sensitivity; (2) having patients tell stories of their personal illness or stories by doctors who have also been patients; (3) physicians writing stories or poetry to better understand their practices and their professional experiences; (4) researching how patients describe their illness; (5) examining how doctors construct medical knowledge

through how they talk to each other about their work or how they write about it; (6) exploring how doctors and patients communicate with each other; and (7) utilizing NM practices to be more aware and attentive to patients' stories.

Overall, NM professionals are interested in other theories of understanding human relationships (e.g., they may draw upon psychoanalytic theory, complexity theory, and systems theory). NM converges with other disciplines such as sociology, medical humanities, anthropology, psychology, and medical ethics.

Launer (2009) asserts that there are two concepts which hold the discipline coherently together. The first is 'narrative evidence' or 'legitimacy'. Patients' stories are viewed as an essential complement to evidence-based medicine. NM "reasserts the importance of lived experience, and the expression of that experience" (p. 167).

The second key concept that distinguishes NM is 'narrative competence' – the skills of listening, expression and empathic interaction through language. Kalitzkus and Matthiessen (2009) refer to essential NM competencies. A core skill is sensitivity to the context of the illness through a patient-centred perspective of one's experience. Another NM competency is skillful communication in exploring differences and connections, hypothesizing, and sharing power. In diagnosis, NM competency means that the individual's context is considered, with diagnosis not limited to the systematic description and cause of the disease.

Arguably, NM can be of vast benefit to the health care disciplines, particularly health research. Conversely, there are those who argue for the contrary. Shapiro (2011) raises several counter-arguments on the potential flaws to NM. Noting that patient and relationship-centred care have supported the value of patients' voices, she explains that through theories of textual analysis applied to understanding stories of illness, scholars and doctors hold the opportunity to

develop multifaceted nuanced appreciation for these. It is accepted that stories are more than a story; they are unconscious and conscious representations and interpretations of intricate personal motives influenced often by cultural meta-narratives and dominant influences. Deconstructing these can reduce naïve assumptions about authenticity and scholars' reliability.

A growing number of scholars highlight counter-arguments of personal narrative, suggesting they have inadvertently stifled patient voices. They 'de-legitimize' because of their concerns for trustworthiness of patients' stories (particularly relevant in dementia care). They may trivialize such stories in medicine as inauthentic. Even with critical inquiry's acknowledgement of NM shortcomings, Shapiro (2011) asserts that scholars and physicians must respect that patients tell their stories as they need to tell them, and should approach the stories "with an attitude of narrative humility, despite inevitable limits on reliability and authenticity" (p. 68).

Physicians have often interpreted patients' stories with discomfort and skepticism. Even so, at the core of NM lies the goal of moving the patient's voice "from a position of relative marginalization to one reinvested with a measure of authority" (Shapiro, 2011, p. 67). Despite this, for literary and medical reasons patient stories are still viewed as mistaken, dishonest, inaccurate and untrustworthy. Several scholars cite problematic reasons for this unreliability.

Garden (2010) queries the authenticity of first person narratives and suggests that readers of the narratives tend to take them at face value and assume the stories are objective truth, the narratives privileging the voice of the teller. This uncritical acceptance of the narrative as factually true is referred to by Shapiro (2011) as 'narrative fundamentalism'; as she points out, even when the narrative depicts the individual's actual experiences "there is never a literal recounting of all events exactly as they occurred" (p. 68). Garden (2010) and other NM

researchers (e.g., Chambers, 1984; Hardwig, 1997; Paley, 2009) remind us that narratives are inherently biased as they are constructed and shaped through authors' decisions from a variety of aesthetic and personal motives such as literary coherence, relevance to the reader and self-presentation. Narratives may include many mistakes through omissions and distortions. Critics note they may have a positive bias in self-presentation or a negative, confessional tone.

NM is also influenced by meta-narratives. Unconscious and conscious personal choices in writing or telling in all narratives are influenced by external forces established from power structures of ideology; therefore the stories are constrained by the dominant narrative conventions available at a particular place, time, history, culture or society (Paley, 2009). Understanding the meta-narrative context of the patient's story is critical in order to decipher if the individual is telling the story how the person actually perceived it, or saying what the person thinks the listener wants to hear.

In addition, third party representations of patients' stories are problematic as they are not necessarily more objective or reliable than autobiographical writing. These also may be motivated by the value of the teller, the person's subjectivity or bias. In addition to concerns about the authenticity of first-person narrative accounts, Shapiro (2011) suggests "equal if not greater concerns about the appropriation of one's story by another, particularly when the original story belongs to someone who is a 'vulnerable subject'" (p. 69). She notes that some in the NM field have raised concerns about the practice of utilizing patients' stories in the medical context. As pointed out by Charon (2006), the patients can be exploited and their privacy violated unless a moral and relational obligation to serve has been established. In evaluating the validity of third person narrative writing, Shapiro (2011) comments that the most important question to ask is who is likely to benefit from the telling.

Third person involvement is significantly critical when narratives of individuals with dementia are portrayed. In reminiscence theatre, for example, the issue of ownership arises; who ‘owns’ the story – the older adult, the artist, or the researcher? Shapiro (2011) strongly argues for approaching all stories from the perspective of narrative humility: “The first person voice, no matter how incomplete, flawed, transgressive or unexceptional, still merits respect and empathy because ultimately it belongs to the patient and represents that patient’s truth in that specific iteration” (p. 70).

Shapiro (2011) reminds us from a critical analysis lens that it is imperative to follow the story that is valuable to the teller; that it is all too easy “to develop intellectual and philosophical blinders so that scholars and clinicians alike end up making un-interrogated assumptions... that may distort the patient’s desire and intention” (p. 70). She points out that all narratives contain aspects both of authenticity and inauthenticity, that they are both partly trustworthy and untrustworthy. Shapiro asserts that interpretations of patients’ narratives need to move beyond the moralistic dichotomies of whether a narrative is authentic or inauthentic, true or invalid, right or wrong; it is more important to explore personal motivations, values and worldviews in how individuals frame stories of their experiences.

As argued by Shapiro (2011), critical thinking in NM should take place within a humble and compassionate context. She explains the essence of what is meant by ‘narrative humility’ (DasGupta, 2008) – a position “that acknowledges that patients’ tellings are not objects to be comprehended or mastered, but rather dynamic entities that we approach and engage with, while simultaneously remaining open to their ambiguity and contradiction” (pp. 70-71). The storyteller, then, through a stance of narrative humility is granted poetic license and privilege to shape the narrative in the way that the individual wants to express meaning. This allows a trade-off and

balance between accuracy / precision and personal meaning, between mastery / critique and respect / honouring. As distinguished by Frank (2004), ‘thinking about’ stories is very different from ‘thinking with’ stories, the latter considered as a form of empathic witnessing in which one enters into a narrative instead of dissecting it. Shapiro (2011) remarks that this approach “does not have to be the end of scholarship, but it must be the context that drives critical analysis and interpretation” (p. 71). As an old folk proverb queries, what is truer than the truth; the answer is ‘a good story’. Intuitive affective P.I. responses to the older adults’ stories are offered as found poetry (poems constructed from verbatim and P.I.-devised texts).

In addition to participant story narratives, poetry is integrated into this study.

Poetic inquiry and emotion. According to Plato, poetry quickly stirs the emotion and elicits an appeal to immediate instinct; in his view, then, poetry is a harmful force (Jack, 2018). In contrast, Galen of Pergamum argued that such emotional responses are helpful in eliciting action. Jack (2018) notes that in the 17th century, a distinction emerged between emotions prompted from cognition and emotions from passion. These cerebral-visceral distinctions changed perceptions of emotions in science and medicine.

As Jack (2018) explains, Plato had implied that poetry ‘happens’ to the reader. However, it is a reciprocal, interactive process initiated by the poet and undertaken by the reader. Poetry stimulates both affect and intellectual ideas. Quoting Robert Frost, Jack clarifies that “poetry is not an event, or a static record, but both – for the poet and the reader... Poetry is when an emotion has found its thought and the thought has found words” (p. 732).

Creativity engages in a manner which involves choice, recognizing multiple meanings and interpretations. Jack (2018) explains that poetry can reconnect us with an emotional experience, allowing us to articulate what we have not yet understood but have felt, providing a

shape or form to what remains as mysterious. Poetry may provide a sense of understanding that otherwise leaves us with unprocessed feelings that often arise from intense private or group experiences.

Prendergast (2009) along with other poetic inquirers reflects on a two-year post-doctoral study that drew upon an annotated bibliography of over 1,000 pages on the use of poetry in qualitative social science research practices. Poetic inquiry, a form of social science research which incorporates poetry in some way as a research component, is growing in arts-based qualitative research studies. Its main purposes are to elicit emotional response in the reader and create a shared experience, to reconfirm or reconstruct the lived experiences of others. Sparkes, Nilges, Swan, and Downing (2003) highlight advantages of poetic representation as integration of speech as an embodied activity which stimulates both the sensory and the cognitive. As a form of narrative inquiry, poetic inquiry aims to synthesize experience in a direct and affective manner. According to Prendergast (2009), poetic inquiry generally can be placed in three broad categories according to the voice engaged - researcher-voiced poems, participant-voiced poems, or literature-voiced poems. Researcher-voiced poems are written from field notes, journals or reflective autobiographical writing as a data source. Participant-voiced poems are derived from interview transcripts, sometimes co-created with researcher and participants. Literature-voiced poems may include poems written in response to literature or theory in a particular discipline.

Several models have been offered for converting research data into found poetry (e.g., Butler-Kisber, 2002; Glesne, 1997; Richardson, 1992; Walsh, 2006). Found poetry involves the process of “sifting through data, whether researcher data from field texts of various kinds or participant data... intuitively sorting out words, phrases, sentences, passages that synthesize meaning from the prose” (Prendergast, 2009, p. 547). These siftings tend to be narrative,

metaphorical, and affective, through a reflexive process (key to applied theatre practice): “the researcher is interconnected with the researched, that the researcher’s own affective response to the process informs it” (p. 547). Thus the voices of both the researcher and the participants are intertwined into found poems; verbatim transcript words or phrases are fused with the researcher’s affective responses.

It is open to question whether poetic inquiry in the context of qualitative social science research meets the standards of ‘high art’ in really ‘succeeding as poetry’ from a critical literary perspective. However, Cahnmann (2003), based on her own ethnographic research, states that “developing a poetic voice prepares scholars to discover and communicate findings in multidimensional, penetrating, and more accessible ways” (p. 29).

As this study’s PI, I was faced with the challenges of representing participants’ stories and found myself instinctively drawn to poetic form. Far from considering myself a ‘poet’, poetry for me represents what Bruner (1977) refers to as ‘intuitive knowing’, a source of knowledge that cannot immediately be articulated in a logical, linear sequential manner. The poems at the beginning of each narrative case study reflect my spontaneous affective response to the older adults’ stories and life experiences. These are first-hand unedited researcher responses to the older adults’ stories. In my view this is a means of expressing the researcher’s interpretation and acknowledged bias. For additional research on poetics in research see: Galvin and Prendergast (2015); Prendergast, 2010, 2012; Prendergast, Leggo, & Sameshima, 2009; and Prendergast and Belliveau, 2013.

Next as an example, a creative narrative entitled ‘The Old Men’s Home’, offers insight into the historical influences which shaped this current research site.

Historical Overview of Research Site: From the Archives – The Old Men’s Home

This study’s care facility has a rich and diverse historical background which has undergone several sociopolitical changes. The facility has evolved from a private old men’s home, to a detox centre, to a public Health Authority care home, to a private non-profit society home and back to the now Island Health government public complex residential care facility.

The facility is situated within a high-level socioeconomic community on what is still considered prime real estate. Interestingly, the facility began as a grand Victoria home built in 1906, known as The Victoria City Home for Aged and Infirm Men, better known as “The Old Men’s Home”, which catered to wealthy senior male clientele. The facility was equipped with only the finest of china, elegant menus with food served by waiters in black tuxedos and starched white shirts boasting matching arm towels. Residents were chauffeured from the home to town by a personal valet in a Cadillac.

The home in its initial years was deemed very successful. However, over time it was forced to close as a result of declining clientele as there were not enough wealthy older males in need of a care home. An archival search revealed a letter which gives a glimpse into the origins of the home, known as the ‘Old Men’s Home’.

‘Letter home’: Memoirs from the Old Men’s Home. These excerpts reflect an adult’s recollection of experiences as a child dwelling in the original Old Men’s Home. They reveal the home’s culture and practices of the time. The letter is addressed to the assistant director of the care home. It reads [with bracketed portions to conceal identifiable information]:

Dear [Mr. ...]:

Thank you very much for the information and photos. How strange it seems to receive correspondence from the address which used to be my home from 1928 to 1942

when I left for overseas in WWII. During those years my father had been the manager of the ... Home for Aged and Infirm Men, commonly called the "Old Men's Home." Our family lived in a residence on top of the red brick institution. I never returned to the "Home." By late 1945 when I returned from overseas, my parents had retired.

Your facility now ... is in sharp contrast to the old "Home" institution as I knew it. There were about 40 inmates, one or at most two to a room, central toilet area only, and only a cook for help. Later, a male orderly was employed, but the old men did a lot of the chores (setting dining tables, preparing vegetables, washing dishes, doing laundry in a separate building, and looking after a large kitchen garden. Perhaps I'll send a copy of my memoirs if you want.

The property was part of a famous family estate from which the city purchased 65 acres of land. This became the site for an agricultural and exhibition grounds, with the first exhibition building built in 1887 that in 1907 eventually succumbed to fire like many of the area's historic structures. The fairgrounds housed a racetrack and stables. As a young lad I resided with my family at the Old Men's Home from age four to eighteen, had a somewhat unusual early life.

This era, different from today, is where our story begins.

Just about everybody has a lifetime story. And this is mine. It is the story of one raised in a privileged and protected environment. I was born in [a small country town], 1925. My family moved to [the city] without my consultation. Jobs were scarce, so my father had gone to the Prairies for harvest work, but upon the poor misfortune of a road worker who had received a piece of flying rock, and the good fortune of an old [city] alderman, my father was given the opportunity to be a replacement worker.

We lived on [the main street], and I used to accompany my mother when she took hot tea to my father every noon hour, which I'm sure was a welcome pick up, as our road builders used very little machinery in those days which meant mostly hard hand labor. On occasion, when I accompanied my mother with my wagon in tow, she loaded cow pies found along the road. As she was an avid gardener, with her guidance I learned to grow cosmos. Such strange memories are indelibly etched in my mind.

Then, in 1928 things took a turn for the better, much better. It was the help of a city alderman ... that changed our destiny. My father suddenly went from laborer on a city road gang to the manager of a grand [city] home, built in 1906, better known as the ... Home for Aged and Infirm Men, "The Old Men's Home"... We were supplied with a family residence atop the brick institution, rent free with utilities supplied at no charge. The salary was \$125 per month, a goodly sum in the year just prior to the start of the Great Depression.

My father, as the manager of the home, was a very busy man. At times there were as many as 40 inmates. He had very little help – just a cook and the willing assistance of [a friend]. The Depression years resulted in a tight money situation. Eventually, an improved budget enabled the hiring of ... a live-in orderly. He was a man whose energy, dedication and compassion for the elderly proved to be a godsend. Even so, the operation of the home relied heavily on the help of inmates who prepared vegetables for the cook, set dining room tables, cleared them after meals, washed dishes, etc. Completing this, they did the laundry in a separate 2-story building.

As a small boy, the grounds of the home seemed vast, set on high ground with a commanding panoramic view, the main grounds nestled just below a rock promontory

upon which an open octagonal lookout building had been placed for enjoyment of inmates. Inadvertently this also became a hangout for the neighborhood kids as such an environment was deemed conducive for a good game of cops and robbers or hide and seek, with the beautiful Garry Oaks and broom bushes below.

I can also account for several adventurous kite flying events in the frequent wind, where often the old men would volunteer to baby sit these playthings, revealing a bit of their own childhood. Sometimes too, my tomboyish sister would cut the strings of a kite, scuttling any popularity she had with the boys. I suspected, however, that this infiltration of youth, as unplanned as it had been, was nevertheless a bonus for those old fellows who, I suspect, probably craved an occasional mixing of generations.

My sister and I lay in wait in the two-foot grass fields to throw horse chestnuts to young women who sometimes passed by. Our youthful imagination classified all such females, older than us and younger than our mother, as flappers, although we really didn't know what the term meant.

As I reflect back, I vividly recall the stories told by the old men of the home, but with no notion of how valuable such tales would be today. These were, after all, men acquainted with horse and buggy days, sailing ships, coal-fired steam: a forgotten era.

For example: [a male elder], 81. When he came to the home, had been a steeplejack. In his prime, he was often the centre of attention as he looked down from a precarious perch to the uplifted heads of onlookers who marveled at his dexterity and daring. After his retirement, [he] had managed to keep his bosun's chair, his one tangible link to the past. One noon, I recall, as I returned to school, I was surprised to see a fire truck and a group of onlookers at the base of the tall husky flag pole in front of the home.

Almost at the top [he] was, defiantly ensconced in his bosun's chair, having scaled the height by his own steam and refusing to come down. Persuasive measures of restraint were employed as he shouted...

And then there was [another], a white bearded soul with a long pendulous nose with two bright but squinting eyes that could pierce through steel, who always wore a peaked tweed cap even to bed, was known as the scissors grinder. A fruit peddler, [he] always bought a bunch of bananas from the Chinese peddler who came upon [the] road. He would consistently hide them in the shrubbery shade of a summer house located in a grove of oak trees, and then invite my sister and I to visit his banana ranch,

[And another]... was one of our favorites, a lean, energetic little man so eager to please my father that when spoken to, he tended to take off on the double without knowing what had been asked of him. He was a great help to my father.

Compassionately, he lavished special attention on those who needed help. He had a particular weakness for children and secretly spoiled me. In fact, I hold him responsible for the development of my sweet tooth. As I recall, he was one of the youngest inmates in 1928. He was still there after my father retired in 1945.

In the 30s, inmates received a monthly \$5 allowance out of their \$20 pension, the balance of \$15 going towards their keep. Those were days when 5 cents would buy a chocolate bar, 12 cents a quart of milk and 15 cents a great big milk shake. In addition to being housed and fed, Home inmates were clothed, and through donations sometimes received tobacco and cigarettes. \$5 then was really frill money.

Many of these allowances disappeared in one fell swoop in [a nearby community]. It was a time when [this locale] was "dry" but [this other community]

wasn't. The ... electric streetcars of the day played a big role in the monthly exodus to the favorite watering hole. The old boys, some barely able to hobble, suddenly somehow made it to the tram stop across from the Home gate. Somehow they managed to make it up the steep stairs onto streetcar #9. For many, this ... escape was a high point [of their life here]. As the inmates returned to their sleep quarters, they often interrupted my parents' blissful sleep.

Religious services, mostly hymns, were conducted every Sunday afternoon for inmates. A delicate, dedicated lady... came faithfully to play piano for hymn singing. For those who were house bound and secretly hiding out in the smoking room, the sounds of chair movement and the chording of the first hymn, were the signal to put out the butts and sacrifice a half hour. Through the chime could be heard down the hall, an indignant and perturbed old voice that loudly declared, "That old bugger in my room has taken the piss pot to bed with him, again!"

In reflection, I have to conclude from what I've witnessed from my growing years, that people, especially old people, are happiest when they work at something, if they are able, because it gives them a sense of still being needed. Our home was special.

Old Men's Home transitions. The Second World War had come and gone. As our young lad grew and changed, so did the Old Men's Home. The stately home did not attract enough gentlemen to sustain itself. The home transitioned from its beginnings. In the 1960s the old home was demolished and in its place, a privately operated, upscale residence for male and female seniors was built in 1970. It was constructed as a modern residential hotel.

The hotel was a 150 bed private luxury retirement residence that offered its guests a variety of facilities including single accommodation with ensuite bathrooms, a well-appointed

lounge, conservatory and dining room, swimming pool, whirlpool and sauna. Also provided were limousine service and in-house entertainment activities. Care services were included as residents required more assistance. However, it eventually became evident that the facility could not meet the increasingly stringent licensing requirements without major renovations. Ultimately, financial difficulties forced the hotel's sale and for a short time it became the rehabilitation centre for recovering alcoholics.

In 1979, the Provincial Government purchased the manor and turned it over to a societal organization. The name was changed and the facility was operated as a non-profit society. Extensive renovations to the physical plant were completed in 1980 including upgrading of the main kitchen, the addition of nursing stations, and kitchenettes and dining rooms on each of the 5 care units along with and the conversion of most resident rooms to double rooms. The capacity in the care units was increased to 299. Previous guests who did not require care continued to live independently on a separate floor. In 1980 an adult day centre opened in the facility.

In 2002, in response to a needs assessment by the regional authority, the facility was designated a Complex Care facility for 246 beds, plus a 22 bed Transitional Care Unit and Independent Living Unit. It was in 2004 that ownership of the facility was transferred from one society to another – a continuing care society under the direction of the Health Authority.

The 'inmates' are now referred to as 'residents', who no longer partake in the daily functioning tasks of the facility. Residents reside in primary shared rooms and have a small daily stipend managed by social workers and administrators. Our young lad would notice a stark contrast in the health of the older adults as many live with several chronic health conditions; in particular he would be cognizant of the prevalence of Alzheimer's and other dementias, something to which he may not have been accustomed.

Our young lad's observant and wise mind would notice that some things do not change over time or context; he would note that within these walls are extraordinary citizens who would insist on more humble adjectives. He would be privy to and marvel at their stories. His astute ears would hear stories of immigration from Britain, from Scotland, Germany, the former Czechoslovakia, Holland, throughout Europe and the Caribbean, stories of the Paris moon that would not follow the five year old into her home, stories of Canada's settlement as newcomers adjusted to the unknown with courage and tenacity, stories of the great Dust Bowl and harsh winters, of the Great Depression and rationing. He would hear of coastal Canadians who built up industry, forestry, fishing, and stories of hardships, of adversity overcome by sacrifice, stories of prisoners of war becoming custodians of peace, of memorable sing-a-longs in bomb shelters, stories of triumph, joy, friendship, love and unwavering pride.

If our young lad, let's call him 'Jake', came to the current site, he would see a very different world than the one he grew up in. He would not see limos in the parking lot; instead he would see Handy Dart vans in the turnabout. Nor would he see seniors working with the kitchen chef and other household staff. Instead, he would see stainless steel food carts delivering meals to and fro through the facility units. The unique heritage character is no longer evident; instead there are squared corridors with hospital rooms, nowhere near the elite wealthy hotel to which Jake had grown accustomed. He would not see the gentlemen running to the town pub tram. He would see instead, weekly bused outings to the local Dairy Queen on route to the scenic ocean. He would see a happy-hour pub in the candy store where residents approved by their doctor and family, could have one 2-ounce drink in the evening, gathering to socialize before dinner.

If Jake were to wander the grounds he would be swept away with beautifully manicured fragrant lush gardens with winding stone and brick iron cast rails. If he followed the path, he

would eventually rediscover his childhood playground in the grass filled hilltop which now hosts a wooden glassed gazebo with 360% vistas of the surrounding city, ocean and mountains.

Inside the building, Jake would enjoy a large bright sun-lit main lounge with a magnificent Steinbeck piano which rings out familiar tunes when accompanied by guest musicians. The walls echo the voices much like his Sunday afternoon hymns. As Jake ventures further into the units' separate resident living quarters he would find himself in long hallways with rooms off each side. He would not see a small family-run hotel; instead he would cross paths with well over 300 staff.

What would not be different is the level of impeccable compassionate skilled committed care. Jake would be immensely impressed and reassured with the level of dedicated care the residents receive from their healthcare professionals. Furthermore, he would be comforted to know that the facility staff has been loyally providing the best medical, psychological and emotional care for their residents. Many have been working in the facility for over 25 years, reflective of the commitment to the health and wellbeing of each resident. As Jake wanders through the corridors he would become acquainted with the remarkable older adults who now live there.

Research Site Description

Current study facility site. The care facility site at the time of this study was primarily owned and managed as a not-for-profit long term care facility. Half-way through the study the facility changed ownership. The research site is now again operated through Island Health and is in the process of transitioning to a new facility under construction (scheduled to open in 2019).

The research study participants live on a dementia-specific secured (locked and coded) unit. It is situated on the second floor of the care facility in the right wing of the complex. The

unit is accessible by elevator for family and residents. Nursing staff sometimes utilize the adjoining stairwell off the administrative offices.

The unit holds 37 beds in one double-occupancy room and the others single. The nursing station is located in the centre of the unit. Behind the open counter are two locked office rooms, one for general meetings or resident assessments and the other for nursing files and staff meetings. There are two corridors off the nursing station, one to the north/left and the other to the south/right. Resident rooms are positioned along the hallway on both sides. Each room has a number to the side of the door, with the resident name and photo encased in a clear plastic frame.

Housekeeping and laundry services are offered daily. Each wing has a separate dining room with kitchenette and a sitting room with armchairs, couches and a secured television. Meals are prepared in-house and brought to the unit from the facility's main kitchen. The left corridor has an outdoor patio area with a gated pathway to the railed gardens and wooden gazebo boasting city, mountain and ocean views. Weather-permitting, residents are able to take escorted walks throughout the garden area.

Unit activities. Most activities, planned and implemented by one Recreational Activity Worker (RCA) are kept within the unit and occur between morning and afternoon. Residents who are mobile and not considered a flight risk may attend weekly activities, accompanied by RCAs and volunteers on the first floor in the main lounge. This area has large floor to ceiling windows and a stone, gas fireplace. Activities include regularly scheduled events such as bowling, reading hour with a CBC radio DJ, and diverse musical performances in the afternoons. Adjacent to the main lounge is a large tea room with round tables for visitors and large floor to ceiling windows. Daily afternoon teas with in-house baked goods are offered from 3:00-5:00. Community volunteers assist with serving the residents and visiting family.

Throughout the seasons, special events are hosted on the dementia-specific unit. In the summer, outdoor barbeques and in the winter months highly decorated Christmas celebrations are popular. During the week (Monday-Friday, 9:00 a.m. – 3:00 p.m.) the unit RCA offers small-group activities for the residents; these include spiritual hymn sing-alongs, crosswords, board games and various cognitive activities along with baking, and arts and crafts. There is no RCA in the evening hours; therefore there is no evening programming. Residents in the evenings tend to stay on the unit unless family members take individual residents on outings or to music in the main lounge.

The next portion of the chapter describes the reminiscence theatre study.

Reminiscence Theatre Study: Older Adult and Family Participants

The original intent of this study was to engage older adults residing in the dementia-specific unit, adult family members, and university theatre students in all aspects of the reminiscence theatre arts project, from the beginning life history interviews through storytelling/drama workshops to theatre devising and performing. This proved to be unattainable. Unfortunately, no family members joined the project (speculated reasons are discussed in the next chapter). Consequently, the original study design was altered to include older adult residents and the young adult theatre company participants only. (The theatre devising process is discussed further in Chapter Five.)

Older Adult Participant Case Studies: Life History and Health Interviews

Resident interviews. The resident interviews for the reminiscence theatre research study occurred during the week between 9:00 a.m. to 3:00 p.m. in the office off the nursing station and, on occasion, in resident private rooms. Individual interviews were conducted by the PI, audio-recorded, and transcribed verbatim. Transcriptions were reviewed with the participants for

accuracy and fact verification, story selection, and informed consent for play devising. The interview transcripts were subsequently condensed into verbatim stories for later theatre-devising with the reminiscence theatre company. The transcripts were manually analyzed and coded by the PI to identify emergent health themes.

Case studies analysis. This explorative study integrated both quantitative aggregated health survey scores across respondents and qualitative descriptive narratives. A series of 11 individual older adult study participants is presented in narrative form. The data have been gathered from three primary sources: (1) individual life review interview transcripts; (2) PI reflective journal / field notes presented in narrative form as commentary; and (3) pre- and post-project health surveys. For purposes of literary flow and a more personalized representation, the case study participants have been given pseudonyms.

The health survey data forms / questionnaires – Perception of Health form, Personal Inventory form, CASP-19, and Alzheimer Disease-related Quality of Life (ADRQL) – Revised, as described in Chapter Three (pp. 150-151, 154-157) are synthesized following the case study narratives. An individual's scores can be understood with reference to normative data for the CASP-19 (Sim, Bartlam, & Bernard, 2011) and ADRQL-R (Kasper et al., 2009). The CASP-19 norms are from a retirement community sample; the ADRQL-R norms are from combined samples of individuals with Alzheimer's disease in the community, in assisted living facilities, and in nursing homes.

The case studies are presented in narrative and poetic forms. (Full transcripts of interviews are found in Appendix C.) The stated ages and comments pertaining to the individuals' relationships, health, activities and perceptions, are based on information at the time of the interviews.

Case study format. The case studies are described in the following manner. Each begins with a found poem devised from older adult verbatim text, and PI affective responses. Next, the resident's life history themes – of birth and family of origin, childhood and youth, education, adulthood and later adulthood – are synthesized as a short story narrative. Third, the case study narrative concludes with the PI's reflective commentary adapted from ethnographic observations, field notes and journal entries.

The health surveys are synthesized after presentation of the 11 case studies. The results for a specific individual can be located by reference to the case study number (from 1 to 11) in the tables where individual results are shown. Aggregated data across individuals are reported. For some individuals there are both pre- and post-program data, and for others only pre- or post-program.

Case Study #1: Joe

(Adapted from Transcript #1: Feb. 25, 2015; PI journal field-notes: Feb. 25, 2015, pp. 47-52; Short-story narrative: May 27, 2015)

'Now that I am old'

*I awake each morning, I hear my breath
I feel its warmth sail over my chest
Before my eyes awaken
I firmly pinch my thigh
For this is how I know
I am alive.*

*Then I listen
to my heart beat
and rummage through my imagination
to what will
come of today.*

*Old – I don't bother with the word 'old'
for I am as young as I feel*

*I would say hello to strangers, for
I know what it is like to arrive as one.*

*Now that I am old,
When I see a child upset or crying,
maybe the appearance of neglect,
I want to help,
Not with a cheque but with my soul.*

*I have no time for boasting,
I simply enjoy,
I enjoy dance, the ballet, jazz, the piano
and of course a Saturday night.*

*Now that I am old,
at the eve's twilight
I lie down gently,
I stroke my olive-oiled skin of my face,
I search for each wrinkled crevasse;
I am proud,
for each is earned.*

*My face is old; it is mine;
As is, it tells the story of my life.
What is yours?*

(Adapted and combined from all older adult study participants' verbatim transcripts)

Birth. Joe is an 80-year-old male born in February 1935 in a city in BC.

Family of origin. Joe, an only child, did not wish to speak about his parents although he spoke freely about growing up in a big 3-bedroom house here in BC.

Childhood and youth. Joe had a happy childhood. He was raised in a middle class family. He played baseball and other sports with several adventurous friends. Even though he grew up in the WWII era he refers to his home as a good quiet place. Joe refers to himself as the Huckleberry Fin of his times as he and his friends were adventurous daredevils.

As a teen he made a special connection with an older man in the neighbourhood. Joe chuckles as he describes his spying on the old wooden-legged man across the field. Over time he became good friends with this man and his son. They hiked and fished regularly, and built balsam airplanes. Joe as a teenager held a passionate affinity for cars, especially for the Ford 150. He and his friend would frequently pretend to buy one from the local car lot so they could test-drive it.

Education. Having completed high school, Joe wanted to become a geography teacher but did not have the opportunity to afford university.

Work experience. After high school, Joe worked in a local fish store where he developed new fish products. In later years he and his second wife ran a laundromat in Hawaii.

Adulthood. Joe married the daughter of the owner of the fish market where he worked. The relationship ended in divorce within the first year after a heartbreaking extra-marital affair on her part. Twenty years later he followed his dream to travel to Hawaii where he met his current, Chinese, wife. Joe would often accompany her, a university student, so he could sit in on classes. Together they had one son. With the encouragement of the mother-in-law the family moved to a west coast island town in 2000 to give the child a Canadian education experience.

Later adulthood. Joe had a serious fall and broke both hips; as a result, he was placed in the care facility by his now seemingly estranged wife, where he remained. Seldom does she or their son visit. He becomes teary at her mention. Joe states, "I saw her last February; she brought me things I do not need."

PI commentary. Joe appears quite withdrawn. He is almost always found sitting in a far corner of the unit, far away from others. He sits in the same armchair daily, his tall thin physique curled into a fetal position with legs crossed, arms crossed, and head consistently leaning down

with his chin nestled into the left shoulder, eyes staring to the floor as if awaiting his passing.

An old black and white movie appears on the television; he lifts his head to watch but the rest of his body does not move. Upon first glance Joe appears inattentive, unaware of himself and others, disconnected from the world, much like a blank state. Yet, with a closer eye his demeanor changes drastically when encouraged to engage in conversation. His body opened up; he sat straight and tall. Over time, after sitting aside him and speaking with him as if he were alert, he came to life verbally; once he started speaking he would not stop.

This gentle, quiet, shy, unassuming individual appeared quite intact cognitively. He could express himself quite articulately when offered open-ended questions. He spoke quite freely about his life, his favourite childhood activities, teen mischief and most notably about his wife, the daughter of a fisherman and their life together in Hawaii. His eyes sparkled, his face beamed with glowing smiles when he spoke of their past, which sharply and abruptly changes when he speaks of the present. She, his wife whose name was never mentioned, seldom visits. Sometimes months pass between the exchanges; when she does visit their interactions appear to an observer as obligated custodial care void of affection. Any attempt to discuss Joe's current life or how he came to be here, was notably avoided.

In group situations Joe would consistently withdraw but in a one-on-one situation his demeanor was the opposite. He was eager to engage in conversation given the space and time to reflect and respond. During the interview, for two hours Joe was calm and engaged throughout. In the interview Joe's spirit was high and with a positive attitude about his life.

Joe engaged, frequently making eye contact during the discussions although very seldom initiating conversations on his own. He also regularly participates in the Memory Café, an intergenerational storytelling and drama group where high school youth and older adults come

together in the facility. He enjoys the interaction with the youth; he smiles a great deal, and his eyes light up when interacting with the high school students. He is also is open and very quick-witted with his humour and often flirtatious advice.

My sense is that he feels elevated by being listened to by these young people. All in all, Joe holds a positive attitude towards life. He is adapting to failing health well. He does express that life is lonely at times. He can walk with his walker but only for short periods of time. He strikes me as someone who only speaks when spoken to (much like old-school conditioning... only speaks if he has something good to say or when spoken to). His spirits are high, his attitude positive, yet weary from poor physical health, as if awaiting the end. In his words: "I'm positive but my body is broken and wearing me down" (adapted from reflective journal of Feb. 25, 2015).

Joe passed away weeks after the study interview, from a series of strokes. Therefore his stories are not included within the reminiscence theatre piece.

Case Study #2: Elsie

(Adapted from Transcript #2: Feb. 26, 2015; PI journal field-notes: Feb. 26, 2015, pp. 52-60; Short-story narrative: May 28, 2015)

'Mind's Shell'

*Awareness of remembering
or not,
Caught in the emptiness
of a shell,
Trapped in an ailing body
I within a cave of vacant
mysterious dark
space.*

*Searching through
and between,
I call their names
Sounds float from wall to wall*

through the warmth of time.

*They ricochet
back, sinking further, climbing
into the blackness,
calling their names.*

*No sounds,
just flickers of light,
like fireflies surrounding
the campfire,
swirling
Names dissipate,
transcending all time.*

*No names,
just flickers of
joyful playfulness
ricochet
from shell to shell.*

*No need
for names;
Caught within the emptiness
of a shell...
I know.*

Birth. Elsie is an 88-year-old female born outside an Ontario city in 1927.

Family of origin. Elsie's parents were both Canadian born. Her mother was a nurse, her father a farmer. She grew up and worked aside her parents on the 200-acre mixed farm – grains, wheat, with cattle and pigs. The farmland had been in their family for several generations, passed down from father to son. Elsie's grandparents on both sides along with uncles and aunts lived and worked on the farm in separate dwellings. The land was filled with her large, healthy and active family and nieces, nephews, cousins and neighbourhood children. Many of her siblings and cousins grew up to pursue professional careers as nurses, administrators and educators. Elsie

described her family's socioeconomic status as very high because they owned the land and homes. The farm in her words "turned a good profit".

Childhood and youth. Elsie spoke of her childhood as happy and playful, with not much free time but good times. There were always a lot of people around to help with the chores and then celebrate the harvests with huge feasts and laughter. She had a large social network of friends from the school. They spent a great deal of time out in nature – swimming, fishing, and riding horses, Clydesdales specifically. "We made our own fun", Elsie exclaims. She spoke of being a good Catholic but that religion did not rule their life. Elsie referred to her home as a playground in nature, as a paradise filled with people of all ages.

Education and work. Elsie completed Grade 12 and 13, and continued on to nursing training in a city hospital, greatly influenced by her mother, also a nurse. Two of her brothers became physicians in Vancouver. Elsie moved to BC with her cousin to continue nursing. She also pursued the visual arts and became a watercolour landscape painter.

Adulthood. Elsie continued nursing in BC with a large cohort of fellow nurses. She spoke about getting out and about, meeting other people. She participated in many social outings with her two best twin-sister friends. She married a dear friend, an engineer from the West Indies, dating officially and getting married a year later. Eventually both moved to the West Indies where her husband worked for an engineering company designing and building bridges.

Elsie stopped nursing by choice in order to enjoy the culture and beauty of her environment, and her six children. She became endeared to her husband's father and new wife (his mother passed away when he was very young). Elsie and her husband lived in British Guyana and St. Kitts on the water's edge, and parts of Barbados where she continued to paint the landscape.

In 2008 Elsie, her husband and children moved to Canada for work in an architectural company, and stayed. They returned to the West Indies one more time, for her husband to receive the Order of the British Empire award and attend a private business meeting with the Queen (confirmed with photographs proudly centered on the bedroom wall). Their grown children have chosen professions in medicine and education; they live in Ontario and Vancouver. Elsie is very proud of all their accomplishments. She also was very proud of her husband's writings but saddened that he passed away before they could be published. Their sons have them in safe-keeping while intending to publish the voluminous works.

Later adulthood. Elsie placed herself voluntarily in residential care. She needed support for her ailing health and cognitive issues.

PI commentary. At the time of the study Elsie appears in frail health. Much of the time is spent resting in her room. Physically she is mobile, walking with the assistance of a walker albeit slowly and with pained shortness of breath, forcing her to sit in her armchair or lay down for short naps. In spite of her apparent physical discomfort, usually she epitomizes all that is beauty – her skin softly wrinkled with a hue equal to that of Snow White, hair white and softly curled frames her strikingly large crystal turquoise blue eyes. Her constant smiles illuminate the room with her perfectly aligned pairs of original teeth. Although unwell, Elsie is aglow and appears to be the epitome of health. Her demeanor is calming and gentle, her loving spirit resonates.

As we chat (interviewed in her room), Elsie slowly but with purpose makes her way to each and every family photo and to all of her eloquently portrayed watercolour paintings of the West Indies. She beams with pride as she shows each one and talks of her love for her family. Cognitively, however, it is evident that she has memory lapses; as she tries to name the people in the photos her frustration, ever so gently is revealed. As the interviewer I am careful not to

pressure Elsie to remember details of specific names and dates; instead, we focus on the emotion, the aesthetics of her space in time surrounded by a wealth of memory. The felt sense herein is what matters the most. Elsie is one of the most positive, gentle souls I have ever met.

This resident was happy to be interviewed. She had a joyous, peaceful presence about her, impeccably dressed with colour-coordinated sweater and scarves, beautifully groomed; her face glowed with warmth with not one flaw to be seen in her pure powder-white skin. As we persevered with the health survey (off the nursing station) her agitation began to grow.

(Feb. 26, 2015: Adapted from reflective journal): Elsie expressed concern about her health, feeling sad that she cannot do what she used to do; walking is a challenge, feeling tired most of the time. The second part of the interview (life review) was conducted in her private room as she was feeling she needed to lie down and rest. Even though she was physically tired she was verbally engaged, continually smiling and quite chatty.

It was a pleasure to interview Elsie in the private, quiet comfort of her room, as she was at ease and very proud to have a guest in her room as if it was her home. The room had a very loving, warm caring ambience as the walls and countertops were filled with numerous photos of herself and her family along with art work from her travels. She constantly referred to her husband as if he were alive and about to come in any minute. The interview later revealed he had passed away over a year ago. This individual also spoke of her children and grandchildren; each time she spoke of them she would break into a huge smile with giggles that would last a significant while. When asked about the pivotal/key turning points in her life, she spoke of her children rather than events.

Anxiety with remembering was evident. Elsie rested comfortably on her bed; she talked of her husband being from the West Indies and of her children. She became increasingly fixated

on remembering their names, where they lived. The more she tried to remember their names the more anxious she became (although not revealed in the survey). She would close her eyes tightly, rub her head and forehead rapidly as if this would help her to remember. I worked to defuse her anxiety by reassuring her we all at times have trouble remembering names, and redirecting the conversation. She always returned to her children but could only remember two of the four names; she would mix up where they lived and what their occupations were.

As I observed this woman's anxiety increase I noticed that I began to distance myself from my emotions; I was aware that I felt very sad for Elsie and for all those others like her. I could imagine how difficult it would be to be aware enough to know that you cannot remember.

As a diversion I focused upon her travels and Elsie began to relax. Interestingly, noteworthy is that as the conversation focused on her travels, as she relaxed more, several of her children's names came back to her without anxiety or discomfort. Once the pressure to remember was off, she could naturally remember with ease... anxiety dissipated. I am reminded that it's not the remembering that matters; rather, it is the storytelling that matters the most.

Case Study #3: Mary

(Adapted from Transcript #3: Feb. 27, 2015; PI journal field-notes: Feb. 27, 2015, pp. 61-73; Short-story narrative: June 3, 2015)

'Invisible'

*No one asked
No one heard,
No one felt my rage.*

*As I clearly see,
cut off,
away
from my life, my several selves.*

Just like that,

*I'm not even here anymore,
invisible.*

*A pinch reveals
I am for a moment
not invisible, if only apparent
to me.*

'Fragments'

*Heading into space
speeding too quick, or too slow to hold
churning hard softened mush
tangles, strings long and lean*

*meanness tighten
breadth of depth gone,
words land somewhere
lights bright
sounds shrivel
slow.*

*Fragments from here to there
collide again and again,
settling like crevasses
in lava's spill;
No one saw... no one.*

*Ah...
There you are...
Not invisible to me.*

Birth. Mary, a 93-year-old female was born in the Falkland Islands in the year 1922.

Family of origin. Mary immigrated with her parents to a remote island on Canada's west coast where she remained until adulthood. Her parents were originally from Yorkshire in the UK. Her father fished to support the family. He homesteaded the land and built the family home. Mary's mother raised five children.

Mary had two brothers and two sisters, with two years between each. Mary was the second oldest. Both sisters died in later adulthood. One brother is in a seniors' care facility on the island. Mary is quite annoyed with her other brother, who care-takes the family home, as she feels he has let the property go downhill.

Childhood and youth. Mary speaks of her childhood as wonderful, filled with many friends and a loving family. She was particularly close with her adventurous father. She talks of them doing everything together – acreage chores, building the home, and of salmon fishing. In addition, Mary and her parents were very involved in the local Catholic church. They sang in the choir together weekly; then she would go salmon fishing with her father and share their catch with the villagers. Evenings would end with musical jam sessions and a community dance, and sometimes theatre productions.

Mary refers to her family as athletic. Her youth was filled with several sports activities; she was particularly fond of tennis, baseball, rowing, swimming, hiking and racing (a 100-yard sprinter). She was greatly inspired by her father who she helped build a tennis court on the family property. She described in detail a time when “the experts”, the tennis pros, came to play. “There were these two big tall fellas; they were the kind of people that thought they could do the best, better than everyone. I watched... They would whack the ball so hard, but it never got to where it was supposed to, so I said it to them straight up. I said, ‘If you were a little careful and not so busy trying to be so tough, you would get the ball where it was supposed to go, and you would be a better player’. Imagine me telling them that! They needed to learn artful care, to practice their eye work; ultimately these two strapping fellas needed to learn how to control their energy. After that we played tennis every day of the week during the tournament.”

Education. Mary completed Grade 8 in the island school, a small school of about 20 students. She graduated school at age 18. As a young adult she was interested in nursing.

Work experience. In her youth Mary worked as a babysitter and tennis instructor. She worked on the family farm helping her father tend sheep and her mother to card wool, and assisting in weaving garments for the community.

During adulthood Mary volunteered at a local special needs school where she taught English/American sign language to deaf youth. I too had background in sign language and invited Mary to show me some signs. Amazingly, without hesitation or error Mary eagerly fired off the alphabet along with a few key phrases. The natural teacher in her surfaced and revealed a gentler side of her sometimes abrasive personality. She patiently demonstrated the correct positioning with me until I “got it right”.

Mary joined the army at age 24, during an economic downturn experienced by many during WWII. She was the chef/cook for the officers. Mary proudly asserted that she was “proud to do this work... the war, the end for me... 1939... miles away”. She recalled assisting the nurses as well during this time. They trained her on the spot. She commented, with vivid memory, “When you were in the army you went and did what was needed to be done!” Mary states that the war was not a wonderful time. “I got up at 5 A.M., made breakfast, marched in the parade; I was good at everything – cook, nursing... did what had to be done”.

Adulthood. Mary did not discuss her husband. She just referred to the marriage as short. She emphatically insisted, “just go past this part”.

Later adulthood. Mary had difficulty recalling if she had children of her own. Her memory is quite fragmented; she consistently confuses names, and comes in and out of different

time periods. She does have an adult daughter who visits the care facility daily, yet insists she never visits.

She recalls having had a fall, maybe through hiking in the woods or elsewhere, where she hit and injured her head. She believes this is why she is placed here. Mary appears confused about her health, one moment healthy and fine then in another moment full of body aches and pains.

PI commentary: Mary was initially very much opposed to being interviewed. Although she willingly agreed to be interviewed without coercion, once the interview began she became quite indignant and resistant. She would become quite verbally agitated when unable to remember details. Each time the interview was stopped, offering the opportunity to try another time.

I attempted the interview with her on three separate occasions. Each time, she was very resistant, with many complaints of how difficult it is to be confined and in ill health. Mary carried on for the most part as if fully healthy, completely unaware of her reality or limitations physically or cognitively, almost as if she was living in an altered state of consciousness. At the same time, she was quite verbally articulate, freely without editing, speaking her mind. On the fourth attempt, she did the interview but declined to complete the forms, commenting she would rather just have a conversation.

(Journal – Feb. 27, 2015): Within two minutes of the first health survey question, this individual responded with, “I don’t like this; these questions are inappropriate. I feel interrogated, like you are prying into my life. I don’t understand why you are asking me these ridiculous questions.” I responded with an explanation – “to help me to get to know you, to

better understand how you think your health is”. As well, I reviewed the theatre storytelling goals and project process. She responded with, “Ok then”.

I moved on to question #2 on the Perception of Health form: How would you say your health is? Her response choice was ‘very good’, in contradiction to earlier comments where she had elaborated on her poor health. When I asked the next question, as to how in general she would describe her emotional health, she became extremely defensive. She responded with, “That’s inappropriate; I’m not going to answer that”. In keeping with Ethics protocol I did not ask any more survey questions or probe further.

I then asked if would be ok to move on to the life review interview. She agreed. I turned on the audio-recorder. She began to speak, non-stop for three hours. I just listened, reframed and rephrased her comments to her. She began to speak, after requesting to stop the audio-recording, about how she felt being placed at the facility. I suspect the emotional health question triggered how she was feeling subconsciously... (anger at her family for being placed, and about being unwell).

The interview then progressed smoothly. Mary’s intellect and vibrant personality shone through. Her skills as a previous teacher were evident as she on countless occasions proceeded to teach me something (e.g. knitting). During the entire interview she offered clear suggestions on how to speak with older adults. Here are a few examples of lessons from Mary: “Ask meaningful questions; these are too vague so I lose interest. Asking questions makes me phase out. You don’t need to ask questions, because that’s not good enough; it’s insulting. When you talk about nothing, you lose the moment. It’s all in your control, not mine. Can’t we just have a conversation? Also, you need to talk at the same level as the person you are talking ... voice pitch is very important. If the level is high-pitched, I cannot hear nor can I understand you.”

Mary also stated that too much talking is no good; you need to listen and then talk to the person the way they talk, in their tone, their pitch. A free-flowing style of conversation was effective for her.

Mary's personality traits in the teacher role were notable; she was patient, would give clear directions with good humour and laughter. I gained a sense that regardless of dementia, personality and professionally learned skills remain.

By the end of the interview a nurse came by to say that Mary's daughter was here. Mary lit up like a Christmas tree, excited and full of smiles. She physically came to life. I was invited to meet her daughter. We raced to her room and the three of us visited for some time. The dynamic was positive, catching up on the family news. After the visit the daughter asked to meet privately, which we did. I was asked to mail the transcripts to the daughter and other family members but declined, explaining the study protocol. She graciously accepted.

Invisible grief. Mary in my opinion may be experiencing what I refer to as 'invisible grief', known in the literature as 'anticipatory grief'. This person clearly has experienced accumulated losses. Seemingly unaware of her dementia diagnosis, Mary appears confused as to why she is placed in the facility. She clearly articulates that she is displaced, with no say in her life, as if invisible. Physically she is active, mobile with a few health issues.

In contrast, cognitively Mary wavers between lucidity and confusion; her intelligence is apparent in conversation. Her humourous witty tongue is often in full gear; she clearly has no filter. Observations over the time of the study suggest that she is aware that something is amiss in her life and occasionally aware that her mind is different; yet she seems completely oblivious that she has dementia. Her focus primarily is on going home to the island where she once lived, to make sure people are caring for her house, garden and tennis court. The absence of her family

is frequently noted by her. Mary often exclaims bursts of verbal anger towards her daughter, stating “she never visits me”, which is far from the truth as her daughter is a predominant community member with a pressured busy professional life and visits daily. The daughter takes her out each weekend to community events.

I have been under the impression that people with dementia are aware of their loss and that they are therefore grieving, as parts of themselves and their abilities disappear they are grieving these accumulated losses. This may be the case for some, but Mary reminds me that may not be true. She is not grieving dementia particularly, but appears to be in the anger phase of loss, grieving the losses in her lifestyle and living circumstances. She is fiercely independent and intelligent, and clearly resents lack of control in her life. She carries on as if nothing is different about her. Many people with dementia may not be experiencing grief; instead, it is the family or caregiver that is invisibly grieving.

Mary’s thoughts on her health. On feeling alive: “When I wake up in the morning the first thing I do is feel my legs and pinch myself to see if I am alive. When I can feel myself, I know I am alive. I had to feel to see if I was cold or warm.” On memory: “I had a stroke, so now my memory is not so good. Too bad; I used to be good at remembering names. Losing your memory is not so great... Sometimes I think you don’t recall that life is not that great anymore... My mind is very faded to what it should be. I’ll think of someone or I go talk to someone and all of a sudden their name is gone... absolutely empty. I don’t like that sort of feeling.”

Case Study #4: Steven

(Adapted from Transcript #4: March 2, 2015; PI journal field-notes: March 2, 2015, pp. 74-83; Short-story narrative: June 3, 2015)

‘The Little Miracle’

*A crisp beautiful country stroll
with my best canine friend
A glimpse of time
changed all.*

*A treacherous fall,
water drenched dark hole
could have been
the end.*

*A faint bark,
a neighbour’s call
a flip on the gurney...*

*A little miracle
occurred
on a beautiful country trail.*

Birth. Steven, age 80, was born in a prairie city in 1935.

Family of origin. Steven spoke highly of his Canadian-born parents. His father, described as a Marlborough-smoking kind of man, was a supervisor for the grain mills throughout Alberta. And his mother – he teased her and called her a big dwarf. “She was so tiny that she could walk under my arm without me raising it.” Steven teared up when speaking of his parents. Emotionally he often stated, “I had a wonderful relationship with my Mom and Dad; absolutely wonderful; my parents had a magnificent marriage, very loving.” He never once saw them argue; never a bad word was spoken.

“My father in particular taught me one of the most important lessons of my life, never to be forgotten - respect for women.” Steven spoke about an incident where he spoke sharply to his mother, rudely raised his voice, actually yelled at her. “My father, a tall slender man, stood over me and gave me a whack on the head. I was really hurt, not by the strike but by my feelings...

that I would disrespect my mother so.” Steven’s parents passed away in his young adulthood. He conveyed that he was devastated and insisted he would bring them back to life if he could.

Childhood and youth. Steven was an only child raised in a middle class family. He had a live-in British nanny to whom he emotionally was very close, his best confidant. He often spoke of being an only child, alone a great deal of the time as a young boy. He said this shaped his personality and his desire to develop close meaningful relationships, many of whom became lifetime friends.

When later in his youth Steven’s parents moved to an Alberta city he had no choice but to move with them; he begrudgingly went, kicking and screaming all the way there. He often refers glowingly to his prairie city as his spiritual home, where his heart still is.

Education. Having completed Grade 12, Steven continued on to the school of engineering at the university. He vehemently stated that he wasted his time there. He stated that he wasn’t much for schooling, “too lazy”. Eventually, he changed paths and began working for the city’s engineering department – “on the job training, the best education I could ever have!”

Work experience/career. While working for the engineering department for the city of Winnipeg, Steven was in his words adopted by a Ukrainian gang of workers. They pushed him to his limit. His supervisor recognized and admired his quick witty intellect, and encouraged Steven to go to university but he refused. Instead, he persevered in the engineering job as he loved the outdoors and the challenging physical work.

Eventually, Steven drew upon his high school theatre experience and became involved in local theatre, acting and singing in a few plays. Later, he transferred to work in live television. The local media organization (CBC) took note of Steven’s abilities, talent, intelligence and most notably his charismatic and warmly engaging personality. He came to be hired as a studio

director and learned his craft on the job – camera, editing, interviewing – all of which led to his lifetime career as a producer.

Steven emotionally speaks of his time with the CBC as the most rewarding period of his life. He traveled the world, engaged with remarkable individuals from political leaders and diplomats to his pride and joy – the coverage of several Olympics. “I met the greatest of humanity along with the worst.”

He comments on a particularly alarming interview experience: “I can’t see why Putin of Russia, how we are letting him get away with what he is getting away with. We can see what it is going to lead to... to another world war... He killed a guy who was going against him; no one will ever convince me that he isn’t the guy that did that.” Such a comment is poignant given our current international political climate.

Steven discussed his most significant career achievements as covering a number of Olympics and the Commonwealth Games. “It took three years of preparation time... You really get a feeling of being Canadian... it really means something to me to be Canadian, especially my friendships with the great ones like Nancy Greene.” Steven went on to say, “To this day when I hear the Canadian anthem I must stand and salute.” He can be heard many a time say, “As I tell my kids, you won the lottery of life to be born Canadian.” However, he emphasizes that “you have to think about who you vote in as leaders... As for our previous Prime Minister, the kindest thing I can say is nothing; he ruined the CBC for good; for that I would like to kick his ass... for taking away the voice of our nation.”

Adulthood. Steven was married several times. His first wife, a ballerina with the city’s main ballet company, passed away a few years into their marriage. They had one son together.

Steven spoke passionately about their early life – happy, romantic... “She was great; I messed up but that’s life”.

He remarried and had twin girls whom he adores. His son from the first marriage instantly bonded with the daughters. The three children are extremely close. Steven often refers to marriages not working well.

Relationships (Journal, p. 79): (He spoke passionately about relationships and of his family): “I was an only child, no brothers or sisters, so I go for stronger bonds with people. I work on my friendships. My friends say I’m good for anything! Relationships are so important in life. I have many good friends around the globe. Some say I’m a romantic but let’s not talk about my wives! ... Although I had great experiences working for the CBC and traveled the world, in the world of romance I fared well... not so well in marriage... She [his last wife] would often say, ‘You don’t need a wife; you are married to the CBC’.”

Later adulthood / placement in care. In Steven’s words, “blame this on a dog – my prized Brownie - an Airedale – bad roads and careless works... I took a fall into a large sink-hole... and now here I am.” Steven was placed in the facility after his fall and a stroke, to recover, where he remained.

PI commentary. Steven is a gentle, warm and loving soul. His tall, slender physique leads to his huge glowing smile and equally striking blue eyes. He is an emotionally and highly intelligent human being with a remarkable positive zest for life.

I will name his story ‘off the record’ as he told many a great story of his work travels and adventures. However, in keeping with ethical protocol, when his interview transcripts were reviewed with him the majority of the stories were stricken by him for public sharing. In his own

words, “these are off the record, between you and I; keep these secret, as these folks are still alive and if their stories were to be told there would be trouble for all.”

Nevertheless, Steven’s interview was for me one of the most profoundly touching ones that I have had the privilege to partake in. “Sometimes you meet someone and you just know you are in the company of greatness” (PI journal, March 2, 2015). As a researcher I aimed to conduct myself in an impartial manner, believing I needed to be close to neutral or objective, to keep emotional distance. However, in this case it was not humanly possible, nor is it morally or ethically sound. How is it possible to remain neutral with someone so emotionally intelligent, connected and verbally articulate? To be authentic, I needed to engage with Steven from the heart. Anything less would be not only ineffective and destructive to the interviewer-participant relationship but in my view highly disrespectful and therefore unethical.

Steven’s life story is nothing less than astonishing. What touched me the most was his heart; he exudes warmth and the love of life, for himself and his family. He conveys tremendous compassion and insight for humankind. Having witnessed several global atrocities, he remains hopeful and believes in the good will of mankind above all. He did not shy away from showing his emotions, expressing his feelings freely, often tearing up in conversations.

In Steven’s words, this is his story (from PI journal, pp. 76-77, 343-345) - ‘A Little Miracle’:

“My doctor calls me the little miracle... One day while out walking my dog in the country we stumbled on the path, into a 15-foot hole in the ground. I fell; my dog came tumbling after. I put my arm up to brace his fall, which I did, but I fell back and hit my head. I was knocked out, all night. It was raining heavily. The trail was close to our home on the lake, and our neighbour heard the dog bark the next morning in a very different tone and pace. The

neighbours went to the house to check on the dog, only to find no one home. They called Search and Rescue. Later I was found, but unconscious with my mouth open and my lungs filled with water. They tried to resuscitate me.

I am told by my doctor that I am the little miracle. As I was being taken away presumed deceased the movement un-jarred something in my throat and I coughed. Imagine the surprise and shock. I had no heartbeat but I coughed. I was resuscitated and slowly recovered. I feel differently about life and death as a result... I thrive in a spiritual realm... not afraid of death... This experience not only changed my life but it profoundly changed my view on life. Three years in hospital, then here... Nevertheless, even though my memory is not as good as it was, I am extremely lucky to be alive. This makes you think how easily life can be snapped away from you.”

Life here (Journal, May 2, 2015, p. 75): Steven exclaims: “So now here I am... I want to leave but my daughters do not want me to move. Time goes by very slowly, so to pass time I walk, two miles. I have figured out that if I walk up and down the hallway five times, this equals two miles. I make sure I do... All I want is to get out of here. I can’t even get out; don’t know why I’m held here. I feel like I am being warehoused... I get tired of watching people fall asleep.”

Steven reflects on aging and family (Journal, pp. 80-81): “I do not consider age as a handicap. I’m 80 now; it’s my health that limits me, not my age. I feel the same, as the same person I was in my 20s, at 60; it’s not age itself that matters... As for my memory, I do have a tough time filing things in the right places... Now that I’m here I’m handicapped; now I cannot plan my future. Things are out of my control. I lost my house, I lost my car, I’ve lost my sweetie. I could go live with my sweetie but my daughters do not wish for me to move away from here.

My daughters say I could live with them but I choose not to. I do not want to be a burden, a handicap... Good times are disappearing here each and every day, but when I feel sad I sing.”

(Music) (Journal, p. 82): Steven comments: “I have a good capacity for song. The good news is here I have the opportunity to sing... I have a great memory for music of all kinds. They stay in my head. People challenge me... they will hum a bar and I finish the tune every time. I have a lifetime friend who visits me here once a week. We go for a long walk; while we chat away, my friend randomly picks a song from the book and I sing it for him... Not only do I know each song, I sing in tune.”

He continues with: “Socially active? ... no, not in this place; you can’t be. I want to get out of this place... I don’t like to have to be with someone all of the time. I can’t even go out for a walk on my own... Being confined like this makes me feel like sneaking out more... There is nothing wrong with this place; it is just that I am tired of watching people fall asleep in their soup! My daughter... cheers me up when she refers to me as the little miracle.”

Case Study #5: Cynthia

(Adapted from Transcript #5: March 5, 2015; PI journal field-notes: March 5, 2015, pp. 84-108; Short-story narrative: June 3, 2015)

‘Horizon’s Line’

*Horizon’s line
sharp and straight
separates
rich blue up high;
Bright yellow fields below
Sway with nature’s rhythm.*

*Dismayed farmers,
plow deep furrows,
keeping dark soil
close.*

*Once starched white linens
turn grey,
grasshoppers tumbleweed
bounce amongst
troubled clouds,
yellow, red and brown
blanket our prairies.*

*Sky's dust
blocks our sun
for days;
Winds whistle,
sprinkling dust;
church chimes
beg for rain.*

*Dust, dust, and more dust...
Nostrils bear no more;
darkness inside and out,
lanterns light the day;
a dresser drawer
protects the infant's cry
while a mother's gentle soul
touches.*

*We fought the heat
We fought the drought
We fought the wind
Until
at last
The horizon's line
appeared;
blue on top,
yellow on bottom.*

Birth. Cynthia is nearly 89 years old, born May 1926 in a Canadian prairie city.

Family of origin. Cynthia's parents emigrated from Switzerland after WWI. Her father had worked on a farm in the UK. The British government of the time offered bachelors a quarter section of land if they came to Canada. He accepted the paid offer and immigrated to the prairies.

Cynthia recalls that a friend told her how her parents met. Her father was working on a farm and said he would farm for one year; then he will go get him a wife. He did just that.

The parents are described as loving, hard-working people of the land. They purchased a large farm plot which sustained the family along with several other families in the community. Cynthia's father built the family home, large enough to house the entire family.

Cynthia described the farm as miserable, especially the first year. She states they were either frozen or dusted out. She describes the family home as awfully cold and filled with layers of dust from the road dust drifts. Cynthia recalls a sister born in the house; when the dust blew, her sister's nostrils would be covered in dust, as if she had been left out on the land.

The decision to move to the island was made after her father had a serious accident. He was pinned under the sleigh of a tipped horse cart, rupturing his stomach. The family enjoyed life in the warmth of Western Canada. Her father over the years developed several illnesses and eventually succumbed to stomach cancer.

Childhood and youth. Cynthia was the eldest of 14 children with six sisters and seven brothers. She describes her family as happy but plagued with illness. Two siblings did not survive infancy (crib deaths), and another died at age nine after a lifetime of lung illnesses. Most that did survive childhood experienced health challenges. Although Cynthia was the oldest of the siblings, she was the healthiest. She became the family caregiver and took on a heavy workload in the family farm activities.

Cynthia described her family as poor yet rich with joyous laughter. She was very close with her siblings and parents. She credits the Christian faith for the family's strong bond and ability to withstand the hardships of prairie life. There was not much time for fun with friends,

holidays or trips, even to the local townships. However, Cynthia recalls that birthdays and seasonal holidays were never without home-made presents and heart-felt celebration.

Family health. This case study highlights the impacts of environmental conditions on health. Cynthia talked at great length about sibling illnesses such as whooping cough, pneumonia, heart valve issues, epilepsy, soft teeth, and two crib deaths. She referred to her siblings as plagued with illness; several had severe respiratory problems. She recalled her blue-lipped youngest brother unable to partake in sports yet he insisted on walking uphill to school. Upon collapsing one day: “Our teacher carried his lifeless body in the height of winter to the schoolhouse to warm him by the fire. He could not be revived.” Cynthia comments: “I learned to live with death. We all cared for each other and took our losses in stride, all as a natural part of life.”

Cynthia spoke of many children having one day a year where dentists serviced the community at the school. She herself had 10 teeth pulled for \$1 in Grade 8. One could surmise that environmental conditions such as the Dust Bowl period, lack of clean water, and ice boxes to store cows’ unpasteurized milk, shaped this family’s health outcomes.

In reflection, I wonder why the eldest of the 14 siblings would be the healthiest and longest surviving. It is interesting to consider that Cynthia’s birth-year was 1926, which is significant. The first three years of Cynthia’s life, critical for development, were before the onset of the great depression that began with the stock market crash of Oct. 29, 1929 which was soon followed by the Dust Bowl through much of the 1930s with its extremely adverse impacts on farmers in the U.S. and Canadian prairies. Cynthia’s younger siblings were born in much less favourable socioeconomic and environmental conditions than her.

Education and work. Cynthia was inspired by her father's thirst for education. She describes him as a natural teacher, a well-read learned man who would say to all the children: "Get a good education; get a good job. You need to voice your opinion. You can't just do it our way. You have to get everyone's views and vote on it."

Cynthia and most of her siblings attended the local country 1-room elementary school. One section went to Grade 10; the other part Grades 9 to 12. She recalls being very impressed by her teacher who consistently insisted that you get more results from higher education. Most impressive to Cynthia was that her teacher was deaf, and taught four grades at the same time, proficiently reading all her students' lips.

Cynthia was very fond of school, as teachers reinforced her father's principles; she learned to cooperate, to tolerate what she didn't like, and to pose good questions. She boasts that she regularly impressed her school principal with her winning debates. She expressed her respect and gratitude for her father as he never kept the children away from school to work the farm. She went on to complete Grade 12. Although encouraged by her family to pursue further education she chose not to do so. Instead, she worked on the farm and later as a waitress in the local diner through her adulthood.

Adulthood. Cynthia married her first love. She met her prospective husband at a lively fiddle reel barn dance. She was his only girlfriend. He was from an Icelandic family with two boys who played in the band. She recalls: "The first dance I walked a mile and met my husband... We went to every Saturday dance but he never danced once." They dated for two years and married in 1948.

Cynthia had planned on four children but after feeding the first two twins every three hours, she decided that she had enough, commenting "if we raise these properly this is enough".

They remained in the prairies until work brought them to the west coast. She explained that her husband had challenges finding work in the trades as he was not unionized. He eventually found work first as a labourer and later as a welder in the shipyards where he continued until retirement. Cynthia notes that he welded through his training for \$1 a month; once unionized he gained a good reputation and did alright working on the tugboats. Over the years, her husband's deteriorating health and cognitive decline required both to be placed in residential care.

PI commentary: Cynthia moved to the facility one week prior to this study. She presents as if in good health and cognitively high functioning. Her husband, on the other hand, lives with moderate to late-stage dementia. He presents as anxious and confused most of the time. Cynthia states that she moved to the facility to be with her husband. They share a private room on the secured dementia unit. The two are seldom seen apart. Cynthia is very active physically, always in motion. She is not only the Energizer bunny; she is the battery charger (maybe hyperactive). She is also quite a talkative person, barely taking a breath between sentences. Cynthia presents for the most part as cheerful and with a positive attitude towards life.

She dresses sharply, with fully coordinating colours and with accessories, jewels and scarves on her tiny frame. Age is not a concern to her. Noteworthy is her exuberant desire to help others less able than her. She is the matron caregiver to all others on the unit. Often she can be found comforting others emotionally, helping with meals and activities. Cynthia refers to herself as a born helper. Most conversations with her focus on how to best help others.

Contrary to her frequent comment, "I'm not the type that frets over things", she is often seen fretting over people, especially her husband. Cynthia is rather forthright, often verbally aggressive and outright domineering with her husband but not with other residents of the unit. She tends to her husband's needs almost every waking moment. Although she is clearly caring

and supportive of his physical needs she does have a tendency to be rather frank, frustrated and harsh with him verbally, often quick to anger. Her impatience is evident; she comments on what she thinks without editing or filtering her thoughts. For example she was often heard saying, “Come on now... I have told you that a thousand times. What is wrong with you? What are you thinking? Do you think?” I suspect her demeanour reflects deeply held frustration with her husband’s cognitive decline.

Cynthia’s husband declined to be interviewed. He presents as quite confused, unaware of his surroundings, often thinking he is somewhere else in another time. When he speaks of family it is as if they are present, and Cynthia will respond with “they’re dead”; he insists the contrary, which spurs a duel of wits arguing back and forth until she walks away in a huff. He is anxious much of the time, more so when separated from his wife. With his scowling facial expressions, resembling a traumatized, fearful child as if lost in a void he is often seen wandering in a haze, demanding to go home. The domineering approach from Cynthia only exasperates and stresses her husband further. Several times I attempted to intervene in their interactions to defuse the tensions, modeling a calmer, gentler and more sensitive communication approach that unfortunately had no effect on softening Cynthia’s demeanour. In contrast, in one to one interactions with Cynthia she was calm, relaxed and eager to share stories and memories. We sometimes spoke all afternoon. A majority of the stories were from her life growing up on the farm with her siblings.

Interview reflections. (Adapted from journal, pp. 96-102) The interview with Cynthia, like for other participants, was conducted in a private room beside the nursing station. Her husband was not present during these times. This proved to be very problematic and disruptive both with regard to the interview itself and Cynthia’s relationship with her husband. Although

eager to be interviewed, Cynthia would fret about her husband's whereabouts, stopping the interview in order to find him, reassure her husband he was ok and explain to him where she was. There were about 10 interruptions within an hour.

Cynthia's husband was extremely agitated by her absence from him; his confusion led to severe anxiety and panic attacks that prompted several nursing interventions. As a result the interview was postponed for another date. Later, Cynthia's husband joined in a few interview sessions, sitting by choice in the corner of the room, away from Cynthia and I; he appeared to be calmed by our voices and discussions. His demeanour was much like that of a young child disciplined in a time-out yet curious about the discussion. There were several lucid moments where his eye sparkled, his face adorned with huge smiles, interpreting this as an invitation to join us. I invited him to join in the conversation. As he stood to join us at the round table Cynthia verbally imploded, saying "oh no, we can't include him; he cannot remember a damn, darn thing..." - all of which he heard. I ignored her and visually with open hand gestures encouraged the husband to come closer; he sat at the table with us and began to speak in great detail of his work, with explicit directions on how best to operate the combine machine along with other farm tasks. His agitation appeared to dissipate.

Cynthia's husband continued chatting uninterrupted for about 20 minutes (much to Cynthia's disapproval). Occasionally Cynthia would intervene correcting his statements, triggering arguments between them. I attempted to defuse the tensions by redirecting the topic to more pleasant themes, changing the focus of the conversation to happier times of holidays and dances. Glimpses of joy and laughter followed from both.

This interview was both a challenge and a delight as it was a pleasure to see aspects of Cynthia's husband which still remain – his pride in his work and in his farm life was abundant.

In the future, had I known ahead of time of their relationship dynamics or the severity of the dementia, I would have interviewed both together to lessen the tension, fear and anxiety they both experienced. Ironically, both Cynthia and her husband could be seen as having anxiety issues but for differing reasons. For the husband it was fear of not knowing where his wife was; separation brought forth panic attacks and severe agitation. For Cynthia the anxiety was more about her husband's health and dementia-related behaviour.

After the interview interactions I found myself wondering if reminiscence or reminiscence theatre practice is even appropriate for this population. This case study highlights the writings of Gibson (2011) on the concerns or fears of such work in the institutional environment. I wonder if the interview triggered participant trauma, or if it is appropriate at all in late stage dementia. As a researcher in a one-off interview I felt a sense of self-imposed pressure to continue and complete the interview regardless of the challenges. Removing the constraints of research, I would have dropped the interview and postponed it to when and if circumstances were more favourable for the couple, maybe after they had more time to settle into facility life routines.

This interview begs the question on the effectiveness of one-off interviews in the context with dementia individuals. I would argue for an ongoing immersive process instead to build relationships and/or develop clearer understanding of the individuals before beginning the interview process.

Case Study #6: Teresa

(Adapted from Transcript #6: March 5, 2015; PI journal field-notes: March 5, 2015, pp. 109-117; Short-story narrative: June 8, 2015)

'Inseparable'

*I adopted
my best friend; we're inseparable,
so different from one another.*

*As through osmosis,
we know instinctively
of each other,
of our lives.*

*So distinct
yet so impermeable,
how remarkable to
find such
love
companionship.*

*Such tight unquestionable bonds
with another soul
inseparable
in unwanted spaces.*

Birth. Teresa, 88, was born in 1928 in the United Kingdom in Lincoln and moved to York with her family.

Family of origin. Teresa spoke highly of her family, all born in the UK. Her mother nurtured her family of 10 children. She was respected in the community as the town matriarch; if anyone needed anything, it was Teresa's mother who came to their aid. Teresa spoke of the neighbourhood children always around, being fed well from their garden, and taken care of by her mother as if they were her own. In essence, her mother was the community caregiver. Her father held a position of power connected to people in high places. Teresa could not recall his actual title, just that he was important enough to keep their family and others safe during the war.

Childhood and youth. Teresa grew up during WWII in a village outside of a UK city. She referred to her family as poor: "We did not have much in money but we never went

without... always fed and clothed; my mother knitted and sewed all of our clothing.” The family’s home was connected to the aerodrome. She spoke often of the constant bombing around them from the Germans. “We had bombs in our garden but they never hit our house.” She spoke of her father being outside of the aerodrome and working with the police, church minister and school-masters. When trouble broke out he would send information to her mother, messages like, ‘do not send the children to school today; it’s not safe’, or ‘drop everything and get the children to the shelter’. In Teresa’s own words:

“I am 1 of 10 children surviving the shelters. I had lovely parents and a lovely family. I used to work at the aerodrome... We were bombed but no one was hurt, mainly because of my dad and the other men in the village and the police...

As a young girl I thought the war was terrible. We lived where the bombing was... I remember everything. I was only a young girl. Here I am in my eighties and I remember everything. Then, I was only 14 years old...

My father was with the police outside the house along with the soldiers guarding our house. I felt so sorry for my mother. She was indoors tending to our large family while my father and the other men took care of the outdoors. I and the others inside would help my mother out. The policeman’s wife and daughter and us... all inside sitting and waiting. When the Germans came my father would alert us and we would make the way to the shelter outside along the house. We had to run down into a big field but we were taught to run only by the edges, so the Germans could not see us. The men stayed guard, protecting and guiding us to safety as we ran alongside the walls, making it to the upper shelter.

Teresa comments on life in the shelters: “I can see vividly to this day the images that haunted me as a child. As we ran up the stairs, I could see below the remnants of bombed people.

As I walked, tears ran down my face. Physically I felt sick. I knew that I must never look back and keep going forward and get to the shelter. I recall thinking, ‘We will never get this back; how will we ever bounce back?’ We were all in one way or another tortured by Hitler’s and Goering’s cruel stance. I knew from the first trek to the shelter that everything was different.

At the same time, the Air Force in a strange kind of way brought people together. No matter how brutal it all became, there were always people who would stop and say, ‘How can I help you?’ They would say, ‘Don’t look back; always look up’. Even the school-master would say to my father, ‘Don’t send your children to school today. Wait’. He never got angry at us for not going. People would say, somehow we are going to get through this. It was amazing to see what people would do... All will be lovely again for everyone! Even my mother, who was so busy inside, would drop everything and run outside to help someone if they fell. She also gave food to the poor.”

“I hated the shelter... I was not one to sit down inside. Inside, all we could do was sit and wait in pure cold damp darkness... I wanted to move. My dad said no... So, I stayed in the shelter... We did nothing while we were in there – just sat still in the darkness, careful to not make any noise to alarm the Germans who were all around us... My baby sister’s mouth was covered by my mother’s blanket so her cries could not be heard. We had food hidden there, even dark chocolate for special days... I could not stand it in there. I felt like a madman; people are not meant to be indoors. Thank goodness we were only in there for hours. If we stayed any longer I don’t think I would have made it through. I think I would have gone mad... no talking, no reading, no lights... hours felt like eternity.” (Teresa spoke about loving the outdoors to this day. She thrives in sunlight and nature’s glow.)

“We rejoiced when we could go back into the house. We had a huge kitchen with a fire-pit. We could enjoy music in the afternoons... On good days we would play... It’s amazing what you can take... you find a way to get by these things!”

“As children we would pretend and play, singing ‘It’s over now’ to a game of ‘ring-a-rosy’. We all had a laugh about it. It certainly felt then that indeed we would make it. It helped us, these games, to not think about it. For me, as someone who could not sit still, this was a great distraction. This also helped the mothers cope and gain some relief if only for the duration of the song.”

For the most part there was little time or space for play. Teresa’s primary aim was to help her mother and care for siblings and neighbourhood friends. She spoke often about her loving community, and referred to people as friendly and looking out for each other. “I saw horrible things... the war did terrible things to people but I just sat with them and found ways to make them smile and laugh through all the torment. I could not stand to see people hurting. We survived, all of us.” Most of Teresa’s family is still in the UK. Her parents died after the war. Teresa immigrated to Canada but could not recall the details.

Education / work. Teresa spoke repeatedly about her job as a youth – as a telegraph and mail messenger. When there was a window of calm between bombings, Teresa mounted her bicycle with a secret envelope given to her from the post office, and she would rush through the tunnels and the street rubble past guards with bayonet to the aerodrome. She felt very proud to be trusted with such an important, rare responsibility.

Teresa attained Grade 12; she could not recall whether this was through the UK or the school system in Ontario. As an adult she trained on the job to become a psychiatric nurse. She believes she entered into this type of work because she saw so much destruction growing up

during the war. Her family, as community caregivers and especially her mother had a great impact on shaping the caregiver in her that has persisted to this day.

Teresa spoke passionately of her profession as a psychiatric nurse, attesting to her background experiences: “After the war, when I grew up I chose psychiatric nursing as my profession, I think mainly because I saw destruction; I wanted to make a new world. I saw women who lost their husbands during the war, children that don’t have much... things like that... I have seen it all. I have also seen that people with so little have done so much for so many people. I have seen the devastation, heartache and the unfairness... I loved being a psych nurse. I thought I am so lucky to be alive, that I want to do all that I can to help others. I feel very satisfied with how my life has turned out.”

Adulthood. As a fiercely independent woman, Teresa vehemently refused to marry. “Several great men tried hard to convince me but to no avail... I saw what my mother and other women of the time had endured... Although I never married, I did have boyfriends. I was the only one out of 10 siblings that did not marry. I liked my life the way it was. I was free to travel; if I wanted to go off I could do so. I cherished my independence. We had fun but I saw too much – too many women tied to the house... and that put me off. I chose not to have any part of it. Marriage is not for me.

Nevertheless I was far from lonely as I had many a friend who brought me much fun and great adventure. I had a great fulfilling life. I enjoyed my career, travel and enduring friendships throughout my lifetime.” She added: “No need for marriage to lead a full enriched life; I was very fortunate.” She enjoyed the company of her siblings and their children but was eager to send them on their way. She conveyed that overall she enjoys being in the company of others.

Teresa also revealed her sense of pride when reflecting on her work at a mental health facility. As a nurse, Teresa also saw too much: “This was a time that really got to me... I think I am still a helper. I look around here... wherever I am I see people and I say, ‘Shall we sit down and have a coffee?’ We talk and I make them laugh.”

Later adulthood / placement in care. The reasons for Teresa’s placement into the facility were unclear. She was diagnosed with mild to moderate dementia.

PI commentary: (PI journal, March 5, 2015, pp. 109-110): Details of Teresa’s life are scarce, other than those of the war. Her memories were quite fragmented. She had difficulties recalling specifics – names, places, dates. Teresa became quite concerned, worried and anxious. She constantly apologized that she could not recall and often repeatedly commented, “Oh my, this is not good; I should be able to remember.” Then, she would resort to stock statements: “I had a good life; I grew up at the aerodrome; I delivered code messages for my father; I never married; I chose not to.” She would repeat these statements over and over, each and every visit.

Although Teresa presents as very friendly and positive on the outside, internally she appears fixated on childhood traumas. Mindful of the potential to re-traumatize, I did not probe too deeply, following her lead in keeping the conversation light, on her more happy experiences.

Teresa maintained a positive attitude during the interview. She held a positive view on her health, as physically mobile and active, walking every day. Teresa viewed herself as having very good emotional health. Her attitude is positive and happy, although I am told by nurses that she is a complainer about others and the facility, and quality of care in the facility. When we spoke of quality of life, her tone changed. Teresa comments: “Now that I’m in here, life is a bit hard. I miss my family in England. I am social, so it’s hard to sit around here and watch others

nod off. I prefer to be with people... When I compare myself to the people here, I know I am doing well.”

Teresa expresses her gratitude frequently: “I am so lucky where I am living now; some are younger than me, who can’t do much and I help when I can.” She comments that age does not interfere with what she can do, that her life is in her control and that she is never left out of things. She conveys a sense of pleasure from what she is able to do, and empathizes for others who cannot do much. Although she talks about being satisfied with her life in the facility she says that sometimes she is “in between... I don’t like to think I’m doing the same thing all the time.”

Verbally, Teresa says that she does not feel isolated or depressed, but this is in sharp contrast to her day to day demeanor. Her facial expression reflects a level of sadness as she looks around her unit, even teary-eyed when faced with a lack of responsiveness from other residents. On several occasions she commented that she does not like to sit, does not like it when a person does not know what they want or does not know who she is.” Friendships are key to Teresa, who views good humour as the glue for happiness... “Best medicine I would always say”.

Teresa’s helper/caregiver traits were consistent with her background and her profession as a psychiatric nurse. At times it appears that to her, she is still working as one within the facility, always being on the move assisting others with their needs. Her dedication and commitment to compassionate relationship were evident, particularly when in the presence of her proclaimed adopted friend (Amy). The best of friends they would say, were seldom seen apart, Teresa the able-bodied one and Amy physically frail with complex health issues and dementia more progressed. Teresa was both Amy’s best friend, and social caregiver, attending to every aspect of her needs, helping with dressing, feeding and crafts.

Most impressive was the intense emotional connection Teresa and Amy shared. Teresa had an enormous talent; she could pull Amy out of any stupor and engage her in sometimes rather profound conversations about love and life, their eyes sparkling and gleaming with joy, enlightening the room with contagious empathy. Even the grumpiest could not resist a hug or smile when passing by these friends, nurses often commenting, “there go the twins” as they were often seen walking the hallway arm in arm, laughing and teasing each other.

I spent a great deal of time during the study on the unit, several hours per day or evening. Both Teresa and Amy would eagerly and very proudly invite me into their room to share tea and peruse their photo albums. Stories of their loves and their lives flew like sparks from a summer’s evening campfire, a true privilege to take part in and paradoxically at the same time, perplexing and disillusioning to hear them speak so fluently of the fun they used to have, of the “times before I came here”.

Case Study #7: Claire

(Adapted from Transcript #7: March 5, 2015; PI journal field-notes: March 5, 2015, pp. 118-123; Short-story narrative: June 10, 2015)

‘I’m Ready’

*Please do
call for me
Reach your tender hand
for me
to grasp.*

*I am ready
The days
are long and still,
the nights
vanish into an abyss
Please do
call for me.*

‘Family’

*I know you are out there
I can see you,
feel you brush by
My hair sways,
gentle breeze.*

*So why then
is my reach
so distanced, so diminished,
so invisible?*

*Come on now!
Stop this silliness!*

*I am ready
for the whiteness
of time
Ready,
letting go.*

*Hide and so seek
I know you're out there
Do come closer...
won't you?*

Birth. Claire, 87 years old, was born in a small village in BC.

Family of origin. Claire's parents lived their lifetime in the village and worked in the commercial fishing industry. Her father owned his own gillnetter boat. He died young. Her grandfather and uncle were loggers and owned a family farm. Claire was the eldest of her siblings with three sisters and one brother, and there were substantial age differences between the children. One sister was 16 years younger; her brother was three years younger. Claire's father "had a hard life being a fisherman and everything but my mother lived to be almost 100 years old".

Claire refers to her family as good, fun, and looking out for each other. They got along well. As the eldest she took on a great deal of family responsibility, helping her mother with the daily household tasks. Claire commented that after commercial fishing slowed down, "places where we fished are obsolete now... My father did alright with catches of salmon, spring Sockeye and Coho". Claire comments that she loved the fish but not the fishing. She stayed back when her father and brother ventured out to sea, attesting the waves were often too high. Eventually the family moved to Vancouver Island.

Childhood and youth. Claire talks highly of her childhood in the village although it was rough country with nasty weather. The community was small so she knew almost everyone. "Nature, the outdoor life sustained me, my family... but things have changed; I could not live there now." She had her family around and reiterates, "I wouldn't be without them".

She referred proudly to herself as an athlete, one who joined in every sport available to her. Claire was particularly fond of long-distance running and sprint relay runs, boasting that she won the Sportsman Cup, beating out her brothers.

Education. Claire completed Grade 10 and then trained as a telephone operator (a striking resemblance to Amy, another resident in the care facility).

Work experience. Claire worked as a BC Tel. telephone operator in several hospitals throughout her adulthood. She spoke of a wall of plugs with an array of numbers which intrigued her, loving to memorize.

Adulthood / relationships. Claire met her husband in the village. He was from a farm family and extremely athletic. They met at a country dance. She knew who he was, as they often went to the same dances with friends. She states: “I liked him right away... We went to one dance and then a dance after that, and after that it escalated into more.” She joked, saying that she was close to his mother; they talked and shared everything.

Claire recalled that her boyfriend’s mother had said, “I don’t know what you have done to my son. He won’t shut up; he keeps on talking about you.” Claire replied with, “I’m sorry but I happen to like your son,” and the mother answered, “Oh, that is good, because he likes you too!” Claire talked further about her husband’s mother: “He was a sweetheart. We both had the same birthdate, August 14.” She laughed robustly when she recalled her husband’s comment: “He always said, that is why I married you. If I forget my mother’s birthday I will forget your birthday, which he never did.”

Claire and her boyfriend dated for one year and then married. Both families became close friends. Claire and her husband had four children – three girls and one boy. “One had the thing... mental retardation.” She described the fun her husband and her had in their communications:

“We used to do ‘conips’ with each other all the time... teases... whenever I said something he would say ‘Oh yes, sure?’ ... The whole family had a marvelous sense of humour.”

Claire and her mother-in-law were known around town for pulling off ridiculous pranks successfully. Above all, Claire boasts a hard work ethic and a strong family backbone. She talks of her 4 children, 14 grandchildren, 14 great-grandchildren and 3 great-great- grandchildren. They are spread around Canada and the U.S., most in Toronto and Vancouver. Claire rattles off some of their names and birthdates, then stops herself to say, “I don’t know all their jobs; hard enough to remember their birthdays.”

She cheerfully describes her married life as wonderful, giving credit to her sweetheart husband both families’ numerous loving relationships, hard work and their ability to get along. “We had a good life. My husband was a wonderful husband. The secret to our happy marriage is that we and all the family get along. His mother loved my mother; my mother loved her; his mother loved me. She would do anything for me and me for her. We were eternally connected.”

PI commentary: Claire’s health appears frail. Most of her time is spent in her bed or wheelchair. Despite this, her attitude is remarkably positive. Her happiness resonates with smiles that are contagious; when she laughs and smiles from ear to ear you cannot resist joining in. Her positive spirit shines through all.

Claire is verbally proficient. She speaks eloquently when probed, very much like a youngster taught to speak only when spoken to. She is polite and charming with a very gentle demeanor. Cognitively, Claire appears alert, for the most part able to understand and keep a conversation focused. However, several times she seemed confused, convinced that her husband is alive and living in another nursing home, at times eagerly awaiting his arrival to introduce him

to me. When she realizes that he is gone she becomes sad and withdrawn. A great deal of her time by choice is spent in her room alone, often remarking of not feeling well.

Claire reminds me of an SDH principle, that a key factor in health is one's held beliefs, or self-perceptions of health. Claire seems to view herself as unhealthy, not well, which in turn influences her health behaviour. She appears more physically able than other residents but does not actively engage with other residents or in the unit activities. In a sense she isolates herself willingly. It may be that she has an introverted personality and seeks solace in her quietness. However, there are times I wonder if Claire is depressed, even mildly, which is in stark contrast to her cheerful conversational demeanor. There are times when I get the distinct feeling she is ready to go, to pass on, that she is passing the time, awaiting her imminent death. It is not a morose feeling at all, rather peaceful and calm – simply ready.

PI journal (March 5, 2015). Claire often made contradictory statements. Her self-perception of her health reflects her physical decline. She speaks honestly about how she currently feels. For example she states, "My health is fair some days. I think to myself: Why did I live?" She talks about feeling sad a fair amount of the time yet states that on the contrary she feels her quality of life is not bad... good, as she has good friends right now at the facility. She then refers to being happier, and states, "I could be happier if I could see my family more." She does not feel isolated, mainly because she can talk with her family about anything. "I don't know what I would do without them."

Claire sometimes feels, "what happens to me is out of my control", but comments that she does not feel left out and she feels her life often has meaning. She says that she enjoys the company of others, yet does not really look forward to every day. She earlier stated, "I look back over my life and feel a sense of happiness", then comments on her poor energy and isolates

herself. She is able to be honest about her perceptions of herself: “At this stage I never feel life is full of opportunities” yet she expresses that she is happy with the way things have turned out. When asked how she sees her self-worth, Claire asks an insightful question: “To whom – to me or for others... what I think about me or what others think of me?” Then, she switches to, “I’m 87, my health is poor... I miss my husband.” My sense is that Claire cannot separate past from present, the physical from the emotional.

Cognitively, Claire appears sharp with high-level reasoning. She demonstrates her insight, clarity of thought and acceptance of her aging. For example, during our ethics consent conversation and discussion of the devising process of fictionalizing the real, Claire emphatically exclaimed, while gently caressing her face with both hands: “Why not tell the story just as it was? Why not use my name as it is; my face too? It shows who I am and my story. Please do tell, for it is what matters most to me!”

Case Study #8: Amy (Teresa’s best friend: Case Study #6)

(Adapted from Transcript #8: March 6, 2015; PI journal field-notes: March 6, 2015, pp. 123-125; Short-story narrative: June 10, 2015)

‘Lovers of a Different Time’

*Times when
one just knew
a photograph
a uniform
a smile permanently
entrenched.*

*Inseparable souls,
love permeates
generations
Mother’s love,
A cherished son,
Love imprints the dance hall.*

*The dance of love,
from mothers
to sons
to wives
to daughters
Love permeates
the midnight
moon sail.*

*How fortunate
to have known
the
permanence
of such
Love.*

Birth. Amy, age 91, was born in 1924 in an area of a BC city.

Family of origin. Both parents were born in western Canada and moved to BC. Amy's father passed away when she was 10 years old, leaving her mother to raise five children on her own, four girls and one boy. Amy was the youngest; the siblings are now all deceased. She spoke fondly of her mother: "She was lovely – strict but lovely" (interview transcript, June 10, 2015).

Childhood and youth. Amy's childhood was happy, filled with fun. Siblings made their own entertainment. They rode bicycles together, played a great deal of baseball and swam in the ocean. Amy recalls, "My mom did not have time to do things with us so we made plenty of our own fun and friends in the neighbourhood".

Education. Amy completed Grade 12 and then trained as a telephone operator.

Work experience. In Amy's words, "I followed one of my sister's footsteps; we both had a good memory for numbers. I was the better of the two as I could remember a great deal of detail". Having worked as a telephone operator, Amy described a huge wall of plugs at her work station. She memorized all the numbers in order to respond to numerous calls that came across

the board. She enjoyed this position throughout her adulthood, commenting that time went fast and the job paid well at the time.

Adulthood relationships. Amy met the love of her life through her best friend. When visiting her best friend's boyfriend's home, Amy immediately was drawn to a photo of a fine, tall man with big brown eyes. Amy probed for more information from her girlfriend. This striking, young uniformed man was her girlfriend's boyfriend's brother. With a glow which could instantly melt an iceberg, Amy said, "I'm going to marry him", even though she had yet to meet him. They met in March 1950, and she instantly said to his face, "You have to marry me". They married in October that year, in the family home. For their honeymoon they traveled to the island on the midnight overnight ferry (no longer in existence) and met up with friends; the men went to a hockey game while the girls stayed home and reminisced about their years of friendship. Later, Amy and her husband traveled to China.

They eventually returned to BC and had two children, a son born in 1952 and daughter in 1954. Their son is now a clinical psychologist in the Northwest Territories. The daughter resides here with her two children. Amy's husband has passed away; the daughter and grand-children visit regularly.

Amy switches her focus to the present and with a laugh she states softly, "but not now; I do not look back. I look forward to what we are going to do".

Later adulthood. Amy was placed in care after a fall and subsequent hip fractures. She since has been diagnosed with Alzheimer's related dementia. Amy has multiple health issues – heart disease, diabetes, arthritis, hearing loss, and poor eyesight.

PI commentary: Details of Amy's life were limited as she had great difficulty recalling specific memories over her lifetime. She also had major current difficulties with her short-term

memory, often confused about where she was. Her adopted friend, Teresa, would watch over, speaking for her. Over the course of the study Amy declined rapidly, from walking unassisted to requiring a wheelchair.

The interview with Amy was conducted in her room. She proudly showed her family photos, which immediately brought huge smiles to her eyes. Interestingly, Amy could speak fluently about her husband and children in great detail. This was in contrast to the interview itself, where her memory for detail was clearly compromised. For example, she would often repeat the same phrases such as, “I had a good life”, and almost as if this was a stock phrase she would tell herself when she was struggling to remember.

Amy was aware that she could not recall and would freely comment on this herself. She would say, “Oh dear, I don’t know; I never think back that far very often. I’m looking ahead all the time”. Or, she might say, “I don’t know; never gave it thought” or, “I don’t know, isn’t that awful? I must know... but I don’t know what it was”. Amy would make such comments frequently but without anxiety. She spoke freely with humour, often giggling at herself. Her affective memory (recall of emotions or feelings associated with an event) did not appear impaired.

There seemed to be a major difference between Amy’s episodic and semantic memory. Episodic memory refers to memory of experiences and events in one’s life in a spatial and temporal context, whereas semantic memory has to do with recall of specific facts from acquired knowledge, concepts and ideas (Madigan, 2015). It appeared that recall of details pertaining to episodic memory was impaired, yet Amy’s semantic memory for details of importance in her life seemed good. She could recite dates (e.g., her marriage, when she and her husband first met,

children's birth dates), the names of her children, and vividly describe the essence of key events of her life.

I would suggest that Amy has a high degree of emotional intelligence; she appears quite aware of herself and the feelings of other residents. This is particularly evident in the tight friendship she has with another resident, Teresa (case study #6). The two were inseparable, communicating clearly with each other as if they had lived the same life. Often they would finish each other's sentences, and would be seen sharing stories and photographs in each other's rooms.

One visit elicited exuberant laughter for much of an afternoon. Amy was showing off a photo of herself in a 2-piece bathing suit; they teased each other about their stunning beauty in their youth and of all the very naughty good times. After the gut-wrenching laughter subsided, Amy pulled a head-shot photo of her husband in full uniform, framed in gold, gave it to Teresa and asked, "Do you remember what he said before he died?" ... both answered in unison, "He told your best friend to look after my babe when I'm gone; she is the love of my life. You take good care of her." Both laughed, rummaging through the chest of drawers for more treasures. The importance of family and friendship resonate from this interview. As a close, long-lasting bond of love, these memories are not lost to Amy or Teresa.

PI journal (March 6, 2015). Generally speaking, Amy viewed her overall health as good and felt her emotional health was very good. Amy is not socially active in her view. She described her quality of life as good, and that she feels happy. With regard to her physical health she does not see herself as active; she is not as physically able as she once was... She comments, "I used to run but no more; I used to jump but no more; I liked walking".

With regard to her emotional state she sees herself as having little control, which she often feels left out, that her health stops her from doing what she wants to do. In spite of this, she

does not view herself as isolated or depressed, and the future looks bright to her. She expressed a desire to be more socially engaged.

Case Study #9: Rick

(Adapted from Transcript #9: March 6, 2015; PI journal field-notes: March 6, 2015, pp. 125-142; Short-story narrative: June 11, 2015)

‘Beyond Glasgow Town’

*Look beyond
Glasgow town,
beyond all that is seen,
Look beyond
my smiling kilt.*

*Beyond
my toe-tapping knees,
beyond
my perma-grin
or robust song.*

*Will you please?
for if you do so with ease
I can too
look beyond
to find resolve.*

Birth. Rick, age 83, was born in Scotland in 1932.

Family of origin. Rick’s parents died when he was very young, leaving him to be raised in an orphanage outside a city in Scotland. He states that he never knew his parents. At age 4, Rick was transferred from one of the baby homes to one of the 43 cottages, living there until age 14 when he was subsequently placed in another orphanage, designed for those 14 to 16. At age 17 he was shipped to a boys’ home in a city.

Childhood and youth. Rick describes his childhood as “pretty good as long as I behaved myself” (transcript, March 6, 2015). Teary-eyed, he spoke of the superintendent visits where

strict appraisals were made on the orphanage management, and reports from the powers that be for any inappropriate behaviour. “Then they would deal with it. Some of my friends were asked to leave... too many belts I imagine, for sneaking over to the other side, the girls’ cottages; never the two shall meet”, Rick recalls with laughter. Abruptly his tone shifts, stating “I would change... using the strap less; in my day it got out of hand sometimes” (he tears up).

Rick referred to his house-parents as gems, lovely people who cared for him well. He speaks of his time in the orphanage as good times. He played many board games, sometimes by himself. He joined team sports, loving soccer and cricket the most. Rick spoke as well about outings to town, meeting many people from all over. He referred to them as settlers. Rick recalled life there as fun but not all fun and games though. He had plenty of work chores as did his orphan-mates. Once old enough to leave the orphanage, he noted that “they sent you to wherever you chose to go”. Rick chose a small island, Iona, off the west coast of Scotland.

(Transcript quotes: March 6, 2015): “At Paisley we received a small pay to add to our bank accounts that the orphanage set up for us. This had been deposited regularly from the age of 12. Here, our average day included our jobs after breakfast and the classes. On the weekends we were able, we would head to town for activities there, to go to town to shop. This was also an opportunity to connect with people in the community.”

In his later teens: “Here, at Overbridge, we had separate cottages for boys and girls. There were about 30 boys in these cottages – father and mother in the boys’ and I believe the girls had one lady and other female helpers... (He laughs): We were not to mix, but I had a girlfriend. We could visit but never in each other’s private rooms. That was out of the question; otherwise there may have been a whole line of little ones. The cottage parents would check on us at regular intervals to keep us in check. We would go to the seaside for outings as groups - to

Ardrossan, sometimes to town to see the movies. At this time we were often paired with prospective employers in the towns for practice for future work once we left the orphanage.”

Education. Rick completed his general secondary education certificate during his time at the orphanage, continuing on in the greenhouse and farm trades in his young adulthood. A large component of Rick’s education entailed financial management. As a youth in the orphanage he received stipends for his labour. The institution invested the funds in a private bank on his behalf, a practice for all who lived and worked at Bridge of Weir. Before Rick moved out on his own, the orphanage masters provided specific money management education to prepare him for success in his adulthood. He learned three languages – English, French, and Gaelic. Rick comments that they were trained in accordance to their aptitude.

Work experience. Rick sought out a variety of work apprenticeships in Glasgow before settling on his career trajectory. He was very successful in securing work along with substantial financial security. By age 20 he was already investing two thirds of his regular income in bonds.

In the orphanage, prior to striking out on his own, Rick had acquired extensive work experience in the greenhouses and farm where he grew roses, daffodils and produce, producing 10 bags of potatoes each week for the orphanage. Over time he had also been trained as a cook and became the orphanage’s head chef.

Rick taught Gaelic in Glasgow. As an adult in Iona he worked in the tourist industry from May to September in the accounts department. Eventually, he bought his own farm while developing an investment company.

(Transcript: March 6, 2015): “I continued to farm on the Isle of Iona, a small island (15-20 miles long) on the West Coast of Scotland. It was a beautiful place, so much so that the isle drew tourists from May until September. Here I continued to farm and cook. I was also

introduced to the world of business and trade. On the isle of Iona, people there spoke in Gaelic. I was proficient and could speak fluently. I also came in handy as an interpreter for the tourists. I loved the language. On Iona I lived with about 6 to 10 others the same age as me.”

Rick’s story highlights in particular the importance of two SDH factors – socioeconomic status and education - as determinants of health and wellbeing. He was an exception to the poverty begets poverty concept. His story gives pause for reflection. Growing up in an orphanage his prospects could appear limited. However, the opposite rings true here. His education and the healthy environment in which he grew up - farm life, fresh home-grown and home-prepared food – set him up for a healthy, prosperous life. Ironically, orphanage life which stereotypically is often viewed negatively, in fact shaped Rick’s success in his adulthood. With each step or transfer to a new orphanage, Rick was taught the life skills necessary for success and financial stability.

Adulthood. Rick’s successes and work ethic in the orphanage environment carried him through his adulthood. He had met his wife back in the orphanage where they had become best of friends. They married in Scotland and later emigrated to Canada with their children, one boy and two girls. The family settled in Ontario. Rick and his wife eventually separated; he then ventured to find “better soil... you cannot grow shi.. in clay”, he exclaims. He eventually moved to Victoria alone, founding a landscaping business and specializing in lawn turf.

Rick’s children remained in Ontario. He laments the breakdown of his marriage: “Travel and business... has taken its toll on my family and my marriage; neither lasted. That’s my fault. I was too busy. I wish I could go back and make life better. I do miss my family. I do not see any of my children anymore.” He becomes quite emotional as he repeatedly says, “I wish they

would come to visit me sometimes... I worked too hard and lost them... I haven't much time left; I hope that I taught them well".

Later adulthood. Rick was placed in care once diagnosed with dementia and other chronic illnesses, requiring complex healthcare.

PI commentary: Rick is quite the character, a full Scot, proud and exuberant. He exudes a joyful, happy-go-lucky attitude to life. He is physically mobile, one who quickly breaks into his favourite Scottish song in both English and full Gaelic, with the click of the highland fling. Quick-witted with an enormous laugh, his smile lights up the room, cheering up all those in his reach. He is a proud gentleman with locks of pure white curls framing rosy cheeks and turquoise-blue eyes.

Rick participates in almost all the main lounge activities, particularly when music fills the air. He loves a cheery sing-along and belts out each and every word at the top of his lungs. His Scottish pride and joy are evident whilst singing Home to Glasgow in Gaelic. This is a man who appears to be living his life to the fullest, moment to moment, and seemingly unaware of his dementia.

Parallel to this apparent joyfulness lurks sadness and sorrow. In almost every one-to-one conversation with Rick his tears swell, sometimes uncontrollably, particularly when he speaks of the orphanage. He appears fixated, stuck in this period of his life understandably, as this was a major part of his life throughout his entire childhood and youth. Although he speaks quite positively about the orphanage I glean a strong sense that there is so much more not spoken of, secrets he dare not reveal, of a generation where one was taught not to tell. No matter the topic of conversation, he returns to the orphanage, almost obsessively. He becomes emotional and then, in a flash of lightning reverses back to a smile, to talk of gardening and obsessively lecturing on

the importance of investment. Often Rick will say, “I was into investments more than anything else; I saved my money. I was never a drinker of beer or liquor” (contrary to medical diagnosis); “instead, I invested in bonds”.

Appearing unaware of his dementia, conversation of his past never arose other than the three topics of landscaping, the orphanage, and financial investment. He could and did speak in detail about these topics to the exclusion of anything else in life, emphasizing the most salient aspects.

Rick strikes me as well, as someone who is highly intelligent, spontaneous and eager to engage, a quick thinker ready and available to offer his views and opinions. One who thrives on good wit and outrageous humour, he portrays both extraversion and introversion; he is highly social, and often sits quietly in reflection. When he reflects on his personal family and his alienation from them he often will say, “I never hear from them... I suppose this is my fault. I was not a good father. That makes me sad”. (Contrary to his claims, his daughter visits regularly.)

Although his sadness is clearly apparent, I chose not to probe too deeply, to give him time to process. If he changed the topic I went with his lead. My sense was that his avoidance of sensitive topics was a healthy protective measure, one to be respected. As an interviewer it is always a challenge to know when, how or if to probe further, to reach deeper, richer material. It is my sense that Rick is a prime example not to do so; any aggressive approach to the discussion could easily trigger difficult memories.

I am reminded of trauma literature and theory (e.g., van der Kolk, McFarlane, & Weisaeth, 2007) which supports not pushing for full disclosure when trauma is triggered and that in some circumstances, defensiveness or avoidance is a healthy psychological protective device.

Therefore I chose to keep the interview light, defusing upset and to redirect or reframe to more cheerful and hopeful topics. Perhaps I was over-protective. As an ongoing health employee I would have time to address and work through topics as they arise, but not as an outsider researcher. I chose a cautionary approach, to not open material that could not be worked through in this context. My intent was as a supporter, not a therapist, just a listener.

Case Study #10: Alex

(Adapted from Transcript #10: March 10, 2015; PI journal field-notes: March 10, 2015, pp. 142-145; Short-story narrative: June 11, 2015)

'Delish'

*Life is delish
Eel skins,
fiddle-heads
Maples, colours.*

*Life is sweet
delish as
you make it.*

*Slide your iced lakes
Climb the highest of trees
Fly your twin otter
over
and wave.*

*Wave
your proudest
wave,
Maples,
fiddle-heads, eel skins
Delish!
Yum!*

*Then turn around and
Do it all again,*

again and again.

Birth. Alex, 76 years old, was born in an eastern Canadian city in New Brunswick.

Family of origin. Alex, the eldest of 10 siblings spoke highly of his Canadian-born parents, as hard working small-town folks. His parents had a mixed farm, agricultural farming with wild stock – cattle, pigs, chickens and horses.

Childhood and youth. Although the family did not have much money to spare they were not poor. The family was fully self-sufficient from the land. He refers to his childhood as happy. He felt at home in the outdoors, loving the large flat land filled with the aroma of maple in the afternoon breeze. “Life was not bad, not bad at all; we grew everything so there was lots to eat” (transcript, March 10, 2015).

The family would all work together to make fresh maple syrup, as did the local neighbours. He thoroughly enjoyed the white and rock maple treats of honey sap. Alex laughs when describing his adventures roaming the night on thick crusts of ice-covered snow mounds to collect the best. He jokingly says that the maple syrup recipe is his mother’s secret to this day; the syrup was never to be sold, only given as gifts to the closest of friends, even then only in secret.

Alex joyously spoke of the mischievous fun he, his siblings and friends would have at the annual winter maple syrup fairs. They delighted in music and dances, a great party atmosphere for all. A favourite for Alex was the competitions, especially the horse hauling/pulling challenges. He calmly, shyly with a twinkle in his smile, described his major wins. He would tend to the rig to pull 5300 pounds on the sled; skilled at backing up the Clydesdale horse Alex was usually the fastest in the race, a true leader of the team his friends would say.

Alex and his older siblings began each day before breakfast with rounds of farm chores such as feeding animals and milking cows. The afternoon was a time for hiking in the great countryside, through fields of sweet-smelling maple and birch trees. He particularly loved the colourful fall trees adorned with red and yellow leaves of the fall.

He smiles as he recalls explicit details of ice fishing for huge lake eels, skinning them and cooking them right then and there. He noted that on days where fishing was good, he may not have made it to school.

Education. Alex recalls walking to school over the frozen ice lakes. He completed Grade 8. Economic times were difficult with very little in the way of well-paying jobs. Alex refers to himself as fiercely independent. He quit school at the age of 15 and moved to Prince George, BC to secure work.

Work experience. Alex's experience on the farm proved to be very beneficial as did his independence. His first job was as a CAT machine operator. He reflects back to the first day on the job – “in those days you could learn a trade on the job”. He speaks of the day when an older gentleman, the “boss man” of the forest logging operation, pointed to a huge truck and to a narrow road; he instructed Alex to go and bring back the fallen logs, which he did in a flash. The boss man was so impressed that he hired Alex on the spot for permanent employment as a tree feller and heavy machine operator.

From that moment on, boss man took Alex under his wing, carrying him through his young adulthood. Alex spoke excitedly about going into the woods with his friends to chainsaw and the big-gun machines. The dangers of his work did not faze him. Later in his adulthood he became a bush pilot, flying Beechcraft and twin Otters in BC's forest terrain. He shyly and quietly mentions that an airplane tarmac he made was named after him.

Adulthood: relationships. Alex met his wife while she was picking fiddleheads with friends. He offered to help carry the heavy pillowcases stuffed with enough to feed an army; and that was that – they married shortly thereafter in New Brunswick, bringing two children into the world, one boy and one girl. Alex and his family moved across Canada for work – to Churchill, Manitoba and then to Seattle in the U.S. His uncles enticed the family to move to the west coast, to the island, where they eventually settled.

Later adulthood / reason for placement. Unknown.

PI commentary: Alex refers to himself as healthy and physically active, and in his view his emotional health is good. However, he sometimes feels sad as he is unable to get out as much as he would like.

He is of medium stature, about 5’6” with a firm, muscular build. Alex proudly wears tightly trimmed hair, gleaming with shades of dark black with silver strands throughout. He is clean shaven, often seen pulling his comb from his back pocket to smooth his straight locks. He carries himself well, walking with ease and determination as if heading for the great outdoors.

Alex’s eyes come to life in conversation, exuding pride when he speaks of his life. Given his rugged work experience as a tree feller I anticipated a macho tough-guy demeanor. His personality traits were quite the opposite; he was soft-spoken and generally quiet. He is often observed sitting on the outskirts of group activities without turning his head or moving a muscle.

His eyes scan the room very attentively, with a gleam of wonderment as if he were questioning why he was there, with all those strangers. For the most part he keeps to himself, only speaking when spoken too. However, when invited in, Alex gleefully would engage with quick wit, smiles and great humour. His cheerful, self-assured, calm and kind demeanour filled

the room. When discussing quality of life he refers to it has “having meaning, that you are able to enjoy life, whatever it is; life’s pretty good here.”

Alex jokingly suggests that he is a slacker at times. He goes on to state that at times he feels confused and depressed as he now has no one to talk to; he notes that he does not feel isolated though. As we talked more about the upcoming reminiscence theatre project, that young adults were to join us from UVic, he became very excited, stating that we need young people in here and he hardly ever sees any.

I am saddened when I observe Alex sitting alone much of the time; staff have noticed him withdrawing more recently. I imagine that his quiet life now is a shock to his system after leading such an active outdoor life before. Outwardly, Alex attempts to present as a strong, independent tough guy; a quick glance into his smiling eyes reveals his inner gentleman and gentle soul.

Case Study #11: Damian

(Adapted from Transcript #11: March 11, 2015; PI journal field-notes: March 11, 2015, pp. 146-163; Short-story narrative: June 11, 2015)

‘To Dare’

One, two, three...

I dare you

Dare you

stand on the x

Dare you

utter a sound

or

break a stick

with your

worn out

boot.

Dare you...

*Come on,
I will if
you will
stand on the x.*

*Here, take my hand,
hold tight
on the count of 3
one-
two
three.*

*Jump,
one
Bullet
One
stomach
no longer.*

Birth. Damian, age 92, was born in Taranville, Ukraine, formerly part of eastern Czechoslovakia in 1923.

Family of origin. Specifics are sketchy, as Damian’s memory travels much like a hummingbird – whimsical and blurred at the speed of light. His parents were born in what was formerly known as Czechoslovakia. They led a life of impoverishment. His mother died seven years before his father died. He states that his grandfather was Russian and his father was German, and that he had several brothers but by the end of the war he is the only one left.

Political undertones. This was a pre-WWII historic time of extreme European unrest between Czechoslovakia, Poland, Russia and Germany. Damian cited his Ukraine distrust of Russia, primarily for Kiev.

Childhood and youth. Damian did not discuss his early to mid-childhood but elaborated on his teen-age experiences. He grew up in impoverished conditions with little food, at times “only grass” to eat (transcript, March 11, 2015). Damian was small for his age, probably in part

due to malnourishment. He had a very traumatic life during the war; despite this, he had great adventures with his best friend as they would joyfully out-dare each other.

One such adventure changed their lives forever! Damien and his friend, convinced that their citizenship in the Czechoslovakian republic would shield them from any harm, ventured off to what they believed was the Polish border, between Finland and Russia. They had been enticed by rumours of 'Xs' on the ground that marked the territory at the border. Although they knew that crossing the markers was strictly 'verboten', German for forbidden, they ventured off regardless with their shield of armour to which they had so keenly become accustomed.

Tragically, these Xs were not the Polish border but Russian. Damien recalls armed guards marching along the border line. When the two guards had their backs turned, 200 yards away, they decided as a game to cross the line, the marked X sure to be undetected; both took the leap, directly into a line of fire. Damien exclaimed: "They shot him... I watched him fall... Me? ... no shot for me; because I was so small, the soldiers believed I was a child... too young... They felt sorry for me... Even the Russians have heart!"

Consequently, Damien served three years in one camp, then several others, the last in Kallimar in the corner of Russia and Finland. Damien describes deplorable conditions: "You live, sleep in the same clothes... outside 40 degrees below zero; then you work."

Young adulthood / work. After the camps, Damien spent his young adulthood in the Czech Army as a paratrooper. Eventually he traveled back to Prague where he was delighted to live on his own in the streets, and under the bridge of the Prague Museum of Art. He spoke fondly of his underground tunnel explorations. Later, Damien made his way to Austria where he trained and worked as a welder and crane operator. After immigrating to Canada, to Vancouver Island he worked most of his adulthood as a welder in a BC Ferries shipyard.

Adulthood / relationships. In Austria, Damian met his love and married. He and his wife, with a son of her own from a previous marriage, lived happily together for many years. He wanted the family to move to Canada but his wife refused to leave Europe. He went to Canada on his own, planning to bring his family later. Eventually, after some difficulties with immigration Damian was able to bring his wife and her son to Vancouver Island.

Their family life was difficult for his wife particularly; she had a hard time adjusting to a new country and missed the European lifestyle, friends and family. Damian adjusted well to Canadian life. However, he comments that Ukrainians were unkind, that they distrusted him and were afraid to be seen speaking with him (post-war trauma?). His marriage did not survive immigration woes. Damian's wife left, returning to Europe. They did have a daughter together before she returned to Europe. He preferred to live in Canada with his daughter. He settled well and helped other Czechs to immigrate.

Later adulthood / placement in care. Damian's health deteriorated as he aged. He developed several chronic health conditions and began to exhibit signs of cognitive decline. His daughter, living in Seattle, cared for him until placement was inevitable. His daughter and granddaughter visit regularly from Seattle. He is happy living in the care facility and manages to live an active, independent life, free to roam. He often expresses his appreciation: "What more could anyone want? I have a warm bed; I have good food; I don't need anything more... sleep alright I feel alright... I have grown taller now!"

PI commentary: Damian is a remarkable human being. I am deeply touched by his story, as it closely resembles much of my family history (Russian/German/Polish descent). What is truly remarkable and frankly astonishing is Damian's character. For all that he has endured in his life Damian is exuberantly positive and deeply respectful for his life now. He is a tiny, slim man

full of energy and vitality, always on the move physically (despite his illnesses) when not power-napping, constantly walking and biking around the local village neighbourhood. Cheerful and talkative, any cognitive deficits appear minimal.

In fact, Damien was so physically active and unable to be still, the only way to interview him was to walk briskly with him wherever he went, whether at the village shops or local waterfront. We walked together through the streets to a secret beach he goes to daily, where his Czech friend lives, once in the morning and again in the afternoon.

This was a thoroughly entertaining and substantially challenging interview experience. Regardless of intent, it was impossible to stick to the original interview question sequences, for Damian's thoughts were quite sporadic and fragmented, jumping in and out of time periods and locations (classic dementia). It was like walking full-speed through an intellectual game show, constantly in the moment, piecing the puzzles pieces together whilst keeping the conversation moving.

Damien's English was understandable in moments and completely indecipherable in other moments, complicated by his accent and brisk speech pace. Audio-recording him was equally problematic. The traffic and other outdoor noise overlapped much of the conversations. In addition, Damian throughout our conversations respectfully spoke freely yet he was quite clear in articulating when to and when not to record. Just as the stories became juicy (with that great dramatic material theatre artists crave), Damien would abruptly and aptly state: "Is that thing turned off? These are deeply personal and revealing!" As with Case Study #4, I will entitle this narrative 'Off the Record'.

Most extraordinary, beyond Damien's life story, was his remarkable physical stamina and agility. My walks with this 92-year-old often left me breathless; keeping up with him was a

painful stretch of my own stamina. As an example, the following excerpts from one of the jaunts to his Czech friend's beach house exemplify Damien.

A Reflective Walk Together to the Beach Place

(Damian's comments in italics.)

It is good here for me... I walk twice daily to the seaside with my walker. I used to bike but it is no longer safe for me... I have friends there who also lived through the war as a Czech. He has a beautiful house on the beach. I can come to his back yard anytime.

We walk together; he is determined, swift and intense. As we approach the beach-house he comments: *I have no bread today for the ducks... Look around. Isn't it beautiful? Let's go right down.* He puts his walker gently in the open car garage so as not in the way of anyone who may decide to park there. He briskly walks to the cliff's edge. I fear that he may fall, and resist the urge to run to him and help him down, fearing I may insult him or that he may injure himself. I hold my breath, taking a step back, observing him in his glory. He stands at the edge – I think metaphorically and symbolically of all the times he has stood at the edge, of the X. Feet firmly planted on the ground, turned out like a ballerina, back straight, arms stretched out with hands open, facing the sky, Damien says with great pride, sun in his face: *“Who could want anything more?”*

Then abruptly he turns to me and with a magnificent smile and sparkle in his eyes, he invites me to his beach place. *Ok, now let's go down to the ocean. Come... this is my bench.* I see it from the corner of my eye – a rustic, carved bench of driftwood on two rounds of wood; it is perfectly situated into the curve of the sea hillside, a dugout perfectly fit for him. Out of the blue, he quickly squats down on all fours to the ground, scurrying backwards very rapidly down the hill. He safely arrives at his beach and looks at me directly in the eyes and gently invites me to

sit – with arms stretched like a medieval knight, poised elegant and charming – I forget for a moment that his is over 90 years old. I felt honored to be invited into his sanctuary. He said: *Here is my bench. Come have a seat* (as if it were the Royal crown's throne). *This is my seat* (pointing to the right). *You have a seat.*

With this invitation I sit beside him, absorbing the sun's warmth, the fragrances and the gentle waters trickling over the shoreline pebbles. I listen with the tape recorder on, to his story. I am mesmerized and astonished at the depth of his stories and at the juxtaposition of the horror of his and others' war experiences; in this iconic pristine scene we sit at the water's edge, staring into nature and I listen.

He continues with his story of the Czech, Poland and the Ukraine past years gone by... Then he looks out to the sea and says, *That part over there is the sea marina; over there people go shopping. You can walk there.* He turns to me abruptly and says, *You will never convince me that Putin did not murder that journalist* (Case Study #4, Steven, stated the same)... *Nothing has changed... Ok, now it's time to go back.* Damian scurries up the sea cliff faster than I can blink an eye; then he offers me his walker. We both chuckle, and saunter back.

He continues talking about Putin for a while: *They took Crimea; they took some part of the Ukraine now...* (Leonard Cohen's 'Let's Take Berlin' plays in my head)... He is quiet... He softly utters: *But if this happened 10 years ago there would have been World War III. The Ukraine is a rich country, independent, with its own army. They work the land. Russia is mostly army. They take what they want. I saw the speech on TV, on Moscow on the Ukraine. They were completely free before; they were only free on the paper... History always repeats itself if we do not learn from it.*

As we venture back and enter the care facility, we both smile and go our separate ways – me out the front door, him to his room. We glance at each other, quietly wave our smiles forward while the nurses probe me for Damien’s secret beach location. I know I have been privileged to now know the meaning of freedom and beauty.

My Life Now: ‘From Home to Home’

*I have come from the camps
To here; I live here now
At the sea’s edge
A good place for me,
my friend’s house,
my private place,
What more can I ask for?*

*Shelter, to sleep, food to eat
And the most beautiful beach in the world
That I now call home.*

Reflections. I am in awe of Damian. I wonder how it is possible after all the horrific life experiences to be so joyful and full of laughter. I am impressed by this man’s resilience and with his daughter’s ability to challenge the administrative system in order to get his independence needs met. She has made sure that he is free to leave the unit at any point, that he has access to his personal bank account (other residents do not) which he uses freely to purchase clothing, especially for walking shoes. Damian is quite thrifty; he keeps close tabs on his finances.

Damian and I have had several profound conversations as we strolled to his secret beach. He confided a great deal with me about his life, both past and present. I am reminded of the privileged position I am in as a trusted confidant, as a researcher, as an artist – one I do not take lightly. His last words to me were: “Forget the last 40 years; freedom is an illusion”.

In this last section of the chapter, 11 older adult participant case study narratives have been presented. The following portion of the chapter summarizes the older adult participants' health surveys.

Older Adult Amalgamated Demographics

The majority of study participants were of European descent, all Caucasian; seven born in Canada, three in the UK and one Eastern European – Ukraine, former Czechoslovakia. Five of the participants were male, six female. The mean average age of the 11 participants at the time of the study was 86.1, ranging from 76 to 93. Seven were in their 80s, three in their 90s, and one in his 70s.

Socioeconomic status during childhood and youth, based on older adult participants' interview comments, ranged from low to middle class; of the 11 participants six were middle class. One case study reflected an abrupt change from middle class to poor as a result of the Dust Bowl of the 1930s and the economic depression following the stock market crash of late 1929. Another reflected severe poverty, with malnourishment during WWII.

Over half (six) of the participants cited large families with at least five siblings, in one case 14. One participant was an only child; another was an orphan residing with 1200 other children. Generally, family life was referred to as very good. Although some families did not have much money to spare there was always enough food to go around and plenty of fun. Participants also spoke of hard work – on the farm, household chores, caring for younger siblings – and a great deal of outdoor activity and close-knit communities. Many of the participants cited self-sufficiency from their agricultural and livestock farms.

Religious affiliations were primarily cited as Christian. All but one of the participants referred to their family life as loving and supportive; even through economic hardship their basic

needs of food, shelter, clothing, clean water and emotional support were always met. Many spoke of being part of a community in which they took care of one another. Some families cared for neighbourhood children as well as their own.

Participants' education ranged from Grade 8 to 13. Two completed post-secondary training in nursing. Others received on-the-job training in various fields ranging from engineering, media and television production, welding and forestry, to financial planning and business ownership. Male participants often held several manual labour work positions over their adulthood while females tended to stay with one profession, e.g., nursing, telephone operator, or stay-at-home mothers.

Health Survey Summaries

This exploratory study summarizes 11 older adult participants' pre- and post-program health surveys. It was anticipated that a review of this quantitative data may reveal notable patterns or raise questions for further investigation. Table 1 provides a synopsis of the older adult participants' family health history and background of environmental conditions, and their health status at the time of the study. Tables 2 through 12 reflect findings from the Self Perceptions of Health, Personal Inventory, CASP-19, and ADRQL-R surveys.

Table 1

Case Study Participants' Health Summary

<u>CS# / Age / Educ.</u>	<u>Family's Health Background</u>	<u>Environmental Exposures</u>	<u>Current Health Conditions</u>
#1; Male; 80 Education (Ed): Grade (Gr) 12	Unknown	Small rural BC farming community; Fishing industry: processing and sales	Hypertension; osteoporosis; atrial fibrillation; unspecified dementia
#2; Female; 88 Ed: Gr 13	Healthy and active parents, deceased from natural causes; history re sibling's health unknown	Large mixed agricultural Ontario farm: grains, cattle, pigs; Nursing profession: large-hospital environment; West Indies environment; Visual artist: exposed to paints and solvents	Depression; hiatus hernia; osteoporosis; unspecified dementia; wheelchair-bound; keeps private; sociable in her room
#3; Female; 93 Ed: Gr 8	Healthy, active and athletic family; parental causes of death unknown; a brother in care home with dementia; sisters died in late adulthood	Childhood: fishing, farming; Young adulthood: Army C.W.A.P. and chef in WWII in UK; Post-war: Economic downturn: Nursing career	Traumatic brain injury; hypertension; hypothyroid condition; mobile and active; sociable; conversationalist
#4: Male; 80 Ed: Gr 12	Both parents died when he was a young adult, the father from a heart attack and mother from cancer (type unknown)	Farm life; Large city: international travel, high-stress work; Late adulthood: accidental fall, drowned and revived	Vascular dementia; Alzheimer's; COPD (lung breathing difficulties), arterial hypertension; physically mobile; active

Table 1 (cont.)

Case Study Participants' Health Summary

<u>CS# / Age / Educ.</u>	<u>Family's Health Background</u>	<u>Environmental Exposures</u>	<u>Current Health Conditions</u>
#5; Female; 87 Ed: Gr 12	Large family; father: heart condition, ruptured from farm injury; stroke; cancer; 2 siblings died from sudden infant death syndrome; 1 had intellectual disability; 2 had lung conditions (whooping cough); 1 had asthma; 3 with heart valve conditions; epilepsy, pneumonia; soft teeth	Immigrated post-WWII; Farming: 'Dust Bowl' in prairies, harsh winters, impoverished conditions but lived fully off the land; drought	Unspecified dementia; arthritis; hyperthyroidism; mobile and active with walker; placed with husband who has late-stage dementia
#6; Female; 88 Ed: Gr 12, and nursing school	Large family; healthy, active; unknown re parents' cause of death or info re siblings' adult health	WWII in UK: bomb shelter in village; food rationing	Osteoporosis; Alzheimer's dementia; COPD (lung breathing difficulties); mobile; sociable
#7: Female; 87 Ed: Gr 10	Father: died young ("hard life"); mother: lived to be nearly 100; eldest of 5 children; active, outdoor lifestyle; self-sufficient food sources	Commercial fishing community in rural BC; much time spent on gillnetter boat and outdoors	Unspecified dementia; COPD; arterial fibrillation; anxiety; GERD (gastro-intestinal disorder); renal failure; osteoporosis; hyperthyroidism; mobile (needs rest periods); sociable; conversant if prompted

Table 1 (cont.)

Case Study Participants' Health Summary

<u>CS# / Age / Educ.</u>	<u>Family's Health Background</u>	<u>Environmental Exposures</u>	<u>Current Health Conditions</u>
#8; Female; 91 Ed: Gr 12	Youngest of 5 children; father died when she was age 10 (cause not known); siblings all deceased	Raised in large city in BC; active outdoor lifestyle; lived 10 years in China; worked as telephone operator in Canada	Alzheimer's; unspecified dementia; osteoporosis; hyperthyroidism; mobile at beginning of study; wheelchair half-way through; depends on friend for assistance; very confused and anxious
#9: Male; 83 Ed: G 12, and business school	Parents died when very young; orphan; no knowledge of causes	Grew up in large orphanage in Scotland; a lot of exposure and training in outdoor in indoor chores/responsibilities; work environments: horticulture/farming; business; financial planner; never drank alcohol	Alzheimer's dementia; alcoholism; GERD; osteoarthritis; mobile, very social and energetic
#10: Male; 76 Ed: G 8	Large family; eldest of 10 children; healthy, active family; parents lived long life, cause of deaths unknown	Grew up in eastern Canada; mixed farm: agricultural and livestock; left school early to work: tree faller, heavy duty machine operator, rural settings across the country; outdoor living; self-sufficient; fishing	Alzheimer's dementia; hypertension; renal failure; type 2 diabetes; mobile; quiet, shy, reserved; engaged in conversation when probed

Table 1 (cont.)

Case Study Participants' Health Summary

<u>CS# / Age / Educ.</u>	<u>Family's Health Background</u>	<u>Environmental Exposures</u>	<u>Current Health Conditions</u>
#11; Male; 92 Ed: unknown	Large, impoverished family; mother died 7 years before father died; causes unknown	Poor environment in Ukraine, previously part of Czechoslovakia; WWII years: imprisoned in several camps from teens to young adulthood; fought in armies; food was scarce: at one point ate grass to survive; immigrated to Canada post-war	Vascular dementia; alcoholism; primary hyperthyroidism; physically very active: walking and cycling in community

Preamble to presentation of health survey data. Earlier, in Chapter Three it was noted that quantitative data from the administered instruments was for descriptive and exploratory purposes rather than formal analyses of statistical significance as the sample size was small, some participants completed only pre-program or post-program surveys and not both, and the study did not include a control group. Inclusion of the instruments provided another source of information that could add to ‘triangulation’ (support of findings from several types of information / sources).

References to pre-program and post-program administrations of survey instruments are with respect to the beginning and end of the RT program. Post-program data was collected within one week of the performance of the devised play. The participants’ overall engagement in the RT program – interviews, drama workshops, viewing the performance and the post-performance social – would be considered the ‘intervention’ regarding considerations of pre-program / post-program changes.

Perception of Health survey. This survey includes items on self-perceptions of general health, of emotional health, and social activity. Item #1: *In general, would you say your health is?*, and Item #2: *In general, how would you describe your emotional health?*, were rated on a 1 to 5 scale: Poor (1); Fair (2); Good (3); Very Good (4); Excellent (5). Item #3: *In general, would you describe yourself currently as socially active?* This was rated as 0 (No); 1 (Somewhat), or 2 (Yes).

Table 2 reflects overall ratings of both pre- and post-program perceptions of **general health**, in the range between ‘good’ and ‘very good’. Table 3 reflects pre- and post-program perceptions of **emotional health**, also in the range; between ‘good’ and ‘very good’. The post-

program average was closer to ‘good’; the lower average in part is due to three participants with ratings of 5 initially, not responding at post-program survey (one deceased).

Table 2

Participants’ Perceptions of General Health

Participant:	1	2	3	4	5	6	7	8	9	10	11	Mean Average (n)
Pre-Program	2	2	4	5	5	5	2	3	4	3	4	3.55 (11)
Post-Program	-	3	4	-	-	4	3	4	4	5	2	3.63 (8)

Table 3

Participants’ Perceptions of Emotional Health

Participant:	1	2	3	4	5	6	7	8	9	10	11	Mean Average (n)
Pre-Program	5	3	-	5	5	4	1.5	4	2	3	4	3.65 (10)
Post-Program	-	2	2	-	-	3	3	3	4	5	3	3.13 (8)

Table 4 shows ratings reflecting perceptions of *social activity*; the averages ranged between ‘somewhat’ (1) and ‘yes’ (2) on the 0-2 scale. Five of the 11 participants provided ratings at only pre- or post-program, not both. Of the six respondents who provided ratings, four reported no change; one reported an increase in social activity level and another noted a decrease.

Table 4

Participants' Perceptions of Social Activity Level

Participant:	1	2	3	4	5	6	7	8	9	10	11	Mean Average (n)
Pre-Program	2	1	-	0	2	-	2	1	1	2	2	1.44 (9)
Post-Program	-	0	0	-	-	1	2	1	2	2	2	1.25 (8)

Personal Inventory survey. The eight rating scale items below were generated by the PI to reflect objectives of reminiscence theatre practice. Ratings were made on a scale of 'very little' (1) to 'very much' (5). A rating of 3 is considered neutral. Higher ratings reflect positivity except for items #6 & #7 where higher scores are negative. There is no 'total score' calculated on this instrument. Tables 5 and 6 show the aggregated and individual responses for each item.

1. *I see myself as having high self-worth.*
2. *I feel happy about my life.*
3. *I am socially active.*
4. *I am physically active.*
5. *Through my experiences I feel I have contributed to today's world.*
6. *I feel depressed.*
7. *I feel isolated.*
8. *I have someone to talk to about my memories.*

Overall, group averages for each item at both pre- and post-program were on the positive side. The items consistently with the most positive ratings had to do with feeling happy about life (2), a sense of positive self-worth (1) and having contributed to the world (5), feeling they had someone with whom to discuss their memories (8), and not feeling isolated (7). In the neutral range were responses on items reflecting level of social activity (3) and feeling depressed (6). The item that showed the most overall change was the level of perceived physical activity (4), increasing from pre-program (3.3) to post-program (4.2).

Table 5

Personal Inventory Items: Average Pre- and Post-Program Scores across Participants

<u>Item</u>	<u>Mean Average</u>	
	Pre-Program	Post-Program
1. I see myself as having high self-worth.	3.8	4.1
2. I feel happy about my life.	4.3	4.4
3. I am socially active.	3.6	3.6
4. I am physically active.	3.3	4.2
5. Through my experiences I feel I have contributed to today's world.	4.5	4.7
6. I feel depressed.	2.5	2.6
7. I feel isolated.	2.0	2.1
8. I have someone to talk to about my memories.	4.4	3.9

Note. Ratings of '3' are neutral, with responses ranging from '1' (very little) to '5' (very much). Except for items 6 & 7, '1' is the most negative and '5' the most positive. For items 6 & 7, '1' is the most positive and '5' the most negative.

Table 6

Personal Inventory Items: Individual Participants' Pre- and Post-Program Responses

<u>Item</u>	<u>Individual Participant Scores</u>											
	1	2	3	4	5	6	7	8	9	10	11	
1	Pre-Program:	5	3	-	5	5	3	3	3	1	5	5
	Post-Program:	-	3	3	-	5	5	3	5	5	5	3
2	Pre:	5	4	-	3	5	5	3	5	4	5	4
	Post:	-	5	4	-	5	4	3	4	5	5	5
3	Pre:	5	2	-	2	5	5	4	4	1	5	3
	Post:	-	3	3	-	5	4	3	4	2	5	3
4	Pre:	2	2	-	2	5	5	3	1	3	5	5
	Post:	-	2	3	-	5	5	3	3	3	5	4
5	Pre:	4	5	-	5	5	5	5	1	5	5	5
	Post:	-	5	5	-	5	5	3	5	5	5	4
6	Pre:	5	3	-	3	5	1	3	1	1	2	1
	Post:	-	3	4	-	1	3	5	3	2	1	1
7	Pre:	1	3	-	3	4	1	1	1	1	1	4
	Post:	-	5	2	-	2	2	2	2	2	1	1
8	Pre:	5	4	-	4	5	5	5	3	5	3	5
	Post:	-	4	4	-	3	5	-	5	1	5	-

Note. Ratings of '3' are neutral, with responses ranging from '1' (very little) to '5' (very much). Except for items 6 & 7, '1' is the most negative and '5' the most positive. For items 6 & 7, '1' is the most positive and '5' the most negative.

CASP-19. Domain Scores and Total Scores are presented for the individual participants who completed the instrument pre-program (Table 7) and for those completing it post-program (Table 8). Average pre- and post-program scores across the participants along with normative data are shown in Table 9. Each of the 19 items is scored 0-3, higher scores indicating greater positivity. Some residents answered items pre-program but not post and vice versa. Of the 11 participants, seven completed the survey both times.

Review of Tables 7 and 8 subjectively does not suggest much overall difference between pre- and post-program ratings. Notable is a relatively lower score at post-program on the Self-Realization domain. Reviewing specific item responses within that domain, among the seven individuals who responded at both pre- and post-program, the item *I feel the future looks good for me*, decreased most often (3 negative changes, 1 positive, 3 with no change). The item *I feel satisfied with the way life has turned out*, changed the least (6 respondents with no change, 1 with a negative change).

At the individual participant level, at post-program only two participants showed much of a change in the Total Score. ‘Elsie’s’ (CS #2) was quite a bit lower, and ‘Cynthia’s’ (CS #5) was higher.

Table 9 indicates that overall, relative to normative data, the case study participants’ Total Scores were average. Among the domain scores, Autonomy and Self-Realization were average, Control was above average and Pleasure below.

Table 7

CASP-19: Individual Participants' Pre-Program Scores

<u>Domain</u>	<u>Individual Participant Scores</u>										
	1	2	3	4	5	6	7	8	9	10	11
Control	8	11	-	15	14	18	12	14	6	15	16
Autonomy	9	11	-	10	14	15	11	14	12	11	13
Pleasure	7	8	-	11	9	10	10	11	11	12	12
Self-Realization	12	10	-	7	9	11	7.5	11	8	12	12
Total Score	36	40	-	43	46	54	40.5	50	37	50	53

Table 8

CASP-19: Individual Participants' Post-Program Scores

<u>Domain</u>	<u>Individual Participant Scores</u>										
	1	2	3	4	5	6	7	8	9	10	11
Control	-	9	10	-	15	18	9	18	6	18	-
Autonomy	-	7	6	-	15	14	11	14	13	11	10
Pleasure	-	9	10	-	12	11	10	10	11	12	9
Self-Realization	-	5	5	-	11	9	10	7	8	12	-
Total Score	-	30	31	-	53	52	40	49	38	53	-

Table 9

CASP-19: Mean Average Pre- and Post-Program Scores

Domain	Range	Norms (Mean, SD)	Pre-Program	Post-Program
Control (6 items)	0-18	7.4 (3.0)	12.9 (10)	12.9 (8)
Autonomy (5 items)	0-15	10.9 (2.7)	12.0 (10)	11.2 (9)
Pleasure (4 items)	0-12	13.2 (2.2)	10.1 (10)	10.4 (9)
Self-Realization 4 items)	0-12	8.7 (3.5)	10.0 (10)	8.4 (8)
Total Score (19 items)	0-57	40.2 (9.0)	45.0 (10)	43.3 (8)

Note. Norms are from “The CASP-19 as a Measure of Quality of Life in Old Age: Evaluation of its Use in a Retirement Community,” by J. Sim, B. Bartlam, and M. Bernard, 2011, *Quality of Life Research*, 20(7), p. 1000. The number of ratings (n) for each Pre- and Post-Program average in the current study is shown in brackets.

Alzheimer Disease-related Quality of Life – Revised (ADRQL). This observational instrument was completed by the PI in consultation with the participant’s Activities worker. Responses of ‘Agree’ or ‘Disagree’ referenced the 2-week period before ratings. A ‘1’ rating reflects a positive rating and ‘0’ negative. If an item was not clearly endorsed with an ‘agree’ or ‘disagree’ response it was counted as 0.5. In the ADRQL scoring system, ratings are converted to a 0-100 scale; higher scores reflect observational perceptions of higher quality of life.

Individual participants’ Domain Scores and Total Scores are found in Tables 10 and 11. Mean averages across participants are shown in Table 12. These averages are based on ratings for 11 residents at pre-program and 9 at post-program. The instrument was completed with some residents pre-program but not post and vice versa. Of the 11 participants, ratings were provided on this instrument both pre- and post-program for 9 of the residents. Normative data are included in Table 12 for illustrative purposes to better understand whether the participants’ average scores might be considered high, average or low compared to norms.

Overall ratings are strong on all measures relative to normative data. The only noticeable drop among the amalgamated scores from pre- to post-program was with regard to the Feelings & Mood domain.

Among the nine participants with ADRQL ratings at both pre- and post-program, the figures show large changes relative to other participants for three of the individuals. In two cases these were downward changes. Participant #5's ('Cynthia') Total Score dropped from about 96 to 66, mostly due to lower scores on the Social Interaction and Feelings & Mood domains. Participant #9 ('Rick') dropped from about 91 to 79, mainly due to a decrease on Feelings & Mood. Participant #10's (Alex) Total Score was increased from about 84 to 94, mainly due to the higher score on the Social Interaction domain.

Table 10

ADRQL-R: Individual Participants' Pre-Program Scores

<u>Domain</u>	<u>Individual Participant Scores</u>										
	1	2	3	4	5	6	7	8	9	10	11
SI	79.2	91.7	91.7	83.3	100	87.5	70.8	100	95.8	70.8	75.0
AS	68.8	87.5	100	100	93.8	87.5	87.5	75.0	81.3	75.0	100
FM	95.8	98.8	95.8	83.3	91.7	70.8	100	100	91.7	91.7	100
EA	87.5	100	100	100	100	100	100	100	87.5	100	100
RS	100	100	100	87.5	100	100	100	100	100	100	100
Total	85.0	93.8	96.3	88.8	96.3	85.0	88.8	95.0	91.3	83.8	92.5

Note. Domain Abbreviations: SI - Social Interaction; AS – Awareness of Self; FM – Feelings & Mood; EA – Enjoyment of Activities; RS – Responses to Surroundings.

Table 11

ADRQL-R: Individual Participants' Post-Program Scores

<u>Domain</u>	<u>Individual Participant Scores</u>										
	1	2	3	4	5	6	7	8	9	10	11
SI	-	66.7	79.2	91.7	45.8	95.8	75.0	91.7	95.8	91.7	-
AS	-	93.8	100	100	81.3	93.8	87.5	81.3	93.8	81.3	-
FM	-	87.5	95.8	87.5	54.2	70.8	100	100	45.8	100	-
EA	-	100	87.5	100	100	87.5	100	100	100	100	-
RS	-	100	100	75.0	100	100	100	100	75.0	100	-
Total	-	85.0	91.3	91.3	66.3	87.5	90.0	93.8	78.8	93.8	-

Note. Domain Abbreviations: SI - Social Interaction; AS – Awareness of Self; FM – Feelings & Mood; EA – Enjoyment of Activities; RS – Responses to Surroundings.

Table 12

ADRQL-R: Mean Average Pre- and Post-Program Scores

Domain	Norms (Mean, SD)	Pre-Program	Post-Program
		(n=11)	(n=9)
Social Interaction (12 items)	74.2 (25.8)	86.0	81.5
Awareness of Self (8 items)	32.5 (27.5)	86.9	90.3
Feelings and Mood (12 items)	67.6 (25.2)	92.4	82.4
Enjoyment of Activities (4 items)	47.4 (33.6)	97.7	97.2
Response to Surroundings (4 items)	89.4 (18.1)	98.9	94.4
Total Score (40 items)	63.2 (16.5)	92.4	89.2

Note. Norms are from “Evaluation of the Validity and Reliability of the Alzheimer’s Disease-Related Quality of Life (ADRQL) Assessment Instrument,” by J. D. Kasper, B. S. Black, A. D. Shore, and P. V. Rabins, 2009, *Alzheimer Dis Assoc Disord*, 23(3), p. 16.

Concluding comments on inclusion of health surveys. Although not necessary for this type of exploratory, descriptive study I did find the inclusion of health surveys added to the study. Consistencies and contradictions between health survey results, older adult participants' narratives and PI observations relate to theory and may increase understanding. For example, individual participants' discrepancies between objective health status and self-perceived health provides a link to social determinants of health, with self-perceived health among the established contributing determinants. In one instance, the process in itself of administering a health survey led to a significant moment when the respondent remarked, "can we just have a conversation?" In essence, I advocate for research which integrates both qualitative and quantitative data as each may inform the other.

Conclusion

Older adult participant narratives reveal both consistency and inconsistencies with reminiscence and social dimensions of health theory and literature. First, several participants expressed they do not like to reflect back on their lives; rather, they prefer to live in the moment, in the here and now. Their focus lies in accepting their life circumstances and health as it is now, choosing to make the best of their situation, preferring instead to look forward.

This can be interpreted as contrary to Butler's (1963) reminiscence and life review theory. Herein he asserts that reflecting back over one's life helps to come to terms with one's current life, and is essential for successful, healthy adaptation to later life. Haber (2006) points out that a number of Butler's contentions have been challenged. For example, the view that reminiscence becomes more frequent with age has not been consistently supported by research; he cites a number of studies that do support this view (e.g. Lieberman & Falk, 1971; Revere & Tobin, 1980) and some that do not (e.g. de Vries, Blando, & Walker, 1995; Webster, 1994). The

assumption that life reviews are universal has been challenged in several studies (e.g., Merriam, 1995; Taft & Nehrke, 1990). As well, Haber notes a research study that contradicts another of Butler's positions on reminiscence and life review: "Butler's assertion that reminiscence appears to be precipitated by approaching death is not supported by one research study (Merriam, 1995)" (Haber 2006, p. 155).

One could surmise that these participants may have previously worked through this developmental stage, having achieved what Erickson (1980, 1982) refers to as successful resolution ('wisdom') of the later life stage of 'ego integrity vs. despair'. It is quite notable that a large majority of older adult participants in this study have come to terms with the circumstances of their lives, fully accepting their health and inevitable end.

Several individuals spoke of being ready to go. Other case study narratives revealed significant discontent with their lifestyle in care, although noting good healthcare. They often reiterated their unhappiness with the limitations of living in a secured dementia unit, unable to move about freely, citing lack of freedom to make their own choices (loss of autonomy), insufficient availability of stimulating activities, absence of social connections with others, boredom and loneliness. Such narratives are disturbing given that it is known and accepted that social connection is a key determinant of health.

Most significant is the discrepancy between older adults' narratives and the health surveys. This was anticipated, given the complexity of the population. Some surveys reflect feeling alright in mood while field-notes and nursing reports on the individual show evidence of depression. In addition, discrepancies between self-perceptions of health and health-behaviour were evident. Narratives revealed various contradictions. For example, some able-bodied individuals perceived themselves as unhealthy; behaving accordingly, they thought they were ill

so they behaved ill, isolating themselves in their room and avoiding activities, confining themselves to bed. Others who perceived themselves as healthy behaved accordingly.

For example, case study #4 (Steven) would initiate social contact, engage in activities and ensure his physical fitness by walking the unit corridors five times in order to equal a two-mile walk. Others kept active, helping others who needed assistance.

With regard to mental health, the majority of participants presented as happy, enjoying many aspects of daily life. Despite accumulated losses, depression did not appear to be prevalent. Several would distinguish feeling sad sometimes, missing family, or feeling frustrated with the decline of ability, from depression. This was sometimes in contrast to their surveys where the scores reported on rating scales suggested greater depression than reported in the older adult narratives.

Also notable was consistency between personality when younger and their current behaviour, particularly with regard to work roles. For example, this was exemplified by case study #5 (Cynthia) – once a helper always a helper; case study #6 (Teresa) – once a nurse, still a caregiver; case study #2 (Elsie) – held a positive attitude in her early life, positive and proactive now; and case study #3 (Mary) – outspoken in youth, outspoken and forthright now. Such cases support the view that essential aspects of personality may remain for those with dementia.

With regard to the dementia population it was anticipated based on literature mentioned in Chapter One and on the PI's prior observations, that several individuals would be grieving loss or a sense of self. This did not appear to be the case. Instead, many accepted themselves as they are now and were quite content. They did not focus on loss; rather, on what they do have. Their sense of self remained intact, unaltered from who they were throughout their life.

During the life review interview, several individuals did exhibit anxiety when attempting to remember dates, names, activities or specific details of their earlier life. Several dementia individuals exhibited classic deficits of explicit memory, which broadly includes episodic memory of events and activities, and semantic memory of specific facts (Madigan, 2015). However, the majority had superb affective memory. They could recall details with ease of their family members and key friendships throughout their lives. Many expressed tremendous love and pride for their spouses, children and grand-children even though specific names might not be recalled.

Regardless of their past or current health status, participants were overwhelmingly appreciative of what they have now and immensely grateful for the care they receive. Although for many, their physical and cognitive health is in decline, their emotional, psychological health appears good, with a strong sense of wellbeing, aligning with Strout & Howard's (2012) six dimensions of wellness in aging adults.

In conclusion, the integration of both quantitative (surveys) and qualitative (story narratives) data can be viewed as beneficial to this study. The quantitative provides numerical data (although a small sample size). The qualitative interpretation of older adult story narratives greatly enhanced the study by adding human voice and meaning to the numbers. As the PI and as a healthcare provider, I strongly advocate for research which integrates both research methods; each informs the other. Both complement findings and add richness, assisting us as researchers, artists and healthcare providers to better understand each other and the individuals we serve.

Next, in closing I highlight key findings of the newly released 2018 British Columbia's Seniors Advocate report on residential care (Mackenzie, 2017; Office of the Seniors Advocate British Columbia, 2018) as it provides a rationale for innovative, creative programming for older

adults residing in care. The findings correlate significantly with the reminiscence theatre study goals. The conducted research is “the most extensive survey of residents’ quality of life ever conducted in Canada” (OSABC News Release, Sept. 15, 2017). The aim of the study was to assess quality of care and to identify opportunities for improvements. The report synthesizes the voices of 9,600 older adults from 292 facilities.

Overall, the facilities were rated fairly well in a number of areas. However, notable is the consistent finding across all centres that relates to social engagement. For example, over one third of residents report there is rarely or never enjoyable things to do in the evening (38%) or on the weekends (36%). Nearly half (46%) of residents report that there is no one residing in the facility whom they consider a close friend; 45% report there is no one for them to engage with in activities. Just over half (58%) indicate having a staff member they would consider a friend; 34% of residents perceive that staff only ‘sometimes, rarely or never’ have enough time for them. Less than half of the residents (46%) report that staff regularly makes time for friendly conversation with the resident.

Mackenzie (2017) strongly advocates for increasing activities to support social engagement. She suggests increasing activities to create more meaningful experiences which foster an environment and culture within facilities where residents are naturally encouraged to participate in care home life by connecting with other residents and staff; and to promote greater community and family engagement.

In addition, Cloutier (In Paterson, 2018) states that much of the residential care system focuses mainly on quality of care and on tasks, instead of quality of life and time spent with residents. She emphasizes the need to develop initiatives on healthy aging that are more strategic

and creative in bringing about change towards a more ‘heart-centred’ approach to residential care for older adults.

This intergenerational reminiscence theatre study, with its focus on affirming older adults’ storying of lived experiences, on building social connection, and on fostering meaningful relationships between dementia individuals in care and the community, would meet Mackenzie’s (2017) recommendations towards improving the quality of life of older adults in residential care.

The following chapter describes and analyzes reminiscence theatre (creating theatre from older adults’ stories), devising and performance processes. The chapter concludes with PI recommendations on how reminiscence theatre practice can be adapted for dementia-specific populations in residential care.

It has been a privileged honour to hear the life stories of older adults of this study. Stories shared acknowledge those who told their stories in confidence but declined including them in this study.

‘Stories Shared’

*Oh no,
not mine;
Firmly planted,
it must stay
in lush
secret veins
pumping
silence
to the most curious.*

*This story;
it is mine,
mine alone,
lying quietly and sheepishly
beneath a golden key.*

*It stays firm
upon my command,
for if
it were to awake,
its turbulent sweet breath
no one could withstand.*

Chapter Five

‘The Artist and her Daughter’ – An Intergenerational Reminiscence Theatre Initiative with a Dementia-Specific Population in Residential Care

“We don’t stop playing because we grow old; we grow old because we stop playing.”

(George Bernard Shaw)

Introduction

Overview. To begin, reminiscence theatre (background) historical influences and key intergenerational practices which have influenced this study are presented. Secondly, to set the context for the theatre devising process, selected applied theatre styles, methods and conventions are reviewed. Third, applied theatre aesthetic discourse is explored. Fourth, the reminiscence theatre devising process of ‘The Artist and her Daughter’ initiative is described and critiqued through an aesthetic lens. The chapter concludes with an analysis of the project and recommendations on how traditional reminiscence theatre practice could be adapted for the dementia population in residential care.

Reminiscence theatre devising adaptations.

Family involvement. As noted in Chapter Four, I was unsuccessful in recruiting adult family members to the reminiscence theatre project. Originally, I had envisioned bringing together adult family members, older adult residents, and young adults to share in the creative processes of devising theatre from their stories and memories. I had aspirations for equitable, collaborative engagement throughout each phase of the reminiscence project. By doing so, participants could engage in meaningful drama storytelling activities that would foster conversations and enrich their relationships while discovering something new about each other.

It is my sense that the lack of family participation in this study was due to three possible factors: (1) family accessibility and availability; (2) ethics recruitment protocol; and (3) unspoken resistance to arts-in-health research along with power-over dynamics.

Family accessibility. As noted in the earlier reviewed literature on family involvement with elders in care, family structures and composition have changed over generations. Many need to relocate for employment and economic reasons. For those who remain in close proximity to their loved ones, they tend to have work commitments and time-consuming demands in their current lives. Family members of the study's older adults were not available or accessible during the study's scheduled timeline; therefore, they were unable to partake in the activities. However, several did attend the final performance.

In addition, I would speculate that many are in need of respite after years of caregiving, taxing their energy and ability to take on additional tasks. As supported in the literature, many family members care deeply about the older adults and would be delighted to be more engaged in their loved ones' lives if they could.

Ethics recruitment protocol. The recruitment protocol as outlined in the participant ethics procedures was ineffective for this dementia population. The time delays in gaining approval for amendments impeded study timelines and students' availability. The original recruitment procedures were to (1) post a written notice at the nursing station, apprising family and residents of the study; (2) those interested were asked to contact me via email or leave a form in a locked box at the nursing station; (3) I would then contact them to set up a meeting to discuss the study and obtain consent to participate.

Subsequently, a Joint UVic/VIHA Ethics recruitment amendment application was submitted - requesting permission to facilitate a sample storytelling/drama workshop with the

older adults on the unit. The amendment was granted after several revisions, with consent by assent. Eleven older adults and one recreational care assistant participated in the storytelling workshop; eleven older adults consented to participate in the study.

Although I strongly support ethics protocols in research, I suggest that recruitment processes for dementia populations and the broader context need to be more user-friendly. Face-to-face invitations may be most effective for this population. Once the seniors saw for themselves what reminiscence theatre looks like, they easily understood and eagerly participated.

Resistance to arts in healthcare. As pointed out by Gibson (2011), reminiscence theatre professionals often face resistance from healthcare professionals, as many may be unaware of the processes and benefits of such arts engagement. The reminiscence theatre study was supported strongly by the facility administrators, board of directors, nursing staff and therapeutic activities personnel. However, an incident arose that revealed resistance to arts research in healthcare. Although I am somewhat cautious in bringing this topic forth, I feel it is important to acknowledge that artist/researchers in a healthcare context may be vulnerable to resistance and power-over situations. I, as the PI, was cognizant that my presence as an arts researcher created unrest for some staff. I was aware that I was viewed as the outsider. I was aware of the tense political climate of the institution at the time of the study.

The facility at the time of the study was undergoing major political and administrative changes. Some staff had difficulty in adjusting to new leadership styles and organizational restructuring. There was an aura of fear (losing their positions) and mistrust. Some expressed discontent with unilateral decision-making practices that affect staff morale and resident autonomy. Several staff resigned, leaving the institution under-staffed and those remaining feeling over-worked, and highly stressed.

There was a prevailing resentment to change or anything new that could threaten the *status quo*. I sometimes overheard hallway conversations in passing that clearly depicted the view that arts are not part of the biomedical model of care. I would hear comments like, ‘What does art have to do with health?’ Or: ‘We’ve had researchers here before; they made no difference’ (Reflective Journal, January 14, 2015). Although such resistance was expressed by only a few, such held attitudes negatively impacted me as PI. One incident that occurred was particularly troubling.

I was asked by the facility executive director to conduct a series of study orientation sessions for the unit nursing staff. Several orientations were presented to small groups of nursing staff who participated eagerly in the sessions, with vibrant discussions. They expressed their support for the study, stating that the residents would enjoy this and that they wished they had time to join in the project. Several were excited to learn of the health benefits of arts engagement.

Half-way through one orientation session, two non-nursing staff sat in on a session, to observe. As I was preparing for the next staff orientation, one of the staff approached me to state that all the sessions are cancelled, that “the (nursing) staff did not understand the study... they needed to be spoken to at a level they could understand, as healthcare workers are at a grade seven or eight level.” I asked for elaboration, and was requested to provide a 1-pager with only the logistics of the study in point form.

I was shocked at such an attitude. I felt insulted, primarily for the nursing staff as from my observations they were an impressive, competent group of healthcare professionals. Such incidents certainly raise serious ethical questions. What are the researcher’s rights? Who makes the decisions? Who protects the researcher from such power-over dynamics? I suggest that our

residents in care are also affected by the political environments in which they live. It is significant to note that many family members relocated their older adult residents to different facilities during that tumultuous period.

Timeline adjustments.

Study original timelines. The original design was shaped in phases, to begin in October 2014 and end in December 2015: Pre-project preparation (Oct.-Dec. 2014); recruitment, instrument implementation and life history interviews (Jan. 2015); reminiscence theatre/drama workshops with older adult & family participants and actors (Feb. 2015); reminiscence theatre devising process (March-April, 2015); reminiscence theatre performance (April 2015); post-production instruments administered (April-June, 2015); and final data analysis, report preparation and dissemination (May-Dec. 2015). Delays in Ethics approval adversely impacted the study timelines, creating difficulty synchronizing students' schedules for the drama workshops and devising groups, which in turn resulted in delayed devising and performance dates.

Adjusted study schedule. The study timelines were adjusted accordingly. Feb-March 2015: first interviews conducted; April-May 2015: interview transcripts completed; May-June 2015: personal interviews were condensed to short stories; July 2015: unanticipated personal travel to Germany to explore own family heritage; August 2015: review of journal field notes, selection of story themes for devising theatre; Sept. 2015: intergenerational reminiscence theatre workshops with older adults and UVic theatre students devising company; Oct.-Nov. 2015: devising company – script and play development, rehearsals; Dec. 2015: performance of the reminiscence theatre play, 'The Artist and her Daughter', in the care facility and post-performance social with audience and cast. The reminiscence theatre performance occurred on

Dec. 4, 2015, about eight months later than originally intended. Jan. 2016: follow-up story drama workshops with older adults; Feb. 2016 to May 2018: study analysis and write-up.

This Reminiscence Theatre (RT) study, an intergenerational project entitled ‘The Artist and her Daughter’ has been influenced by the notable leading master scholars and practitioners introduced in the next section. Their contributions to the intergenerational reminiscence community have been abundantly significant.

Key Influences in Reminiscence Theatre and Intergenerational Practice

This portion of the chapter highlights the works of key contributors to the field: First, Pam Schweitzer, founder of the UK’s *Age Exchange* and the *European Reminiscence Network*; secondly, Warwick Dobson and Tony Goode – ‘Taking Care of Basics’ RT project at New York University (Dobson & Goode, 2002); third - David Barnet and Matthew Gusul of Edmonton, Alberta’s *GeriActors and Friends*; fourth – the practices of Anne Basting, founder of Milwaukee’s *TimeSlips* company; last – Vancouver’s founder of the *i2i Intergenerational Society*, Sharon MacKenzie.

Intergenerational reminiscence practices are burgeoning with novel companies and organizations moving the disciplines forward. (See Appendix D for an annotated list of resources, organizations and companies.)

Historical evolution of the Age Exchange and European Reminiscence Network.

The Age Exchange. Founded by Pam Schweitzer in 1983, *Age Exchange* is a registered charity operating in the heart of Blackheath in London, UK. In essence, *Age Exchange* began to evolve from theatre-in-education (1970s Belgrade Coventry TIE Team) and educational drama. In the early 1980s a volunteer task force was created to work with older people. Reminiscence grew out of this now dismantled group. From there, intergenerational theatre emerged with

drama students from a comprehensive school. Performances were created from older adults' memories, but this practice was short-term as students were constrained by their curriculum requirements. However, this began the development of a professional RT centre, celebrating the past in the present.

Through a combination of grants, *Age Exchange* with its reminiscence theatre company was created in 1983 when subsidized projects and performances ensued. From there, productions were toured and eventually administrators and stage managers were appointed, where projects were published. By 1986, a key working method was established along with a period of research mainly of taped interviews and stories that were transcribed verbatim (all of which are now stored in the Reminiscence Theatre Archive at the University of Greenwich).

Additional projects were launched outside of London. Youth were hired from young people's employment programs to help with administrative tasks. This evolved further into training and skilled team development. 1987 brought short training for healthcare professionals out to a permanent Reminiscence Centre in Blackheath (offering now up to 40 programs). Books were published on the productions. Local municipal officials and politicians became supporters. The touring productions were commissioned by the European Commission and offered across Europe.

The programming at *Age Exchange* has evolved from Schweitzer's practice. *Age Exchange* has accumulated 35 years of experience in using creative reminiscence to improve well-being. In recent years the centre completed a 3-year research project that evaluated the impact of creative reminiscence arts programming (summarized in literature review in Chapter One).

Age Exchange continues to this time as a community hub that offers an array of creative, intergenerational arts programs for older adults, youth and families. Daily programs include a volunteer tea library service operating 6 days a week, volunteering opportunities to help people return to work or contribute to their community, a not-for-profit café, and intergenerational school programs. The centre is highly regarded for its broad range of support services for people living with dementia and their carers. They offer a wide variety of regular training and support for Reminiscence Arts practitioners and community workers. Currently, to increase service capacity *Age Exchange* is planning to join forces with *Community Integrated Care*, one of the UK's largest health and social care charities that supports people with a range of care needs including dementia. *Age Exchange* would retain its own identity as a subsidiary of *Community Integrated Care*. (For more information on the Age Exchange, see www.age-exchange.org.uk.)

European Reminiscence Network. The Network was established through the efforts of Pam Schweitzer in 1993 to organize international conferences, seminars and festivals featuring best practice in reminiscence work. Projects have focused on international cooperation, particularly in the fields of dementia care, intergenerational and intercultural work. This partnership organization includes representatives from 16 European countries and numerous associates in the U.S., Canada, Latin America, India and the Far East.

1993 was a very significant and seminal year wherein the European Commission, highlighting 'The European Year of Older People and Solidarity Between Generations', supported by *Age Exchange* initiatives for a year-long programme of RT tours, training workshops and an international conference. Five professional RT productions were toured to Germany, Denmark, Ireland, the Netherlands, France, and Belgium. These were: 'What did you do in the war, Mum?' (Based on memories of British women's work in WWII); 'Dear Mum'

(about the wartime evacuation of thousands of London children); ‘Across the Irish Sea’ (based on Irish people’s memories of growing up in Ireland and then making a new life in England in the post-war years); ‘Can we afford the Doctor?’ (Based on memories of healthcare before the advent of the National Health Service); and ‘Routes’ (based on the experience of people from India coming to Britain to secure a better future for their families).

During 1993, Schweitzer carried out training workshops across Europe and in the process established valuable interdisciplinary links with practitioners in health, social work, and arts fields. The year ended with an international conference, ‘Celebrating Reminiscence’ in Blackheath, London involving speakers along three strands of reminiscence – in healthcare settings, community settings, and educational contexts. It was at this conference that the *European Reminiscence Network* was established. Some of the connections formed during the year, later developed into fully-fledged projects, a few of which are briefly noted below.

In 1995, the International Festival of Reminiscence Theatre – ‘A Time to Remember’ – marked the 50th anniversary of the end of WWII. At this event, guests from 10 countries presented specially devised pieces of theatre based on their memories of the end of the war in their countries. This was regarded as a highly successful endeavour with powerful impacts on many of the participants, as older people who were on opposing sides in the war were brought together in a spirit of reconciliation and adventure. In 1997, two key projects began – ‘The Journey of a Lifetime’, an international arts project for ethnic minority elders; and ‘Reminiscence in Dementia Care’. In the late 1990s, a major dementia care project was undertaken, ‘Remembering Yesterday, Caring Today’. These and other projects resulted in numerous publications, paving the way for sophisticated empirical research studies on

remembrance arts in recent years (e.g., Charlesworth et al., 2011; Lloyd & Cole, 2014; Hatton, Woods et al., 2009, 2012).

Reminiscence Theatre Archive Company (University of Greenwich), *Age Exchange* and *European Reminiscence Network* continued work following Schweitzer's retirement. Her accumulated collection over a period of 30 years, of older adult Londoners' memories obtained through oral histories, DVDs and videos, scripts and performance materials, were donated to the University of Greenwich's Reminiscence Theatre Archive that was established in 2007. The archival materials reflect key social issues and how they were experienced by those living in London. A Reminiscence Theatre Archive Company utilizes these materials to create new performances as well, to devise its own original theatre from the archival material. The university's applied drama students have toured new performances to care homes and community older adult settings. In addition, university departments beyond theatre utilize the archives in teaching and research endeavours such as social historians working on a collection of WWII memories from people across London, and the health and nursing students working with older persons in various settings.

'Taking Care of Basics' RT devising model. The Taking Care of Basics RT project model was developed by Dobson and Goode (2002) as part of a 5-day program entitled, *Creating Meaning through Community Drama*, with older adults attending a seniors' centre on the Lower East Side of Manhattan collaborating with students from New York University. The project was organized by the Paul A. Kaplan Center for Educational Drama. Their work directly influenced the current study's devising phase of 'The Artist and her Daughter'. Based on some of Butler's (1963) reminiscence and life review principles, the Dobson and Goode RT model stands to this day, often integrated into applied theatre curricula.

Herein, student actors informally met with older adults one on one or in small groups to share stories. Once collected, these were documented and explored through the drama rehearsals. The aim of creating theatre from the stories was “to explore what is fundamental and universal to the human condition... transformation of *real*, lived experience into a new representation that is *fictional*” (Dobson & Goode, 2002, p. 183). Dobson and Goode assert that fictional representation in theatre draws on the medium’s “essential quality and power... that derives from our innate ability to identify with an other (i.e., a *fictional* other)” (p. 183). The participant willingly extends oneself imaginatively into an other’s place.

The RT devising model of fictionalizing the real has been adapted, utilizing interview transcriptions, instrumental in the devising of ‘The Artist and her Daughter’ in the current study. Dobson and Goode (2002) outline the following aims: provision of entertainment that engages older adults “in social activity relevant to their own life experience... documentation of popular history through the reclamation of their own culture... to stimulate the long-term memory of participants by encouraging recall of previous events and personal experiences... honour the contribution that older people have made to society... and strengthen self-confidence, self-awareness and self-esteem” (p. 184). These aims form the foundation of this RT study; they are incorporated into older adult participant surveys (Personal Inventory; Reminiscence Theatre Post-Performance Survey).

Geri-Actors and Friends. This inter-generational theatre company was developed under the direction of David Barnet at the University of Alberta. The company originated from a joint project in 2001 with the Seniors Association of Greater Edmonton (SAGE). Barnet worked with groups of older adult writers to develop and perform plays from their stories. After five seasons of productions, Barnet integrated university students into the seniors’ theatre group. In 2006, an

intergenerational theatre drama class was developed; the course connected the two groups – university students from age 20 to 50, and the seniors age 60 and older. The company created theatre that represented different views from all the members and stories derived from group discussions. Barnett adapted this material into scenes that were rehearsed with seniors.

Matthew Gusul, having joined *Geri-Actors and Friends (G & F)* in 2007 as assistant director, introduced the company to what he now refers to as the ‘playful/ontic’ devising model (Gusul, 2015) which he views as instrumental in theatre. In his M.A. Thesis, Gusul (2009) distinguishes between ‘play’ and ‘playfulness’: “Play is a noun that refers to the action of playing. Playfulness is also a noun but it refers to behavior” (p. 21). Play can be recreated in different groups or situations, often in the form of games; however, social interactions are essential to the notion of playfulness. Both create a sense of community, a safe space to share life experiences. Spolin (1999) suggests that play allows people to feel personal freedom. Nachmanovitch (1990) and Huizinga (1949) support this notion, highlighting freedom from arbitrary restrictions and openness to new experiences.

For spontaneous playfulness to emerge in adults, Schechner (1977) emphasizes the importance of a sense of safety and security. Gusul notes that *G & F* participants have remarked on the importance of feeling safe and secure in fostering playfulness, and they have added comments on the importance of camaraderie and not feeling judged. Gusul (2009), in his discussion of definitions and theories of play, includes a synopsis of Mitchell and Mason’s (1948) examination of five traditional theories of play: surplus energy, recreation, instinct practice, recapitulation, and catharsis. Play activities are posited to ‘blow off’ extra energy; play as recreation helps refresh oneself after work; instinct practice is rehearsal of instinctive behaviours before the person needs to use them; recapitulation theory refers to play as a

predisposition passed on through generations; and discharge of distressing emotions underlies catharsis theory.

Literature is saturated with an abundance of theory that supports the value of play for youth and adults alike. However, play is often met with trepidation, skepticism and cautious resistance by some of our older adult population. Practitioner experiences reveal an unflattering response to play; sometimes it is viewed as degrading, diminishing or insulting: “as child’s play; we are not children... This is insulting. I am old. I do not play” (PI Journal, 2015). Having said that, Gusul (2009) notes that in his experiences with Barnet in *G & F*, Barnet has reframed play as ‘Re-invigoration Theory’. Gusul comments that while some of the theories posited by Mitchell and Mason (1948) do seem applicable, “surplus energy may not apply to *G & F*” (Gusul, 2009, p. 29); energy may increase through the use of play and playfulness in *G& F* rather than dissipate ‘excess energy’. The group tends to become energized through play and playfulness, lifting participants’ spirits and encouraging pursuit of other activities.

Gusul, while in a Ph.D. applied theatre program at the University of Victoria, collaborated with the writer in a Living History program where he co-created several RT projects with older adults in residential care and University of Victoria applied theatre students. His playful and re-invigorating ‘ontics’ were effectively integrated into RT practices.

Ann Basting.

Time Slips Creative Storytelling. *TimeSlips* is an improvisational storytelling approach developed by Basting for persons with dementia. The process begins with a picture or photograph being shared in a group setting, the participants provided with their own copies. Leading questions about the picture or photo are then asked by the facilitator: Who is in the picture? Where is it? What does he/she feel like? When is it happening? What can they see?

What can they smell? It is emphasized to participants that there is no wrong answer. All comments and reactions (even just single words, fragments, or sounds) are noted on a large sheet of paper, the team working individually with participants to encourage answers. A story or poem is then crafted, titled, and read out. This method reflects an example of collective storytelling that relies on imagination rather than memory, and shows that doing theatre with persons with dementia does not require a linear narrative or text of a play.

In Canada, *TimeSlips* has 12 BC affiliates / facilitators who work with Alzheimer's persons in care facilities through sensory theatre storytelling. Basting's work was created as part of her doctoral studies, using theatre to change how we think about aging. The work began as research associated with a university and emerged as an independent non-profit organization established in 1998. Collaborations were identified through community meetings. Research includes pre- and post-program surveys that assess the many aspects of the programming. *Time Slips* offers training programs, intergenerational projects, and public sharing of stories. The organization also conducts specific research on given projects along with independent researchers to evaluate their work, and summer student internships are offered.

'The Penelope Project'. This project, spearheaded by Ann Basting, took place at a care facility in Milwaukee where a team of artists from the University of Wisconsin's theatre department and *Sojourn Theatre Company*, university students, staff, residents, and volunteers engaged in a two-year project to examine the ancient story, 'The Odyssey', from the perspective of the hero who never left home - Penelope, wife of Odysseus. The project documented the impacts of community-based arts in transformation of the long-term care facility's culture. The team collectively devised a performance, utilizing narrative to represent stories and testimonies, and staged a play that powerfully engaged the participants. In addition to fostering

intergenerational connection, the project showed a care model that challenges views of old age and disability, institutional regulations, disciplinary boundaries, and fostered intergenerational connection. (For further information see Basting, Towey, & Rose, 2016).

i2i Intergenerational Society. Sharon MacKenzie, *i2i* founder, formed the society with strong community and government partnerships, offering school and care centre based intergenerational programs. In 2009, *i2i* launched a collaborative toolkit (BC Ministry of Health, BC Care Providers Assoc.) for use by educators and service providers in promoting age-friendly communities through a wide variety of intergenerational connections. This toolkit, available through the *i2i* web site (i2i@intergenerational.ca), is entitled, ‘Creating caring communities: A guide to establishing intergenerational programs for schools, care facilities, and community groups.’

The organization is a not-for-profit society funded by private and corporate donations and grants. The society offers programs to build intergenerational community and further develop intergenerational endeavors. It created, for example, the successful full immersion Meadows School Project in Vernon, BC. The society provides connections to Canadian projects, research and resources, forum discussions, project consultations and keynote presentations. (For further information, see the intergenerational theatre annotated contacts/resources in Appendix D.)

Table 13 broadly compares some RT practices and devising processes. The following sections review aesthetics discourses relevant to applied theatre and RT, and devising methods and theatrical styles.

Table 13

Reminiscence Theatre Models

	<u>Schweitzer</u>	<u>GeriActors</u>	<u>Dobson & Goode</u>	<u>TimeSlips</u>
	UK: Age Exchange	Edmonton, Alberta	UK/US: 'Taking Care of Basics'	Milwaukee, Wisconsin
Story gathering	Group discussions with older adults; interviews; verbatim transcriptions; archival research	Group and individual discussions with older adults; re-write scenes; conversational	Theatre students interview older adults one-on-one; informal conversation with questions	Facilitator leads story-making in older adults group; visual aids, photos as prompts
Devising process	Director co-writes scenes with older adult actors; rehearsals	Improvisation – theatre games; improvise scenes; playwright/director writes final draft; rehearsals	Student actors document stories through drama workshops in theatre studio; conventions approach; develop scenarios into script; rehearsals to refine script	Facilitator documents all older adult responses to cue questions re: photos; story or poem read to all; no theatre rehearsals – process only
Theatre genre	Verbatim / realism; traditional theatre: lighting, sound, set, costumes, props and some minimalist stylization	Stylized minimalist; some theatrical elements; semi-realists and fiction	Fictionalizing the real; create new characters, scenarios and plots from essence of older adults' stories; Brechtian influence	Readers' theatre; stories and poems read to and with older adult participants; no outside audience
Cast actors	Older adult actors and some intergenerational	Older adults and university theatre students	University students only; perform for older adults	Readers' theatre
Location	Schools, care homes, Age Exchange centre	University theatre; community events	Residential care facilities, private and public	Care homes

Aesthetics Discourses

To set the context for aesthetic choices made in ‘The Artist and her Daughter’, key principles of aesthetics discourses are discussed. The following section reviews key terminology and aesthetics discourses including aesthetics of care, neuroaesthetics and RT aesthetics.

Aesthetics terminology.

Aesthetic. The term ‘aesthetic’ in applied theatre literature refers to broad categories of artistic, art-like, aesthetic attitudes and experiences which transcend art (White, 2015). O’Connor (2013) suggests that aesthetic and pedagogic dimensions are inextricably linked. Cohen, Varea, and Walker (2011) refer to aesthetic as “the resonant interplay between expressive forms of all cultures and those who witness and/or participate in them” (p. 6).

Aesthetic experience. Cohen et al. (2011) describe characteristics of ‘aesthetic experience’ as interaction with artfully composed expressive forms, integrating music, visual arts, images, gestures or objects which involve people in forms that are bound in space and time (e.g., a frame around a picture). Secondly, experiences which engage people on multiple levels simultaneously – sensory, cognitive, emotive and often spiritual – such that all these dimensions form constructed meaning. Third, the authors point out that aesthetic experience engages people with forms that acknowledge and mediate particular tensions between tradition and innovation, between the collective and the individual.

Applied theatre aesthetics. This involves engaging people in experiences on several levels, e.g., participants, actors, artists or audiences, leading to aesthetic experience “in which an enlivening sense of reciprocity arises between the perceivers/participants and the forms with which they are engaging” (Cohen et al., 2011, p. 6), rather than the focus being on a singular

artistic product (e.g., the painting itself). Aesthetic experience involves meaningful interaction with the art work in addition to the response to an object considered as beautiful.

Artistic legitimacy. This has to do with valuing aesthetics in circumstances that present challenges to decrease its priority. Van Erven's (2001) perspective expresses the struggle in recognition of 'artistic legitimacy' that many AT practitioners face – susceptibility to institutional or political pressure for 'results' that are immediately measurable, therefore often ignoring the artistic merits of the production. Practitioners whose work is focused on the social good it can achieve are often bound to identifying value that is not easily measured in instrumental terms of conventional data analysis or fiscal outcomes. Arts practice in AT embodies a participatory orientation that embraces the value of beauty, creativity and artistic autonomy. An understanding of aesthetics in applied theatre reflects "how art can be 'real knowledge' in its own right, and at the same time remain a tool of personal and social change" (White, 2015, p. 4).

Aesthetics discourse. In applied theatre, 'aesthetic discourse' refers to dialogue that encourages us "to see things in common between practices and the contexts in which they happen, rather than a coherent set of practices in itself" (White, 2015, p. 11). At the core of aesthetic discourse lies the phenomenon of interpreting and articulating beauty, which arguably is purely subjective and therefore problematic. Who defines beauty, for whom and for what purposes? Aesthetic discourse reveals contradictions between artistic quality and efficacy. In AT, aesthetics is conceptualized in pedagogical and interventionist practices, interpreting beauty as a facilitating quality. For example, Winston (2010) regards beauty as an educational experience that contributes to individual growth. Thompson (2009) insists that dimensions of performance should "focus upon affect rather than effect" (p. 111).

Esoteric discourse on what constitutes beauty and aesthetic quality has and will continue to be debated over time. Although intriguing and creatively enticing, such deliberations are beyond the scope of this chapter. Instead, this chapter focuses upon the aspects of aesthetic practice and artistic choices that specifically influenced this reminiscence theatre study.

An aesthetics of care. Reflecting on personal experiences in a theatre for development context, Thompson (2015) challenges demarcations between public justice and private care, between one's professional life and personal life, noting that sometimes these domains regarded as separate can be productively connected. He comments that "the 'professional' cannot be sustained ethically without a commitment to the potential for it to blur dynamically with the personal" (p. 432).

For Thompson (2015), an aesthetics of care focuses on realization of the sensory, affective, and values in human relations as fostered in art projects. It involves connections and engagement between groups or individuals over a period of time. An aesthetics of care does not differentiate between process and outcome; both can foster affective connections whether between participants or performer to audience. Thompson acknowledges the challenge of developing an ethics of care through an aesthetics process, as continuous modifications and reciprocal effects on those involved are part of what naturally occurs. He outlines an overall form of an aesthetics of care process, referring to 'preparation', 'execution' and 'exhibition' stages that are all linked, reflecting values of openness, mutual respect, honesty of intention, and collaboratively working together with a focus on human relationships and the collective efforts. Central to the process are the relations created by the arts project.

Thompson (2015) emphasizes that in an aesthetics of care framework, individuals who devise arts initiatives do not distinguish between what occurs privately in the development of the

project and the public displays of what was developed. “The shape and feel of the relationships at the heart of the project are its aesthetics” (p. 439). Especially pertinent to this current RT study is Thompson’s assertion that an aesthetics of care in community-based theatre ultimately would be extended to other contexts such as institutional care practices. He asserts that, “care has an ethics but attention to its feel for all parties is crucial for the quality it delivers” (p. 440).

A novel aesthetic that may be relevant to the current study is that of ‘neuroaesthetics’.

Neuroaesthetics. In this reminiscence theatre arts study participants were likely to be engaged on several levels. They would be absorbing visual stimuli, emotional sensations and auditory experiences through spoken word and song. Even as passive spectators viewing the theatre piece they would observe actors’ physicalizations, song, dance and monologues. Each experience is interpreted, stored and processed. Although this study did not utilize neuroimaging it is beneficial to consider the burgeoning field of neuroaesthetics – the cognitive neuroscience of aesthetic experience (Pearce et al., 2016) – to glean a sense of what the older adults with dementia may be experiencing.

A recent field of research viewed as a subfield of cognitive neuroscience, neuroaesthetics, seeks to understand the neural substrates of human aesthetic appreciation. The aim is “to understand the biological and cognitive mechanisms that enable humans to have perceptual experiences that are evaluative and affectively absorbing... in individually and culturally meaningful ways” (Pearce et al., 2016, p. 269). At the individual level, the focus is on the aesthetic sensory experience in a particular context.

Briefly, the emerging research does not indicate any one central brain area or process as key to aesthetic experience; rather, accumulating evidence from neuroimaging evidence and research on those with brain lesions, suggests that “neuroaesthetic experiences arise from the

interaction among neural networks involved in sensory-motor, emotion-valuation, and meaning-knowledge processing” (p. 269). These networks tend to involve memory, attention, basic perceptual processes, emotion, social cognition and other cognitive processes that each are associated with several underlying brain networks and regions.

Especially of interest to arts-in-health researchers and practitioners are the potential implications of findings from cognitive neuroscience, aiding us to better understand the aesthetic experience of arts engagement. There is an accumulation of a reliable body of evidence as to beneficial effects on emotional, cognitive, and/or social functioning. For example, Vessel, Starr, and Rubin (2012) studied the impact of viewing visual art pieces, the aesthetic responses assessed through fMRI and behavioural (questionnaire ratings) analysis. This research pointed to two specific findings – a linear relationship of increasing ratings of positive response (1-4 scale; 1 - low, 4 - high) to greater activity in sensory regions of the brain (occipito-temporal); and a different type of effect that occurred only for the most positively viewed paintings.

This latter finding involved several regions considered part of the brain’s ‘default mode network’ – “a network of brain areas associated with inward contemplation and self-assessment” (Vessel, Starr, and Rubin, 2012, p. 12). The authors specifically highlighted activation of the anterior medial prefrontal cortex, the left hippocampus and left posterior cingulate cortex. They concluded that the most moving artworks had activated particular cerebral regions and networks that “reflect the evaluative and emotional dimensions of aesthetic experiences” (p. 11).

Other examples of neuroaesthetic impacts of arts include other research studies on appreciation of paintings (Brieber et al., 2015; Tschacher et al., 2012), and research on responses to music (Egermann, Pearce, Wiggins, & McAdams, 2013; Salimpoor, Benovoy, Larcher, Dagher, & Zatorre, 2011; Salimpoor et al., 2013; Salimpoor, Zald, Zatorre, Dagher, & McIntosh,

2015), and appreciation of dance (Jola, Abedian-Amiri, Kuppuswamy, Pollick, & Grosbras, 2012; Jola & Grosbras, 2013). For example, Salimpoor et al. (2011) found that both the anticipation and experience of listening to music were associated with the release of dopamine in distinct regions of the brain's striatal system, highlighting the caudate nucleus in the pleasure of listening, and the nucleus accumbens in the anticipation – cerebral structures believed to be involved in the brain's pleasure/reward network.

The majority of neuroaesthetic studies have focused primarily on the visual arts or music. Visibly absent from neuroaesthetic studies is research on the effects of theatrical performance. The website of the International Network for Neuroaesthetics (<https://neuroaesthetics.net>) in its listing of papers and books includes the categories of theory and review, visual arts, dance, music, poetry and literature, design, facial attractiveness, expertise, and neuropsychology. Theatre is missing as a listed category. However, theatre often integrates a variety of art forms such as visual arts, set design, costume, physicalized images, music and dance, each of which may stimulate neurological response for viewers. Therefore it is reasonable to consider that theatre viewing may have similar neuroaesthetic impacts suggested by the emerging literature. For recent research on aesthetics and the brain, see Huston, Nadal, Mora, Agnati, and Cela-Conde (2015).

Reminiscence theatre and relational aesthetics. RT as an art form can be seen as having its own aesthetics, particularly when viewed as the intersection between art and science. Gjaerum (2013c) cites Aristotle (2013) in referring to art and science as having different languages and spheres of knowledge built on different epistemological stances. Gjaerum, citing the Danish philosopher Logstrup (1961), notes that Logstrup “encourages us to view phenomena

in the world as compatible contrasts, which gently converge towards a meeting point” (Gjaerum, p. 245) and emphasizes that this perspective is especially applicable between art and science.

Gjaerum (2013c) comments that RT in addition to being considered part of care of the elderly “can also be regarded as contemporary art and can thus be connected to the relational aesthetic (Bourriaud, 2007)”. The relational aesthetic in theatre is noted by Gjaerum to be well established through the “multifaceted connection between the social and aesthetic drama in life and art” (p. 250), referring to theatre anthropology and performance theories as documented in Schechner (1985) and Brodzinski (2010). RT aesthetics, then, can be interpreted as an art form which links artistic engagement with the cognitive neuroaesthetics and the aesthetics of care, highlighting the relational aesthetic through the beauty of intergenerational connection and shared art-making. RT aesthetics can be seen as an integration of the aforementioned aesthetics.

The nature of RT aesthetics is illustrated in the following passage from (Gjaerum, 2013c, p. 249):

When the elderly contribute their memoirs to create reminiscence theatre, the viewer’s life world is also challenged, as theatre sets in motion associations in the life of the viewer. In reminiscence theatre, a discussion is continuously taking place regarding how the narrative will be played out, for whom, and with what purpose... The relational connections between the past, present and future in reminiscence theatre therefore create room for critical reflection on everyday life between the artists.

I would concur with Gjaerum that RT participants are engaged in various forms of aesthetic experiences throughout several stages. Therefore, it may be sensible to consider an RT aesthetics. I suggest that the RT aesthetic can be seen as the creative use of varied art genres, forms and conventions to stimulate imagination and promote relational social engagement.

Next, RT practices of theatre devising, ethics of representing stories and memories, and key theatrical methods are summarized.

The Practice of Devising Reminiscence Theatre: Forms, Genres, and Conventions

Devised theatre. “To devise means ‘to invent’” (Guss, 2004). A great deal of RT is devised collectively, which involves processes that are distinct from mainstage traditional or classical theatre. Therein the roles of directors’ and actors’ are to interpret the playwright’s script as written.

Neelands and Dobson (2008) review 10 key stages in the devising processes. The first is working as an ensemble where the performance “is dependent upon the whole group working together, rather than on ‘star’ performances by individuals” (p. 195). Second, is to research the topic or theme to explore truths – “exploration of the human experiences suggested by the theme” (p. 200). The third step is focusing on material of importance to the audience and devisers, and with attention to the social function and aesthetic intention. Creating and developing characters, situations and scenes constitute the fourth stage. Fifth, is developing script, building the performance text, and refining earlier work to create a layered, textured cohesive piece for the viewer which includes decisions on acting styles (e.g., one style or a mix; representational - characters locked in their scene, or presentational – actors show exactly what occurs). Sixth and seventh in the devising processes are refocusing of the overall intentions, and sharing the initial work with a selected audience for feedback and re-evaluating effects and intentions. Eighth, is re-working the material to tighten up the presentation with greater coherence and clarity of intentions. The ninth stage is developing criteria to guide assessment of the performance (whether ideas and intentions were realized), followed by the performance(s). Evaluating the processes and performance(s) is the last stage - revisiting the original intention or

vision of the piece, considering which aspects of the vision were realized and how to account for any differences between the vision and overall performance.

RT devisors draw upon a myriad of theatrical forms, genres and styles to create their performance pieces. Prentki and Preston (2009) state that “theatre practices include a multitude of intentions, aesthetic processes and transactions with its participants” (p. 11) that engage them in differing ways and relationships. They note three intentions of community theatre (a genre of applied theatre): theatre ‘for’ a community – performance is carried out for the community; theatre ‘with’ a community – drama workshops and performances directly involve community participants; and theatre ‘by’ a community – the community participants devise and perform theatre on their own.

RT as carried out in the current study can be viewed as community-placed theatre as it occurred within the residential care facility. It is contextualized as theatre ‘with’ (story gathering), ‘for’, and about the older adults (theatre piece performed by the company). RT devisors often integrate a wide variety of styles, genres and conventions into their productions. One central to this study’s play, ‘The Artist and her Daughter’ are briefly reviewed in Table 14.

Re-presenting older adult stories in theatrical form. A primary aim of RT is to reflect authentically the essence of older adult participants’ stories and memories throughout the theatre performance. How these stories are conveyed can take many forms. RT devisors choose from an array of theatre or drama strategies and conventions to re-present their memories aesthetically. Story and narrative are two of the most utilized forms in theatre as they convey our interpretations and understanding of experience (Neelands & Dobson, 2008). The manner in which stories are told can have a profound impact on audiences.

Table 14

Styles / Genres / Conventions Often Used in Reminiscence Theatre

(Adapted from Neelands & Dobson, 2008)

<u>Naturalism</u>	Draws from human psychology. Herein actors identify with psychology and consequences of characters' behaviours.
<u>Realism</u>	Based on the notion of art impersonating life ('mimesis'). Plays are based upon real-life people and everyday ordinary lives and speech, to create illusion of reality or how the world appears to a particular culture or class.
<u>Non-Realist</u>	Aims to represent the invisible or imagined worlds of thought, ideas, fear or dreams.
<u>Psycho-Realism</u>	Stanislavski's acting method where performers produce realism in characterization by balancing the actor's inner experience of the role through precisely crafted vocals and physicalizations, subtly expressing the character's subtext.
<u>Presentational Theatre</u>	Describes the relationship between the world of the audience and the performer. Like Brecht's epic theatre, there is a direct communication between performer and audience, as if these were the audience's here and now experience. In Brecht's plays, actors would comment to the audience on their characters and events through song, stories and narratives.
<u>Representational Theatre</u>	As in realism and naturalism, there is no direct contact or communication between audience and performers. Actors aim to create a parallel reality on stage and ignore the presence of the audience. These performances create a "fictional 'world' that is entirely divorced from the audience... to represent a different experience which is happening somewhere else in a parallel, or virtual reality that is not the same as the actual place and time of the performance itself" (Neelands & Dobson, 2008, p. 38).

How events are situated into a particular place and time shape the setting. Characters are introduced throughout, demonstrating how they respond or behave in these events. The theatre differs significantly from storytelling in that theatre intentionally utilizes theatrical elements (e.g., lighting, sound, movement, costumes, props) to create an atmosphere or mood of the story by varying tempo, rhythm and timing. Playwrights often integrate storytelling directly into the play's plot line, combining elements from the past with events that occur in the present, as stylized scenes. For example, Brecht was well known for interjecting narrators, song and other devices to connect past and present. The worldview (attitudes and beliefs) are revealed literally or subliminally through the interplay between events and characterization.

With regard to RT specifically, playwrights and directors select or combine various approaches to represent older adults' voices. Key forms are synthesized next.

Documentary theatre. The aim of documentary theatre is to “inform audiences and to provoke community discussion or action on a wide range of issues” (Prendergast & Saxton, 2016, p. 63). It uses previously published documents such as government reports, statistics, tables, news articles and trial transcripts. This type of theatre presents authentic material that is edited but unaltered in content.

Verbatim theatre. Verbatim theatre utilizes the exact language of the participants in theatre productions. The participants' words, phrases and sentences may be incorporated in part or fully. Schweitzer (2007) articulates that verbatim theatre “is not about the writer crafting a phrase, but rather the writer recognizing the special quality in what the source has given and putting it predominantly verbatim into the script” (p. 50). During the past few decades the use of verbatim transcripts as a basis for theatre has become more recognized among mainstage theatre

companies (Schweitzer, 2007). These reflect a dramatization of lives of ordinary people and playing them back to others with similar backgrounds.

Fictionalized theatre. This is theatre created purely from the imagined worldview of the dramatist. It may have been influenced or inspired by actual events but, does not necessarily, incorporate factual or verbatim material into the scripts. Herein stories are about imaginary events, people or explanations that are not real.

Fictionalizing the real. In some forms of RT, the descriptions of real experiences from the older adult participants' stories are reshaped into theatre that conveys the essences of the stories through fictionalizing, rather than verbatim portrayals. The aim is to create some distance from direct experience and a sense of safety, a "buffer zone between the real people and their fictional counterparts" (Dobson & Goode, 2002, p. 183). Essentially, the original stories are "reflected back as fictional representation, rather than as faithful re-enactment of the individual narrative" (p. 183).

As Dobson and Goode explain, the fictional context provides a way to structure lived experience and invoke humans' natural ability to identify with a fictional 'other'. They point out that willing extension of oneself into the place of a fictional other, can be thought of as the 'dramatic imagination'. In the RT context this "provides the potential for viewing past experience from a new vantage-point" (pp. 183-184). Citing Gillham (1994), Dobson and Goode note that through fiction life experiences are condensed. Rather than reflecting the disorganized nature of lived experience, fiction "brings these experiences under control" (Gillham, p. 5). Thus, RT provides entertainment that stimulates remote memory and creates an environment in which older adults with dementia can regain a sense of self-worth through recognition of past events.

The performance becomes an interactive environment where audiences engage in a shared dialogue with peers and performers.

Fictionalizing the real is considered beneficial to effective RT practices. However, the representation of other people's stories is a matter that has raised much ethical debate, particularly for those practitioners in healthcare contexts. Depictions of real-life experiences and stories of people who may be vulnerable / marginalized (e.g., among those with dementia) raises ethical questions. Aesthetic choices made reflect whether the theatre piece speaks for, about, or with individuals or communities. These choices are influenced intentionally or unintentionally, affecting what stories are selected for script development and how they are represented, "by differing ethical-political priorities, as well as aesthetic sensibilities which may, or may not be exclusive of each other" (Preston, 2009, p. 66).

Ethics of representation. Applied theatre practitioners inevitably will be faced with the problem of representing others. Wilkinson and Kitzinger (2009) prioritize efforts towards self-advocacy where people speak for themselves rather than the playwright unilaterally speaking for them. Ideally, in supporting self-advocacy, the aim is for others to represent themselves, working "to create the social and political conditions which might enable Others to speak (and to be heard) on their own terms" (p. 86). The interpretations of others' stories may fall prey to projections or transferences of our own agendas, thereby unintentionally misrepresenting participants' stories or leaving some out.

RT professionals who engage in healthcare initiatives often face challenges of navigating the healthcare system that consists of interdisciplinary professionals whose work is guided by firm ethical codes of conduct rooted in the tradition of the Hippocratic Oath principle of 'do no harm' (Callahan, Singer, & Chadwick, 1998). In applied theatre and RT specifically, questions

are raised as to whether ethical codes are overly rigid and unnecessary, that artistic autonomy will be compromised and interfere with the theatre process (Gallagher, 2007; Kerr, 2009; Maiter, Simich, Jacobson, & Wise, 2008; Prendergast & Saxton, 2009). For example, Gallagher (2007) remarks that “to find an ‘ethical standard’ for theatre and research... is to risk effacing the important specificity of each individual’s research/artistic process” (p. 110). Dobson and Goode (2002), Prendergast and Saxton (2009) and others note that some hold the view that the theatre work is in itself safe – that the strategies, techniques and conventions of effective applied theatre will protect people from harm.

Others argue that in RT there is the possibility of inadvertently doing harm emotionally, psychologically and socially, as risk is inherent to the process of reminiscence or life review. Surfacing memories may trigger a wide range of feelings and thoughts that may in some instances re-traumatize participants (Aarts & Op den Velde, 2007; van der Kolk, McFarlane, & van der Hart, 2007). Therefore, RT professionals are encouraged to be self-aware, to address their beliefs and be mindful of the ethical implications in their work.

It is the devising process that may pose ethical dilemmas for practitioners. Ethics refers to “the way in which someone functions in accordance with the cultural values of standards of the group” (Prendergast & Saxton, 2009, p. 193). For example, a project directed by Nicholson (2003), involving intergenerational RT, clearly illustrates the ethical challenges posed by oral history presentation. Students had devised theatre from interviews with their grandparents and other community members about events that shaped their lives, with the work partly derived from a local writing group in which the members had documented their memories of growing up. The director admitted that the impact of the devising process and performance on the elderly was not a central concern for her: “I tended to use old people as a resource. They were happy to

help... but I think I took them for granted. My primary focus was on the young people who were largely responsible for re-presenting their stories, with elderly members of the community having small walk-on parts” (cited by Prendergast & Saxton, 2009, p. 174).

Some of the ethical discussion regarding representation of participants’ stories has focused on the practice of fictionalizing the real. Although this method does serve to protect confidentiality, it paradoxically may raise concerns with healthcare practitioners in that cognitively challenged populations (e.g., those with dementia) may become more confused and therefore more agitated when unable to distinguish the fictional from the real (James, 2010). Others counter-argue for the benefits of dramatic engagement for those with Alzheimer’s. For example, Kontos (2010) notes that “social and health science researchers are increasingly challenging this view” (p. 127). She points out the benefits of dramatic engagement in her account of the devised play, ‘Expression of Personhood in Alzheimer’s’. The use of distancing seems to be a challenging balancing act in that on the one hand it is a safety device but on the other, moves away from authentic depiction of one’s story.

The balance between respect for the authenticity of stories in devised theatre and how they are represented artistically is a key issue in applied theatre and in RT. Cody (2010) refers to several commentators (Park-Fuller, 2000; Schirle, 2005; Wooster, 2009) who emphasize that “a balance must be found between a respect for the stories shared, the way these present and represent others and the artistic development of the work” (Cody, 2010, p. 5). The author cites Denzin (2003), noting central questions: “Whose story is being told (and made) here? Who is doing the telling? Who has the authority to make the telling stick?” (Cody, p. 4). Cody also reminds us of the importance of clarification of purpose, citing central pertinent questions from Schirle (2005): “What is the intent of the devising project? Why make this? Who is it for? Why

does it matter?" (Cody, p. 4). Cody asserts that answers to such questions depend on the particular community context.

In Cody's (2010) research, she notes that in the devising process tensions arise around artistic and participant autonomy when the artistic vision overtakes the collaborative process. This brings into perspective ethical dilemmas for those involved in RT. It highlights the issue of how the director creates theatre productions of a sound aesthetic quality while maintaining group cohesion and individual autonomy of the participants. There is always a point where difficult decisions need to be made as all content can never be encompassed in one piece: Whose stories are included? What aspects are included? What is cut? I would add: What is the basis on which these decisions are made?

The above discussion and examples clearly demonstrate the delicateness and challenges of devising theatre from real lived experience. For further reference to the ethical issues in the overall area of research-based theatre, see Chapter Two of this dissertation, where Bishop's (2014) multiple ethics paradigm is reviewed.

Key Theatrical Methods / Styles

Theatre devisors draw from a wide variety of methods, forms of representation and styles to develop their work. Below, three key methods which have influenced this RT study are briefly overviewed.

The methods of Stanislavski (1936, 1949, 1961), Strasburg (1987), and Brecht (1964), each discussed in Carlson (1993) and Neelands and Dobson (2008) have been instrumental in supporting actors to develop the ability to convey their characters' sensory and physical experiences of their given circumstances in a credible and believable, authentic manner.

Stanislavski's method. Stanislavski's method evolved over time. In his early days he developed a system known as 'emotion memory'. This system of acting, delineated in six steps, develops actor skills to communicate a character's subtext (internal unspoken thoughts). The system is shaped on the actor's ability to build a character from what they experience within themselves, through 'the magic if' - based upon human ability to imagine what it is like to be in a different situation from multiple perspectives. Actors identify dominant emotions the character will experience with scenes, and draw on their own felt experiences from life, to bring forth the emotion as needed while in character.

Actors analyze their scripts and characters, identifying units of action and objectives. They plot key major moments of the character's development throughout the play. These moments become the through-line of action, establishing the character's milestones and central motivation ('super-objective'). Stanislavski worked with actors to isolate "different elements of human behavior – such as 'concentration of attention,' 'relaxation,' 'sense memory' – in the belief that mastery of any one of these elements alone might bring the actor into a creative, spontaneous state" (Moore, 1991, p. 2). This would stir the actor's emotions and transform to the character portrayed. His system of 'emotion memory' became known as purely psychological, as actors immersed themselves in the play to understand the psychology of the characters.

However, after years of deep analysis Stanislavski himself conceded that his system of freeing up emotions may not necessarily be the most effective approach. In his later work, influenced by the work of the Russian neurophysiologist, Ivan Pavlov, on connections between internal experiences (mind) and its external expression (body), Stanislavski developed the Method of Physical Actions. Herein the actor's inner monologues (thoughts, emotions, questions, evaluation, decisions and processes) are expressed in gestures or actions that are

stirred by the muscles in the torso (embodiment). The body and mind are intimately connected, stimulating and influencing each other. “Every mental process – every feeling and thought, decision and evaluation – is immediately transmitted through the body in visual expression. Human behavior, in this new light, becomes a continuous, uninterrupted psychophysical process” (Moore, 1991, p. 6).

Moore (1991) refers to the Greek philosopher Aristotle to assist our understanding of the psychological processes that lead to physical action. For example, when we hear or see something new, our reaction tends to be astonishment... which in turn leads us to philosophize about the experience, which leads to a decision which produces a gesture that expresses our psychophysical state. The result of this complex interplay leads to an intentional, purposeful action for the actor.

Strasberg’s method. Strasberg’s approach has a great deal in common with Stanislavski’s. Strasberg utilizes ‘sense memory’, similar to but different from emotion memory. Through ‘sense memory’ actors hone the ability to express strong emotions. They build on their sensory information of an experienced personal life event to evoke emotions as needed (e.g., pain, tears, joy, laughter, fear). The focus is on the actor’s ability to recall strong emotions along with their sensory memories of an event, enabling actors to trigger the emotion within themselves as needed (i.e., sense memory).

Strasberg believed that words of the text often blocked characterization. He developed exercises to foster actors’ abilities to focus on details of action, with emotion. Strasberg’s approach became known as ‘method acting’ that emphasizes improvisation to discover the inner worlds of the characters the actors portray, to naturally ‘become’ the character on stage.

Brechtian presentational style. Brechtian theatre, central to many applied theatre practices, is designed to remind audiences that viewers are in a theatre observing fictional events in the form of a play, opposite to conveying reality. This style of theatre is “anti-illusionistic and it is presentational” (Neelands & Dobson, 2008, p. 70). It is dialectic in nature, having to do with contradictions and opposites that arise when opponents come into conflict and the challenges people face as they attempt to negotiate them.

Two fundamental elements of Brechtian theatre – *epic* and *verfremdungseffekt* - have had significant influence on contemporary applied theatre practice. The epic structure is not sequential, linear or chronological. Story lines are deconstructed, presented outside of sequential rhythms of realist theatre. Free-standing, self-contained scenes are developed, complete within themselves. The plays are often set in several locations; for example Brecht’s play, *Mother Courage* is set across a number of European locations. Individual episodes are linked in a manner to strategically interrupt the flow of a narrative, or of cause and effect sequences, with the intention to reveal the social forces which affect the individual characters. Songs, narrators and music intentionally are utilized to emphasize key themes within the play. Brechtian theatre often includes the use of storytellers to address the audience directly, to alert audiences about important actions and details that offer differing viewpoints from those that the character holds. Questions may be posed for viewers to consider.

Verfremdungseffekt is a kind of ‘strange-making’, disturbing the predictability of familiar, expected events. The intent is to foster a perspective of looking at ordinary, everyday things in peculiar or unexpected ways, to have audiences step back from habitual, obvious ways of interpretation of what is seen, so that they can view the world in a fresh manner, forming their own critical viewpoint.

Brechtian theatre focuses on historical and social pressures; the intent is to present the universal types of characters in order to understand their actions in relation to historic class systems. Influenced by the political climate of the time and Marx's theory, Brecht's theatre aimed to set the context for defiance, protest and a desire for change, particularly relevant to applied theatre's focus on social justice and change.

Conventions in Theatricalizing Stories

RT devisors work with a variety of dramatic strategies and conventions to first explore themes and further refine stories, and secondly to discover collectively the aesthetic theatrical form that most authentically represents the participants' stories. Theatre development is a fluid process aimed at creating new ideas for communicating to and with the audience. Such processes distinguish theatrical experiences from real life "by the conscious application of form to meaning in order to engage both the intellect and the emotions in a representation of meaning" (Neelands & Goode, 2015, p. 2). Conventions are indicators of the way in which space, human presence and time interact with the imagined to discover diverse and varied meanings or understandings.

Neelands and Goode (2015) describe the use of conventions as "part of a dynamic process that enables participants to make, explore and communicate meaning through theatre form" (p. 1). They draw from a range of sources that are often utilized in the exploratory, devising and rehearsal phases of dramatic inquiry. Herein theatre is viewed as a shared process that moves beyond reciting texts to interpretation and expression of human behaviour, representing the innate need to symbolize the world through forms of art. Central to RT is the principle of collaborative ensemble, an approach that is based in co-creation and social relationships.

Neelands and Goode (2015) have classified conventions into four broad categories of pragmatic action. Context-building action sets the scene, adding information to the context of unfolding dramas. Narrative action conventions emphasize story and what occurs next in the drama. Poetic action conventions emphasize the drama's symbolic potential through selective application of gesture and language. Reflective action conventions focus on inner thinking in the drama, or assist groups with viewing the drama from within the dramatic context.

As the nature of theatre is fluid, conventions shift in form and differ in variety. The approach encourages looking beyond the immediate plot or story-line through use of imagery, symbols and ambiguities to crystalize or hold the essence of the experience, mirroring how spectators or actors view themselves in relation to others. Facilitators of devised theatre select conventions that balance between the needs and experience of the group, and the content of drama activity chosen for the learning.

Theatrical practices aim “to provide entertainment and illumination through the accurate, critical and sensuous depiction of individuals and groups engaged in the business of living in the world, within a variety of socio-historical contexts” (Neelands & Goode, 2015, p. 145). This may be achieved by conveying social concepts and human experiences through specific examples to represent a broader aspect of human experience. Theatrical activity “is partly judged on its ability to subsume an important area of human experience within a particular set of fictional circumstances, situations and characters” (p. 145).

Neelands and Goode's devising model. Neelands and Goode (2015) describe their devising process model in four phases. The ‘starting point’ encompasses source material through a wide variety of potential personal and social sources (e.g., interviews of older adults in this study). Secondly are the ‘psychological processes’ of responding to the source materials. Third,

there is ‘active imagining’ – working in context, utilizing exercises from conventions, to move from response to action. Fourth is ‘theatre structure’- using and creating symbols, metaphors, tensions, atmosphere, rhythm and pace – the purpose being to create new meaning.

Neelands and Goode (2015) offer a definition of RT that closely aligns with this study’s aims. They state that RT “is about communities recovering the legacy of the elderly and reintegrating both the seniors themselves and the wisdom gained from their experiences back into society” (p. 98). They go on to suggest that such a culture of respect in itself is a community resource, and emphasize educational value through “learning from the past to inform the present and the future” (p. 98).

In the next section the devising processes for the RT play ‘The Artist and her Daughter’ are described, explaining how older adult individuals’ recollections were woven together to create a devised theatre piece.

‘The Artist and her Daughter’ – Devising Processes

Phases of devised theatre development. This study’s RT production was developed in eight phases. (1) A series of drama storytelling workshops were conducted with older adults and the applied theatre company of university students, to socialize and gather additional material for script development. (2) The PI analyzed older adult participant interview transcripts a second time, to gather emergent themes from stories for dramatic scene development. (3) The theatre company on its own, facilitated by playwright/director (PD) Gusul, further developed the theatre scenes through improvisational drama workshops at the university theatre. (4) The PD wrote the final script, integrating older adult participants’ stories and theatre company improvisations. (5) Script read-through workshops were held at the university to refine the script and cast the play’s characters. (6) Full theatre rehearsals were held to stage and block the play, with the RT

company's technical and design aspects integrated. (7) The play was performed for the older adult participants and family members, other facility residents, and invited guests. A social with music and refreshments followed the performance. (8) Through post-remembrance project follow-up, a story/drama workshop was facilitated at the care facility by the PI with older adult participants and one theatre company member. The collective stories and RT script, along with photographs of older adult participants' paintings were compiled into a keepsake booklet (Appendix J) and individually presented to the older adults by the PI.

Intergenerational storytelling/drama workshops. The devising process for this RT play began with a series of storytelling/drama workshops with the study's older adult participants and the RT acting company.

Intergenerational practice. 'Intergenerational practice' has been defined as "purposeful activities which are beneficial to both young people (normally 25 or under) and older people (usually aged over 50)" (Springate, Atkinson, & Martin, 2008, p. 4). The aim of intergenerational practice is to reflect improvements in community cohesion, social capital, physical and mental health, build relationships and challenge stereotypes. Springate et al.'s review of the intergenerational literature highlights four main outcomes of effective intergenerational practices – increased understanding, enjoyment, friendship, and greater confidence. Older adults in particular experience decreased isolation and a renewed sense of self-worth. Research studies are cited by Xaverius and Mathews (2003) that correlate increased intergenerational engagement with "improved health, subsequent reductions in medical expenses, increased happiness, and improved quality of life" (p. 54).

Gibson (2011) reminds us that shared experience fosters mutual respect between generations and that reminiscence incorporates people across diverse ages, backgrounds and

circumstances. Utilization of memories crosses boundaries, thereby lessening the distance between generations. Through reminiscence and recall, celebration of differences and shared experiences is emphasized, fostering mutual respect and social inclusion. Gibson stresses that true success relies on shared creative engagement in activities; if older adults' memories are not affirmed this can diminish rather than enhance wellbeing and intergenerational connection.

As noted earlier, engaging in creative imaginative play is very effective in intergenerational theatre making. Matthew Gusul, this study's project playwright/director, introduced the reminiscence theatre company to his 'Playful/Ontic Approach'.

Playful/ontic theatre devising model. The playful/ontic approach to facilitating devised theatre (Gusul, 2015) draws upon the philosophy that intergenerational boundaries need to be overcome such that the group's ontological reality has a natural playful quality. Drawing on Thompson's (2004) epistemic and ontic approach theory, Gusul integrates this with his experience with the playful methods utilized by the *GeriActors and Friends* company. The role of the facilitator is to utilize this energy to aid in the integration of the community in the process of collectively devising inspiring theatre.

Gusul (2015) emphasizes five key elements in the planning of workshops and rehearsal while searching for stories or scenes to perform: (1) a clear idea for a starting and ending point of the workshop; (2) a theme or question that promotes story sharing; (3) playful activities – games, songs, dance ('epistemic details'); (4) participants are invited to include more epistemic details; and (5) with attentiveness and trust in the facilitator's intuition to lead the group through the workshop or rehearsal, there is a focus on the ontic playfulness of participants. Gusul asserts that this approach enables the group to influence the direction of the process through playful, creative energy fostered by participants' spontaneous interactions. Rather than closely adhering to step-

by-step procedures, the facilitator's plan is loose and guided by group interactions, similar to Spolin's (1999) improvisational approach.

In the current study, our intergenerational reminiscence drama workshops incorporated Gusul's (2015) 3-part structure: (1) beginning with songs and improvisational games; (2) working in small groups to establish scene ideas; and (3) perform for each other. A fourth element central to Gusul's approach is to integrate a story arc, a potential script, to frame the scenes, which increases the likelihood of success.

The storytelling/drama workshops. The workshops were founded in the principles of intergenerational practice that integrated Gusul's playful/ontic model, and storytelling from pretexts (poetry and photographs, utilizing material from Osborn & Schweitzer, 1987 and the PI's travel images).

Four storytelling/drama workshops were co-facilitated by Gusul and the PI at the care facility's dementia-specific unit activity lounge. The workshops ran approximately two hours in the early afternoon (1:00-3:00). Each began with assent to consent to share stories. These were organized in Gusul's three-part structure – opening with songs and improvisational games; small-group story-sharing; and documentation of emergent themes.

Each workshop was designed with specific intentions and themes – family, getting to know each other; all grown up; work experiences; and traveling/comrades. The groups included a social/refreshments break for the participants. Post-workshop the acting company gathered to reflect on the experience and document the emergent themes suitable for theatre devising. (See Appendix F for drama workshop templates, reflections, stories and themes.) The overall intent of these workshops was to create a mutually reciprocal environment to foster intergenerational relationships, to enhance understanding and learning from each other's life experiences. As well,

an aim was to stimulate story and memory sharing between the generations while identifying emergent themes for RT play devising. The predominant themes were happiness, growing up, courtship, family, children, little miracles, love of music, and pride.

Our devising team was exceptional. They were patient and attentive, listening and engaging in conversations, demonstrating both interest and sensitivity for the older adults. Their applied theatre experience shone through, a truly inspirational group with genuine caring (the aesthetics of care was evident).

Workshop reflections. The workshop templates needed to be adapted in the moment to accommodate older adult participants' needs. Overall, the workshops were immensely successful in developing intergenerational connection between the actors and the older adults. This is evident from PI observations and comments of older adult participants, actors, and staff, noted in the PI's journal.

Sample PI journal entries: 'I was surprised but happy to witness the older adults' level of ability, and eagerness to engage in the drama activities.' 'I gleaned a sense that the older adults were thirsty, even hungry, craving connection and conversation.' 'Smiles and laughter were abundant with much teasing and joking... You could see they enjoyed being in the presence of these young people. A true playfulness began to emerge.' 'Changes could be seen in participants. Those often still and quiet became animated, physically and verbally active; many spoke with fluid clarity, articulating with elevated language and sharp intellectual wit.'

Journal entries also include comments from others. For example: "It is so wonderful to have these young people here; we never see any anymore... They seemed to actually care and were interested in us." Another person remarked, "This has been so much fun. When are you

coming back?” Particularly noteworthy were the comments of a residential care worker at the facility:

It’s like a spark in him woke him up... He remained energized after the group for some time... He was a happy, energetic individual when he first came here but over time he withdrew into himself and became less and less engaged. Now he is more sociable; sits beside people, makes eye contact and initiates conversations with others... He is back, like the person that I knew, like the man he was.

At the last workshop, a collective verbatim poem was created from participants’ responses to key questions:

‘If I could’

If I could bestow a gift to the world, I would:

Make sure people had food

Bestow happiness

Bestow an open mind

Bestow integrity and peace

Give a helping hand to build new schools

I’d give knowledge

If I could go back in time, I would:

Stop all war

Bring back my mother and father

Cut down on discrimination

Take time to try everything

Stay with my first wife

I’d jump in the ocean and splash around

The most important part in life is:

Family, family and family

Just living

Enjoy yourself

Sharing the wealth

Watching children play

Chocolate

Voicing your opinion

Put yourself in others' position
Not worrying
Move forward always

If I could go forward in time I would:

See cars that flew
See solar heat
See green grass and tall trees
See a Canada that is more predominant globally
See no more faded minds
Live on a farm – 10 cousins, 30 sheep and machinery that didn't rust
Feel invincible again

If I were Prime Minister, I would

Abolish punishment, and world poverty
Outsmart people in power
I would quit!

(For a summary of the intergenerational story/drama workshops, see Appendix E.)

Reminiscence theatre devising processes. In this phase of the RT study the applied theatre company, PI and playwright/director (PD) came together at the university theatre studio to explore material gathered earlier from workshops and interviews of older adults, to devise collectively the theatre script. The play devising workshops occurred over a three-week period. The first phase focused on random improvisation, the second on monologue development and the last focused on scene development.

Older adults' story themes. The PI synthesized and condensed the older adults' interview transcripts into individual short story narratives, removing interview questions and content the older adults did not wish included. These narratives along with PI field-notes were analyzed for emergent themes for devising. The theme categories are listed below.

(1) The full list of themes totaled 41. (2) These themes were condensed further, and coded into six categories consistent throughout the interviews – growing up, courtship, pride,

happiness, little miracles, and the love of music. (3) Key questions linked to the six themes were developed for use in the earlier described intergenerational drama/storytelling workshops. (4) Themes for possible poetic narratives were gathered, representing older adults' stories. (5) Potential scenes were summarized with excerpts from verbatim texts. (6) Song lyrics, words and key phrases were extracted from transcripts for possible development of original songs; these were further categorized into additional themes – health, growing old, invisible grief, 'hearing me', importance of names, and parables. (7) All older adults' responses to interview questions were combined for each question. (8) Condensed narratives were created from each of the 11 older adult participants. (For devising resources, see Appendix F.)

RT devising. The devising process for play development was facilitated primarily by the PD (Matthew Gusul, applied theatre Ph.D. Candidate at the time of the study). Although it was originally envisioned that the devising, scripting and rehearsal processes would be co-facilitated with the PI and the playwright / director (PD), to best maintain theatre company cohesion and meet tight rehearsal schedules the PI transitioned to an assistant role. The PD facilitated several RT workshops with the devising company, integrating his earlier noted playful/ontics and his reminiscence rodeo model.

A devising group averaging about 10 experienced applied theatre students and practitioners participated in the improvisational theatre workshops. The workshop structure was consistent in each gathering, beginning with a circle verbal check-in to ground participants and secondly proceeding with improvisational theatre group games, to stimulate creativity, team trust and camaraderie. The improvisations were adapted from several sources (Blatner, 2007; Johnstone, 1981; Spolin, 1985, 1999).

Rodeo devising process. The PD utilized the PI's condensed older adult stories, themes and material from the intergenerational workshops in the following manner. First, the PD selected portions of texts and cut them, literally, into one-liners and phrases, tossed these in the air, landing on the floor. Actors randomly picked up one-liners and improvised scenarios. Secondly, larger text-bits of older adults' stories were tossed. One by one the actors picked up a paper text-bit and would read it aloud upon the PD's prompt of "go". Other actors joined in to improvise the scenarios, until all paper text-bits had been explored.

Next, the PD selected verbatim text-bits from older adults' stories, both one-liners and paragraphs. He handed out a one-liner to one actor at a time who read the text out loud while other actors joined in on the prompt, "whose story was this?" (referring to the theatre actor's interviewer from earlier intergenerational workshops). The interviewer claimed the story and promptly began improvisation while other actors joined in. At random points the PD intercepted, stopping the action momentarily, to hand out paragraph text-bits which fit the scene. Actors were invited to read the text out loud as a monologue and improvise scenarios, integrating the monologue and adding their own dialogue and physicalizations. This was repeated until all monologues were integrated. In the final devising workshop, following warm-ups, the actors were reminded of the PD's staging concept - artist/painter positioned at the art easel with a blank canvas, gazing out of the window of the care facility, painting people passing by (participants' stories).

Actors were invited to repeat-practice the scenes they had developed earlier. They worked out the final scene details on their own. The PD left the room to not interfere in their processes. Once completed, actors presented their scenes to the PD, followed by reflection and discussion. Actors performed a final run-through of the play, which was video-recorded and

transcribed verbatim for final script development. The final workshop concluded with a discussion with the company, on the drama exercises and ideas of how to stage the material. (For verbatim RT rodeo devising transcripts, see Appendix F-4.)

Scripting and rehearsal processes. Following the theatre devising workshops, the PI and PD reviewed the materials gathered from the RT rodeo, to identify and select stories and scenes for the final script. After much discussion, and some differing opinions as to which older adult stories were to be included, the PD wrote the final script. Once complete, an RT acting company was formed, adding two new actors.

Several script read-throughs were held with the theatre company, culminating in feedback sessions. Herein, the actors were invited to discuss their interpretations of the play's intent and character roles. The PD took an active listening role – sitting back observing, listening, and taking notes without interruption of conversational flow among actors. This approach empowered the actors to take ownership of their roles and strengthen their commitment to the play. Actors, particularly those who had been involved in the intergenerational and devising workshops, were able to seamlessly infuse the fictional characters with the subtle nuances of the older adult participants. The PD completed the final script from these sessions, moving the devising and scripting process forward into full rehearsals wherein the company staged, blocked and refined each scene on their feet.

The devising company of young actors was instrumental to the success of the devising project. The actors demonstrated deep understanding and respect for the older adults' lived experiences. They worked smoothly and seamlessly with the material, with a focused fine-tuned creative aesthetic eye. Their talents and exceptional applied theatre skills resonated throughout the process. The reminiscence rodeo devising structure created a space wherein actors could

freely explore the material. By the end, the theatre company had developed a framework for the final RT play, one which holds older adults' stories in an authentic, aesthetically pleasing manner.

Often applied theatre is process oriented, devising material with non-theatre individuals or groups. The primary aim is to explore collectively developed material dramatically, first for the benefit of participants and secondly on a broader scale to raise awareness or increase understanding of socially relevant topics, different from mainstage theatre which seeks to interpret and present already scripted material. The intent of applied theatre as stated in earlier chapters is ultimately to effect social change. The intent for this RT project was somewhat different in that the aim was not for social change directly; rather the focus was primarily on aesthetic representation or presentation of participants' stories, with the intention of paying tribute to or honouring their lived experiences.

Script description: 'The Artist and her Daughter'.

Description of scenes. In this section, the play's scenes are briefly described, highlighting how older adult participants' stories were integrated into the scenes. (See Appendix G for full play-script.)

The first scene, entitled 'A tarmac built but the better find wasn't made of cement', integrates a story from Alex, CS (case study) #10, conveying pride in his work and a love story, how he met the love of his life. The second scene, 'Delivering parcels on a bike', relates to Teresa's (CS #6) experiences of delivery trips to the aerodrome in the time of war bombings in the UK, and exuding pride in her messaging role. The scene ends with actors singing a verse from 'The White Cliffs of Dover'.

The third scene depicts the artist's daughter visiting her. The daughter is distracted by her phone, and relationship tension is evident as both appear distant. This scene may reflect Mary's (CS #3) own perceptions of visits with her daughter in the care facility. There is a shift to a lighter tone in the fourth scene, 'A bold prediction and a midnight boat', when Amy (CS #8) eyes a picture of her girlfriend's boyfriend's brother during a visit at her house; she instantly predicts she will marry him even though they had not yet met. She did, and the scene portrays their romantic trip on the midnight ferry. The scene concludes with actors singing 'Catch a Falling Star'.

The fifth scene, 'My parents' maple syrup', is a classic Canadian story coming from Alex (CS #10) in which he tells about how his mother made maple syrup, the special recipe remaining a secret even to his friends, and intending only to pass it on to his children. Proceeding to the sixth scene, 'The Garden Club', Mary's (CS #3) background and expertise in gardening are depicted, with a theme of nurturance implied as to what is needed to nurture health in the environment and in people (the essence of the Brecht poem mentioned earlier about the plum tree). Scene seven, 'First time on a plane', integrates Cynthia's (CS #5) story of growing up traveling across the sea for the very first time, getting very sick and vowing never to return to England, and she being fearful of flying. The actors close the scene by singing 'Leaving on a Jet Plane'.

The eighth scene focuses on a visit from the artist's daughter. The scene incorporates aspects of participants' stories with broad references to earlier identified themes. Herein we see more of a connection between the daughter and the artist as a secret is revealed when the artist shares her own personal story. The artist's mother, struggling with divorce in a time period where this was unacceptable, had intentionally led her children to believe that their father had

passed away when in fact he had not. (Note: The essence of this scene is derived from a facility resident who was not a study participant but did take part in intergenerational story workshops.) The scene moves forward with the daughter deciding to try to locate her father and reflecting on her experiences.

The play ends with the daughter briefly acknowledging her love for her mother, with a humorous role-reversal exchange on memory: Artist – “oh, I thought I would have told you”; Daughter – “maybe you did; I just don’t remember”. The daughter then agrees to sit down and have her mother paint her. With Glen Miller music coming on as the play closes, the rest of the theatre company enter the stage area, dancing with each other, and offer residents to join in.

PI reflection. ‘The Artist and her Daughter’ was well crafted. The play’s structure balanced aesthetics with authentic representation of several older adult participants’ stories. Subtle nuances were woven intricately throughout the script, capturing participants’ personalities while paying tribute to their life experience. The script’s rhythm and pacing of the episodic scenes drew us into the story, enabling us to see the older adults as they once were. By glimpsing into their historical background we gain a sense of who they are now, human beings here in the present, living in the moment. The playful/ontic created an atmosphere where we could look past the disease and celebrate their contributions and abilities.

The theatre script did work well; it was beautifully crafted with scenes flowing seamlessly together, reflecting the natural language and spirit of the participants. Overall, the play was excellent – tight and clear, both a moving and an aesthetically stimulating theatrical piece. Having said that, I do feel that the play could be enhanced further. I offer the following three suggested areas for consideration: (1) play structure, (2) character development, and (3) representation of older adults’ stories.

Enhancing the play structure. The play structure (music, song, artist narrative, scene, song – repeat the cycle), although effective in capturing audience attention, in my view is somewhat formulaic. Selman and Battye (2016) assert that applied theatre playwrights or practitioners can rely on what has worked in the past, rather than working into the uniqueness of each population and context. Selman (2018) cautions not to fall into the ‘recipe’ pattern. It is my sense that the play ‘The Artist and her Daughter’ could have benefitted from explorations of different presentation styles during the devising rehearsals. The structure does work well as it is; however, I would like to have seen more diversified theatrical conventions incorporated into the final piece.

For example, I would like to see more opportunities for older adult participants within the production. A dance scene could be rehearsed with the older adults and integrated into the wedding scene (midnight boat) or a brief sing-along during the aerodrome scene (songs often sung in the WWII shelters), or incorporating multimedia images of older adults’ art works (some were artists themselves).

It would be interesting to explore different staging approaches such as incorporating more Brechtian forms. Move past the proscenium style; seat actors amongst the audience, and enact scenes from the audience. Or, utilize theatre in the round: the audience in circular arrangement as actors perform in the centre, rotating focus or by breaking the ‘fourth wall’. The artist could speak more directly to the audience, asking questions or requesting comments about her subtext, her internal responses to her observations, or thoughts about her daughter or being in care.

I would like as well to have seen more exploration of actors’ staging ideas. The beauty of a collaborative devising team lies in trying out ideas, discovering which forms best suit the aim of the piece. Such open-ended approaches often result in unexpectedly rich material. Having said

that, such would be time consuming so in this case, the pre-staged formulaic approach was quick and efficient.

Enriching character development. Secondly, the script could be enhanced with further character development particularly for the daughter and the artist. Is the daughter single? Does she have children? What are the demands in her life, on her time? What are her commitments? I would like to learn more about her emotional or psychological state and her family relationship dynamics, for example through a phone call from a distant sibling arguing, highlighting caregiver stress. I would like to see more about the daughter's life situation, how this may affect her interactions with the mother – more of a sense of the given circumstances of her professional work life, personal life and socioeconomic status. The phone obsession behaviour certainly is relevant in today's society; however, at times the scenes placed more focus on the phone itself rather than her relationships. We as audience would connect or identify with the daughter more if we saw more of her facial expressions and body language, as most images were of the daughter with her head down. We need to care about our characters.

As for the artist, again I would like to know more about what is occurring for her – what are her inner thoughts not expressed explicitly but critical to her, maybe walking out from the monologue and speaking directly to the audience about her internal responses to the stories she hears or the people she sees. I would like to have some clues as to her life before care, such as a phone call from an old friend, or a letter from a place she once lived, a tax statement... something to give a sense of her life previously. I would just like to see more deeply rounded characters for these key roles.

Incorporating Stanislavski's and/or Strasburg's scene and text analysis methods into the rehearsal processes could help to flesh out the emotional, psychological or social aspects of the

character. Such would also aid in clarifying the character's given circumstances (environment of play, where the action takes place, specifics of conditions, place and time, any previous action before the play begins, and attitudes or points of view held by the principle characters). These exercises could also enrich the characters' dialogue, elevating language.

The character's given circumstances are inextricably linked to the dramatic action. It is the character's inner thoughts or emotions in part which provides the impetus, justification or motive for action or behaviour within the play. Dramatic action, differing from the actor's illustrative activity (e.g., sitting in a chair, sipping tea, or gesturing), directly corresponds to the play's plot. The sequential arrangement of character conflicts or incidents comprise the character's actions.

Central to both Stanislavski and Strasburg is the identification of the character's primary want – how important these wants are, how high or low the stakes are and what the character will do at each point in time in order to get the want met. Stanislavski in his earlier work asserted that actors need to tap into their personal, emotional memories and Strasburg draws upon sense memory to access and portray the character's psychological internal motivations. Coming from a Stanislavski theatre training background I am drawn to his scene (beat adverb) method analysis for enriching character development.

Simply stated, each scene or monologue is organized into a series of actions within units. These units are divided into 'beats' (when a thought or action changes). Actors give each beat an adjective (that enables doable action) and the want, to identify the character's subtext which in turn drives the dramatic action (acting). For example, in 'The Artist and her Daughter':

When the daughter visits her mother (p. 6 of script):

Artist: Hello... (Looks back to painting and picks up brush.)

Adjective: 'Ignoring'

Want: I do not want my daughter to see that I am angry at her for not visiting.

Daughter: You look busy. (Looks down to phone. Pause.) Are you painting, again? (Looks at phone again.)

Adjective: 'Avoiding'

Want: I don't want to connect emotionally; I will not let her see that I am hurting.

The following passage (p. 16 of script), from the last scene of the play, is a juxtaposed contrast to the above passage.

Daughter: Why don't you show me some of your paintings...or better yet, paint something?

Adjective: 'Inviting'

Want: I want to reconnect. I want you to know I care about you, love you and will make time for you.

Artist: Can I paint you?

Adjective: 'Accepting'

Want: I want to do things together; I want you to feel loved as you are.

The manner in which both characters express themselves vocally in tone, pitch, volume and rhythm, or how they physicalize their body language accentuates or crystallizes the emotional underpinnings with little verbal language. I suggest that both Brechtian and Stanislavski methods co-exist side by side, strengthening characterizations and the emotional tone for the principal actors (the artist and the daughter).

Representation of older adult participants' stories. Third, and most significant to this study, is the representation of older adults' stories. As articulated earlier the intent of the theatre

piece was to pay tribute, to honour each participant's story and life experiences. The task of the playwright and devisors is to explore creative ways to do so. In my view, all of the study's 11 older adult participants' stories were to be represented in the play script. I am cognizant that it is unwise aesthetically and impossible to include all aspects of all stories in their entirety, nor would I suggest doing so. However, I do assert that some aspect of each participant's story be visibly present within the play; whether it be a line, a phrase or a reference, with their presence clearly noticeable and felt.

In our RT devising process, some stories were selected for the final play that were interpreted as holding the most dramatic aesthetic potential; these were subsequently prioritized over others. Out of 11 older adult participants four of the participants did not have their stories included in the script. In my view our task as theatre devisors is to find a balance of aesthetic quality and story representation, a way in which both co-exist in a manner where neither choice overrules the other. For example, story elements could be integrated into existing scenes such as the air travel scene: looking down and pointing out places, 'oh look, there's the orphanage' (CS #9), or the character could meet others in the waiting lobby and ask, 'where are you flying?'... 'moving to Barbados with my husband; he is receiving the Order of the British Empire Award' (CS # 2). Another example (CS #11): the participant who experienced imprisonment in war camps, could be reframed as a story of friendship, daring to cross the 'x' at the border, and his life-long resilience.

Many of the stories left out did hold considerable dramatic potential in my opinion. For example, the CBC producer's pride in covering a number of Olympics and witnessing key Canadian victories and celebrations highlighting the anthem and his love of music (CS #4), or

the participant whose father built a tennis court on the family property and stood up to a few tennis pros who were overly full of themselves (CS #3).

With regard to the last scene - featuring divorce, family secrets and the death of the artist's father whom she had never met and only recently learned of – although dramatic and showing conflicts in life, it seemed to me out of place – a dark, sad way to end the play. I would reframe the end of the play more positively, maybe the first scene (about the tarmac) instead. Also, the divorce story came from a non-study participant from one of the intergenerational workshops. I question if this story ought to have taken priority over other participants' stories.

Concluding reflection on script. I offer these suggestions for consideration for further exploration; they are not intended as a critique. The script of 'The Artist and her Daughter' as it is, does work very well. The PD and theatre devising company are to be commended for co-creating an excellent aesthetic play. As noted earlier in the chapter, devising is not an easy task; it is complex, with several embedded representational and aesthetic challenges. I, as PI, have the utmost respect for each person involved in the devising processes. Although it was difficult to step back at times, I am glad I did. I am reminded of the applied theatre motto – let go, trust in the company's collective devising process, talent and skills; all comes to fruition in the end.

Next, the RT play and outcomes are described.

The RT Play: 'The Artist and her Daughter'

Play description. The play is structured as plays (playlets) within a play. The overall play frames the relationship between the artist (mother) and the daughter. The play also subtly highlights larger socially relevant topics. Although the topic of aging and care is not explicitly stated, relevant themes are prevalent - isolation, family dynamics, the pressures of caring for loved ones, social attitudes towards aging.

The artist and the daughter are the central characters and the core of the play. Reflecting on the play's intent, I am reminded of Hodge's (1994) play analysis key questions: Whose play is it? Who is the main character? Who changes the most from beginning to end? It could be said that the artist changes by play's end, opening up to her daughter about a family misconception. However, the artist character remains consistent throughout the play as the narrator – the artist interpreting her world in her metaphorical role as a mirror, narrator reflecting back what she observes.

I suggest it is the daughter who changes the most by the end of the play. In the beginning, we see her as emotionally disengaged from her mother, the daughter neutral, distracted and obsessed with her phone. Seldom do we see eye contact or touch between them. The daughter seldom asks questions nor does she check on how her mother is coping or managing in her life. By the end of the play, the daughter puts the phone away and engages in sensitive conversation, allowing her portrait to be painted by her mother, symbolizing a rekindling of the relationship. In this moment, a universally challenging question arises: How do we maintain or nurture meaningful relationships in a tumultuous world that is changing forever and rapidly?

The other scenes or playlets woven throughout the play are storied narratives representative of the study's older adult participants' lived experiences. These stories intentionally are meant to stand on their own. The stories stand as they are – framed by the artist, reflecting what she sees in the moment as the characters walk by her window.

Keeping the older adults' stories as lighthearted narratives lessens the likelihood of over-interpreting, triggering traumatic experience or inadvertently misrepresenting who they are. These stylized episodic scenes act as a distancing device, protecting the participant viewers. The audience is free to enjoy the performance without seeking or analyzing deep meaning or

challenge for societal change; the play can be viewed as pure entertainment and aesthetically pleasing. Therein lays the beauty of accepting and receiving each other's stories.

Performance of 'The Artist and her Daughter'. The RT company performed the play at the study site, the residential care facility's main lounge, for an audience of approximately 90 people in the early evening. The audience was comprised of older adult study participants, their family and friends, other facility residents and invited guests, followed by a musical social. (See Appendix I for link to video teaser.) As noted earlier, family members were unable to participate in the reminiscence theatre project in its entirety as originally intended. Several family members attended the performance and eagerly participated in the post-production social. Herein, memory and story sharing between older adults and their family continued.

RT company. The RT company cast was comprised of the following highly skilled, experienced and talented theatre professionals and practitioners from the University of Victoria's theatre department. (See the program, Appendix H for detailed descriptions.)

Playwright/Director (and musician) - Matthew (Gus) Gusul: at the time of the study a Ph.D. Candidate at UVic, previously from U. of Alberta's *Geri-Actors and Friends*, and currently teaching at Frontier College and working with Indigenous communities.

Designer - Chelsea Graham: UVic Phoenix Theatre alumna with a specialty in design, currently employed in Toronto.

Lead Actor (The Artist) – Fran Gebhard – UVic Assistant Teaching Professor, teaching acting for stage and television, with background in performance and directing.

Student Actors: Sierra Coyle-Furdyk – applied theatre, film videographer; currently completing teaching certification; Anita Hallewas – applied theatre Master's student from Australia; currently completing Ph.D. in refugee theatre; Cailey Harris – applied theatre Master's

student; Levi Hildebrand – Diploma in acting from Capilano University, geography student at UVic, and videographer; Lauren Jerke – applied theatre student focused on social justice and law; Aisling Kennedy – M.A. graduate in applied theatre; participated in the PD’s intergenerational theatre project in Tamil Nadu, India; Emily Yarnold – UVic applied theatre graduate.

Staging of the play. The overall theme selected for the play was pride. The play was staged as a stylized, minimalist presentational theatre piece with some Brechtian conventions. The play is situated in an imaginary care facility, a private heritage home high up on a sun-drenched hill overlooking lush gardens and bustling promenades. Structured episodically, the scenes are interspersed with narration (monologues) and familiar songs. The story-line, plot and characters of the play are fictionalized, protecting confidentiality.

The play set is minimalist, utilizing open space of the lounge and incorporating the facility’s natural surroundings. Large, open, un-filled painting frames are strategically placed around the set. These are used to metaphorically and literally frame the play’s characters (devised from older adults’ stories). Props consist of a painter’s easel, blank canvas, paint brushes, a stool for the artist, and large white signs with scene titles written in calligraphy. Costumes also were minimalist, each actor wearing different rainbow-coloured tee-shirts and blue-jeans. Audience chairs were arranged in rows forming a half-circle, facing the lounge’s large windows which reflected the real outside garden, and leaving an open space for performance in the centre of the room.

Glen Miller music plays softly in the background as the audience arrives. Once settled, actors enter the lounge and mingle amongst the audience, introducing themselves. After a few

minutes, the background music slowly fades out. The artist enters centre stage with palette in hand, sits quietly and focused on the blank canvas to the left side of the performance space.

The performance begins with the PD's entrance and solo vocal guitar and harmonica piece, Neil Young's song, 'A Dream'. As the song finishes, the other actors enter the stage from the audience. They form a dance line-up arm-in-arm, singing and dancing to three verses of 'Cabaret'. The actors then introduce themselves and the play in unison. As they step aside, seating themselves along the sidelines, the artist is revealed. She addresses the audience center stage with the opening narrative monologue. Actors introduce the scenes which emerge from the artists' narrative, the open picture frame in front of their faces for a few beats while another actor carries the scene title posters across the stage proscenium. This signals the beginning of the first scene. This sequence (artist narrative, scene, song) is repeated throughout the play until the scenes are all performed.

The play ends with the resumption of the Glen Miller music. The theatre company enters centre stage, inviting any interested persons in the audience to join in a dance. The performance concludes with a thank-you and invitation to the audience to join for the social in the tea lounge with music and refreshments.

Theatre performance observations and reflections.

'That's just the kind of life that made me who I am
Just taking my mind on a visit
Back in time 'cause I miss it
You wouldn't know to love it like I love it
Unless you lived it
And man, I lived it'

(from Blake Shelton lyrics to 'I Lived It', Sony/ATV Music, 2018)

In this chapter, thus far, I have primarily focused on the processes of devising and scripting of the RT piece. I have reflected on ethical dilemmas of representational theatre, the challenges of representing other people's stories, and offered a condensed analysis of the play. The next component of this chapter focuses on the performance itself and post-production evaluation.

Audience observation. The audience was enthusiastically engaged from the beginning, inquisitively perusing the program hand-out and the photo booklets on display as they arrived in the main lounge. Upon the artist entering, setting up the easel and having positioned herself on the stool in front of the easel, paint brush and palette in hand, she sits quietly for some time, frozen in time. The room becomes animated as people in the audience begin to notice her. Some stare at her blankly; others talk amongst themselves. "Why is she here? She's just sitting there."

Our two best-friend participants, Teresa and Amy, are in the center of the front row and notably amused, laughing and leaning in face to face, hands cuffed over one ear whilst mischievously whispering to each other; eventually one can be heard to say, "no, you go... I'm too shy". The other teasingly pushes her, smiling ear to ear – "come on now; go find out". She eventually walks up to the artist and asks, "What are you painting?" The artist responds with an answer in a whispered tone, and Teresa quickly responds with, "but there is nothing on your picture, not even a smudge". In her usual helper mode she offers to go and get the artist a cup of coffee; the artist says "thank you; I went off years ago". "Water, then... I'll go get you a cool glass; would you like ice?" From this interaction one could surmise the stage convention (presenting the artist before the performance) did build belief.

Other audience members introduced themselves to the artist. In the back row a scuffle occurred between residents about the seating arrangement at the precise moment an actor walked

by. This actor came to me quite visibly shaken, saying “she said she would kill me if I did not move this person out of her chair”. This is a reminder to me that an orientation for youth unfamiliar with dementia is important, to prepare them for the unexpected. The actor was reassured that all was well. People can become very territorial, and some have lost their ability to self-edit or filter their comments.

The audience settled as the PD entered with his guitar, strapped Johnny Cash style, humming on the harmonica, turning down the background music. In this moment the actors notice we are missing one key participant; the show is held up for a moment. A sigh of relief swarms over the cast as the elevator door to the right opens, revealing the missing participant in his full Scottish regalia. This was intriguing, as this participant, Rick, did not recall being in the project, yet once his eyes set on the actors as they arrived, I suspect he knew something important, special was about to occur so he quickly suits up in his finest attire.

One could speculate that this illustrates the distinction between types of explicit or declarative memory (e.g., memory for details of life events, factual knowledge and connections between facts), and implicit forms of memory (e.g., acquired skills, associative learning that may be sub-conscious) (Madigan, 2015). Even though Rick could not consciously recall his involvement in the project, perhaps his implicit memory and learning were at play in that emotional, sensory (intergenerational story workshops - viewing and discussing old photographs) and social experiences (earlier interactions with the actors) were accessed, triggering significant recollection. Through engagement in the project, new learning may have occurred at the implicit level even though explicit recall appeared absent.

Once the audience settles, the performance begins. The audience is captivated, evident through body language (many leaning forward, happy facial expressions) and with a few of the

older adult participants verbally responding to actors' dialogue in the scenes. Our best friends Teresa and Amy giggled until tears rolled down their cheeks during the midnight ferry scene. During the eel-peeling portion of the maple syrup scene, Alex shouts out, "and they taste great!"

Near the end of the play, there was a parallel real-life occurrence at the precise climax of the scene. At the moment when the daughter attempts to leave the visit with her mother, the daughter of one of the older adult participants leaves the lounge. Looks of shock and despair could be seen on some of the actors' faces. In this moment of the performance, fiction mirrored reality. The fictional character in the play paralleled some of the real-life relationship dynamics of Mary (CS #3) and her daughter (who had to leave).

Our playwright, Gus Gusul, was profoundly affected by this moment. He comments on this in his post-production interview (transcript of January 2016):

This was the scene of reunion that was happening between the painter and her daughter, simultaneously as that was happening I was watching the exact inverse happen... this woman's cell phone going off [audience]... She was saying goodbye to her mom and she left. And her mom was left there sitting by herself watching the play and they both had missed the climax of the play because of a cell phone going off... a realization that this is why we do the work... The reunion was happening on-stage while simultaneously the opposite was happening in real life. We do on-stage what we want in real life in a lot of cases.

I would assert that the performance of the play was successful on many levels. It was aesthetically, beautifully presented with identifiable authentic stories. The audience was engaged throughout, stimulating further discussion and story-sharing in the post-performance social. Intergenerational connection was clearly visible between actors, audience and older adult

participants. The performance ended on a positive, uplifting note with audience members dancing into the social where memory-sharing continued for the evening. The affective impact of the performance was visibly notable. Participants appeared emotionally affected with tears and smiles on their faces. For example, Rick approached the actors individually, hugging each one, saying “you brought us joy; you were a ray of sunshine... it is like having our own personal rainbow; thank you, thank you.” Rick then ventured off to the social, beckoning others to join in the chorus of ‘Glasgow Town’, ultimately forming a line-dance.

The success of this production can be attributed, in my view, to professional play writing, directing, acting, and the formation of intergenerational emotional bonds. The PD’s careful craftsmanship authentically re-represented study participants’ stories, capturing their pride and personality. The aesthetic tone created, captured and held audience attention throughout. His playful/ontic approach to devising and rehearsal processes created a safe space for exploration while building company trust.

The RT company of actors was impeccable. Each brought their own unique set of talents and skills to the project. Most importantly, the actors formed instant strong bonds with the older adults during the intergenerational drama/storytelling workshops, which carried through to the performance. The actors’ understanding, compassion and respect transferred onto the stage during their scene depictions. Each actor captured the essence of the older adult’s stories, portraying them with sensitivity. As an observer, I could see and feel the connection between our younger actors and older adults. During the performance the actors made direct eye contact with older adults (all sitting in the front row) while their stories were played out. Participants responded in these moments with hand waves, smiles, head nods of acknowledgement, winks of

the eye and the occasional vocalization ‘you’ve got it’. I sensed a re-energized, rekindling of reciprocal emotional connection between the generations.

Our RT company was extremely fortunate to have Fran Gebhard, a professionally seasoned actor and UVic Acting Instructor, join us in the role of the artist. This principal role was pivotal to the overall success of the production, as it served two purposes. First, metaphorically the artist reflects the outer social world through her direct narrative addresses to the audience. Secondly, the role of artist serves as what Dobson refers to as the ‘container’ which holds the older adult’s stories together. It could be stated that the artist connects a fictional world with the real, lived experiences of the older adults. The role serves the purpose of grounding the audience in reality, her repetitive pattern of narration and the silent action of painting, pulls our audience into the play at the precise moment where their imagination may wander. This strategic convention is key for our dementia audience, as they are likely to feel safe and secure as they recognize cues to what may come next.

Playing such a role requires tremendous skill (talent). Every move, every action, every subtle variation of vocal tone, or the slightest change in facial expression send subliminal messages for the audience to pick up on. The artist, then, metaphorically and literally reflects older adults’ stories back to them. Gebhard beautifully and skillfully captures and holds the art of RT while she moves the play forward.

It has been a pleasure and honour to work aside such a master of her craft. Gebhard modelled exemplary acting to our RT company that inspired and motivated our young actors throughout the project. In essence, aesthetic quality, skilled acting and authentic representation of participants’ stories played a significant role in the project’s success. Above all, the older adults themselves were our inspiration, for without them or their willingness to share their

stories, there would be no play. The intergenerational bonds were clearly notable between actors and older adults.

Post-performance social. With the exception of two people, all in attendance for the performance joined in the post-performance social for refreshments. The tea lounge was set up with the facility's finest linens and china. A solo guitarist led a sing-along while an artist drew contour drawings of the audience. Guests, older adults and their families spontaneously continued to share memories and stories for some time, mingling with the actors. The evening was full of joyous chatter and much laughter, interspersed with several commentaries on the play.

One participant came to me arms open, crying and saying, "Why did you, all of you do this for us? ... I am so thrilled and proud of you. I cannot believe you did this for us. Why did you put in so much time?" My response: "because you are important". "Oh... I see." Another said: "I met people and spoke with them [other residents]; I have lived here for 11 years now and I never knew their names, knew nothing about their lives. This evening means a great deal to me."

Then, an abrupt comment from a participant's daughter who came back to settle her mother for the night: "This was lovely, very entertaining. When will I see my mother's story?" As she walked away with her mother, although a sensitive 'ouch' moment, I felt validated in my stance that all participants' stories are to be reflected in the production, and reminded that such audiences have a need for naturalism or realism.

The evening came to a close after two hours. Nurses came to retrieve their patients. For a moment I had forgotten we were in a care home. One participant on her way out, smiling and waving the Queen's wave stated, "This feels like family." In that moment I felt proud of all of

us. Although unquantifiable, I felt we had created a relational aesthetic of care, that we had created a tightly connected intergenerational community within a care facility where this had significant meaning for people. If only for the evening or moment by moment throughout the project, we in our own ways looked past the disease and connected in meaningful ways with the older adult participants, seeing what remains – capacity for love or emotional connection, personality and their creative imagination.

Post-project follow-up. Once the project was completed, I as PI returned to the facility unit to keep up contact. One additional storytelling workshop was held with an actor (others unavailable), the PI and a small group of older adult participants. We created a collective short story entitled, ‘The Royal Court of Kensington: The Place of No Return’. I created a keepsake story booklet (see Appendix J) with the full play-script, their photographs and their original art works. The project was completed with a final visit where the PI personally delivered the booklet to each individual. Again, affirming the value of such art works, I was particularly moved by the responses of best friends Teresa and Amy - one unaware of any aspect of the project; the other the helper who explained all in detail while perusing one booklet, pointing to a photo of her painting and other photos: “see... there’s my neighbourhood...” and on they went down memory lane, teasing, laughing and reminding me they indeed are best friends.

Several nursing staff and family members expressed their appreciation, saying that the booklet and the project as a whole meant so much to the residents. They kept on perusing more booklets, having conversations with their families when they visited. They also appreciated having a copy of the interview transcript and condensed stories.

The following, closing portions of this chapter and overall dissertation summarize the RT outcomes and conclude with recommendations on how RT practice can be adapted for the dementia population.

RT Evaluation

Two evaluation rating scale instruments and open-ended questions were administered. Reminiscence Theatre Post-Performance Surveys were attached to the program handouts (approximately 90 audience members on the performance evening). Another survey, the Reminiscence Theatre Outcomes Questionnaire, was administered to the 11 older adult participants.

Reminiscence Theatre Post-Performance Survey. This survey (Appendix K) was either partially or fully completed by a total of 15 individuals. Most of the respondents were among the invited guests and family members; two older adult resident participants were among the respondents along with two facility staff. This of course was a low response rate; in retrospect I would have organized the completion and collection of surveys in a more methodical manner. Nevertheless, feedback was provided both through review of the numerical data from responses to items (Table 15) and open-ended comments (Table 16).

Reminiscence Theatre Outcomes Questionnaire. This questionnaire (Appendix B-3), was given to the 11 older adult study participants after the play performance, during the post-performance social. The PI followed up with the participants throughout the week to assist with and collect the questionnaires by verbally reading or explaining items and marking responses on their behalf. Most of the participants declined, as they could not recall details of the play or their participation.

Two respondents did respond to the seven rating scale items, these questions devised to reflect the central purposes of RT as summarized in Dobson and Goode (2002). On a scale of 1 (very little) to 5 (a lot), the following items were included: (1) Provided entertainment and with involvement in social activity relevant to own life experience. (2) Involved in the creation of popular history through the reclamation of own culture. (3) Stimulated memory by encouraging recall of previous events and personal experiences. (4) Encouraged social interaction. (5) Helped participants feel important in today's world by valuing past experiences and memories. (6) Strengthened self-awareness and self-esteem. (7) Overall, how satisfied were you with this Reminiscence Theatre project? The two respondents gave the most positive ratings (5) to each item.

The outcomes questionnaire also includes a section to indicate the specific aspects of the RT program that the participant found the most beneficial or enjoyable. Three participants gave responses in this section. Among the eight categories specified, all three respondents found the most beneficial/enjoyable aspects were: Drama story-telling workshops with university students, telling their stories in the workshops, listening to others' stories in the workshops, and viewing the play performance. Two respondents expressed that most beneficial/enjoyable were the private individual interviews and the RT program keepsake booklet. The remaining categories, the music in the performance and the post-performance social, each received one endorsement as most positive/enjoyable.

Finally, as for any open-ended comments, one older adult participant indicated he did remember the play and said he liked every part of the project. Several other older adult study participants noted that while they had little recall of the reminiscence program or the performance, they very much enjoyed and were touched by the story booklet.

Table 15

Reminiscence Theatre Post-Production Audience Survey: Average Ratings of Respondents

Rating Scale:	Very much		Somewhat		Not at all		<u>Mean Average</u>
	1	2	3	4	5		
<u>Item</u>							
1. Did this performance demonstrate aesthetic, artistic quality?							1.67 (15)
2. Were you drawn into the performance at the beginning?							1.27 (15)
3. Did the performance keep your attention throughout?							1.33 (15)
4. Were the performance themes, topics &/or stories clear and understandable?							1.40 (15)
5. Was the length of the performance appropriate for this older adult population?							1.14 (14)
6. Was the performance audible? (Could performers be heard?)							1.27 (15)
7. Did the set-up of the environment foster social interaction among residents, family and invited guests?							2.00 (13)
8. Was the performance visually inviting/appealing?							1.60 (15)
9. Were you emotionally or psychologically connected to the play's characters?							2.07 (15)
10. From what you experienced this evening, would you say engagement in Reminiscence Theatre affects quality of life for older adults in care?							1.54 (13)
11. To the best of you knowledge, did this production reflect the essence of participants' lived experiences?							1.40 (10)
12. Did this production honor & pay tribute to the OBL resident participants?							1.17 (12)

Note. Number of responses in brackets. Some items were responded to by all respondents (15), others with 10-14 responses. Ratings of '3' are neutral. Averages closer to 1: positive perceptions; closer to 5: negative perceptions.

Table 16

Reminiscence Theatre Post-Production Audience Survey: Open-Ended Comments

Comments written on survey form:

- I witnessed the post-theatre mood of residents after a session with the actors and Trudy. As a group, they returned to the unit happy and chatty. In particular I saw a resident seem much more like his old self – a bit mischievous with a twinkle in his eye. This was something I hadn't seen in months.
- Thank you for inviting me to share this experience.
- Nice show: Simple stories put together with care. Lovely performance from Ms. Gebhard that held it all together. Vocal work is essential for the players – the variations in tone must be theatrical, not domestic... Thank you very much for this pleasant and evocative evening.
- A job well done! (older adult study participant)
- Everyone's story is important
- (Re questions 10, 11, & 12): I don't know. I would want to ask the adults in care. I have to process these last three questions. I am wondering how those felt whose stories did not make the cut. I need to know more.... Very inspiring evening and interesting. Gave me lots of food for thought. Was there a reason the storytellers were not included in the production? Could they have told some of the stories themselves?
- I wish this could tour around all over! Such an enjoyable bunch of stories that were very relatable and warm and real feeling. I can imagine so many audiences enjoying this. Beautifully done!
- The actors seemed to be enjoying themselves as well as the residents!
- Would have appreciated more SHOWING and less TELLING.

Table 16 (cont.)

Reminiscence Theatre Post-Production Audience Survey: Open-Ended Comments

Additional post-performance comments (emailed within one week after the performance)

- Just wanted to say again how much I enjoyed last night. I thought the "play" worked well and it was lovely to see the interest and attention that the audience gave to the work. Fran was a wonder and I am pleased a) that I thought of her and b) that she accepted and c) that she told me she had a great time! I hope the survey was useful and that you feel this demanding project has been of use to you in your academic pursuits!
- I thoroughly enjoyed the performance. I found it very moving, especially since I knew it was based in some way on life stories from the residents. Although I know each scene wasn't necessarily representative of a specific resident, I did find myself wondering which story was inspired by which resident. I think that's a good thing, as it made me look more closely at the residents while my curiosity about their lives increased. I thought the performance was very well done – well paced, good use of humour and music (I found myself singing 'The White Cliffs of Dover' all weekend). The cast was excellent, as were the props. Sitting off to the side, I could still hear very well (except when the kitchen carts rattled by). On the handout, it says you started the individual interviews a year ago. Did you lose any of the Lodge participants in that time? If so, did you still use their stories? How did you come up with the theme of "what people are most proud of"? I found that a very interesting slant. All in all, it was a very positive experience for me and I'm sure the residents and families enjoyed the evening. So much better than watching television! Congratulations!
- Just wanted to say Bravo to you and your actors and collaborators. Well done indeed. It was great to be here and be a part of it all. I was wondering if you might have a picture that I could share that kind of shows the heart of what you accomplished. Thanks again.
- Congrats on amazing event Trudy. I loved trying to capture some live moments; But to do drawings with more detail maybe I can fill that sketchbook by drawing off pics you took? It was amazing to see how folks came to life as their story was being told!
- It was a great evening, you should be proud of everything you and the actors accomplished.
- Thank you for this update. The performance was remarkable and I have no doubt those at the lodge (staff and residents) were thrilled.

Chapter Five has focused primarily on the intergenerational RT devising and performance processes. Next, the study is briefly summarized, followed by RT practice and research recommendations. The dissertation ends with a concluding discussion that in part draws upon the Tuokko and Smart (2018) text which aptly brings current research on health and wellbeing of our older adults to the foreground.

Study Summary: ‘Moving forwards backwards: Exploring the impact of active engagement in reminiscence theatre with older adults in residential care with mild to moderate cognitive impairment’

At the core of reminiscence theatre practice (the process of creating and performing theatre from real-life memories and stories) is the premise that by reflecting back, we can better understand where we have come from, the historical and cultural experiences that have shaped us. This RT study, ‘Moving forwards backwards’, provided a context wherein older adults in care could engage in a novel RT initiative with aims of sharing memories and building relationships through reflecting on lived experiences, increasing social engagement and reframing self-perceptions.

This descriptive ethno-theatre/drama case studies approach explored the impact of intergenerational engagement through RT on the psychosocial quality of life for older adults with mild to moderate cognitive decline. Study participants were comprised of 11 older adults 65 and older residing in a dementia-specific residential care facility unit, and 13 University of Victoria Theatre students. Qualitative and quantitative procedures were integrated into the study. Key processes consisted of individual interviews with the older adults, interview transcriptions, ethno-theatre field notes of theatre devising and performance processes, and post-program drama evaluations. Stories gathered from interviews and intergenerational workshops were utilized in

the devising processes and play-script development. The RT program concluded with a performance of the devised play, 'The Artist and her Daughter', at the care facility before an audience of the older adult study participants, other facility residents, staff, family members and other individuals through invitation, and a post-performance social.

Overall, the study revealed that active engagement in RT positively impacted older adult participants' wellbeing during project participation – increased self-esteem, elevated mood and social engagement, decreased isolation and boredom, and desire to continue with activities. This study's findings suggest that integrating reminiscence arts initiatives into residential care plans for older adults with mild to moderate cognitive impairment can substantially enhance psychosocial quality of life.

The findings are somewhat inconsistent with some of the seminal reminiscence and life review theory. As noted in the case studies, some older adults clearly articulated that they do not reminisce nor think about their past; they prefer to live in the moment and move forward. Having said that, it appears that intergenerational reciprocal story and memory sharing and drama workshop engagement were most beneficial both for older adult participants and young adult theatre practitioners. Some of the RT processes promoted increased social engagement and enhanced self-esteem.

In this RT initiative, intergenerational connection between young and older adults occurred through storytelling and drama activities. During this project, the creative reciprocal initiatives of reminiscence arts in turn fostered a context for social and emotional engagement that appeared to reduce older adults' isolation. The intergenerational connection increased older adults' sense of belongingness and wellbeing, and perhaps was the most impactful aspect of the

program. The older adults seemed to especially respond to being listened to and heard, and to the playful creative interactions with the RT company and other older adult participants.

A number of limitations of this RT study are acknowledged. First is the small sample size with limited statistical significance of quantitative measures, with inconsistent completion. Secondly, the selected quantitative instruments may not have been the most effective for this population. The older adult participants' cognitive impairments may have affected the reliability of their responses, as their memories and life history recall were at times quite fragmented. Third, administration of the health surveys interfered with the life history interview process as this created anxiety for older adults and disrupted the natural flow of conversation. Fourth, the processes of RT are multi-layered and multi-modal, making it difficult to determine the particular processes which are most impactful on older adult participants. Finally, there was low return from the collection of post-program surveys about the performance. Although quantitative measures were integrated, the qualitative observations were most informative.

To briefly recap, the dissertation was structured through five chapters. Chapter One synthesizes the theory and literature on health and aging, the changing older adult demographics in care, arts in healthcare practice, reminiscence, life review and reminiscence theatre. Chapter Two provides an overview of intergenerational applied theatre and arts-based research methodologies. In Chapter Three, the RT case study design is described.

Chapter Four discusses the older adult participants' life history interviews with a focus on health. Condensed interview transcriptions are presented as short-story narratives beginning with a poem and concluding with PI reflections. The chapter concludes with a synthesis of older adults' health survey results.

Chapter Five describes the intergenerational RT processes of devising, scripting and performing from the applied theatre aesthetic lens. The chapter begins with a synopsis of intergenerational RT practices that have influenced this study, and proceeds with the PI's reflective critique of the play, 'The Artist and her Daughter'. The chapter concludes in the following sections, with RT recommendations and a final discussion on the overall study.

Recommendations: Adapting RT Practices for Dementia Populations

The literature offers exemplary models of theatre practices with older adults (as evident in the literature review in Chapter One). Observations from this intergenerational RT study raise important questions as to how theatre techniques may be used by individuals with dementia. Although theatre with dementia is relatively novel, this study demonstrated how theatre can support and engage diverse people through the different stages of dementia. RT in care facilities with this population can prove challenging. Mindful of this, I offer the following recommendations on how to adapt RT practice for older adults with dementia.

RT program recommendations.

- Integrate RT arts practices into facilities' existing recreational and therapeutic programming. Offer the RT on weekends or evenings to increase the likelihood of family involvement.
- Expand RT practices to include multiple arts genres – music, visual art, dance, multimedia, sculpting, puppetry and storytelling - to help maximize participants' engagement.
- Extend the length of RT arts programs to a minimum of 12-24 weeks, as recommended by the Age Exchange (2015) study, 'Reminiscence Arts and Dementia Care: Impact on Quality of Life'.

- Integrate improvisational drama, theatre and storytelling into RT practice.

RT practice and research recommendations.

Practice.

- Form affiliations with RT organizations, such as the BC *i2i Intergenerational Society*, London's *Age Exchange*, the *European Reminiscence Network*.
- Develop ongoing collaborations between universities, health authorities, artists, care facilities, funding agencies and volunteer organizations to promote sustainable RT practices and research.
- Establish artist-in-residence positions for RT specifically in Island Health care facilities.
- Form a community-based intergenerational RT company to develop, implement and evaluate RT practices. Affiliate with universities; offer post-degree internships and research opportunities.
- Develop interdisciplinary aesthetics-based evaluation methods to inform future project development.

Research.

- Develop strategic interdisciplinary research collaborations.
- Gather anecdotal observations from RT practice to identify and inform further research.
- Design and implement longitudinal studies that track the impact of RT practice across several residential care facilities.
- Develop interdisciplinary research methodology or assessment instruments specific to RT arts and dementia populations.
- Develop neuroaesthetic studies that incorporate neuro-imaging to track effects of dramatic engagement on brain functioning.

Concluding Discussion for Overall Study

Research highlights an increase in longevity for our older adults. Many are living active, productive independent lives in their own homes and communities. However, with this increased longevity coupled with declining birth rates, chronic illnesses along with forms of cognitive decline such as Alzheimer's and other dementias are predicted to increase. Researchers estimate that by 2050 the proportion of older adults in developed countries will exceed 25%; children under 15 will make up 16% of the population (Cohen, 2003 – cited in Tuokko & Smart, 2018). In addition, it is noted that cognitive disorders will also increase to where “65% of people over 85 will experience some form of cognitive impairment; of these, half will develop dementia” (Tuokko & Smart, p. 4).

These increased rates will undoubtedly place great strain on individuals, families and our institutions. Research supports the notion that “age-associated disorders of cognition can be linked to changes in health status, which, in turn, can be linked to changes in brain function” (Tuokko & Smart, p. 3). Scientists and clinicians are looking for ways to better understand the nature of cognition and “to identify, manage, and ultimately remediate disorders of cognition associated with aging” (p. 3). Healthcare professionals are seeking innovative initiatives to augment their dementia care practices to meet complex and multi-layered health needs of the older adults (age 65 and over) demographic.

Tuokko and Smart (2018) highlight key theoretical approaches to the study of cognitive aging (information, contextual and biological approaches). They advocate for an integrative approach, particularly the Engel (2012) biopsychosocial model. This is a holistic approach that takes into account multiple determinants of complex conditions. Emphasizing the life course and life span perspective the model integrates biological factors (medical conditions, physical

functioning and genetics), psychological aspects (thoughts, emotions and behaviours), and the social realm (cultural, socioeconomic and socio-environmental factors). Tuokko and Smart aptly point out that aging processes are highly complex as many variables are involved beyond the biological and presence of pathology.

Tuokko and Smart (2018) emphasize the need for well-informed interventions that enhance the individual's current cognitive, emotional and behavioural supports to slow the rate of cognitive decline and minimize functional disability. They point out that when psychological and emotional functioning is enhanced, the likelihood of engaging in beneficial interventions is increased. The ability to sustain engagements in such interventions is important, particularly when considering the accumulating literature on psychological interventions "suggesting that many or most of the major empirically supported interventions for younger or working-age adults are effective with older adults" (Tuokko & Smart, p. 306). As evident in this study's literature review, the research also highlights the importance of reminiscence and life review.

As older adults inevitably approach end of life, some may be facing fundamental existential questions on meaning of one's life. The reminiscence process of reflecting on both positive and negative autobiographical memories can support the individual's growth. Research demonstrates, for example, that focusing on positive events promotes positive mood states (Bryant, Smart, & King, 2005). Tuokko and Smart (2018) in their discussion of psychological interventions, particularly the meta-analysis studies of reminiscence and life review, note the mixed findings that may largely be due to the wide range of applications when various studies are grouped. Key findings indicate that the more structured life review and reminiscence interventions resulted in greater benefits on cognitive functioning and mood (Bhar, 2014).

The literature review in Chapter One included reference to Erikson's (1963) developmental life stages and particularly the later years, *ego integrity versus despair* as the central developmental challenge. Links were made to the importance of reminiscence and life review applications as pertinent to moving through this stage positively. Tuokko and Smart (2018) also address this topic, and add the importance of intergenerational connection, a central focus of the current study:

Not only does structured life review support the development of ego integrity, but when done in conjunction with younger family members (or younger persons such as students in university courses on aging) it can also promote intergenerational dialogue and the transmission of cohort-specific information. This can allow older adults to feel that they are passing along wisdom and understanding to the younger generations, which may be another aspect of cultivating ego integrity. (p. 278)

As noted earlier, with our shifting aging demographic and increased dementia populations in residential care, healthcare professionals are in need of holistic initiatives to address current and future needs. Tuokko and Smart (2018) assert that in the context of dementia care, "providing and evaluating person-centred approaches... that include active engagement... for as long as possible are becoming increasingly important" (p. 176). They emphasize flexibility and adaptability in such future research endeavours: "Multicomponent interventions, as well as those that are personalized and tailored to the individual, are ultimately more beneficial than those that take a 'one-size-fits-all' approach or are focused on isolated specific ingredients" (p. 200). Tuokko and Smart note that arts-based engagement can be of value even to individuals in later stages of dementia, and support further research towards development of future intervention programs.

In closing, this study's observations support the view that integrating intergenerational RT programming in dementia care holds potential to enhance psychosocial health and wellbeing for older adults with dementia. Such initiatives align with key recommendations from the British Columbia's Seniors Advocate Report on Residential Care (Mackenzie, 2017). Mackenzie advocates for: increasing activities to support social engagement; increasing activities to create more meaningful experiences which foster an environment and culture within facilities where residents are naturally encouraged to participate in care home life by connecting with other residents and staff; and to promote greater community and family engagement.

I assert that we need to expand upon our biomedical care models for older adults in residential care facilities, by integrating the creative arts and therapies into our healthcare plans. These can play a vital role in optimizing care for our older adults by reducing social isolation, increasing connection and relationships between healthcare workers, older adults and their families. Such creative programs can help to fill the staffing gap while reducing pressure on nursing staff to meet all older adult needs. Our residential care systems servicing older adults with dementia can be greatly enhanced with multi/inter-disciplinary, person- and relationship-centred, collaborative approaches to healthcare.

At the core of this dissertation study is the premise that intergenerational reminiscence theatre arts programming with its focus upon affirming older adults' lived experiences, on building relationships and connection has the potential to fill some of the healthcare gaps in residential care services. With administrative and political will, RT initiatives can be seamlessly integrated into facilities' therapeutic, occupational and recreational programming, meeting the emotional, psychological and social needs of older adults in care. Research suggests that increasing social engagement can delay or reduce dementia symptoms and possibly decrease the

rate of disease progression (Tuokko & Smart, 2018). Furthermore, enhanced care program interventions could help lessen the economic burden. An Alzheimer Society (2010) estimate has projected that providing support for individuals with dementia and their caregivers could yield a 30-year value of 114 billion dollars.

Taking into account the life course and social dimensions of health perspectives, the conditions into which older adults have been born, and the social and environmental conditions in which they have lived and worked, directly or indirectly affect their overall health and wellbeing over the life-span. The determinants that affect the health outcomes of those with dementia are intrinsically linked to the integrated, holistic interplay between the dimensions – the biomedical, psychological, emotional, social, therapeutic, spiritual, and creative services available in residential care. Accessibility to these across, gender, socioeconomic and cultural contexts is critical to meeting the complex needs of our older adults in care.

In closing, I assert that if we as artists, researchers, educators and healthcare professionals take the time to reflect back across time on the accomplishments of those before us, we can not only capture the subtle nuances of our predecessors but can move our disciplines forward. If we create truly equitable, respectful and collaborative contexts wherein scientist and artist can support and inform each other's practices, then we can begin the rewarding work with and for generations to come. Together we can design environments and infrastructures that nourish our older adults in care. If we recognize the capabilities of those with dementia, we can shape our health systems to not only meet the biomedical needs; we can create contexts wherein they are dignified and set up to succeed and flourish.

If we as a culture can move towards a place where we view the very old in the same light as that of a newborn baby, creating paths to connect the young and the old maybe, just maybe we

can learn to see beauty anew. If we allow life's end to resonate with the same compassion and joy as birth, then maybe we can find meaning in life that transcends disease, culture, socioeconomic status, education, spiritual beliefs, and age.

References

- Aarts, P. G., & Op den Velde, W. (2007). Prior traumatization and the process of aging: Theory and clinical implications. In B. Van der Kolk, A. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pages 359-377). New York: Guilford.
- Achenbaum, W. A. (2013). *Robert N. Butler, MD: Visionary of healthy aging*. New York: Columbia University Press.
- Ackroyd, J. (2000). Applied theatre: Problems and possibilities. *Applied Theatre Researcher*, 1, Article 1.
- Ackroyd, J. (2007). Applied theatre: An exclusionary discourse? *Applied Theatre Researcher*, 8, Article 1.
- Ackroyd, J. H., & O'Toole, J. (2010). *Performing research: Tensions, triumphs and trade-offs of ethnodrama*. Stoke on Trent, UK: Trentham Books.
- Adams, K., & Sanders, S. (2004). Alzheimer's caregiver differences in experience of loss, grief reactions and depressive symptoms across stage of disease. *Dementia*, 3(2), 195-210.
- Addis, D. R., & Tippett, L. J. (2004). Memory of myself: Autobiographical memory and identity in Alzheimer's disease. *Memory*, 12(1), 56-74. doi: 10.1080/0965821044000423
- Adler, E., & Resnick, B. (2010). Reliability and validity of the dementia quality of life measure in nursing home residents. *Western Journal of Nursing Research*, 32, 686-704.
- Adler, N. E., Boyce, T., Chesney, M. A., Cohen, S., Folkman, S., Kahn, R. L., . . . Leonard, S. (1994). Socioeconomic status and health: The challenge of the gradient. *The American Psychologist*, 49(1), 15-24.
- Afonso, R., Bueno, B., Loureiro, M., & Pereira, H. (2011). Reminiscence, psychological well-

being, and ego integrity in Portuguese elderly people. *Educational Gerontology*, 37(12), 1063-1080. doi: 10.1080/03601277.2010.500585

Age Exchange Theatre Trust (2015). *Reminiscence arts and dementia care: Impact on quality of life, 2012-2015*. London: Royal Holloway University. Retrieved from <http://www.eyesociation.org/AgeExchange/RADIQL%20Quantative%20Evaluation%20Final%20Report.pdf>

Albom, M. (1997). *Tuesdays with Morrie*. New York: Doubleday.

Aldiabat, K., & Le Navenec, C. (2011). Clarification of the blurred boundaries between grounded theory and ethnography: Differences and similarities. *Turkish Online Journal of Qualitative Inquiry*, 2(3), 1-13.

Aldwin, C. M., Spiro, A. III, & Park, C. L. (2006). Health, behavior, and optimal aging: A life span developmental perspective. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging*, 6th edition (pp. 85-104). London, UK: Elsevier Academic Press.

Alexander, B. K., Anderson, G. L., & Gallegos, B. P. (Eds.) (2005). *Performance theories in education: Power, pedagogy and the politics of identity*. Mahwah, NJ: Lawrence Erlbaum.

Alexander, T. (2002). The history and evolution of long-term care in Canada. In M. Stephenson & E. Sawyer (Eds.), *Continuing the care: The issues and challenges for long-term care* (pages 1-55). Ottawa, ON: CHA Press.

Algar, K., Woods, R. T., & Windle, G. (2014). Measuring the quality of life and well-being of people with dementia: A review of observational measures. *Dementia*, 1-26.

Ali, J. I. (2015). *Mourning me: An interpretive description of grief and identity loss in older adults with mild cognitive impairment (MCI)* (Unpublished master's thesis). University

- of Victoria, Victoria, BC.
- Allan, K. (2003, April). *Communication and consultation: Helping people with dementia express needs*. Lecture presented at La Trobe University.
- Allan, K. & Killick, J. (2002). Undiminished possibilities: The arts in dementia care. *Journal of Dementia Care*, 8(3), 16-18.
- Allen, P. B. (1995). *Art is a way of knowing: A guide to self-knowledge and spiritual fulfillment through creativity*. Boston: Shambhala.
- Allen, P. B. (2012). Art as enquiry: Towards a research method that hold soul truth. *Journal of Applied Arts & Health*, 3(1), 13-20.
- Alzheimer Society of Canada (2010). *Rising tide: the impact of dementia on Canadian Society*. Toronto: Alzheimer Society of Canada.
- Alzheimer Society of Canada (2013). *Ambiguous loss and grief: A resource for health-care providers*. Toronto: Alzheimer Society of Canada.
- Alzheimer Society of Canada (2013). *Ambiguous loss and grief in dementia: A resource for individuals and families*. Toronto: Alzheimer Society of Canada.
- Alzheimer Society of Canada (2014). *Dementia and staff grief: A resource for healthcare providers*. Toronto: Alzheimer Society of Canada.
- Alzheimer Society of Canada (2014). *Mild cognitive impairment*. Toronto: Alzheimer Society of Canada.
- Alzheimer Society of Canada (2016). *Prevalence and monetary costs of dementia in Canada*. Toronto: Alzheimer Society of Canada.
- Anderson, M. (2011). *MasterClass in drama education: Transforming teaching and learning*. London: Continuing International Publishing Group.

- Anderson, M., & Dunn, J. (Eds.) (2013). *How drama activates learning: Contemporary research and practice*. London: Bloomsbury.
- Anderson, M., & O'Connor, P. (2013). Applied theatre as research: Provoking the possibilities. *Applied Theatre Research*, 1(2), 189-202.
- Anderson, M., & Wilkinson, L. (2007). A resurgence of verbatim theatre: Authenticity, empathy and transformation. *Australasian Drama Studies*, 50, 153-169.
- Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10(3), 378-395.
- Antonucci, T. C., Ajrouch, K. J., & Birditt, K. S. (2014). The Convoy model: Explaining social relations from a multidisciplinary perspective. *The Gerontologist*, 54(1), 82-92.
doi: 10.1093/geront/gnt118
- Appadurai, A. (1991). Global ethnoscaapes: Notes and queries for a transnational anthropology. In R. Fox (Ed.), *Recapturing anthropology*. Santa Fe, New Mexico: School of American Research Press.
- Archer, J. (2008). Theories of grief: Past, present, and future perspectives. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Strobe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 45-66). Washington, DC: American Psychological Association.
- Arendsen, N. (2014). *Evaluation and ethics: An investigation of ethical dilemmas in evaluating applied theatre* (Master's Thesis, Utrecht, the Netherlands: University of Utrecht MA Cultural Policy and Cultural Management). Retrieved from dspace.library.uu.nl/handle/1874/291612
- Aristotle (2013). *Nikomakiske etikk [The Nicomachean ethics]*. Oslo, Norway: Vidar Forlag.

- Arrighi, H. M., Neumann, P. J., Lieberburg, I. M., & Townsend, R. J. (2010). Lethality of Alzheimer disease and its impact on nursing home placement. *Alzheimer Disease and Associated Disorders*, 24(1), 90.
- Arts Council of Northern Ireland (2013). *Evaluation of the Arts and Older People Programme. Final Report*. Available at: http://www.artscouncil-ni.org/images/uploads/publications-documents/aopp_final_oct13.pdf
- Arts Health BC (2015). *On the map: Arts & health in BC – A report and inventory of arts & health activity in British Columbia*. Vancouver, BC: artshealthbc.ca
- Ashenburg, K. (2002). *The mourner's dance: What we do when people die*. Toronto: Vintage Canada.
- Awofeso, N. (2005). Re-defining “Health”; comment on Bedirhan T. Ustun and Robert Jakob’s ‘Calling a spade a spade: Meaningful definitions of health conditions’. *Bulletin of the World Health Organization*, 83(11), 802-803.
http://www.who.int/bulletin/bulletin_board/83/ustun11051/en/
- Baars, J., Dannefer, D., Phillipson, C., & Walker, A. (Eds.) (2006). *Aging, globalization, and inequality: The new critical gerontology*. Amityville: Baywood Publishing Co.
- Baddeley, A. (1994). The remembered self and the enacted self. In U. Neisser & R. Fivush (Eds.), *The remembering self: Construction and accuracy in the self-narrative* (pp. 236-242). New York, NY: Cambridge University Press.
- Baelz, P. (1979). Philosophy of health education. In I. Sutherland (Ed.), *Health education: Perspectives and choices*. London: Allen and Unwin.
- Baldacchino, J. (2008). Book Reviews. *JADE*, 27(2), 210-212.
- Baldwin, C., & Capstick, A. (Eds.) (2007). *Tom Kitwood on dementia: A reader and critical*

- commentary*. Maidenhead: Open University Press.
- Balfour, M. (2009). The politics of intentions: Looking for a theatre of little changes. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 14(3), 347-359.
- Balfour, M. (2016). The art of facilitation: ‘Tain’t what you do (it’s the way that you do it)’. In S. Preston (Ed.) (2016), *Facilitation: Pedagogies, practices, resilience* (pages 151-164). London: Bloomsbury Methuen Drama.
- Ballenger, J. F. (2006). *Self, senility, and Alzheimer’s disease in modern America: A history*. Baltimore: Johns Hopkins University Press.
- Baltes, P. B., & Baltes, M. M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. In P. B. Baltes & M. M. Baltes (Eds.), *Successful aging: Perspectives from the behavioral sciences*. Cambridge, UK: Cambridge University Press.
- Banerjee, A. (2007). *An overview of long-term care in Canada and selected provinces and territories*. Toronto, ON: Women and Health Care Reform Group, Women’s Health Contribution Program of Health Canada.
- Baños Smith, H. (2006). International NGOs and impact assessment. Can we know we are making a difference? *Research in Drama Education*, 11(2), 157-174.
- Barkan, B. (2003). Live oak regenerative community: Championing a culture of hope and meaning. *Journal of Social Work in Long-term Care*, 2, 197-221.
- Barone, T. (2003). Challenging the educational imaginary: Issues of form, substance, and quality in film-based research. *Qualitative Inquiry*, 9(2), 202-217.
- Barone, T. & Eisner, E. (1977). Arts-based educational research. In M. Jaeger (Ed.), *Complementary methods for research in education*, 2nd edition (pp. 73-99).

- Washington, DC: AERA.
- Bartlett, R. (2014). Citizenship in action: The lived experiences of citizens with dementia who campaign for social change. *Disability & Society*, 29(8), 1291-1304.
- Bartlett, R., & O'Conner, D. (2010). *Broadening the dementia debate: Toward social citizenship*. Bristol, UK: Policy Press.
- Basting, A. (2001a). The time of our lives: International Festival of Reminiscence Theatre. *Theatre Journal*, 53(1), 155-157.
- Basting, A. D. (2001b). 'God is a talking horse': Dementia and the performance of self. *The Drama Review*, 45(3), 78-96.
- Basting, A. D. (2003). Looking back from loss: Views of the self in Alzheimer's disease. *Journal of Aging Studies*, 17(1), 87-99.
- Basting, A. D. (2006). Arts in dementia care: 'This is not the end... it's the end of this chapter.' *Generations*, 30(1), 16-20.
- Basting, A. D. (2008). *ArtCare: The story of how an arts program can transform long term care*. Milwaukee, WI: UWM Center on Age & Community.
- Basting, A. (2009). *Forget memory: Creating better lives for people with dementia*. Baltimore: John Hopkins University Press.
- Basting, A. D. (2013). TimeSlips: Creativity for people with dementia. *Age in Action*, 28(4), 1-5.
- Basting, A., & Killick, J. (2003). *The arts and dementia care: A resource guide*. New York: National Centre for Creative Aging.
- Basting, A., Towey, M., & Rose, R. (Eds.) (2016). *The Penelope Project: An arts-based odyssey to change elder care*. Iowa City, Iowa: University of Iowa Press.
- Bateson, M. C. (2013). Changes in the life course: Strengths and stages. In C. Lynch & J.

- Danelly (Eds.), *Transitions and transformation: Cultural perspectives on aging and the life course* (pp. 21-34). New York: Berghahn.
- Baxter, V. (2017). Aesthetics, instrumentalism and ethics in health and wellbeing. In Baxter, V., & Low, K. E. (Eds.) (2017), *Applied theatre: Performing health and wellbeing* (pp. 41-71). London: Bloomsbury Methuen Drama.
- Baxter, V., & Low, K. E. (Eds.) (2017). *Applied theatre: Performing health and wellbeing*. London: Bloomsbury Methuen Drama.
- Beard, R. L., & Neary, T. M. (2013). Making sense of nonsense: Experiences of mild cognitive impairment. *Sociology of Health & Illness*, 35(1), 130-146.
doi: 10.1111/j.1467-9566.2012.01481.
- Beck, J., Belliveau, G., Lea, G., & Wager, A. (2011). Delineating a spectrum of research-based theatre. *Qualitative Inquiry*, 17(8), 687-700.
- Belfiore, E., & Bennett, O. (2010). *The social impact of the arts: An intellectual history*. Basingstoke/New York: Palgrave MacMillan.
- Belliveau, B. (2008). 'You didn't do anything!' A research play on bullying. *Educational Insights*, 12(2).
<http://www.ccfi.educ.ubc.ca/publication/insights/v12n02/articles/belliveau/index.html>
- Belliveau, G. (2013). *Research-based theatre and a/r/tography: Exploring arts-based educational research methodologies*. Paper presentation: Keynote address – IDEA (International Drama Education Association)-Paris 2013.
- Belliveau, G. (2014). Possibilities and perspectives in performed research: A portrait of an artist/scholar within the academy. *Journal of Artistic Creative Education*, 8(1), 124-150.
- Belliveau, G., & Lea, G. W. (2016). *Research-based theatre as methodology: An artistic*

- approach to research*. Bristol, UK / Chicago, USA: Intellect.
- Benbow, S. M., & Goodwillie, G. (2010). Think family: Systemic therapy in later life. In N. A. Pachana, K. Laidlaw, & B. G. Knight (Eds.), *Casebook of clinical geropsychology* (pp. 91-106). Oxford, UK: Oxford University Press.
- Bender, M., Bauckham, P., & Norris, A. (1999). *The therapeutic purposes of reminiscence*. London: Sage.
- Bengtson, V. L., & Allen, K. R. (1993). The life course perspective applied to families over time. In V. L. Bengtson & K. R. Allen (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 469-499). New York: Springer.
- Bengtson, V. L., Burgess, E. O., & Parrott, T. M. (1997). Theory, explanation, and a third generation of theoretical development in social gerontology. *Journal of Gerontology: SOCIAL SCIENCES*, 52B(2), S72-88.
- Ben-Shlomo, Y., & Kuh, D. (2002). A life course approach to chronic disease epidemiology: Conceptual models, empirical challenges and interdisciplinary perspectives. *International Journal of Epidemiology*, 31(2), 285-293.
- Bernfeld, S., & Fritsch, T. (2006). *Creative expression and dementia care: Moving forward in research*. Milwaukee: University of Wisconsin.
- Berta, W., Laporte, A., Zarnett, D., Valdmanis, V., & Anderson, G. (2006). A pan-Canadian perspective on institutional long-term care. *Health Policy*, 79, 175-194.
- Betz, G., & Thorngren, J. (2006). Ambiguous loss and the family grieving process. *The Family Journal: Counseling and Therapy for Couples and Families*, 14(4), 359-365.
- Bhar, S. S. (2014). Reminiscence therapy: A review. In N. A. Pachana & K. Laidlaw (Eds.), *The Oxford handbook of clinical geropsychology* (pp. 675-690). New York: Oxford

University Press.

- Biernacki, C. (2007). *Dementia: Metamorphosis in care*. Chichester, UK: Wiley & Sons.
- Biggs, S., Lowenstein, A., & Hendricks (Eds.) (2003). *The need for theory: Critical approaches to social gerontology*. Amityville: Baywood Publishing Co.
- Bird, J., Donelan, K., Sinclair, C., & Wales, P. (2010). Alice Hoy is not a building: Women in academia. In J. O'Toole & J. Ackroyd (Eds.), *Performing research: Tensions, triumphs and trade-offs of ethnodrama* (pp. 81-103). Stoke on Trent, UK: Trentham.
- Birren, J. (2011). Foreward. In G. Kenyon, E. Bohlmeijer, & W. L. Randall (Eds.), *Storying later life: Issues, investigations, and interventions in narrative gerontology* (pp. ix-x). New York: Oxford University Press.
- Birren, J. E., & Reyes, A. C. (2008). *Bibliography of autobiography, memoir and reminiscence literature: For use by scholars, students and practitioners*. Los Angeles: Ethel Percy Andrus Gerontology Center, University of Southern California.
- Birren, J. E., & Schroots, J. J. F. (2006). Autobiographical memory and the narrative self over the life span. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging*, 6th edition (pp. 477-498). London, UK: Elsevier Academic Press.
- Bischkopf, J., Busse, A., & Angermeyer, M. C. (2002). Mild cognitive impairment – a review of prevalence, incidence and outcome according to current approaches. *Acta Psychiatr Scand*, 106, 403-414.
- Bishop, J. D., & Moxley, D. P. (2012). Promising practices useful in the design of an intergenerational program: Ten assertions guiding program development. *Social Work in Mental Health*, 10(3), 183-204. doi: 10.1080/15332985.2011.649637
- Bishop, K. (2014a). *SPINNING RED YARN(S): Being artist/researcher/educator through*

- playbuilding as qualitative research* (Doctoral dissertation, University of Victoria).
Retrieved from <https://dspace.library.uvic.ca/handle/1828/5853>
- Bishop, K. (2014b). Six perspectives in search of an ethical solution: Utilising a moral imperative with a multiple ethics paradigm to guide research-based theatre/applied theatre. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 19(1), 64-75.
- Black, B. S., Rabins, P., & Kasper, J. (2009). *Alzheimer Disease Related Quality of Life: User's Manual*, 2nd ed. Baltimore, MD: DEMeasure.
- Blatner, A. (2000). *Foundations of psychodrama: History, theory, and practice* (4th ed.). New York: Springer.
- Blatner, A. (Ed.) (2007). *Interactive and improvisational drama: Varieties of applied theatre and performance*. Lincoln, Nebraska: iUniverse, Inc.
- Boal, A. (1979). *Theatre of the oppressed*. New York: Theatre Communications Group.
- Boal, A. (1998). *Legislative theatre: Using performance to make politics*. London: Routledge.
- Boal, A. (2006). *The aesthetics of the oppressed*. London: Routledge.
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality & Quantity*, 36, 391-409.
- Bohlmeijer, E. (2007). *Reminiscence and depression in later life* (Dissertation). Amsterdam: Faculty of Psychology and Education, Vrije Universiteit.
- Bohlmeijer, E., Roemer, M., Cuijpers, P., & Smit, F. (2007). The effects of life review on psychological well-being in older adults: A meta-analysis. *Aging and Mental Health*, 11, 291-300.
- Bohlmeijer, E., Smit, F., & Cuijpers, P. (2003). Effects of reminiscence and life review on late-

- life depression: A meta-analysis. *International Journal of Geriatric Psychiatry*, 18, 1088-1094.
- Bohlmeijer, E., Valenkamp, M., Westerhof, G., Smit, F., & Cuijpers, P. (2005). Creative reminiscence as an early intervention for depression: Results of a pilot project. *Aging & Mental Health*, 9(4), 302-304.
- Bohlmeijer, E., & Westerhof, G. (2011). Reminiscence interventions: Bringing narrative gerontology into practice. In G. Kenyon, E. Bohlmeijer, & W.L. Randall (eds.), *Storying later life: Issues, investigations, and interventions in narrative gerontology* (pp. 273-306). New York: Oxford University Press.
- Bohlmeijer, E., Westerhof, G., Randall, W., Tromp, T., & Kenyon, G. (2011). Narrative foreclosure in later life: Preliminary considerations for a new sensitizing concept. *Journal of Aging Studies*, 25, 364-370.
- Bolton, J. (2012). *Dementia and the use of creative arts to maintain personhood*. London: Winston Churchill Memorial Trust. www.wcmt.org.uk/reports
- Booth, E. (1999). *The everyday work of art: Awakening the extraordinary in your daily life*. Naperville, IL: Sourcebooks.
- Bornat, J. (Ed.) (1994). *Reminiscence reviewed: Evaluations, achievements, perspectives*. Buckingham, UK: Open University Press.
- Bornat, J. (2001). Reminiscence and oral history: Parallel universes or shared endeavour? *Ageing and Society*, 21, 219-241.
- Borrell, L. N., & Crawford, N. D. (2011). Social disparities in periodontics among US adults: The effect of allostatic load. *Journal of Epidemiology and Community Health*, 65(2), 144-149.

- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Boston: Harvard University Press.
- Boss, P. (2006). *Loss, trauma and resilience*. New York: W.W. Norton & Company.
- Boss, P. (2009). DVD. *The ambiguous loss of dementia: Finding meaning and hope*. Toronto: Alzheimer Society of Toronto.
- Boss, P. (2012). *The ambiguous loss of dementia: A relational view of complicated bereavement in caregivers*. In M. O'Reilly-Landry (Ed.), *A psychodynamic understanding of modern medicine: Placing the person at the center of care* (pp. 183-193). Milton Keynes, UK: Radcliffe Publishing.
- Bostrom, A. M., Cummings, G. G., Kolewaski, B., Estabrooks, C. A. (2012). *Instruments measuring quality of life for older adults with dementia: A systematic review of reviews. Technical Report*. (12-01-TR). Edmonton, AB: University of Alberta, Faculty of Nursing. (ISBN: 978-1-55195-290-1)
- Bouman, A. I. E., et al. (2011). Evaluation of QUALIDEM: A dementia-specific quality of life instrument for persons with dementia in residential settings; Scalability and reliability of subscales in four Dutch field surveys. *International Journal of Geriatric Psychiatry*, 26, 711-722.
- Bourriaud, N. (2007). *Relasjonell estetikk*. Oslo, Norway: Pax Forlag.
- Bowlby, J. (1980). *Attachment and loss* (Vol. 3): *Sadness and depression*. Cambridge, UK: Cambridge University Press.
- Bowling, A. (2004). *Measuring health: A review of quality of life measurement scales* (3rd edition). Buckingham: Open University Press.
- Boydell, K. M., Gladstone, B. M., Volpe, T., Allemang, B., & Stasiulis, E. (2012). The

- production and dissemination of knowledge: A scoping review of arts-based health research. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 13(1), Art. 32. <http://nbn-resolving.de/urn:nbn:de:0114-fqs1201327>
- Boydell, K. M., Volpe, T., Cox, S., Katz, A., Dow, R., Brunger, F., Parsons, J., Belliveau, G., Gladstone, B., Zlotnik-Shaul, R., Cook, S., Kamensek, O., Lafreniere, D., & Wong, L. (2012). Ethical challenges in arts-based health research. *The International Journal of The Creative Arts in Interdisciplinary Practice*, Issue 11, 1-17 (Article 1).
- Bradford Dementia Group (2005). *DCM 8 user's manual: The DCM method*, 8th edition. Bradford: University of Bradford.
- Bramble, M., Moyle, W., & McAllister, M. (2009). Seeking connection: Family care experiences following long-term dementia care placement. *Journal of Clinical Nursing*, 18(22), 3118-3125.
- Bramwell, R. (1992). Drama education and children's attitudes toward aging and the elderly. *Youth Theatre Journal*, 6(4), 7-11.
- Branson, C. (2010). Ethical decision making: Is personal moral integrity the missing link? *Journal of Authentic Leadership in Education*, 1(1), 1-8.
- Braveman, P. (2003). Monitoring equity in health and health care: A conceptual framework. *Journal of Health Population Nutrition*, 21(3), 181-192.
- Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129 (Suppl. 2), 19-31.
- Brecht, B. (1964). *Brecht on theatre*. New York: Hill & Wang.
- Brecht, B. (1987). *Bertolt Brecht: Poems 1913-56*. New York, NY: Routledge.
- Brett-MacLean, P. (2007). *Art(ists) in the making: Exploring narratives of coming to art in later*

- later life* (Doctoral dissertation, University of British Columbia).
- Brieber, D., Nadal, M., & Leder, H. (2015). In the whole cube: Museum context enhances the valuation and memory of an art. *Acta Psychologica, 154*, 36-42.
- Brockmeier, J. (2014). Questions of meaning: Memory, dementia, and the postautobiographical perspective. In L.-C. Hyden, H. Lindemann, & J. Brockmeier (Eds.), *Beyond loss: Dementia, identity, personhood* (pp. 69-90). New York, NY: Oxford University Press.
- Brod, M., Stewart, A. L., Sands, L., & Walton, P. (1999). Conceptualization and measurement of quality of life in dementia: The dementia quality of life instrument (DQoL). *The Gerontologist, 39*, 25-35.
- Broderick, S. (2011). Arts practices in unreasonable doubt? Reflections on understanding of arts practices in healthcare contexts. *Arts & Health, 3*(2), 95-109.
- Brodzinski, E. (2010). *Theatre in health and care*. London: Palgrave Macmillan.
- Brodzinski, E., & Torrissen, W. (2015). 'Turning point: Culture and health in Nordic collaboration': Interview with Kjell Austin, Region Skane. *Journal of Applied Arts & Health, 6*(2), 123-127. doi: 10.1386/jaah6.2.123_7
- Brooker, D. (2007). *Person-centred dementia care: Making services better*. London, UK: Jessica Kingsley.
- Brooker, D. J. R., & Duce, L. (2000). Well-being and activity in dementia: A comparison of group reminiscence therapy, structured goal-directed activity and unstructured time. *Aging and Mental Health, 4*, 356-360.
- Brown, I., A. S., Fung, W. L. A., Isaacs, B., & Baum, N. (2003). Family quality of life: Canadian results from an international study. *Journal of Developmental and Physical Disabilities, 15*(3), 207-230.

- Brown, J., Bowling, A., & Flynn, T. (2004). *Models of quality of life: A taxonomy, overview and systematic review of the literature*. (Project Report) European Forum on Population Ageing Research. <http://www.ageingresearch.group.shef.ac.uk/pdf/qol>
- Browne, A. (1992). *The tunnel*. London: Walker Books Ltd.
- Bruce, E., & Schultz, C. (2001). *Nonfinite loss and grief: A psychoeducational approach*. Detroit, MI: Paul H. Brooks Publishing.
- Bruner, J. (1977). *The process of education* (2nd Edition). Boston, MA: President and Fellows of Harvard College.
- Brunner, E. (2007). Biology and health inequality. *Plos Biology*, 5(11), e267-e267.
- Bryant, F. B., Smart, C. M., & King, S. P. (2005). Using the past to enhance the present: Boosting happiness through positive reminiscence. *Journal of Happiness Studies*, 6, 227-260.
- Bryman, A., & Teevan, J. J. (2005). *Social research methods*. London: Oxford University Press.
- Bury, A., Popple, K., & Barker, J. (1998). "You've got to think really hard": Children making sense of the aims and content of theatre in health education. *RIDE: Research in Drama Education*, 3(1), 13-27.
- Butler, R. (1963). The life review: An interpretation of reminiscence in the aged. *Psychiatry*, 26, 65-76.
- Butler, R. N. (1995). The life review. In B. K. Haight & J. D. Webster (Eds.), *The art and science of reminiscence* (xvii-xxii). Washington, DC: Taylor & Francis.
- Butler, R. N. (1999). Thoughts on the life review. Pioneers in reminiscence and life review panel presentation. *Reminiscence and life review conference papers*, (36). Superior, WI: University of Wisconsin-Superior.

- Butler, R. (2002/1975). *Why survive? Being old in America*. Baltimore: Johns Hopkins.
- Butler, R. (2010). Prologue or introduction to life review. In W. A. Achenbaum (2013), *Robert N. Butler, MD: Visionary of healthy aging* (pages 199-218). New York: Columbia University Press.
- Butler-Jones, D. (2011). *The chief public health officer's report on the state of public health in Canada, 2010: Growing older – adding life to years*. Ottawa, ON: Public Health Agency of Canada.
- Butler-Kisber, L. (2002). Artful portrayals in qualitative inquiry: The road to found poetry and beyond. *The Alberta Journal of Educational Research*, XLVIII(3), 229-239.
- Buttrick, J., Parkinson, A., Wallis, A., Threntham, S., & Riseborough, M. (2013). *What do we know about the role of arts in the delivery of social care?* London: Skills for Care.
- Caddell, L. S., & Clare, L. (2010). The impact of dementia on self and identity: A systematic review. *Clinical Psychology Review*, 30(1), 113-126. doi: 10.1016/j.cpr.2009.10.003
- Caddell, L. S., & Clare, L. (2011a). Interventions supporting self and identity in people with dementia: A systematic review. *Aging & Mental Health*, 15(7), 797-810. doi: 10.1080/13607863.2011.575352
- Caddell, L. S., & Clare, L. (2011b). 'I'm still the same person': The impact of early-stage dementia on identity. *Dementia: The International Journal of Social Research and Practice*, 10(3), 379-398.
- Caddell, L. S., & Clare, L. (2012). Identity, mood, and quality of life in people with early-stage dementia. *International Psychogeriatrics*, 24(8), 1306-1315.
- Caddell, L. S., & Clare, L. (2013a). A profile of identity in early-stage dementia and a comparison with healthy older people. *Aging & Mental Health*, 17(3), 319-327.

doi: 10.1080/13607863.2012.742489

Caddell, L. S., & Clare, L. (2013b). How does identity relate to cognition and functional abilities in early-stage dementia? *Aging, Neuropsychology, and Cognition*, 20(1), 1-21.

doi: 10.1080/13825585.2012.656575

Cahill, H. (2006). Research acts: Using the drama workshop as a site for conducting participatory action research. *The NADIE Journal Australia*, 30(2), 61-72.

Cahnmann, M. (2003). The craft, practice, and possibility of poetry in educational research. *Educational Researcher*, 32(3), 29-36.

Callahan, D., Singer, P., & Chadwick, R. (Eds.) (1998). *Encyclopedia of applied ethics*, 4-volume set. London: Academic Press.

Camp, C., Cohen-Mansfield, J., & Capezuti, E. (2002). Use of nonpharmacologic interventions among nursing home residents with dementia. *Psychiatric Services*, 53(11), 1397-1401.

Campaign to End Loneliness (2011). *Measuring your impact on loneliness in later life*. London, UK: Calouste Gulbenkian Foundation, Tudor Trust, Esmee Fairbairn Foundation, & the John Ellerman Foundation. www.campaigntoendloneliness.org.uk

Campbell, E., & Lassiter, L. E. (2015). *Doing ethnography today: Theories, methods, exercises*. West Sussex, UK: John Wiley & Sons, Ltd.

Canadian Health Services Research Foundation (2011). *Better with age: Health systems planning for the aging population* (Synthesis Report). Ottawa, Ont.: CHSRF.

Canadian Healthcare Association (2009). *New directions for facility-based long term care*. Ottawa, Ont.: CHA.

Canadian Index of Wellbeing (2011). *How are Canadians really doing? Highlights: Canadian Index of Wellbeing 1.0*. Waterloo, Ont.: Canadian Index of Wellbeing and University of

Waterloo.

Canadian Institute for Health Information (2007). *Facility-based continuing care in Canada, 2004-2005*. Ottawa, ON: Canadian Institute for Health Information.

Canadian Institute for Health Information (2011b). *Health indicators 2011*. Ottawa, ON: Author.

Canadian Institute for Health Information (2013). *CIHI annual report, 2012-2013*. Ottawa, ON: Author.

Canadian Institutes of Health Research (2013). *Information about Alzheimer's and related dementias*. Retrieved from <http://www.cihr-irsc.gc.ca/e/45554.html>.

Canadian Medical Association (2015). *A policy framework to guide a national seniors strategy for Canada*. https://www.cma.ca/Assets/assets-library/document/en/about-us/gc2015/policy-framework-to-guide-seniors_en.pdf

Canadian Population Health Initiative (2008). *Reducing gaps in health: A focus on socio-economic status in urban Canada*. Ottawa: Canadian Population Health Initiative.

Canadian Psychological Association (2000). *Canadian code of ethics for psychologists*, third edition. Ottawa, ON: Canadian Psychological Association.

Canadian Public Health Association (2009). *CPHA policy statements*. Ottawa: Canadian Public Health Association.

Canadian Study of Health and Aging Working Group (1994). Canadian study of health and aging: Study methods and prevalence of dementia. *Canadian Medical Association Journal*, 150(6), 899-913.

Cappeliez, P., Guindon, M., & Robitaille, A. (2008). Functions of reminiscence and emotional regulation among older adults. *Journal of Aging Studies*, 22, 266-272.

Cappeliez, P., O'Rourke, N., & Chaudhury, H. (2005). Functions of reminiscence and mental

- health in later life. *Aging & Mental Health*, 9(4), 295-301.
- Cappeliez, P. & Webster, J. D. (2011). Mneme and anamnesis: The contribution of a narrative self in older age. In G. Kenyon, E. Bohlmeijer, & W. L. Randall (Eds.), *Storying later life: Issues, investigations, and interventions in narrative gerontology* (pp. 177-194). New York: Oxford University Press.
- Caron, W., Hepburn, K., Luptak, M., Grant, L., Ostwald, S., & Keenan, J. (1999). Expanding the discourse of care: Family constructed biographies of nursing home residents. *Families, Systems, & Health*, 17, 323-335.
- Carr, D., Wellin, C., & Reece, H. (2009). A review of arts and aging research: Revealing an elusive but promising direction for the era of the third age. *Journal of Aging, Humanities, and the Arts*, 3(3), 199-221.
- Carstensen, L. L. (2014). Our aging population – It may just save us all. In P. H. Irving & R. Beamish (Eds.), *The upside of aging: How long life is changing the world of health, work, innovation, policy, and purpose* (pp. 3-18). New York: John Wiley & Sons.
- Carter, S. M., & Little, M. (2007). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. *Qualitative Health Research*, 17, 1316-1328.
- Casper, S., O'Rourke, N., & Gutman, G. M. (2009). The differential influence of culture change models on long-term care staff empowerment and provision of individualized care. *Canadian Journal of Aging*, 28, 165-175.
- Cayton, H. (2006). *Report of the review of arts and health working group*. Chair: Working Group on Arts and Health, National Director for Patients and the Public. Department of Health: London, UK.

- Chambers, R. (1984). *Story and situation: Narrative seduction and the power of fiction*.
Manchester: Manchester University Press.
- Chapman, D. P., Williams, S. M., Strine, T. W., Anda, R. F., & Moore, M. J. (2006). Dementia and its implications for public health. *Preventing Chronic Disease*, 3(2), Article 34.
- Chappell, N., Gee, E., McDonald, L., & Stones, M. (2003). *Aging in contemporary Canada*.
Toronto: Prentice Hall.
- Chappell, N. L., & Hollander, M. J. (2013). *Aging in Canada*. Don Mills, ON: Oxford University Press.
- Charlesworth, G., Burnell, K., Beecham, J., Hoare, Z., Hoe, J., Wenborn, J., Knapp, M., Russell, I., Woods, B., & Orrell, M. (2011). Peer support for family carers of people with dementia, alone or in combination with group reminiscence in a factorial design: Study protocol for a randomized controlled trial. *Trials*, 12, 205. Also published online (BioMed Central), Sep 15, 2011, doi: 10.1186/1745-6215-12-205
- Charmaz, K. (2001). Grounded theory. In R.M. Emerson (Ed.), *Contemporary field research: Perspectives and formulations* (2nd ed., pp. 335-352). Prospect Heights, IL: Waveland Press.
- Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. New York: Oxford University Press.
- Chenoweth, L., King, M. T., Jeon, Y., Brodaty, H., Stein-Parbury, J., Norman, R., Haas, M., & Luscombe, G. (2009). Caring for Aged Dementia Care Resident Study (CADRES) of person-centred care, dementia-care mapping, and usual care in dementia: A cluster-randomized trial. *Lancet Neurology*, 8, 317-25.
- Chinyowa, K. C. (2011). Revisiting monitoring and evaluation strategies for applied drama and

- theatre practice in African contexts. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 16(3), 337-356.
- Chow, E. (2012). Measuring arts project outcomes: A provisional framework for elderly persons with dementia. Paper Presentation - Impact: Cultivating research postgraduate symposium. Manchester, UK: University of Manchester (May 26, 2012).
<http://www.edchow.wordpress.com>
- Clare, L., Rowlands, J., Bruce, E., Surr, C., & Downs, M. (2008). The experience of living with dementia in residential care: An interpretive phenomenological analysis. *The Gerontologist*, 48(6), 711-720. doi: 10.1093/geront/48.6.711
- Clare, L., Rowlands, J., & Quin, R. (2008). Collective strength: The impact of developing a shared identity in early-stage dementia. *Dementia*, 7(1), 9-30.
- Clare, L., Whitaker, C. J., Nelis, S. M., Martyr, A., Markova, I. S., Roth, I., ... Morris, R.G. (2013). Self-concept in early stage dementia: Profile, course, correlates, predictors and implications for quality of life. *International Journal of Geriatric Psychiatry*, 28(5), 494-503. doi: 10.1002/gps.3852
- Clift, S. (2005). Guest editorial. *Health Education*, 105(5), 328-331.
- Clift, S. (2012). Creative arts as a public health resource: Moving from practice-based research to evidence-based practice. *Perspectives in Public Health*, 132(3), 120-127.
- Clift, S. (2017). On the need for diversity of methods in researching arts and health practice. In M. Reason & N. Rowe (Eds.), *Applied practice: Evidence and impact in theatre, music and art* (pages 67-79). London: Bloomsbury Methuen Drama.
- Clift, S., & Camic, P. M. (Eds.) (2016). *Oxford textbook of creative arts, health, and wellbeing: International perspectives on practice, policy, and research*. Oxford, UK: Oxford

University Press.

- Clift, S., Camic, P. M., Chapman, B., Clayton, G., Daykin, N., Eades, G., Parkinson, C., Secker, J., Stickley, T., & White, M. (2009). The state of arts and health in England. *Arts & Health, 1*(1), 6-35.
- Clissett, P., Porock, D., Harwood, R. H., & Gladman, J. R. F. (2013). The challenges of achieving person-centred care in acute hospitals: A qualitative study of people with dementia and their families. *International Journal of Nursing Studies, 50*(11), 1495-1503. doi: 10.1016/S0277-9536(99)00471-2
- Cloutier, D. S., & Penning, M. J. (in press, 2016-17). Janus at the crossroads: Perspectives on long-term care trajectories for older women with dementia in a Canadian context.
- Cloutier-Fisher, D., Foster, L. T., & Hultsch, D. (Eds.) (2009). Health and aging in British Columbia: Vulnerability and resilience. *Canadian Western Geographical Series, 43*. Victoria, BC: Western Geographical Press, Department of Geography, University of Victoria.
- Cody, T.-L. (2010). Devising theatre from personal narratives: Investigating tensions for participants in a New Zealand community theatre experience. *New Zealand Journal of Research in Performing Arts and Education: Nga Mahi a Rehia, 2*, 2-19.
- Cody, M., Beck, C., & Svarstad, B. (2002). Challenges to the use of nonpharmacologic interventions in nursing homes. *Psychiatric Services, 53*(11), 1402-1406.
- Cohen, C. E., Varea, R. G., & Walker, P. O. (2011) (Eds.). *Acting together: Performance and the creative transformation of violence: Volume I: Resistance and reconciliation in regions of violence*. New York: New Village Press.
- Cohen, G. (2000). *The creative age: Awakening human potential in the second half of life*. New

- York: HarperCollins.
- Cohen, G. D. (2006). *The creativity and aging study: The impact of professionally conducted cultural programs on older adults* (Final Report: April 2006). Coordinating Site: The Center on Aging, Health & Humanities, The George Washington University.
- Cohen, G. (2009). New theories and research findings on the positive influence of music and art on health with ageing. *Arts and Health, 1*, 48-62.
- Cohen, G., & Conway, M. A. (Eds.) (2007). *Memory in the real world* (3rd ed.). Hove, UK: Psychology Press.
- Cohen, G., Perlstein, S., Chapline, J., Kelly, J., Firth, K. M., & Simmens, S. (2007). The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults: 2-year results. *Journal of Aging, Humanities, and the Arts, 1*, 5-22.
- Cohen, G. D., & Taylor, S. (1998). Reminiscence and ageing. *Ageing and Society, 18*(5), 601-610.
- Cohen, M. (2012). *Caring for BC's aging population: Improving health care for all*. Vancouver, BC: BC Health Coalition and Canadian Centre for Policy Alternatives.
- Cohen-Mansfield, J. (2001). Nonpharmacologic interventions for inappropriate behaviours in dementia. *American Journal of Geriatric Psychiatry, 9*(4), 361-381.
- Cohen-Mansfield, J., Golander, H., & Arnhem, G. (2000). Self-identity in older persons suffering from dementia: Preliminary results. *Social Science & Medicine, 51*(3), 381-394. doi: 10.1016/S0277-9536(99)00471-2
- Cole, J., & Durham, D. (Eds.) (2008). *Figuring the future: Globalization and the temporalities of children and youth*. Santa Fe: School for Advanced Research Press.

- Coleman, P. G. (2005). Uses of reminiscence: Functions and benefits. *Aging & Mental Health*, 9(4), 291-294.
- Coleman, P. G. & Mills, M. A. (1997). Listening to the story: Life review and the painful past in day and residential settings. In L. Hunt, M.M. Marshall & C. Rowlings (Eds.), *Past trauma in late life: European perspectives on therapeutic work with older people* (pp. 171-183). London: Jessica Kingsley.
- Conrad, D. (2012). *Athabasca's going unmanned: An ethnodrama about incarcerated youth*. Rotterdam, The Netherlands: Sense.
- Conrad, D., & Campbell, G. (2008). Participatory research – An empowering methodology with marginalized populations. In P. Liamputtong & J. Rumbold (Eds.), *Knowing differently: Arts-based and collaborative research methods* (pp. 247-263). Hauppauge, New York: Nova Science Publishers, Inc.
- Conrad, J. (1897). *Nigger of the Narcissus*. New York: Harper and Row.
- Conrad, K., & Sinner, A. (Eds.) (2015). *Creating together: Participatory, community-based and collaborative arts practices and scholarship across Canada*. Waterloo, Ontario: Wilfred Laurier University Press.
- Conroy, C. (2015). Memory, fiction and self. *RIDE: The Journal of Applied Theatre and Performance*, 20(3), 278-279.
- Cook, S. (2012). *Accessible theatre: The application of human ethology and innate neurobiological systems to full-masked devised theatre practice*. PhD Thesis. Loughborough University.
- Cooley, N. (2003). *Arts and culture in medicine and health: A survey research paper*. Cooley & Associates, Inc., Victoria, B.C. Available from the British Columbia Arts Council:

<http://bartscouncil.ca/pdf/ASurveyResearchPaper.pdf>

- Cooley, N. (2005). *Forum summary report*. Canadian Forum on Arts and Health 2005. (March 14-15, 2005: Vancouver, BC). Victoria, BC: Cooley & Associates.
- Cooley, N., Markle, G., & Parker, A. (2006). *Developing a national network for arts and health: A regional inquiry*. Undertaken for the British Columbia Art Therapy Association. Victoria, BC: Cooley & Associates. artshealthforum@llok.ca
- Conquergood, D. (1998). Beyond the text: Toward a performative cultural politics. In S. J. Dailey (Ed.), *The future of performance studies: Visions and revisions* (pp. 25-36). Washington, DC: National Communication Association.
- Corbin, J. M. (2003). The body in health and illness. *Qualitative Health Research*, 13(2), 256-267.
- Corner, L., & Bond, J. (2006). The impact of the label of mild cognitive impairment of the individual's sense of self. *Philosophy, Psychiatry & Psychology*, 13(1), 3-12.
- Cox, S., Kazubowski-Houston, M., & Nisker, J. (2009). Genetics on stage: Public engagement in health policy development on preimplantation genetic diagnosis. *Social Science & Medicine*, 68(8), 1472-1480.
- Cox, S., Lafreniere, D., Brett-MacLean, P., Collie, K., Cooley, N., Dunbrack, J., & Frager, G. (2010). Tipping the iceberg? The state of arts and health in Canada. *Arts & Health*, 2(2), 109-124.
- Cranswick, K. (2003). *2002 General Social Survey Cycle 16: Caring for an aging society*. Ottawa, Ontario: Minister of Industry.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.

- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five Approaches*, 3rd edition. Thousand Oaks, CA: SAGE Publications.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-130.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd edition). Thousand Oaks, CA: Sage.
- Crossick, G., & Kaszynska, P. (2016). *Understanding the value of arts and culture: The AHRC Cultural Value Project*. Arts and Humanities Research Council (UK), pp. 100-112.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London, UK: SAGE Publications.
- Cruikshank, K. (2010). The effectiveness of reminiscence therapy in reducing level of depression in older adults. *International Journal of Geriatric Psychiatry*, 18(3), 1088-1094.
- Cutler, D., Kelly, D., & Silver, S. (2011). *Creative homes: How the Arts can contribute to quality of life in residential care*. London, UK: The Baring Foundation.
- Cuypers, K. F., Knudtsen, M. S., Sandgren, M., Krokstad, S., Wikstrom, B. M., & Theorell, T. (2011). Cultural activities and public health: Research in Norway and Sweden. An overview. *Arts & Health*, 3(1), 6-26.
- Dalrymple, L. (2006). Has it made a difference? Understanding and measuring the impact of applied theatre with young people in the South African context. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 11(2), 201-218.
- Danelly, J., & Lynch, C. (2013). Introduction. *Transitions and transformations: Paradigms*,

- perspectives, and possibilities. In C. Lynch & J. Danely (Eds.), *Transitions and transformation: Cultural perspectives on aging and the life course* (pp. 3-20). New York: Berghahn.
- Dannefer, D., & Daub, A. (2009). Extending the interrogation: Life span, life course, and the constitution of human aging. *Advances in Life Course Research*. (Special Issue: Reconsidering the linked lives principle) 14(1-2), 15-27.
- Dannefer, D., & Shura, P. R. (2008). The missing person: Some limitations in the contemporary study of cognitive aging. In D. Alwin & S. Hofer (Eds.), *International handbook of cognitive aging* (pp. 105-119). Thousand Oaks, CA: Sage.
- Dannefer, D., & Shura, P. R. (2009). Experience, social structure and later life: Meaning and old age in an aging society. In P. Uhlenberg (Ed.), *International handbook of population aging* (pp. 747-755). Dordrecht, The Netherlands: Springer.
- Dannefer, D., Stein, P., Siders, R., & Shura, R. (2008). Is that all there is? The concept of care and the dialectic of critique. *Journal of Aging Studies*, 101-108.
- Darnton-Hill, I. (1995). Healthy aging and the quality of life. *World Health Forum*, 16(4), 335-343.
- DasGupta, S. (2008). Narrative humility. *Lancet*, 22, 980-1001.
- David, G., & Patterson, G. (1997). Productive aging: 1995 White House conference on aging, challenges for public policy and social work practice. *Journal of Gerontological Social Work*, 2(3), 9-25.
- Davidson, A. (2014). *Social determinants of health: A comparative approach*. Don Mills, Ontario: Oxford University Press.
- Davies, C. A. (1999). *Reflexive ethnography: A guide to researching selves and others*. New

York: Routledge.

- Davies, C. R., Knuiaman, M., Wright, P., & Rosenberg, M. (2014). The art of being healthy: A qualitative study to develop a thematic framework for understanding the relationship between health and the arts. *British Medical Journal*, 4(4), e004790-e004790.
- Davis, D. (2004). Dementia: Sociological and philosophical constructions. *Social Science and Medicine*, 58, 369-378.
- Dawson, G. F. (1999). *Documentary theatre in the United States: An historical survey and analysis of its content, form, and stagecraft*. Westport, CT: Greenwood.
- De Medeiros, K. (2014). *Narrative gerontology in research and practice*. New York: Springer.
- De Vries, B., Blando, J., & Walker, L. (1995). An exploratory analysis of the content and structure of life review. In B. Haight & J. Webster (Eds.), *The art and science of reminiscing* (pp. 123-137). Pennsylvania: Taylor & Francis.
- De Waal, A. (2015). Staging wounded soldiers: The affects and effects of post-traumatic theatre. *Performance Paradigm*, 11, 16-31.
- De Vogli, R., Brunner, E., & Marmot, M. G. (2007). Unfairness and the social gradient of metabolic syndrome in the Whitehall II study. *Journal of Psychosomatic Research*, 63(4), 413-419.
- De Vresse, L. (2009). Epidemiology and causation. *Medicine, Health Care, and Philosophy*, 12(3), 345-353.
- Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology*, 49, 182-185.
- Dempsey, L., Murphy, K., Cooney, A., Casey, D., O'Shea, E., Devane, D., & ... Hunter, A. (2014). Reminiscence in dementia: A concept analysis. *Dementia*, 13(2), 176-192.

- Denton, E. T., & Spencer, B. G. (2010). Chronic health conditions: Changing prevalence in an aging population and some implications for the delivery of health care services. *Canadian Journal on Aging, 29*(1), 11-21.
- Denzin, N. (1997). *Interpretive ethnography: Ethnographic practices for the 21st century*. Thousand Oaks, CA: SAGE Publications.
- Denzin, N. (2000). Aesthetics and the practices of qualitative inquiry. *Qualitative Inquiry, 6*(2), 256-265.
- Denzin, N. (2003). *Performance ethnography: Critical pedagogy and the politics of culture*. USA: SAGE Publications.
- Denzin, N. K., & Lincoln, Y. S. (Eds.) (2000). *Handbook of qualitative research, 2nd edition*. Thousand Oaks, CA: SAGE Publications.
- Denzin, N. K., & Lincoln, Y. S. (2005). Series editors' foreword. In J. Saldaña (Ed.), *Ethno-drama: An anthology of reality theatre* (pp. ix-xi). Walnut Creek, CA: AltaMira.
- Denzin, N. K., & Lincoln, Y. S. (Eds.) (2011). *The SAGE handbook of qualitative research, 4th edition*. Thousand Oaks, CA: SAGE Publications.
- Department of Health (2001). *National Service Framework for Older People*. HMSO: London.
- Department of Health (UK) (2006). *Report of the review of arts and health working group*. London: Author.
- Department of Health (UK) (2009). *Living well with dementia: A national dementia strategy*. London: Author.
- Devi, G. (2017). *The spectrum of hope: An optimistic and new approach to Alzheimer's disease and other dementias*. New York: Workman Publishing.
- Dewey, J. (1916). *Democracy and education: An introduction to the philosophy of education*.

- New York: MacMillan.
- Dickenson, S. J. (2015). The playwright and applied drama. *RIDE: The Journal of Applied Theatre and Performance*, 20(3), 285-287.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49(1), 71-75.
- Dijkstra, A. (2007). Family participation in care plan meetings: Promoting a collaborative organizational culture in nursing homes. *Journal of Gerontological Nursing*, 33(4), 22-29.
- Dixon, M., and Senior, K. (2009). Traversing theory and transgressing academic discourses: Arts-based research in teacher education. *International Journal of Education & the Arts*, 10, Article 24. <http://www.ijea.org/v10n24/>
- Dobson, W. (2012). Theatre 235 Course Syllabus. Victoria, BC: University of Victoria.
- Dobson, W. (2013). No happy endings: What can applied theatre *really* do? Presentation at Congress of the Humanities and Social Sciences 2013 (June 1-4), Canadian Association for Theatre Research. University of Victoria, Victoria, BC.
- Dobson, W., & Goode, T. (2002). Taking care of basics: A reminiscence theatre project. In B. Warren (Ed.), *Creating a theatre in your classroom and community* (2nd ed.) (pp. 179-192). North York, Ontario: Captus Press.
- Doidge, N. (2007). *The brain that changes itself: Stories of personal triumph from the frontiers of brain science*. Victoria, Australia: Scribe Publications Pty Ltd.
- Doka, K. (2010). Grief, multiple loss and dementia. *Bereavement Care*, 29(3), 15-20.
- Donmoyer, R., & Yennie-Donmoyer, J. Y. (2008). Readers' theater as a data display strategy. In J. G. Knowles & A. L. Cole (Eds.), *Handbook of the arts in qualitative research:*

- Perspectives, methodologies, examples, and issues* (pp. 209-224). Thousand Oaks, CA: SAGE Publications.
- Doris Marshall Institute (1990). *Educating for a change: Workshop manual series*. Toronto: Doris Marshall Institute.
- Droes, R. M. (1997). Psychosocial treatment for demented patients: An overview of methods and effects. In B. M. L. Miesen & G. M. M. Jones (Eds.), *Care-giving in dementia: Research and applications* (pp. 127-148). London: Routledge.
- Duffy, A. A. (2014). Building the capital's future. *Capital*, Spring 2014, 10-18. Victoria, BC: Times Colonist.
- Dugga, V. (2002). Icons and metaphors in African theatre against HIV/AIDS. *NJ: Drama Australia Journal*, 26(2), 63-72.
- Dumit, J. (2004). *Picturing personhood: Brain scans and biomedical identity*. Princeton, NJ: Princeton University Press.
- Dunn, J., & Anderson, M. (Eds.) (2013). *How drama activates learning: Contemporary research and practice*. London: Bloomsbury Academic.
- Duxbury, L., Higgins, C. et al. (2009). *Balancing paid work and caregiving responsibilities: A closer look at family caregivers in Canada*. Ottawa, Ont.: Canadian Policy Research Networks.
- Earle-Lambert, A. T. (2011). Those left behind: Heidegger on grief and mourning. *Open Access Dissertations and Theses*. Paper 6409.
- Ebly, E. M., Parhad, I. M., Hogan, D. B., & Fung, T. S. (1994). Prevalence and types of dementia in the very old: Results from the Canadian Study of Health and Aging. *Neurology*, 44, 1593-1600.

Edgar, D. (2012). Why should we fund the Arts? *The Guardian* (January 5, 2012).

<http://www.theguardian.com/culture/2012/jan/05/david-edgar-why-fund-the-arts>

Edwards, P., & Mawani, A. (2006). *Healthy again in Canada: A new vision, a vital investment from evidence to action*. Ottawa: The Alder Group.

Edwards, R., & Mauthner, M. (2012). Ethics and feminist research: Theory and practice. In T. Miller, M. Birch, M. Mauthner, & J. Jessop (Eds.), *Ethics in qualitative research*, 2nd edition (pp. 14-28). London: SAGE Publications.

Eekelaar, C., Camic, P. M., & Springham, N. (2012). Art galleries, episodic memory and verbal fluency in dementia: An exploratory study. *Psychology of Aesthetics, Creativity, and the Arts*, 6(3), 262-272.

Egermann, H., Pearce, M. T., Wiggins, G. A., & McAdams, S. (2013). Probabilistic models of expectation violation predict psychophysiological emotional responses to live concert music. *Cognitive, Affective, & Behavioral Neuroscience*, 13, 533-55.

Eisner, E. (2008). Art and knowledge. In J. G. Knowles & A. L. Cole (Eds.), *Handbook of the arts in qualitative research: Perspectives, methodologies, examples and issues*. Los Angeles, CA: Left Coast Press.

Eisner, E. (2013). *Does arts-based research have a future? Inaugural lecture for the First European Conference on Arts-Based Research*. Belfast, Northern Ireland, June 2005.

<http://www.jstor.org/stable/pdfplus/25475802.pdf?acceptTC=true&acceptTC=true&jpdConfirm=true>

Elder, G. H. (1999). The life course and aging: Some reflections. American Sociological Association Distinguished Scholar Lecture, Section on Aging, University of North Carolina at Chapel Hill, 10 August. www.unc.edu/~elder/pdf/asa-99talk.pdf.

- Elford, H., Wilson, F., McKee, K. J., Chung, M. C., Bolton, G., & Goudie, F. (2005). Psychosocial benefits of solitary reminiscence writing: An exploratory study. *Aging & Mental Health, 9*(4), 305-314.
- Ellis, C. (2000). Creating criteria: An ethnographic short story. *Qualitative Inquiry, 6*(2), 273-277.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (2011). *Writing ethnographic fieldnotes* (2nd ed.). Chicago, IL: University of Chicago Press.
- Emunah, R. (1994). *Acting for real: Drama therapy process, technique, and performance*. New York: Brunner/Mazel.
- Engel, G. L. (2012). The need for a new medical model: A challenge for biomedicine. *Psychodynamic Psychiatry, 40*(3), 377-396.
- Epskamp, K. (1989). *Theatre in search of social change: The relative significance of different theatrical approaches*. The Hague: Centre for the Study of Education in Developing Counties.
- Erikson, E. (1963). *Childhood and society*. New York: Norton.
- Erikson, E. (1978). Reflections on Dr. Borg's life cycle. In E. Erikson (Ed.), *Adulthood* (pp. 1-31). New York: W. W. Norton.
- Erikson, E. (1980). *Identity and the life cycle*. New York: W. W. Norton.
- Erikson, E. (1982). *The life cycle completed*. New York: W. W. Norton.
- Etherton, M., & Prentki, T. (2006). Drama for change? Prove it! Impact assessment in applied theatre. *Research in Drama Education, 11*(2), 139-155.
- Evans, R. G., & Stoddart, G. L. (2003). Consuming research, producing policy? *American Journal of Public Health, 93*(3), 371-379.

- Fagan, R. M., Williams, C. C., & Burger, S. G. (1997). Meeting of pioneers in nursing home culture change. Rochester, NY: Lifespan of Greater Rochester.
- Fancourt, D., & Joss, T. (2015). Aesop: A framework for developing and researching arts in health programmes. *Arts & Health*, doi: 10.1080/17533015.2014.924974
- Fancourt, D., & Poon, M. (2016). Validation of the Arts Observational Scale (ArtsObs) for the evaluation of performing arts activities in health care settings. *Arts & Health*, 8(2), 140-153. doi: 10.1080/17533015.2015.1048695
- Farrant, C., Pavilicevic, M., & Tsiris, G. (2014). *A guide to research ethics for arts therapists and arts and health practitioners*. London: Jessica Kingsley.
- Farlex Partner Medical Dictionary (2012). <http://medical-dictionary.thefreedictionary.com/>
- Faulkner, S. L. (2009). *Poetry as method: Reporting research through verse*. Walnut Creek, CA: Left Coast.
- Fels, L., & Belliveau, G. (2008). *Exploring curriculum: Performative inquiry, role drama and learning*. Vancouver, BC: Pacific Education Press.
- Ferraro, K. F. & Shippee, T. P. (2009). Aging and cumulative inequality: How does inequality get under the skin? *The Gerontologist*, 49(3), 333-343. doi: 10.1093/geront/gnp034
- Findlay, L., Bernier, J., Tuokko, H., Kirkland, S., & Gilmour, H. (2010). Validation of cognitive functioning categories in the Canadian Community Health Survey. *Health Reports*, 21(4), 1-16. Statistics Canada, Catalogue no. 82-003-XPE: Ottawa, Ontario.
- Fisher, A. S. (2005). Developing an ethics of practice in applied theatre: Badiou and fidelity to the truth of the event. *Research in Drama Education*, 10(2), 247-252.
- Fitts, W. H., & Warren, W. L. (1996). *Tennessee Self-Concept Scale, TCSC:2* (2nd edition): *Manual*. Los Angeles, CA: Western Psychological Services.

- Flesner, J. M. (2013). A shift in the conceptual understanding of grief: Using meaning-oriented therapies with bereaved clients. *Ideas and Research You Can Use: VISTAS 2013* (American Counseling Association), Article 25.
- Foner, N. (1993). *The caregiving dilemma: Work in an American nursing home*. Berkeley, CA: University of California Press.
- Fontana, A., & Smith, R. W. (1989). Alzheimer's disease victims: The 'unbecoming' of self and the normalization of competence. *Sociological Perspectives*, 32(1), 35-46.
- Folstein, M. F., Folstein, S. E., White, T., & Messer, M. A. (2010). *Mini-Mental State Examination*, 2nd Edition. Lutz, FL: Psychological Assessment Resources.
- Frank, A. W. (2004). Asking the right question about pain: Narrative and phronesis. *Lit Med*, 23, 209-225.
- Fraser, A., Bungay, H., & Munn-Giddings, C. (2014). The value of the use of participatory arts activities in residential care settings to enhance the well-being and quality of life of older people: A rapid review of the literature. *Arts & Health*, 6(3), 266-278.
doi: 10.1080/17533015.2014.923008
- Fraser, K. D., & al Sayah, F. (2011). Arts-based methods in health research: A systematic review of the literature. *Arts & Health*, 3(2), 110-145.
- Fraser, K. D., O'Rourke, H. M., Wiens, H., Lai, J., Howell, C., & Brett-MacLean, P. (2015). A scoping review of research on the arts, aging, and quality of life. *The Gerontologist*, 55(4), 719-729.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Herder & Herder.
- Freire, P. (2005). *Pedagogy of hope*. London: Bloomsbury.
- Frohlich, K. L., Corin, H., & Potvin, L. (2001). A theoretical proposal for the relationship

- between context and disease. *Sociology of Health & Illness*, 23(6), 776-797.
- Fryer, N. (2010). From reproduction to creativity and the aesthetic: Towards an ontological approach to the assessment of devised performance. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 15(4), 547-562.
- Fryer, N. (2013). *Towards a pedagogy of devised theatre praxis*. PhD Thesis. University of Warwick.
- Frytak, J. R. (2000). Assessment of quality of life in older adults. In L. Kane & A. Kane (Eds.), *Assessing older persons: Measures, meaning, and practical applications*. New York: Oxford University Press.
- Gallagher, K. (2007). Theatre pedagogy and performed research: Respectful forgeries and faithful betrayals. *Theatre Research in Canada*, 28(2), 105-119.
- Gallagher, K. (2011). Theatre as methodology or, what experimentation affords us. In S. Shonmann (Ed.), *Key concepts in theatre/drama education* (pp. 327-331). Rotterdam, Netherlands: Sense Publishers.
- Galvin, K. T. & Prendergast, M. (Eds.) (2015). *Poetic inquiry II: Seeing, caring, understanding: Using poetry as and for inquiry*. Rotterdam: Sense.
- Garand, L., Lingler, J. H., Deardorf, K. E., DeKosky, S. T., Schulz, R., Reynolds, C. F., & Dew, M. (2012). Anticipatory grief in new family caregivers of persons with mild cognitive impairment and dementia. *Alzheimer Disease and Associated Disorders*, 26(2), 159-165.
doi: 10.1097/WAD.0b013e31822f9051
- Garden, R. (2010). Telling stories about illness and disability: The limits and lessons of narrative. *Perspect Biol Med*, 53, 121-135.
- Garro, L. C. (2000). Cultural meaning, explanations of illness, and the development of

- comparative frameworks. *Ethnology*, 39(4), 305-334.
- Gaugler, J. E. (2005). Family involvement in residential long-term care: A synthesis and critical review. *Aging & Mental Health*, 9(2), 105-118.
- Gaugler, J. E., Anderson, K. A., & Holmes, H. H. (2005). Family-based intervention in residential long-term care. *Marriage & Family Review*, 37(1-2), 45-62.
- Gendlin, E. T. (1981). *Focusing*. New York, NY: Bantam Books.
- Gibson, F. (2004). *The past in the present: Using reminiscence in health and social care*. Baltimore: Health Professions Press.
- Geuss, R. (1981). *The idea of a critical theory: Habermas & the Frankfurt School*. Cambridge: Cambridge University Press.
- Gibson, F. (2011). *Reminiscence and life story work: A practice guide*, 4th edition. London: Jessica Kingsley.
- Gilhooly, M., Gilhooly, K., & Bowling, A. (2005). Quality of life: Meaning and measurement. In A. Walker (Ed.), *Growing older: Understanding quality of life in old age* (pp. 14-26). Maidenhead: Open University Press.
- Gillham, G. (1994). The value of theatre in education. *SCYPT Journal*, 27.
- Gillies, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: Toward a model of meaning construction in bereavement. *Journal of Constructivist Psychology*, 19, 31-65.
- Gitlin, L. N., & Wolff, J. (2011). Family involvement in care transitions of older adults: What do we know and where do we go from here? *Annual Review of Gerontology & Geriatrics*, 31, 31-64.
- Gjaerum, R. G. (2013a). Applied theatre research: Discourses in the field. *European Scientific*

- Journal*, 3, 347-361.
- Gjaerum, R. G. (2013b). Recalling memories through reminiscence theatre. *InFormation: Nordic Journal of Art and Research*, 2(2), Article 1. Available at <http://dx.doi.org/10.7577/information.v2i2.735>
- Gjaerum, R. G. (2013c). Art, age & health: A research journey about developing reminiscence theatre in an Age-Exchange project. *Nordic Journal of Art and Research*, 2(2), Article 2, 244-266. <http://dx.doi.org/10.7577/information.v2i2.736>
- Gladstone, B. M., Volpe, T., Stasiulis, E., & Boydell, K. (2012). Judging quality in arts-based health research: The case of the Ugly Baby. *The International Journal of The Creative Arts in Interdisciplinary Practice*, Issue 11, 1-25 (Article 2).
- Glazner, G. M. (Ed.) (2005). *Sparking memories: The Alzheimer's poetry project anthology*. Santa Fe, N.M.: Poem Factory.
- Glesne, C. (1997). That rare feeling: Re-presenting research through poetic transcription. *Qualitative Inquiry*, 3(2), 202-221.
- Glesne, C. (2010). Disappearing into another's words through poetry in research and education. *Learning Landscapes*, 4(1), 29-37.
- Goldberg, M., Melchior, M., Leclerc, A., & Lert, F. (2003). Épidémiologie et déterminants sociaux des inégalités de santé. *Revue d'épidémiologie et de Santé Publique*, 51, 381-401.
- Goldstein, T. (2012). *Staging 'Harriet's House': Writing and producing research-informed theatre*. New York, NY: Peter Lang.
- Goodman, O., & Sims, E. (Eds.) (2009). *State of the field report: Arts in healthcare 2009*. Washington, DC: Society for the Arts in Healthcare.
- Gordon-Nesbitt, R. (2015). *Exploring the longitudinal relationship between arts engagement*

and health. Manchester, UK: Manchester Metropolitan University.

<http://longitudinalhealthbenefits.wordpress.com>

Gottlieb-Tanaka, D. (2004). Creativity, dementia and the therapeutic environment. *Architecture BC*, 11, 10-15.

Gottlieb-Tanaka, D. (2006). *Creativity, dementia and the therapeutic environment*. PhD Thesis. Vancouver, BC: University of British Columbia.

Gottlieb-Tanaka, D. (2006b). Helping residents with dementia express themselves creatively. Ontario Long-Term Care Association, Long Term Magazine, March 2006.

Government of Canada (2009). *Canada's aging population: Seizing the opportunity*. Special Senate Committee on Aging, Final Report. Ottawa, Ontario: The Senate.

www.senate-senat.ca/age.asp

Grainger, R. (1990). *Drama and healing: The roots of drama therapy*. London: Jessica Kingsley.

Grant, D., Elliott, J., & Morison, S. (2011). Holding eternity an hour: A practical exploration of the arts in the health care of older people with dementia. *Journal of Applied Arts & Health*, 2(3), 237-255.

Graves, S. B., & Larkin, E. (2006). Lessons from Erikson: A look at autonomy across the lifespan. *Journal of Intergenerational Relationships*, 4(2), 61-71.

doi: 10.1300/J194v04n02_05

Gray, J. (2007). Exploring the creative and academic tensions in developing 'After the crash: A play about brain injury' – a research-based theatre project about traumatic brain injury. (Unpublished Master's Thesis, York University)

Gray, J. (2011). Theatrical reflections of health: Physically impacting health-based research. *Applied Theatre Researcher*, No. 2, Article 4.

- Gray, R. E. (2004). Performing for whom? Spotlight on the audience. In A. Cole, L. Neilsen, J. G. Knowles, & T. Luciana (Eds.), *Provoked by art: Theorizing arts-informed research* (pp. 238-250). Calgary, AB: Backalong Books.
- Gray, R. E., Fitch, M. I., LaBrecque, M., & Greenberg, M. (2003). Reactions of health professionals to a research-based theatre production. *Journal of Cancer Education, 18*(4), 223-229.
- Greene, M. (1995). *Releasing the imagination: Essays on education, the arts, and social change*. San Francisco: Jossey-Bass, Inc.
- Greneir, A. (2012). *Transitions and the lifecourse: Challenging the constructions of 'growing old'*. Bristol, UK: The Policy Press.
- Griffin, D. (2001). Loss as a lifelong regenerative learning process. *Psychodynamic Counselling, 7*(4), 413-430. doi: 10.1080/13533330110087688
- Grone, O., & Garcia-Barbero, M. (2001). Integrated care: A position paper of the WHO European Office for Integrated Health Care Services. *International Journal of Integrated Care, 1*, e21.
- Guba, E. G. (1990). The alternative paradigm dialog. In E. G. Guba (Ed.), *The paradigm dialogue*. Newbury Park, CA: Sage Publications.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (1st ed.) (pages 105-117). Thousand Oaks, CA: Sage.
- Gubrium, J. (1976). *Living and dying at Murray Manor*. New York: St. Martins.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and “ethically important moments” in research. *Qualitative Inquiry, 10*(2), 261-230.

- Gusul, M. (2009). *Intergenerational theatre and the role of play* (Unpublished master's thesis). University of Alberta, Edmonton, Alberta.
- Gusul, M. (2015). Knowing how to play or being helpful? The playful/ontic approach and intergenerational theatre in Canada and India. *Applied Theatre Research*, 3(1), 85-100.
- Guss, F. G. (2004). Dramaturgi som soken etter form og mening. *Nordisk Dramapedagogisk Tidsskrift*, No. 4. Oslo, Norway: Landslaget Drama i Skolen.
- Haber, D. (2006). Life review: Implementation, theory, research, and therapy. *International Journal of Aging and Human Development*, 63(2), 151-171.
- Hagestad, G. O. (1990). Social perspectives on the life course. In R. H. Binstock & L. K. George, (Eds.). *Handbook of aging and the social sciences* (3rd ed., pp. 151-168). San Diego, CA: Academic Press.
- Haight, B., & Webster, J. D. (Eds.) (1995). *The art and science of reminiscing: Theory, research, methods, and applications*. Taylor & Francis: Philadelphia.
- Hallqvist, S. L. (2015). 'To be where you are – Presence, trust and empathy in geriatric care': Theatre as a tool for reflection and change in work with dementia. *Journal of Applied Arts & Health*, 6(2), 217-223. doi: 10.1386/jaah6.2.217_1
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice* (3rd edition). London, UK: Routledge.
- Hancock, T. (2017). Presentation to Health and Society 200 class, University of Victoria, Oct. 2, 2017. Victoria, B.C.
- Hancock, T., & Perkins, F. (1985). The mandala of health: A conceptual model and teaching tool. *Health Promotion*, 24, 8-10.
- Hanna, G., & Perlstein, S. (2008). *Creativity matters: Arts and aging in America*. Washington,

- D.C.: National Center for Creative Aging, Monograph.
- Hannay, Z. F. (2012). *The 'rhetoric' of devising: A critical study*. MPhil Thesis. Submitted to University of Birmingham. (Unpublished)
- Hannermann, B. T. (2006). Creativity with dementia patients. Can creativity and art stimulate dementia patients positively? *Gerontology*, 52, 59-65.
- Hardcastle, M., Usher, K., & Holmes, C. (2006). Carspecken's five-stage critical qualitative research method: An application to nursing research. *Qualitative Health Research*, 16(1), 151-161.
- Hardwig, J. (1997). Autobiography, biography, and narrative ethics. In H. L. Nelson (Ed.), *Stories and their limits: Narrative approaches to bioethics* (pages 50-64). New York: Routledge.
- Harley, J. S. (2012). *Applied theatre in action: A journey*. London: Trentham Books Limited.
- Harries, B., Keady, J., & Swarbrick, C. (2013). *The Storybox Project: Examining the role of a theatre and arts-based intervention for people with dementia*. Manchester: University of Manchester.
- Harris, F. H. (1911). *Plays for young people: For school entertainments and home theatricals*. London: Cassell and Company, Ltd.
- Harris, R. (2006). Embracing your demons: An overview of acceptance and commitment Therapy. *Psychotherapy in Australia*, 12(4), 2-8.
- Haseman, B., & Mafe, D. (2009). Acquiring know-how: Research training for practice-led research. In H. Smith & R. T. Dean (Eds.), *Practice-led research, research led practice in the creative arts* (pp. 211-229). Edinburgh: Edinburgh University Press.
- Haseman, B., & Winston, J. (2010). 'Why be interested?' Aesthetics, applied theatre and drama

- education. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 15 (4), 465-475. doi: 10.1080/13569783.2010.512182
- Hatton, N. (2013). *Theatre and dementia in North America*. Winston Churchill Memorial Trust Travelling Fellowship. London, UK: Royal Holloway University.
http://www.wcmt.org.uk/sites/default/files/migrated-reports/1215_1.pdf
- Havens, B. (2002). Users of long-term care. In M. Stephenson & E. Sawyer (Eds.), *Continuing the care: The issues and challenges for long-term care* (pages 87-107). Ottawa, ON: CHA Press.
- Hayes, M., Ross, I., Gasherc, M., Gutstein, D., Dunn, J., & Hackett, R. (2007). Telling stories: News media, health literacy and public policy in Canada. *Social Science and Medicine*, 54, 445-457.
- Hayes, S., Luoma, J., Bond, F., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44(1), 1-25.
- Haywood, K. I., Garratt, A. M., & Fitzpatrick, R. (2006). Quality of life in older people: A structured review of self-assessed health instruments. *Pharmacoeconomics*, 6(2), 181-194.
- Haywood, K. L., Garratt, A. M., Schmidt, L. J. et al. (2004). *Health status and quality of life in older people: A review. A structured review of patient-assessed health instruments*. Report from the patient-assessed Health Instruments Group to the Department of Health. Oxford: University of Oxford Department of Public Health.
- He, W., Goodkind, D., & Kowal, P. (2016). *An aging world: 2015*. Washington, DC: U.S. Census Bureau, International Population Reports, P95 / 16-1, U.S. Government

Publishing Office.

Health Canada (2000). *A guide to end-of-life care for seniors*. National Advisory Committee

Responsible for the Development of a Guide to End-of-Life Care for Seniors. Ottawa &

Toronto, ON: University of Ottawa & University of Toronto.

Health Canada (2002). *What determines health?* Ottawa, Ontario: Health Canada.

Heathcote, D. (1973). Drama as challenge. In L. Johnson, & C. O'Neill (Eds.) (1984), *Collected*

writings on education and drama. London: Hutchinson.

Heidegger, M. (1962). *Being and time*. trans. J. Macquarrie & E. Robinson. New York: Harper &

Row.

Heinz, W. R., Weymann, A., & Huinink, J. (Eds.) (2009). *The life course reader: Individuals*

and societies across time. New York: Campus Verlag.

Hendrie, H. C. (1998). Epidemiology of dementia and Alzheimer's disease. *American Journal of*

Geriatric Psychiatry, 6(S3-S18).

Henry, M. (2000). Drama's ways of learning. *Research in Drama Education: The Journal of*

Applied Theatre and Performance, 5(1), 45-62.

Hepburn, K. W., Caron, W., Luptak, M., Ostwald, S., Grant, L., & Keenan, J. M. (1997). The

Families Stories Workshop: Stories for those who cannot remember. *The Gerontologist*,

37, 827-832.

Heron, J., & Reason, P. (1997). A participatory inquiry paradigm. *Qualitative Inquiry*, 3(3),

274-294.

Heron, J., & Reason, P. (2008). Extending epistemology within a co-operative inquiry. In P.

Reason, & H. Bradbury (Eds.), *The SAGE handbook of action research: Participative*

inquiry and practice, 2nd Edition (pp. 366-380). Thousand Oaks, CA: Sage.

- Hickey, A., Barker, M., McGee, H., & O'Boyle, C. (2005). Measuring health-related quality of life in older patient populations: A review of current approaches. *Pharmacoeconomics*, 23(10), 971-993.
- Higgs, P., Hyde, M., Wiggins, R., & Blane, D. (2003). Researching quality of life in early old age: The importance of the sociological dimension. *Social Policy and Administration*, 37, 239-252.
- Hodge, F. (1994). *Play directing: Analysis, communication, and style* (Fourth Edition). Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Hodgins, M., & Boydell, K. M. (2013). Interrogating ourselves: Reflections on arts-based health Research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 15(1), Art. 10.
- Hodgson, D. (2014). *Research for change: What is "research excellence" for civil society organizations and their academic partners? A report on the 2013 IDRC / Coady Canadian Learning Forum*. Antigonish, Nova Scotia: Coady International Institute, St. Francis Xavier University.
- Holden, J. (2004). Capturing cultural value: How culture has become a tool of government policy. *Demos*. <http://www.demos.co.uk/files/CapturingCulturalValue.pdf>
- Hollander, M. (2002). The continuum of care: An integrated system of service delivery. In M. Stephenson & E. Sawyer (Eds.), *Continuing the care: The issues and challenges for long-term care* (pages 57-70). Ottawa, ON: CHA Press.
- Holmes, D. (2015). Profile: Richard Suzman: Helping the world to grow old more gracefully. *The Lancet*, 385/9967, p. 499.
- House, E. R. (1993). *Professional evaluation: Social impact and political consequences*.

- Newbury Park, CA: SAGE Publications.
- Hoyer, W. J., & Verhaeghen, P. (2006). Memory aging. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging*, 6th edition (pp. 209-232). London, UK: Elsevier Academic Press.
- Huber, M., Knottnerus, J. A., Green, L., van der Horst, H., Jadad, A. R., Kromhout, D., ... Smid, H. (2011). How should we define health? *British Medical Journal*, 343, d4163.
- Hughes, J., Kidd, J., & McNamara, C. (2011). The usefulness of mess: Artistry, improvisation and decomposition in the practice of research in applied theatre. In B. Kershaw & H. Nicholson (Eds.), *Research methods in theatre and performance* (pages 186-210). Edinburgh: Edinburgh University Press.
- Hughes, J. C., Louw, S. J., & Sabat, S. R. (Eds.) (2006). *Dementia: Mind, meaning, and the person*. New York: Oxford University Press.
- Hughes, S. (2014). Creative aging: Exploring the impact of participation in the creative and performing arts on well-being in older adults. Research Proposal (January 2014). Oakville, Ontario: Sheridan Elder Research Centre.
- Huizinga, J. (1949). *Homo Ludens: A study of the play element in culture*. London: Paladin.
- Huston, J. P., Nadal, M., Mora, F., Agnati, L. F., & Cela-Conde, C. (Eds.) (2015). *Art, aesthetics, and the brain*. Oxford, UK: Oxford University Press.
- Hyde, M., Wiggins, R. D., Higgs, P., & Blane, D. B. (2003). A measure of quality of life in early old age: The theory, development and properties of a needs satisfaction model (CASP-19). *Aging & Mental Health*, 7(3), 186-194.
- Hyden, L. C., Lindemann, H., & Brockmeier, J. (Eds.) (2014). *Beyond loss: Dementia, identity, personhood*. New York: Oxford University Press.

- Innes, A. (2009). *Dementia studies: A social science perspective*. Thousand Oaks, CA: Sage.
- Institute for Work & Health (2006). *From research to practice: A knowledge transfer planning guide*. Toronto: Institute for Work & Health.
- Isay, D. (Ed.) (2007). *Listening is an act of love: A celebration of American life from the StoryCorp project*. New York: Penguin.
- Island Health (2015). *Island health service plan: 2015/16 – 2017/18*. Victoria, BC: Island Health Board.
- Jack, B. (2018). The art of medicine: Poetry and emotion. *The Lancet*, 391, 732-733.
- Jackson, A. (2001). You had to watch it to realize what it was like... Researching audiences for educational theatre. In B. Rasmussen & A. L. Oster (Eds.), *Playing betwixt and between: The IDEA 2001 dialogues*. Bergen: IDEA Publications, IDEA World Congress.
- Jackson, A. (2005). The dialogic and the aesthetic: Some reflections on theatre as a learning medium. *Journal of Aesthetic Education*, 39
- Jackson, A. (2007). *Theatre, education and the making of meanings: Art or instrument?* Manchester: Manchester University Press.
- Jackson, A., & Vine, C. (Eds.) (2013). *Learning through theatre: The changing face of theatre in education*, 3rd edition. London: Routledge.
- Jamal, S. (2013). Verbal communication, comprehensive exam oral defense. Social Dimensions Health Program: University of Victoria.
- James, B. D., Wilson, R. S., Barnes, L. L., & Bennett, D. A. (2011). Late-life social activity and cognitive decline in old age. *Journal of the International Neuropsychological Society*, 17, 998-1005. doi: 10.1017/S1355617711000531
- James, I. (2010). The treatment of challenging behavior in care facilities. In N. Pachana, K.

- Laidlaw, & B. G. Knight (Eds.), *Casebook of clinical geropsychology: International perspectives on practice* (pages 135-153). New York: Oxford University Press.
- Jarrott, S. E. (2011). Where have we been and where are we going? Content analysis of evaluation research of intergenerational programs. *Journal of Intergenerational Relationships, 9*(1), 37-52. doi: 10.1080/15350770.2011.544594
- Jennings, M., & Baldwin, A. (2010). "Filling out the forms was a nightmare": Project evaluation and the reflective practitioner in community theatre in contemporary Northern Ireland. *Music and Arts in Action, 2*(2).
<http://musicandartsinaction.net/index.php/maia/article/view/communitytheatre>
- Jennings, S. (1990). *Dramatherapy with families, groups and individuals: Waiting in the wings*. London: Jessica Kingsley.
- Jennings, S. (Ed.) (1992). *Dramatherapy: Theory and practice 2*. New York: Routledge.
- Jennings, S. (Ed.) (2009). *Dramatherapy and social theatre: Necessary dialogues*. New York: Routledge.
- Jensen, A., & Wille, G. G. (2015). A Danish perspective of culture and health – towards an interdisciplinary approach. *Journal of Applied Arts & Health, 6*(2), 129-138. doi: 10.1386/jaah6.2.129_1
- Jetten, J., Haslam, C., Pugliese, C., Tonks, J., & Haslam, S. A. (2010). Declining autobiographical memory and the loss of identity: Effects on well-being. *Journal of Clinical and Experimental Neuropsychology, 32*(4), 408-416. doi: 10.1080/13803390903140603
- Johnson, D. R., & Emunah, R. (Eds.) (2009). *Current approaches in drama therapy* (2nd ed.). Springfield, Illinois: Carles C. Thomas.
- Johnson-Hanks, J. (2002). On the limits of life stages in ethnography: Toward a theory of vital

- conjunctures. *American Anthropologist*, 104(3), 865-880.
- Johnson-Lefsrud, K. A. (2011). *Re-Membering our lives: Aging, narrative, and the arts: A community-based participatory research design proposed for older adults at Luther Court*. Master's Thesis: University of Victoria, Victoria, BC.
- Johnson, R. W., Toohey, D., & Wiener, J. M. (2007). Meeting the future long-term care needs of the baby boomers. '*The retirement project*'. Discussion Paper 07-04. Washington, DC: The Urban Institute.
- Johnstone, K. (1981). *IMPRO: Improvisation and theatre*. New York: Routledge.
- Jola, C., Abedian-Amiri, A., Kuppaswamy, A., Pollick, F. E., & Grosbras, M. H. (2012). Motor simulation without motor expertise: Enhanced corticospinal excitability in visually experienced dance spectators. *PLoS ONE*, 7, e33343.
- Jola, C., & Grosbras, M. H. (2013). In the here and now: Enhanced motor corticospinal excitability in novices when watching live compared to video recorded dance. *Cognitive Neuroscience*, 4, 90-98.
- Jones, P. (2007). *Drama as therapy: Theory, practice and research* (2nd ed.). New York: Routledge.
- Jones, D. S., & Greene, J. A. (2016). Is dementia in decline? Historical trends and future trajectories. *New England Journal of Medicine*, 374(6), 507-509.
- Kahn, R. L. (2003). Successful aging: Intended and unintended consequences of a concept. In L. W. Poon, S. H. Gueldner, & B. M. Sprouse (Eds.), *Successful aging and adaptation with chronic diseases*. New York: Springer.
- Kalitzkus, V., and Matthiessen, P. (2009). Narrative-based medicine: Potential, practice and pitfalls. *The Permanente Journal*, 13, 80-86.

- Kane, R. A. (2003). Definition, measurement, and correlates of quality of life in nursing homes: Toward a reasonable practice, research, and policy agenda. *The Gerontologist*, 43, 28-36.
doi: 10.1093/geront/43.suppl_2.28
- Kane, R. A., Giles, K., Lawton, M. P., & Kane, R. L. (1999). *Development of measures and indicators of quality of life in nursing homes: Wave I* (Report to the Health Care Financing Administration). Minneapolis: University of Minnesota School of Public Health.
- Kasl-Godley, J., & Gatz, M. (2000). Psychosocial interventions for individuals with dementia: An integration of theory, therapy, and a clinical understanding of dementia. *Clinical Psychology Review*, 20(6), 755-782.
- Kasper, J. D., Black, B. S., Shore, A. D., & Rabins, P. V. (2009). Evaluation of the validity and reliability of the Alzheimer Disease-related Quality of Life assessment instrument. *Alzheimer Disease and Associated Disorders*, 23(3), 275-284.
- Katz, S. (2013). Dementia, personhood and embodiment: What can be learnt from the medieval history of memory. *Dementia*, 12, 303-313.
- Kayser-Jones, J. S. (1990). *Old, alone, and neglected: Care of the aged in the United States and Scotland*. Berkeley, CA: University of California Press.
- Keane, W. L. (1994). The patient's perspective: The Alzheimer's Association. *Alzheimer Disease and Associated Disorders*, 8 (Suppl. 3), 151-155.
- Kelly, M. P., Morgan, A., Bonnefoy, J., Butt, J., & Bergman, V. (2007). *The social determinants of health: Developing an evidence base for political action*. Final Report to World Health

- Organization Commission on the Social Determinants of Health. Universidad del Desarrollo, Chile, and National Institute for Health and Clinical Excellence, United Kingdom: Measurement and Evidence Knowledge Network.
- Kenyon, G., Birren, J., & Shroots, J. (Eds.) (1991). *Metaphors of aging in science and the humanities*. New York: Springer Publishing Company.
- Kenyon, G., Bohlmeijer, E., & Randall, W. L. (Eds.) (2011). *Storying later life: Issues, investigations, and interventions in narrative gerontology*. New York: Oxford University Press.
- Kenyon, G., Clark, P., & de Vries, B. (Eds.) (2001). *Narrative gerontology: Theory, research and practice*. New York: Springer Publishing Company.
- Kenyon, G., Ruth, J. E., & Mader, W. (1999). Elements of a narrative gerontology. In V. L. Bengtson & K. W. Schaie (Eds.), *Handbook of theories of aging* (p. 40). New York: Springer Publishing Company.
- Kerr, D. (2009). Ethics of applied theatre. *South African Theatre Journal*, Vol. 23, 177-187.
- Kerry-Moran, K. J. (2008). Between scholarship and art: Dramaturgy and quality in arts-based Research. In J. G. Knowles & A. L. Cole (Eds.), *Handbook of the arts in qualitative research: Perspectives, methodologies, examples and issues* (pp. 493-502). Los Angeles, CA: Left Coast Press.
- Kikhia, B., & Hallberg, J. (2010). Building digital life stories for memory support. *International Journal of Computers in Healthcare*, 1(2), 161-176.
- Killick, J. (2000). The role of the arts in dementia care. *Nursing and Residential Care*, 2(12), 572-574.
- Killick, J. (2003). *Creativity and dementia: Holding a rainbow in our hands*. Lecture presented

- at La Trobe University.
- Killick, J. (2010). The funshops: Improvised drama and humour. *Journal of Dementia Care*, 18(6), 14-15.
- Killick, J. & Allan, K. (1999a). The arts in dementia care: Tapping a rich resource. *Journal of Dementia Care*, 7(4), 35-38.
- Killick, J., & Allan, K. (1999b). The arts in dementia care: Touching the human spirit. *Journal of Dementia Care*, 7(5), 33-39.
- Killick, J., & Allan, K. (2001). *Communication and the care of people with dementia*. Buckingham: Open University Press.
- Killick, J., & Allan, K. (2011). Creative communication at the end of life. In H. Lee & T. Adams (eds.). Basingstoke: Palgrave Macmillan.
- Killick, J., & Allan, K. (2011a). Getting into the picture: Using photography, video and visual material to enhance communication. In H. Lee & T. Adams (Eds.). Basingstoke: Palgrave Macmillan.
- Kim, G. R., Netuveli, G., Blane, D., Peasey, A., Malyutina, S., Simonova, G., Kubinova, R., Pajak, A., Croezen, S., Bobak, M., & Pikhart, H. (2014). Psychometric properties and confirmatory factor analysis of the CASP-19, a measure of quality of life in early old age: the HAPIEE study. *Aging & Mental Health*, DOI: 10.1080/13607863.2014.938605
- Kincheloe, J. L. (1991). *Teachers as researchers: Qualitative paths to empowerment*. London: Falmer Press.
- Kincheloe, J. L., Hayes, K., Steinberg, S. R., & Tobin, K. (Eds.) (2011). *Key works in critical pedagogy*. Rotterdam, The Netherlands: Sense Publishers.
- Kincheloe, J. L., & McLaren, P. (2000). Rethinking critical theory and qualitative research. In

- N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd edition) (pp.279-313). Thousand Oaks, CA: Sage.
- King, T. (2003a). *The truth about stories: A native narrative*. Toronto, ON: House of Anansi Press Inc.
- King, T. (2003b). *The truth about stories*. Canadian Broadcasting Corporation Massey Lectures Series. Toronto: Massey College, University of Toronto.
- Kinney, J. M., & Rentz, C. A. (2005). Observed well-being among individuals with dementia: Memories in the making, an art program, versus other structured activity. *American Journal of Alzheimer's Disease and other Dementias*, 20(4), 220-227.
- Kirkland, S. A., Griffith, L. E., Menec, V., Wister, A., Payette, H., Wolfson, C., & Raina, P. S. (2015). Mining a unique Canadian resource: The Canadian Longitudinal Study on Aging. *Canadian Journal on Aging*, 34, 366-377.
- Kitwood, T. (1997). *Dementia reconsidered: The person comes first*. Buckingham, UK: Open University Press.
- Knickman, J. R., & Snell, E. K. (2002). The 2030 problem: Caring for aging baby boomers. *Health Services Research*, 37(4), 849-884.
- Knocker, S. (2004). *Alzheimer Society book of activities*. London: Alzheimer's Society.
- Knowles, R. (2014). *How theatre means*. London, UK: Palgrave MacMillan.
- Knowles, J. G., & Cole, A. L. (2008). Arts-informed research. In J. G. Knowles & A. L. Cole (Eds.), *Handbook of the arts in qualitative research: Perspectives, methodologies, examples, and issues* (pp. 55-70). Thousand Oaks, CA: SAGE Publications.
- Koenig-Costa, J. (2004). *Learning to speak Alzheimer's: A groundbreaking approach for anyone dealing with the disease*. Boston: Houghton Mifflin.

- Kogan, A. C., Wilber, K., & Mosqueda, L. (2016). Person-centered care for older adults with chronic conditions and functional impairment: A systematic literature review. *Journal of the American Geriatrics Society*, 64, e1-e7. doi: 10.1111/igs.13873
- Kolanowski, A., Buettner, L., & Boeller, J. (2006). Treatment fidelity plan for an activity intervention designed for persons with dementia. *American Journal of Alzheimer's Disease and Other Dementias*, 21(5), 326-332.
- Konigsburg, R. (2011). *The truth about grief: The myth of its five stages and the new science of loss*. New York: Simon & Schuster.
- Kontos, P. C. (2003). 'The painterly hand': Embodied consciousness and Alzheimer's disease. *Journal of Aging Studies*, 17(2), 151-170. doi: 10.1016/S0890-4065(03)00006-9
- Kontos, P. C. (2010). Embodied selfhood: Ethnographic reflections, performing ethnography, and humanizing dementia care. In J. E. Graham & P. H. Stephenson (Eds.), *Contesting aging & loss* (pp. 125-152). Toronto: University of Toronto Press.
- Kontos, P. C. (2012). Rethinking sociability in long-term care: An embodied dimension of selfhood. *Dementia: The International Journal of Social Research and Practice*, 11(3), 329-346.
- Kontos, P. C. (2014). Musical embodiment, selfhood, and dementia. In L.-C. Hyden, H. Lindemann, & J. Brockmeier (Eds.), *Beyond loss: Dementia, identity, personhood* (pp. 107-119). New York, NY: Oxford University Press.
- Kontos, P., & Martin, W. (2013). Embodiment and dementia: Exploring critical narratives of selfhood, surveillance, and dementia care. *Dementia: The International Journal of Social Research and Practice*, 12(3), 288-302. doi: 10.1177/1471301213479787
- Kontos, P. C., & Naglie, G. (2006). Expressions of personhood in Alzheimer's disease: An

- evaluation of research-based theatre as a pedagogical tool. *Qualitative Health Research*, 17(6), 799-811.
- Kontos, P. C., & Naglie, G. (2007). Bridging theory and practice: Imagination, the body, and person-centred dementia care. *Dementia: The International Journal of Social Research and Practice*, 6(4), 549-569.
- Kontos, P. C., & Poland, B. C. (2009). Mapping new theoretical and methodological terrain for knowledge translation: Contribution from critical realism and the arts. *Implementation Science*, 4(1).
<http://www.implementationscience.com/content/pdf/1748-5908-4-1.pdf>
- Koren, M. J. (2010). Person-centered care for nursing home residents: The culture-change movement. *Health Affairs*, 29(1), 1-6.
- Kossak, M. (2012). Art-based enquiry: It is what we do! *Journal of Applied Arts & Health*, 3(1), 21-29.
- Kovack, C., Noonan, P., Schlidt, A., & Wells, T. (2005). A model of consequences of need-driven, dementia compromised behavior. *Journal of Nursing Scholarship*, 37(2), 134-140.
- Kowalski, C. J., Bernheim, J. L., Birk, N. A., & Theuns, P. (2012). Felicitometric hermeneutics: Interpreting quality of life measurements. *Theoretical Medicine & Bioethics*, 33(3), 207-220.
- Kramer, A., Colcombe, S., Bherer, L., Dong, W., & Greenough, W. (2004). Environmental influences on cognitive and brain plasticity during aging. *Journal of Gerontology: Medical Science*, 59A, 940-957.

- Krieger, N. (2001a). Theories for social epidemiology in the 21st century: An ecosocial Perspective. *International Journal of Epidemiology*, 30(4), 668-677.
- Krieger, N. (2001b). Historical roots of social epidemiology: Socioeconomic gradients in health and contextual analysis. *International Journal of Epidemiology*, 30(4), 899-900.
- Kubler-Ross, E. (1973). *On death and dying*. New York: Macmillan.
- Kuh, D., Ben-Shlomo, Y., Lynch, J., Hallqvist, J., & Power, C. (2003). Life course epidemiology. *Journal of Epidemiology and Community Health*, 57(10), 778-783.
- Kunz, J. A., & Soltys, F. G. (Eds.) (2007). *Transformational reminiscence: Life story work*. New York: Springer.
- Kvale, S. (1996). *Interviewing: An introduction to qualitative research interviewing*. London: Sage Publications.
- Lafrenière, D., Cox, S. M., Belliveau, G., & Lea, G. W. (2013). Performing the human subject: Arts-based knowledge dissemination in health research. *Journal of Applied Arts & Health*, 3(3), 243-257.
- Lafrenière, D., & Cox, S. M. (2012). “If you can call it a poem”: Toward a framework for the assessment of arts-based works. *Qualitative Research*, 13(3), 318-336.
- Lander, D. A., & Graham-Pole, J. R. (2008). Art as a determinant of health. Submitted to the National Collaborating Centre – Determinants of Health (NCC-DH). Antigonish, Nova Scotia.
- Landy, R. (1994a). *Persona and performance: The meaning of role in drama, therapy and everyday life*. London: Jessica Kingsley.
- Landy, R. (1994b). *Drama therapy: Concepts, theories and practices*. Springfield, IL: Charles C. Thomas.

- Landy, R. (1996). *Essays in drama therapy: The double life*. London: Jessica Kingsley.
- Langley, D. (2006). *An introduction to dramatherapy* (Creative Therapies in Practice Series). London: Sage.
- Larpent, A. (2011). *Developing the oral storytelling tradition with new media in dementia and aged care*. London: Chief Executive Somerset Care Group & Winston Churchill Memorial Trust. www.ageofcreativity.co.uk/items/215
- Larson, E. B., Yaffe, K., & Langa, K. M. (2013). New insights into the dementia epidemic. *New England Journal of Medicine*, 369, 2275-2277.
- Lather, P. (1986). Research as praxis. *Harvard Educational Review*, 56(3), 257-277.
- Lather, P. (1991). *Getting smart: Feminist research and pedagogy with/in the postmodern*. New York: Routledge.
- Launer, J. (2009). Why narrative? *Postgrad Med J*, 85, 167-168.
- Lazarus, J. (2012). *Signs of change: New directions in theatre education: Revised and amplified edition*. Bristol, UK: Intellect.
- Le, Q. (Ed.) (2011). *Health and well-being: A social and cultural perspective*. New York: Nova Science Publishers, Inc.
- Lea, G. W. (2014). Conditions of evaluation: Evolving entry points for research-based theatre. *Journal of Artistic & Creative Education (JACE)*, 8(1), 8-35.
- Lea, G. W., Belliveau, G., Wagner, A., & Beck, J. L. (2011). A loud silence: Working with research-based theatre and a/r/tography. *International Journal of Education & the Arts*, 12(16). <http://www.ijea.org/v12n16/>.
- Leatt, P. et al. (2000). Towards a Canadian model of integrated healthcare. *Healthcare Papers*, 1(2), 13-35.

- Lepp, M. (2002). Reflection of drama in nursing education in Sweden. *Applied Theatre Researcher*, 3, article no. 4.
- Leveton, E. (Ed.) (2010). *Healing collective trauma using sociodrama and drama therapy*. New York: Springer.
- Levin, B. W., & Browner, C. H. (2005). The social production of health: Critical contributions from evolutionary, biological, and cultural anthropology. *Social Science & Medicine*, 61, 745-750.
- Levine-Madori, L. (2007). *Therapeutic thematic arts programming for older adults*. Baltimore: Health Professionals Press.
- Lewis, C. S. (1961). *A grief observed*. London: Faber & Faber.
- Lewis-Hall, F. (2014). The bold new world of healthy aging. In P. H. Irving & R. Beamish (Eds.), *The upside of aging: How long life is changing the world of health, work, innovation, policy, and purpose* (pp. 35-49). New York: John Wiley & Sons.
- Liamputtong, P., & Rumbold, J. (Eds.) (2008). *Knowing differently: Arts-based and collaborative research methods*. Hauppauge, New York: Nova Science Publishers, Inc.
- Library and Archives Canada Cataloguing in Publication (2009). *The best of care: Getting it right for seniors in British Columbia* (Part 1). Public report no. 46 to the Legislative Assembly of British Columbia. Victoria, BC: British Columbia Office of the Ombudsperson.
- Lieberman, M., & Falk, J. (1971). The remembered past as a source of data for research on the life cycle. *Human Development*, 14, 132-141.
- Lilienfeld, S. O., Lynn, S. J., Namy, L. L., Woolf, N. J., Cramer, K. M., & Schmaltz, R. (2017). *Psychology: From inquiry to understanding* (3rd ed.). Toronto: Pearson Education, Inc.

- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research*, 4th edition (pp. 97-128). Thousand Oaks, CA: SAGE Publications.
- Lloyd, J. (2015). The role of objects in supporting older adults with dementia to tell stories about their lives. *Journal of Applied Arts & Health*, 6(2), 171-186. doi: 10.1386/jaah6.2.171_1
- Lloyd, J., & Cole, L. (2014). *Reminiscence arts and dementia care: Impact of quality of life, 2012-2015: An interim report of the evaluation, December 2014*. Age Exchange Theatre Trust, and Royal Holloway, University of London: London, UK.
- Lofland, J., Snow, D., Anderson, L., & Lofland, L. H. (2006). *Analyzing social settings: A guide to qualitative observation and analysis* (4th ed.). Belmont, CA: Thomson Wadsworth.
- Logsdon, R. G., Gibbons, L. E., McCurry, S. M., & Teri, L. (2002). Assessing quality of life in older adults with cognitive impairment. *Psychosomatic Medicine*, 64, 510-519.
- Logstrup, K. E. (1961). *Kunst og etikk*. Copenhagen, Denmark: Gyldendal Forlag.
- Lokon, E. L. (2007). *Open minds through art (OMA): An art program for people with dementia*. Unpublished MA thesis, Miami University, Ohio.
- Lokon, E. L. (2010). *Opening minds through art (OMA) at Colonial: Berkeley Square and Westover*. First Semester Report. Oxford, Ohio: Scripps Gerontology Center, Miami University.
- Lokon, E. L. (2012). *Opening minds through art (OMA) at Cedar Village – Annual report*. Oxford, OH: Scripps Gerontology Center, Miami University.
- Lokon, E. L., Kinney, J. M., Fox, E., Kunkel, S., & Sauer, P. (2013). *Wolf Project: Evaluation of the arts in aging at Cedar Village*. Oxford, OH: Scripps Gerontology Center, Miami

University.

- Lokon, E. L., Kinney, J., & Kunkel, S. (2012). Building bridges across age and cognitive barriers through art: College students' reflections on an intergenerational program with elders who have dementia. *Journal of Intergenerational Relationships, 10*(4), 337-354.
- Low, K. E. (2017). Understanding health, wellbeing, the millennium. In V. Baxter & K. E. Low (Eds.), *Applied theatre: Performing health and wellbeing* (pp. 11-40). London: Bloomsbury Methuen Drama.
- Lundberg, O., & Manderbacka, K. (1996). Assessing reliability of a measure of self-rated health. *Scandinavian Journal of Social Medicine, 24*(3), 218-224.
- Maas, M. L., Reed, D., Park, M., Specht, J. P., Schutte, D., Kelley, L. S., Swanson, E. A., Trip-Reimer, T., & Buckwaite, K. C. (2004). Outcomes of family involvement in care intervention for caregivers of individuals with dementia. *Nursing Research, 53*(2), 76-86.
- MacCallum, F., & Bryant, R. A. (2013). A cognitive attachment model of prolonged grief: Integrating attachments, memory, and identity. *Clinical Psychology Review, 33*(6), 713-727. doi: 10.1016/j.cpr.2013.05.001
- MacCourt, P. (2008). *Promoting seniors' well-being: The seniors' mental health policy lens toolkit*. Victoria, BC: British Columbia Psychogeriatric Association.
- MacIntyre, M. (2004). Ethic and aesthetic: The goodness of arts-informed research. In A. Cole, L. Nielsen, J. G. Knowles, & T. Luciana (Eds.), *Provoked by art: Theorizing arts-informed research* (pp. 251-261). Halifax, Nova Scotia: Backalong Books.
- Mackenzie, I. (2017). *Every voice counts: Office of the Seniors Advocate residential care survey provincial results*. Victoria, BC: Office of the Seniors Advocate British Columbia.
- MacLachlan, M. (2006). *Culture and health: A critical perspective towards global health*.

- Hoboken, NJ: John Wiley & Sons.
- Macnaughton, J., White, M., & Stacy, R. (2005). Researching the benefits of arts in health. *Health Education, 105*(5), 332-339.
- MacNeil, C. (2000). The prose and cons of poetic representation in evaluation reporting. *American Journal of evaluation, 21*(3), 359-368.
- Madigan, R. (2015). *How memory works – and how to make it work for you*. New York: Guilford Press.
- Maercker, A. (2002). A life-review technique in the treatment of PTSD in elderly patients: Rationale and three single case studies. *Journal of Clinical Geropsychology, 8*(3), 239-249.
- Maiter, S., Simich, L., Jacobson, N., & Wise, J. (2008). Reciprocity: An ethic for community-based participatory action research. *Action Research, 6*(3), 305-325.
- Manczak, E. M., Zapata-Gietl, C., & McAdams, D. P. (2014). Regulatory focus in the life story: Prevention and promotion expressed in three layers of personality. *Journal of Personality and Social Psychology, 106*(91), 169-181.
- Mangan, M. (2013). *Staging ageing: Theatre, performance and the narrative of decline*. Bristol, UK: Intellect.
- Manipalli, J., Desai, A., & Sharma, P. (2009). Psychosocial-environmental treatments for Alzheimer's disease. *Primary Psychiatry, 16*(6), 39-47.
- Mantzoukas, S. (2012). Exploring ethnographic genres and developing validity appraisal tools. *Journal of Research in Nursing, 17*(5), 420-435.
- Marmot, M. (2005). Social determinants of health inequalities. *The Lancet, 365*(9464), 1100-1102.

- Marmot, M., & Bell, R. (2012). Fair society, healthy lives. *Public Health*, 126, S4-S10.
- Marmot, M. G., Smith, D., Stansfield, S., et al. (1991). Health inequalities among British civil servants: The Whitehall II study. *Lancet*, 337(8754), 1387-1393.
- Marmot, M., & Wilkinson, R. (1999) (Eds.). *Social determinants of health*. Oxford: Oxford University Press.
- Martinez-Martin, P., Prieto-Flores, M., Forjaz, M. J., Fernandez-Mayoralas, G., Rojo-Perez, F., Rojo, J., & Ayala, A. (2012). Components and determinants of quality of life in community-dwelling older adults. *European Journal of Ageing*, 9, 255-263.
- Mason, J. (2002). *Qualitative researching* (2nd ed.). Thousand Oaks, CA: Sage.
- Matarasso, F. (1994). *Regular marvels: A handbook for animateurs, practitioners and development workers in dance, mime, music and literature*. Leicester: Community Dance and Mime Foundation.
- Matarasso, F. (1997). *Use or ornament? The social impact of participation in the arts*. Stroud: Comedia.
- Matarasso, F. (2003). Smoke and mirrors: A response to Paola Merli's 'evaluating the social impact of participation in arts activities'. *International Journal of Cultural Policy*, 9(3), 337-346.
- Mayer, K. U. (2009). New directions in life-course research. *Annual Review of Sociology*, 35, 413-433.
- McAdam, J. (2012). *McAdam aged care art recreation therapy*. Submission to the House of Representatives Committees, House Standing Committee on Health and Ageing. Inquiry into dementia: Early diagnosis and intervention. Victoria, Australia: www.macart.com.au
- McAdams, D. P., & McLean, K. C. (2013). Narrative identity. *Current directions in*

- Psychological Science*, 22(3), 233-238. doi: 10.1177/0963721413475622
- McAvinchey, C. (Ed.) (2014). *Performance and community: Commentary and case studies*. London: Bloomsbury.
- McCammon, L. A. (2004). Ethical issues in drama/theatre education research and practice. *Applied Theatre Researcher*, 5, 1-6.
- McCormack, B. (2001). *Negotiating partnerships with older people: A person-centred approach*. Ashgate: Aldershot.
- McCormack, B. (2004). Person-centredness in gerontological nursing: An overview of the literature. *International Journal of Older People Nursing*, 13, 3a, 31-38.
- McEwen, B. S. (2008). Central effects of stress hormones in health and disease: Understanding the protective and damaging effects of stress and stress mediators. *European Journal of Pharmacology*, 583(2-3), 174-185.
- McFadden, S. (2005). International conference gets creative edge on dementia. *Aging Today*, 26(5).
- McFadden, S. H., & Basting, A. D. (2010). Healthy aging persons and their brains: Promoting resilience through creative engagement. *Clinics in Geriatric Medicine*, 26(1), 149-161.
- McFadden, S., Frank, V., & Dysert, A. (2008). Creativity in the “now” of advanced dementia: Glimpses of the lifeworld through storytelling and painting. *Journal of Aging, Humanities and the Arts*, 2, 135-149.
- McFadden, S., & Lunsman, M. (2009). Arts involvement and spirituality as sources of well-being in older people. *Journal of Religion, Spirituality and Aging*, 21, 330-343.
- McKee, K. J., Houston, D. M., & Barnes, S. (2002). Methods for assessing quality of life and well-being in frail older people. *Psychology and Health*, 17(6), 737-751.

- McLean, C. L., & Kelly, R. (Eds.) (2010). *Creative arts in interdisciplinary practice: Inquiries for hope and change*. Calgary, Alberta: Detselig Temeron Press.
- McLean, J. (2011). *An evidence review of the impact of participatory arts on older people*. London: Mental Health Foundation.
- McMahon, A., & Rhudick, P. (1964). Reminiscence. *Archives of General Psychiatry*, Vol. 10, 292-298.
- McNiff, S. (1998). *Arts-based research*. London: Jessica Kingsley Publishers.
- McNiff, S. (2013). Introduction: A critical focus on art-based research. *Journal of Applied Arts & Health*, 4(1), 5-12.
- Medeiros, K. (2010). The experience of dementia: Personal, programmatic, and practical considerations. *The Gerontologist*, 50(2), 276-279.
- Mendola, W. F., & Pelligrini, R. V. (1979). Quality of life and coronary artery bypass surgery patients. *Social Science and Medicine*, 13A, 457-461.
- Merriam, S. (1995). Butler's life review: How universal is it? In J. Hendricks (Ed.), *The meaning of reminiscence and life review* (pp. 7-19). Amityville, NY: Baywood Publishing.
- Meuser, T., & Marwit, S. (2001). A comprehensive, stage-sensitive model of grief in dementia caregiving. *The Gerontologist*, 41, 658-670.
- Mieczakowski, J. (1997). Theatre of change. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 2(2), 159-172.
- Mieczakowski, J. (2001). Ethnodrama: Performed research – limitations and potential. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, & J. Lofland (Eds.), *Handbook of ethnography* (pp. 468-676). London: Sage.

- Mienczakowski, J., & Moore, T. (2008). Performing data with notions of responsibility. In J.G. Knowles & A.L. Cole (Eds.), *Handbook of the arts in qualitative research: Perspectives, methodologies, examples, and issues* (pp. 451-458). Thousand Oaks, CA: Sage.
- Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: The Canadian facts*. Toronto: York University School of Health Policy and Management.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.
- Miller, C., & Saxton, J. (2004). *Into the story: Language in action through drama*. Portsmouth, NH: Heineman.
- Mills, M., & Coleman, P. (2002). Using reminiscence and life review interventions with older people: A psychodynamic approach. *Journal of Geriatric Psychiatry*, 35(1), 63-76.
- Ministry of Health (2004). *A profile of seniors in BC*. Victoria, BC: British Columbia Ministry of Health.
- Minkler, M., & Wallerstein, N. (2003). Introduction to community based participatory research. *Community-based Participatory Research for Health*, 4, 3-26.
- Mitchell, E., & Mason, B. (1948). *The theory of play*. New York: Barnes.
- Mitchell, G. J., Dupuis, S., & Jonas-Simpson, C. (2011). Countering stigma with understanding: The role of theatre in social change and transformation. *Canadian Theatre Review*, 146, 22-27.
- Mitchell, G. J., Jonas-Simpson, C., & Ivonoffski, V. (2006). Research-based theatre: The making

- of 'I'm Still Here!'. *Nursing Science Quarterly*, 19(3), 198-206.
- Mitchell, S. L., Teno, J. M., Miller, S., & Mor, V. (2005). A national study of the location of death for older persons with dementia. *Journal of the American Geriatrics Society*, 53(2), 299-305.
- Mitty, E. L. (2005). Culture change in nursing homes: An ethical perspective. *Annals of Long-Term Care*, 13(3), 47-51.
- Molinari, V., & Reichlin, R. E. (1985). Life review reminiscence in the elderly: A review of the literature. *International Journal of Aging and Human Development*, 20, 81-92.
- Molnar, T. (2010). Hospitality and the hote: Revealing responsibility through found poetry. *Learning Landscapes*, 4(1), 157-173.
- Moore, S. (1991). *Stanislavski revealed: The actors' guide to spontaneity on stage*. New York, NY: Applause Theatre Books.
- Moriarty, G. (2002). *Sharing practice: A guide to self-evaluation for artists, arts organisations and funders working in the context of social exclusion*. Arts Council England.
- Mroczek, D. K., Spiro, A. III, & Griffin, P. W. (2006). Personality and aging. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging*, 6th ed. (pp. 363-377). London, UK: Elsevier Academic Press.
- Muiruri, S. (2000). Scratchin' the surface with Vita Nova. *Drama Magazine*, 28, 24-30.
- Mullen, M. (2015). Managing applied theatre. *RIDE: The Journal of Applied Theatre and Performance*, 20(3), 267-270.
- Murray Alzheimer Research and Education Program (2009). *By us for us guide – Living and transforming with loss & grief: An inspirational guide for persons with early-stage memory loss and their partners in care*. Waterloo, Ontario: University of Waterloo.

- Nachman, R. L., & Marzuk, P. M. (2011). Flexner redux. *Perspectives in Biology and Medicine*, 54(1), 55-60.
- Nachmanovitch, S. (1990). *Free play: Improvisation in life and art*. New York: Penguin Putnam.
- Nasreddine, Z., Phillips, N. A., Bedirian, V., et al. (2005). The Montreal Cognitive Assessment, MoCA: A brief screening tool for Mild Cognitive Impairment. *Journal of the American Geriatric Society*, 53, 695-699.
- National Health & Medical Research Council Australia (1996). Research Evaluation and Policy Project. nhmrc.publications@nhmrc.gov.au
- National Institute for Health & Clinical Excellence (UK) (2006). *Dementia: Supporting people with dementia and their carers in health and social care. Clinical Guidelines No 42*. London: Author.
- National Research Council (2003). *Scientific research in education: Committee on scientific principles for educational research*. Washington, DC: National Academy Press.
- Neelands, J. (2006). Re-imagining the reflective practitioner: Towards a philosophy of critical praxis. In J. Ackroyd (Ed.), *Research methodologies for drama education*. Staffordshire, UK: Trentham, 2006.
- Neelands, J. (2007). Taming the political: The struggle over recognition in the politics of applied Theatre. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 12(3), 305-317.
- Neelands, J. (2009). Acting together: Ensemble as a democratic process in art and life. *Research in Drama Education: Journal of Applied Theatre and Performance*, 14(2), 173-189.
- Neelands, J., & Dobson, W. (2008). *Advanced drama and theatre studies*, 2nd edition. London, UK: Hodder Education.

- Neelands, J., & Goode, T. (2015). *Structuring drama work* (3rd ed.). Cambridge, UK: Cambridge University Press.
- Neimeyer, R. A. (2001). Reauthoring life narratives: Grief therapy as meaning reconstruction. *Israel Journal of Psychiatry and Related Sciences*, 38, 171-183.
- Netuveli, G., & Blane, D. (2008). Quality of life in older ages. *British Medical Bulletin*, 85(1), 113-126.
- Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The measurement of life satisfaction. *Journal of Gerontology*, 16, 134-143.
- Nicholson, H. (2003). The performance of memory: Drama, reminiscence and autobiography. *NJ: Drama Australia Journal*, 27(2), 79-92.
- Nicholson, H. (2005a). *Applied drama: The gift of theatre*. Basingstoke: Palgrave Macmillan.
- Nicholson, H. (2005b). On ethics. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 10(2), 119-125.
- Nicholson, H. (2009). *Theatre & education*. Basingstoke: Palgrave Macmillan.
- Nicholson, H. (2011). Making home work: Theatre-making with older adults in residential care. *The NADIE Journal Australia*, 35, 47-62.
- Nicholson, H. (2012). The performance of memory: Drama, reminiscence and autobiography. *NJ: Drama Australia Journal*, 36, p. 62. dramaustralia.org.au/assets/files/Contents36.pdf
- Nicholson, H. (2015). The art of stillness. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 20 (4), 427-429.
doi: 10.1080/13569783.2015.1111970
- Niedzwiedz, C. L., Katikireddi, S. V., Pell, J. P., & Mitchell, R. (2012). Life course socio-

- economic position and quality of life in adulthood: A systematic review of life course models. *BMC Public Health*, 12:628. <http://www.biomedcentral.com/1471-2458/12/628>
- Noice, T., Noice, H., & Kramer, A. (2013). Participatory arts for older adults: A review of benefits and challenges. *The Gerontologist*, 1-13. Oxford University Press.
- Nolan, M., Davies, S., Brown, J., Keady, J., & Nolan, J. (2002). *Longitudinal study of the effectiveness of educational preparation to meet the needs of older people and carers: The AGEIN (Advancing Gerontological Education in Nursing) Project*. English National Board for Nursing, Midwifery and Health Visiting: London, UK.
- Nolan, M., Davies, S., Brown, J. M., Keady, J., & Nolan, J. (2004a). Beyond 'person-centred' care: Of benefits and challenges. *The Gerontologist*, 54(5), 741-753.
- Nolan, M., Davies, S., Brown, J., Keady, J., & Nolan, J. (2004b). Beyond 'person-centred' care: A new vision for gerontological nursing. *Journal of Clinical Nursing*, 13(S1), 45-53.
- Nolan, M., Davies, S., & Grant, G. (Eds.) (2001). *Working with older people and their families: Key issues in policy and practice*. Open University Press: Buckingham.
- Norris, J. (2000). Drama as research: Realizing the potential of drama in education as research methodology. *Youth Theatre Journal*, 14, 40-51.
- Norris, J. (2009). *Playbuilding as qualitative research: A participatory arts-based approach*. Walnut Creek, CA: Left Coast Press.
- Nugent, P. (2013). Sense of self. *PsychologyDictionary.org*, April 13, 2013. <https://psychologydictionary.org/sense-of-self/>
- Oberg, G. (2008). Facilitating interdisciplinary work: Using quality assessment to create common ground. *Higher Education*, 57, 405-415.
- O'Connor, P. (2013). TIE: The pedagogic as the aesthetic in a crumbling world. In A. Jackson &

- C. Vine (Eds.), *Learning through theatre: The changing face of theatre in education*, 3rd ed. (pp. 305-320). London: Routledge.
- O'Connor, P., & Anderson, M. (2015). *Applied theatre: Research: Radical departures*. London: Bloomsbury.
- O'Connor, P., O'Connor, B., & Morris, W. (2006). Making the everyday extraordinary: A theatre in education project to prevent child abuse, neglect and family violence. *Research in Drama Education*, 11(2), 235-245.
- Office of the Seniors Advocate British Columbia (2017). *News release* (September 15, 2017). www.seniorsadvocatebc.ca
- Office of the Seniors Advocate British Columbia (2018). *British Columbia residential care facilities: Quick facts directory*. Victoria, BC: Office of the Seniors Advocate, Government of British Columbia.
- O'Leary, E., & Barry, N. (1998). Reminiscence therapy with older adults. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community*, 12(2), 159-165.
- Olney, J. (1981). *Metaphors of self*. Princeton, NJ: Princeton University Press.
- O'Neill, C. (1995). *Drama worlds: A framework for process drama*. Portsmouth, NH: Heinemann.
- O'Rourke, H. M., Duggleby, W., & Fraser, K. D. (2015). Embedding the perceptions of people with dementia into quantitative research design. *Quality of Life Research*, 24, 1145-1155. doi: 10.1007/s11136-015-0967
- O'Rourke, H. M., Duggleby, W., Fraser, K. D., & Jerke, L. (2015). Factors that affect quality of life from the perspective of people with dementia: A metasynthesis. *Journal of the*

- American Geriatrics Society*, 63, 24-38. doi: 10.1111/igs.13178
- Osborn, C. (1993). *The reminiscence handbook: Ideas for creative activities with older people*. London: Age Exchange.
- Osborn, C., & Schweitzer, P. (1987). *Lifetimes: A handbook of memories and ideas for use with Age Exchange reminiscence pictures*. London, UK: Age Exchange.
- Osnes, B. (2014). *Theatre for women's participation in sustainable development*. London: Routledge.
- O'Toole, J. (2006). *Doing drama research: Stepping into enquiry in drama, theatre and education*. City East QLD: Drama Australia.
- O'Toole, J. (2009). Writing *Everyday Theatre*: Applied theatre, or just TIE rides again? *Research in Drama Education: The Journal of Applied Theatre and Performance*, 14(4), 479-501.
- O'Toole, J., & Burton, B. (2005). Acting against conflict and bullying: The Brisbane DRACON Project 1996-2004: Emergent findings and outcomes. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 10(3), 269-283.
- Paget, M. (1993). *A complex sorrow: Reflections on cancer and on abbreviated life*. Philadelphia: Temple University Press.
- Paget, D. (2009). The 'broken tradition' of documentary theatre and its continued power of endurance. In A. Forsyth & C. Megson (Eds.), *Get real: Documentary theatre past and present* (pp. 224-238). New York: Palgrave Macmillan.
- Paley, J. (2009). Narrative machinery. In Y. Gunaratnam and D. Oliviere (Eds.), *Narrative and stories in health care: Illness, dying, and bereavement* (pages 17-32). Oxford: Oxford University Press.

- Panagiotakos, D. B., & Yfantopoulos, J. N. (2011). Methodological issues in the quantitative assessment of quality of life. *Angiology*, 62(7), 517-519.
- Parker, R. A. (2008). *Uprooted: The shipment of poor children to Canada*. Vancouver, BC: UBC Press.
- Park-Fuller, L. M. (2000). Performing absence: The staged personal narrative as testimony. *Text and Performance Quarterly*, 20(1), 20-42.
- Paterson (2018). Feeling like home. <https://www.uvic.ca/knowledge/issues/index.php>
- Patrick, D. & Erickson, P. (1993). Assessing health-related quality of life for clinical decision-making. In S. Walker & R. Rosser (Eds.), *Quality of life assessment: Key issues in the 1990s* (pp. 11-63). Dordrecht: Kluwer.
- Payne, M. (Ed.) (1997). *A dictionary of cultural and critical theory*. Oxford, UK: Blackwell Publishers Ltd.
- Pearce, M. T., Zaidel, D. W., Vartanian, O., Skov, M., Leder, H., Chatterjee, A., & Nadal, M. (2016). Neuroaesthetics: The cognitive neuroscience of aesthetic experience. *Perspectives on Psychological Science*, 11(2), 265-279.
- Pearce, N. (2011). Epidemiology in a changing world: Variation, causation and ubiquitous risk factors. *International Journal of Epidemiology*, 40(2), 503-512.
- Pelias, R. J. (2004). *A methodology of the heart: Evoking academic and daily life*. Walnut Creek, CA: AltaMira Press.
- Pepin, K. E., & Kosloski, K. (2006). Evaluating the effectiveness of arts activities for elderly patients with Alzheimer's disease. *Activities Directors' Quarterly for Alzheimer's and Other Dementia Patients*, 7(4), 31-39.

- Perales, J., Cosco, T. D., Stephan, C. M., Haro, J. M., & Brayne, C. (2013). Health-related quality-of-life instruments for Alzheimer's disease and mixed dementia. *International Psychogeriatrics*, 25(5), 691-706.
- Perrin, T. (2005). *The new culture of therapeutic activity with older people*. London: Speechmark.
- Perry, M. (2011). Theatre and knowing: Considering the pedagogical spaces in devised theatre. *Youth Theatre Journal*, 25, 63-74.
- Petherbridge, J., & Kendall, D. (2012). The process and impact of intergenerational theatre making. *Quality in Ageing and Older Adults*, 13(4), 301-306.
- Phelan, E. A., & Larson, E. B. (2002). "Successful aging" – where next? *Journal of the American Geriatric Society*, 50(7), 1306-1308.
- Phillips, D. (2006). *Quality of life: Concept, policy and practice*. London: Routledge.
- Phillips, L. J., Reid-Arndt, S. A., & Pak, Y. (2010). Effects of creative expression intervention on emotions, communication, and quality of life in persons with dementia. *Nursing Research*, 59(6), 417-425.
- Phinney, A. (2012). *Arts, health and seniors: Healthy aging through the arts*. Vancouver, BC: City of Vancouver, Vancouver Board of Parks and Recreation.
- Pink, S. (2007). *Doing visual ethnography: Images, media and representation in research*. London: Sage.
- Pitters, S. (2002). Long-term care facilities. In M. Stephenson & E. Sawyer (Eds.), *Continuing the care: The issues and challenges for long-term care* (pages 163-201). Ottawa, ON: CHA Press.
- Poindexter, C. C. (2002). Research as poetry: A couple experiences HIV. *Qualitative Inquiry*,

8(6), 707-714.

Pope, C. Mays, N., & Popay, J. (2007). *Synthesising qualitative and quantitative health research*.

Buckingham: Open University Press.

Post, S. (1995). *The moral challenge of Alzheimer disease*. Baltimore: Johns Hopkins University Press.

Pot, A. M., & Willemse, B. (2010). Clinical geropsychology practice in long-term care facilities.

In N. Pachana, K. Laidlaw, & B. Knight (Eds.), *Casebook of clinical geropsychology: International perspectives in practice* (pp. 263-277). New York: Oxford University Press.

Prendergast, M. (2009). "Poem is what?" Poetic inquiry in qualitative social science research. In

M. Prendergast, C. Leggo, & P. Sameshima (Eds.), *Poetic inquiry: Vibrant voices in the social sciences* (pp. xix-xlii). Rotterdam: Sense Publishers.

Prendergast, M. (2009). 'Poem is what?' Poetic inquiry in qualitative social science research.

International Review of Qualitative Research, 1(4), 541-568.

Prendergast, M. (2010). Reflective praxis through narrative and poetry: Performing *Peace Mum*.

Research in Drama Education: The Journal of Applied Theatre and Performance, 15(1), 79-87.

Prendergast, M. (2012). Education and/as art: A found poetry suite. *International Journal of*

Education and the Arts, 13(Interlude 2), 1-19.

Prendergast, M., & Belliveau, G. (2013). Poetics and performance. In A. Trainor & E. Graue

(Eds.), *Reviewing qualitative research in the social sciences* (pp. 197-210). New York: Routledge.

Prendergast, M., Leggo, C., & Sameshima, P. (Eds.) (2009). *Poetic inquiry: Vibrant voices in*

the social sciences. Rotterdam/Boston/Taipei: Sense Publishers.

- Prendergast, M., & Saxton, J. (Eds.) (2009). *Applied theatre: International case studies and challenges for practice*. Bristol, UK: Intellect.
- Prendergast, M., & Saxton, J. (2013). *Applied drama: A facilitator's handbook for working in community*. Bristol, UK: Intellect.
- Prendergast, M., & Saxton, J. (2015). Seduction of the real: The significance of fiction in applied theatre. *RIDE: The Journal of Applied Theatre and Performance*, 20(3), 280-284.
- Prendergast, M., & Saxton, J. (Eds.) (2016). *Applied theatre: International case studies and challenges for practice* (Second Edition). Bristol, UK: Intellect.
- Prentki, T. (2015). *Applied theatre: Development*. London: Bloomsbury.
- Prentki, T., & Pammenter, D. (2014). Living beyond our means, meaning beyond our lives. Theatre as education for change. *Applied Theatre Research*, 2(1), 7-19.
- Prentki, T., & Preston, S. (Eds.) (2009). *The applied theatre reader*. New York: Routledge.
- Preston, S. (2009). Introduction to ethics of representation. In T. Prentki & S. Preston (Eds.), *The applied theatre reader* (pp. 65-69). New York: Routledge.
- Preston, S. (Ed.) (2016). *Applied theatre: Facilitation - pedagogies, practices, resilience*. London: Bloomsbury Methuen Drama.
- Prior, R. W. (2010). Editorial. *Journal of Applied Arts & Health*. 2(3), 203-206.
- Prior, R. W. (2012). *Teaching actors: Knowledge transfer in actor training*. Bristol, UK: Intellect.
- Prior, R. W. (2013). Knowing what is known: Accessing craft-based meanings in research by artists. *Journal of Applied Arts & Health*, 4(1), 57-65.
- Prohaska, T. R., Anderson, L. A., & Binstock, R. H. (Eds.) (2012). *Public health for an aging society*. Baltimore: The Johns Hopkins University Press.

- Pryor, J. (2000). Creating a rehabilitative milieu. *Rehabilitation Nursing*, 25, 141-144.
- Public Health Agency of Canada (2014). *The chief public health officer's report on the state of public health in Canada, 2014: Public health in the future*. Ottawa, ON: Government of Canada. <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2014/chang-eng.php>
- Puurveen, G. (2010). *Caring for persons with dementia at the end of life: A review of the literature*. Vancouver, BC: Alzheimer Society of British Columbia.
- Raia, P., & Koenig-Costa, J. (1996). Habilitation therapy: Realigning the planets. *Alzheimer's Association of Massachusetts Newsletter*, 14(2), 21-34.1
- Raina, P. S., Wolfson, C., Kirkland, S. A., Griffith, L. E., Oremus, M., Patterson, C., Tuoko, H., Penning, M., Balion, C. M., Hogan, D., Wister, A., Payette, H., Shannon, H., & Brazil, K. (2009). The Canadian Longitudinal Study on Aging (CLSA). *Canadian Journal on Aging*, 28, 221-229.
- Rahman, A. N., & Schnelle, J. F. (2008). The nursing home culture-change movement: Recent past, present, and future directions for research. *Gerontologist*, 48, 142-148.
- Ramsey, P. (2013). Arts and older people strategy 2010-2013. *Cultural Trends*, 22(3-4), 270-277. Arts Council of Northern Ireland: Routledge (Taylor & Francis Group).
- Rancièrè, J. (2009). *The emancipated spectator* (G. Elliott, Trans.). London: Verso.
- Randall, W. L. (2011). Memory, metaphor, and meaning: Reading for wisdom in the stories of our lives. In G. Kenyon, E. Bohlmeijer, & W. L. Randall (Eds.), *Storying later life: Issues, investigations, and interventions in narrative gerontology* (pp. 20-38). New York: Oxford University Press.
- Rando, T. A. (1993). *Treatment of complicated mourning*. Champaign, IL: Research Press.
- Raphael, D. (2011). Mainstream media and the social determinants of health in Canada: Is it

- time to call it a day? *Health Promotion International*, 26(2), 220-229.
- Raphael, D. (Ed.) (2016). *Social determinants of health: Canadian perspectives*, Third Edition. Toronto: Canadian Scholars' Press Inc.
- Rappaport, L. (2013). Trusting the felt sense in arts-based research. *Journal of Applied Arts & Health*, 4(3), 97-104.
- Rasmussen, B. (2014). The art of researching with art: Towards an ecological epistemology. *Applied Theatre Research*, 2(1), 21-32. doi: 10.1386/atr.2.1.21_1
- Reason, M. (2017). Intrinsic and instrumental impacts in participatory art. In M. Reason & N. Rowe (Eds.), *Applied practice: Evidence and impact in theatre, music and art* (pp. 37-47). London: Bloomsbury Methuen Drama.
- Reason, P., & Bradbury, H. (Eds.) (2008). *The SAGE handbook of action research: Participative inquiry and practice*, 2nd edition. Thousand Oaks, CA: SAGE Publications.
- Rentz, C. (2002). Memories in the making: Outcome-based evaluation of an art program for individuals with dementing illnesses. *American Journal of Alzheimer's Disease and Other Dementias*, 17(3), 175-181.
- Resnick, B., Gwyther, L. P., & Roberto, K. A. (Eds.) (2011). *Resilience in aging: Concepts, research and outcomes*. New York: Springer Science+Business Media.
- Revere, V., & Tobin, S. (1980). The older person's relationship to his past. *International Journal of Aging and Human Development*, 12, 15-26.
- Richardson, L. (1992). The poetic representation of lives: Writing a postmodern sociology. *Studies in Symbolic Interaction*, 13, 19-29.
- Riessman, C. K. (1993). Narrative analysis. *Qualitative Research Methods*, Series 30. Newbury Park, CA: Sage.

- Riley, M. W., Kahn, R. L., & Rowe, J. W. (1998). Successful aging. *Gerontologist*, 38(2), 151.
- Rogoff, I. (2008). Turning. *E-flux journal* (November 2008). www.e-flux.com
- Rolling, Jr., J. H. (2013). *Arts-based research primer*. New York: Peter Lang.
- Rose, K., & Lopez, R. (2012). Transitions in dementia care: Theoretical support for nursing roles. *The Online Journal of Issues in Nursing*, 17(2), Manuscript 4.
- Rosenthal, C. J., & Dawson, P. (1991). Wives of institutionalized elderly men. *Journal of Aging and Health*, 3, 315-334.
- Rossatto, C. (2005). *Engaging Paulo Freire's pedagogy of possibility*. Toronto: Rowan and Littlefield Publishers.
- Rossiter, K., Kontos, P., Colantonio, A., et al. (2008). Staging data: Theatre as tool for analysis and knowledge transfer in health research. *Social Science and Medicine*, 66, 130-146.
- Roush, R. E., Braun, M., Basting, A. D., Winadur, J., Rosenberg, F., & McFadden, S. H. (2011). Using the arts to promote resiliency among persons with dementia and their caregivers. In B. Resnick, L. P. Gwyther, & K. Roberts (Eds.), *Resilience in aging: Concepts, research, and outcomes* (pp. 105-120). New York: Springer Science+Business Media, LLC.
- Rowe, J. M., Fowell, H. L., & Montgomery, R. J. V. (2006, November). *Impact of creative activities at an adult day center*. Paper presented at the annual conference of the Gerontological Society of America, Dallas, TX.
- Rowe, J. M., & Kahn, R. L. (1997). Successful aging. *Gerontologist*, 37(4), 433-440.
- Rusted, J., Sheppard, L., & Waller, D. (2006). A multi-centre randomized control group trial on the use of art therapy for older people with dementia. *Group Analysis*, 39(4), 517-536.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality & Social Psychology*, 57(6), 1069-1081.

- Rylatt, P. (2012). The benefits of creative therapy for people with dementia. *Nursing Standard*, 26(33), 42-47.
- Sabat, S., & Harre, R. (1992). The construction and deconstruction of self in Alzheimer's disease. *Ageing and Society*, 12, 443-461.
- Sadeghi-Yekta, K. (2015). Competing international players and their aesthetic initiatives: The future of internationalized applied theatre practice? In G. White (Ed.), *Applied theatre: Aesthetics* (pp. 156-193). London: Bloomsbury.
- Sajnani, N. Linds, W., Ndejuru, L., Wong, A., & Members of the Living Histories Ensemble. (2011). The bridge: Toward relational aesthetic inquiry in the Montreal 'Life Stories' project." *Canadian Theatre Research*, 148, 18-24.
- Saldaña, J. (1998). Ethical issues in an ethnographic performance text: The 'dramatic impact' of 'juicy stuff'. *Research in Drama Education*, 3(2), 181-196.
- Saldaña, J. (Ed.) (2005). *Ethnodrama: An anthology of reality theatre*. Walnut Creek, CA: AltaMira.
- Saldaña, J. (2008). Ethnodrama and ethnotheatre. In J. G. Knowles & A. L. Cole (Eds.), *Handbook of the arts in qualitative research: Perspectives, methodologies, examples, and issues* (pp. 195-207). Thousand Oaks, CA: SAGE Publications.
- Saldaña, J. (2011a). *Ethnotheatre: Research from page to stage*. Walnut Creek, CA: Left Coast Press.
- Saldaña, J. (2011b). *Fundamental of qualitative research*. New York: Oxford University Press.
- Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Thousand Oaks: Sage.
- Salimpoor, V. N., Benovoy, M., Larcher, K., Dagher, A., & Zatorre, R. J. (2011). Anatomically

- distinct dopamine release during anticipation and experience of peak emotion to music. *Nature Neuroscience*, *14*, 257-262.
- Salimpoor, V. N., van den Bosch, I., Kovacevic, N., McIntosh, A. R., Dagher, A., & Zatorre, R. J. (2013). Interactions between the nucleus accumbens and auditory cortices predict music reward value. *Science*, *340*, 216-219.
- Salimpoor, V. N., Zaid, D., Zatorre, R. J., Dagher, A., & McIntosh, A. R. (2015). Predictions and the brain: How musical sounds become pleasurable. *Trends in Cognitive Sciences*, *19*, 86-91.
- Sanford Center for Aging (2008). *Lesson plan for understanding grief and loss*. Reno, Nevada: Nevada Care Connection Training Module, University of Nevada.
<http://www.unr.edu/sanford/documents/Grief%20and%20Loss%20Module%20Formatted%20Properly.pdf>
- Saracci, R. (1997). The World Health Organization needs to reconsider its definition of health. *British Medical Journal*, *314*, 1409.
- Sarkamo, T., Tervaniemi, M., Laitinen, S., Numminen, A., Kurki, M., Johnson, J., & Rantanen, P. (2014). Cognitive, emotional, and social benefits of regular musical activities in early dementia: Randomized controlled study. *The Gerontologist*, *54*(4), 634-650.
doi: 10.1093/geron/gnt100
- Satizabal, C. L., Belser, A. S., Chouraki, V., Chene, G., Dufouil, C., & Seshadri, S. (2016). Incidence of dementia over three decades in the Framingham heart study. *New England Journal of Medicine*, *374*(6), 523-532.
- Sauer, P. E., Fopma-Loy, J., Kinney, J. M., & Lokon, E. (2016). "It makes me feel like myself": Person-centered versus traditional visual arts activities for people with dementia.

- Dementia*, 15(5), 895-912.
- Schechner, R. (1977). From ritual and back: The structure/process of the efficacy-entertainment dyad. *Essays of performance theory*. New York: Drama Book Specialists.
- Schechner, R. (1985). *Between theater and anthropology*. Pennsylvania, PA: Pennsylvania University Press.
- Schirle, J. (2005). Potholes in the road to devising. *Theatre Topics*, 15(1), 91-102.
- Schneider, J., Lowe, S., Myers, T., Scales, K., Bailey, S., & Middleton, J. (2014). A short report on knowledge exchange through research-based theatre: 'Inside out of Mind'. *Social Science & Medicine*, 118 (October), 61-65.
- Schonmann, S. (Ed.) (2011). *Key concepts in theatre/drama education*. Rotterdam: Sense Publishers.
- Schweitzer, P. (Ed.) (1998). *Reminiscence in dementia care*. London: Age Exchange.
- Schweitzer, P. (2002). *Age Exchange: The story so far: 1982-2002*. London: Age Exchange.
- Schweitzer, P. (2004). *Mapping memories: Reminiscence with ethnic minority elders*. London: Age Exchange.
- Schweitzer, P. (2007). *Reminiscence theatre: Making theatre from memories*. London: Jessica Kingsley.
- Schweitzer, P., Bruce, E., & Gibson, F. (2008). *Remembering yesterday, caring today: Reminiscence in dementia care – a guide to good practice*. London: Jessica Kingsley.
- Selman, J., & Battye, J. (2016). Telling old stories in new ways. In S. Butterwick & C. Roy (Eds.) (2016), *Working the margins of community-based adult learning: The power of arts-making in finding voice and creating conditions for seeing/listening* (pp. 157-168). Boston: Sense Publishers.

- Serrano, J. P., Latorre, J. M., Gatz, M., & Montanes, J. (2004). Life review therapy using autobiographical retrieval practice for older adults with depressive symptomatology. *Psychology and Aging, 19*, 272-277.
- Shapiro, J. (2011). Illness narratives: Reliability, authenticity and the empathic witness. *Med Humanit, 37*(2), 68-72.
- Shapiro, J. P., & Gross, S. J. (2008). *Ethical educational leadership in turbulent times – Resolving moral dilemmas*. Mahwah: Lawrence Erlbaum.
- Shaughnessy, N. (2005). Truths and lies: Exploring the ethics of performance applications. *Research in Drama Education, 10*(2), 201-212.
- Shaughnessy, N. (2012). *Applying performance: Live art, socially engaged theatre and affective practice*. London, UK: Palgrave Macmillan.
- Shaw, I. F., Green, J. C., & Mark, M. M. (2006). *The SAGE handbook of evaluation*. London: SAGE Publications.
- Shaw, M., Dorling, D., Gordon, D., & Davey Smith, G. (1999). *The widening gap: Health inequities and policy in Britain*. Bristol, UK: Policy Press.
- Sherman, E., & Peak, T. (1991). Patterns of reminiscence and the assessment of late life adjustment. *Journal of Gerontological Social Work, 16*, 57-74.
- Shields, M., & Shoostari, S. (2001). Determinants of self-perceived health. *Health Reports, 13*(1). Ottawa: Statistics Canada Catalogue no. 82-003 (pp. 35-52).
- Shier, V., Khodyakov, D., Cohen, L. W., Zimmerman, S., & Saliba, D. (2014). What does the evidence really say about culture change in nursing homes? *The Gerontologist, 54* (Suppl. 1), S6-S16. doi: 10.1093/geront/gnt147
- Shippee, T. P., Henning-Smith, C., Kane, R. L., & Lewis, T. (2013). Resident- and facility-level

- predictors of quality of life in long-term care. *The Gerontologist Advance Access*, December 17, 2013. doi: 10.1093/geront/gnt148
- Shura, R., Siders, R. A., & Dannefer, D. (2011). Culture change in long-term care: Participatory action research and the role of the resident. *Gerontologist*, *51*(2), 212-225.
- Siegesmund, R. & Cahnmann-Taylor, M. (2008). The tensions of arts-based research in education reconsidered: The promise for practice. In M. Cahnmann-Taylor & R. Siegesmund (Eds.), *Arts-based research in education: Foundations for practice* (pp. 231-246). New York and London: Routledge.
- Siegrist, J., & Marmot, M. (2004). Health inequalities and the psychosocial environment: Two scientific challenges. *Social Science & Medicine*, *58*, 1463-1473.
- Sigurdson, O. (2015). Culture, arts and health: A multi-disciplinary Swedish perspective. *Journal of Applied Arts & Health*, *6*(2), 139-148. doi: 10.1386/jaah6.2.139_1
- Sim, J., Bartlam, B., & Bernard, M. (2011). The CASP-19 as a measure of quality of life in old age: Evaluation of its use in a retirement community. *Quality of Life Research*, *20*(7), 997-1004.
- Sim, R. (2003). *Reminiscence: Social and creative activities with older people in care*. Bicester: Speechmark.
- Simons, H. (2006). Ethics in evaluation. In I. F. Shaw, J. C. Greene, & M. M. Mark (Eds.), *The SAGE handbook of evaluation* (pp. 243-265). London: SAGE Publications.
- Sinclair, C., & Grindrod, A. (2007). Converging worlds: Fostering co-facilitation and relationships for health promotion through drama at the grassroots. *Applied Theatre Researcher*, *8*, Article 5.
- Sinding, C., Gray, R. E., Grassau, P., Damianakis, F., & Hampson, A. (2006). Audience

- responses to a research-based drama about life after breast cancer. *Psycho-oncology*, 15, 694-700.
- Sinding, C., Gray, R., & Nisker, J. (2008). Ethical issues and issues of ethics. In G. Knowles, & A. L. Cole (Eds.), *Handbook of the arts in qualitative research: Perspectives, methodologies, examples and issues* (pp. 459-468). Los Angeles: SAGE Publications.
- Singh-Manoux, A., Ferrie, J. E., Chandola, T., & Marmot, M. (2004). Socioeconomic trajectories across the life course and health outcomes in midlife: Evidence for the accumulation hypothesis? *International Journal of Epidemiology*, 33(5), 1072-1079.
- Sirgy, M. J. (2002). The psychology of quality of life. *Social Indicator Research Series*, 12. Dordrecht: Kluwer Academic Publishers.
- Slettebo, A. (2008). Safe, but lonely: Living in a nursing home. *Nordic Journal of Nursing Research*, 28(1), 22-25.
- Sloane, P. D. et al. (2007). Dementia care mapping as a research tool. *International Journal of Geriatric Psychiatry*, 22, 580-589.
- Sloane, P. D., Zimmerman, S., Williams, C. S., Reed, P. S., Gil, K. S. & Preisser, J. S. (2005). Evaluating the quality of life of long-term care residents with dementia. *The Gerontologist*, 45, 37-49.
- Smith, A. (1996). Culture, community and territory. *International Affairs*, 72(3), 445-458.
- Smith, G. D. (2011). Epidemiology, epigenetics and the 'gloomy prospect': Embracing randomness in population health research and practice. *International Journal of Epidemiology*, 40(3), 537-562.
- Sneeuw, K. C. et al. (1997). The use of significant others as proxy raters of the quality of life of patients with brain cancer. *Medical Care*, 35, 490-506.

- Snow, S., D'Amico, M., & Tanguay, D. (2003). Therapeutic theatre and well-being. *The Arts in Psychotherapy, 30*, 73-82.
- Snyder, L. (2009). *Speaking our minds: What it's like to have Alzheimer's* (Rev. ed.). Baltimore, MD: Health Professions Press, Inc.
- Social Dimensions of Health Institute. Publications. The Universities of Dundee and St. Andrews. <https://sdhi.wordpress.com/research/publications/>
- Solar, O., & Irwin, A. (2007). Towards a conceptual framework for analysis and action on the social determinants of health. World Health Organization / Commission on Social Determinants of Health: Geneva.
- Sony/ATV Music Publishing LLC (2018). *I lived it*. A song written by Rhett Akins, Ashley Gorley, Ben Hayslip, & Ross Copperman and recorded by American country music singer Blake Shelton. Released in January 2018 as the second single from Shelton's 2017 album, 'Texoma Shore': Warner/Chappell Music, Inc.
- Sparkes, A. C., Nilges, L., Swan, P., & Downing, F. (2003). Poetic representations in sport and physical education: Insider perspectives. *Sport, Education and Society, 8*(2), 153-177.
- Specht, J. K., Park, M., Maas, M. L., Reed, D., Swanson, E., & Buckwalter, K. C. (2005). Interventions for residents with dementia and their family and staff caregivers: Evaluating the effectiveness of measures of outcomes in long-term care. *Journal of Gerontological Nursing, 31*(6), 6-14.
- Spolin, V. (1985). *Theatre games for rehearsal: A director's handbook*. Evanston, Illinois. Northwestern University Press.
- Spolin, V. (1999). *Improvisation for the theater*. Evanston, Illinois. Northwestern University Press.

- Springate, I., Atkinson, M., & Martin, K. (2008). *Intergenerational practice: A review of the literature*. (LGA Research Report F/SR262). Slough, Berkshire SL: National Foundation for Educational Research.
- Stanislavski, C. (1936). *An actor prepares* (translated by E. R. Hapgood; Copyright renewed 1964). New York, NY: Routledge/Theatre Arts Books.
- Stanislavski, C. (1949). *Building a character* (translated by E.R. Hapgood; Copyright renewed 1977 by D.T. Hapgood). New York, NY: Routledge/Theatre Arts Books.
- Stanislavski, C. (1961). *Creating a role* (translated by E.R. Hapgood; Copyright renewed 1989 by Routledge, Chapman and Hall, Inc.). New York, NY: Routledge/Theatre Arts Books.
- Staricoff, R. (2004). *Arts in health: A review of the medical literature*. London: Arts Council of England.
- Statistics Canada (2015). *Canada's population estimates: Age and sex, July 1, 2015* (released Sept. 29, 2015). Ottawa, ON: Government of Canada.
<http://www.statcan.gc.ca/daily-quotidien/150929/dq150929b-eng.htm>
- Steeman, E., Tournoy, J., Grypdonck, M., Godderis, J., & De Casterle, B.D. (2013). Managing identity in early-stage dementia: Maintaining a sense of being valued. *Ageing & Society*, 33(2), 216-242. doi: 10.1017/S01144686X11001115
- Stein, D. J. (2009). The psychobiology of resilience. *CNS Spectr*, 14(2) (Suppl. 3), 41-47.
- Stoebe, M., & Schut, H. (2001). Meaning making in the dual process model of coping with bereavement. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 55-73). Washington, DC: American Psychological Association.
- Strasberg, L. (1987). *A dream of passion: The development of the method*. New York: Plume.
- Strawbridge, W. J., & Wallhagen, M. I. (2003). Self-rated successful aging: Correlates and

- predictors. In L. W. Poon, S. H. Gueldner, & B. M. Sprouse (Eds.), *Successful aging and adaptation with chronic diseases* (pp. 1-24). New York: Springer Publishing Company.
- Streubert, H., & Carpenter, D. (1999). *Qualitative research in nursing: Advancing the humanistic imperative* (2nd ed.). Philadelphia, PA: Lippincott.
- Strout, K., & Howard, E. P. (2012). The six dimensions of wellness and cognition in aging adults. *Journal of Holistic Nursing*, 30, 195-204.
- Stuart-Fischer, A. (2005). Developing an ethics of practice in applied theatre: Badio and fidelity to the truth of the event. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 10(2), 257-262.
- Stuart-Hamilton, I. (2011). *An introduction to gerontology*. New York: Cambridge University Press.
- Stuckey, H. L., & Nobel, J. (2010). The connection between art, healing, and public health: A review of current literature. *American Journal of Public Health*, 100(2), 254-263.
- Taft, L., & Nehrke, M. (1990). Reminiscence, life review, and ego integrity in nursing home residents. *International Journal of Aging and Human Development*, 30, 189-196.
- Taillefer, M., Dupuis, G., Roberge, M., & Le May, S. (2003). Health-related quality of life models: Systematic review of the literature. *Social Indicators Research*, 64, 293-323.
- Taylor, P. (2003). *Applied theatre: Creating transformative encounters in the community*. Portsmouth, NH: Heinemann.
- Taylor, S. E., & Brown, J. D. (1994). Positive illusions and well-being revisited: Separating fact from fiction. *Psychological Bulletin*, 116(1), 21-27.
- Teri, L., Lodgson, R., & McCurry, S. (2002). Nonpharmacologic treatment of behavioural

- disturbances in dementia. *The Medical Clinics of North America*, 86(3), 641-656.
- Terret, L. (2012). Theatre in health and care. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 17(1), 133-135.
- Tesch, L., & Hansen, E. C. (2013). Evaluating effectiveness of the arts and health programmes in primary health care: A descriptive review. *Arts & Health*, 5(1), 19-38.
- Thomas, W. H. (1994). *The den alternative: Nature, hope and nursing homes*. Columbia: University of Missouri Press.
- Thomas, W. H. (1996). *Life worth living: How someone you love can still enjoy life in a nursing home*. Acton, MA: Vanderwyk & Burnham.
- Thomas, W. H. (2004). *What are old people for? How elders will save the world*. Acton, MA: Vanderwyk & Burnham.
- Thompson, J. (2000). 'It don't mean a thing if it ain't got that swing': Some questions on participatory theatre, evaluation and impact. *Research in Drama Education*, 5, 101-104.
- Thompson, J. (2004). Digging up stories: An archeology of story in war. *The Drama Review*, 48, 150-164.
- Thompson, J. (2006). *Applied theatre: Bewilderment and beyond*. London: P. Lang.
- Thompson, J. (2008). The ends of applied theatre: In S. Preston & T. Prentki (Eds.), *The applied theatre reader* (pp. 116-124). London: Routledge.
- Thompson, J. (2009). *Performance affects*. Basingstoke: Palgrave Macmillan.
- Thompson, J. (2015). Towards an aesthetics of care. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 20(4), 430-441. doi: 10.1080/13569783.2015.1068109
- Thompson, J., Hughes, J., & Balfour, M. (Eds.) (2009). *Performance in place of war*. Chicago:

Seagull.

Thompson, J., & Schechner, R. (2004). Why social theatre? *TDR*, 48(3), 11-16.

Thorgrimsen, L. et al. (2003). Whose quality of life is it anyway? *Alzheimer Disease and Associated Disorders*, 17, 201-208.

Thorgrimsen, L., Schweitzer, P., & Orrell, M. (2002). Evaluating reminiscence for people with dementia: A pilot study. *The Arts in Psychotherapy*, 29(2), 93-97.

Thornstam, L. (1999). Gerotranscendence and the functions of reminiscence. *Journal of Aging and Identity*, 4, 155-16.

Thornton, S. (2012). From the personal to the political: Theatre for social change in the 21st century. Liverpool, UK: Collective Encounters.

Torrissen, W. (2015). 'Better than medicine': Theatre and health in the contemporary Norwegian context. *Journal of Applied Arts & Health*, 6(2), 149-170. doi: 10.1386/jaah6.2.149_1

Trigg, R., Skevington, S. M., & Jones, R. W. (2007). How can we best assess the quality of life of people with dementia? The Bath Assessment of Subjective Quality of Life in Dementia (BASQID). *The Gerontologist*, 47(6), 789-797.

Tromp, T. (2011). Older adults in search of new stories: Measuring the effects of life review on coherence and integration in autobiographical narratives. In G. Kenyon, E. Bohlmeijer, & W. L. Randall (Eds.), *Storying later life: Issues, investigations, and interventions in narrative gerontology* (pp. 252-272). New York: Oxford University Press.

Tschacher, W., Greenwood, S., Kirchberg, V., Wintzerith, S., van den Berg, K., & Trondle, M. (2012). Physiological correlates of aesthetic perception of artworks in a museum. *Psychology of Aesthetics, Creativity, and the Arts*, 6, 96-103.

Tsiris, G., Pavilicevic, M., & Farrant, C. (2014). *A guide to evaluation for arts therapists and*

- arts and health practitioners*. London: Jessica Kingsley.
- Tuokko, H. (2017). *Cognition in the Canadian Longitudinal Study on Aging*. University of Victoria Public Event, Victoria, BC: April 27, 2017. Livestreamed on Facebook and YouTube.
- Tuokko, H. (in press). Social neuropsychology in dementia. In Parks, R. W., Zec, R. F., Bondi, M. W. & Jefferson, A. L. (Eds.), *Neuropsychology of Alzheimer's disease and other*
- Tuokko, H., Griffith, L. E., Simard, M., & Taler, V. (2017). Cognitive measures in the Canadian Longitudinal Study on Aging. *The Clinical Neuropsychologist*, 31(1), 233-250.
- Tuokko, H., Rhodes, R., Love, J., Cloutier-Fisher, D., Jouk, A., & Schoklitsch, A. (2013). Change in beliefs about older drivers through applied theater. *Educational Gerontology*, 39(1), 45-56.
- Tuokko, H. A., & Smart, C. M. (2018). *Neuropsychology of cognitive decline: A developmental approach to assessment and intervention*. New York: The Guilford Press.
- Turcotte, M., & Schellenberg, G. (2007). *A portrait of seniors in Canada 2006*. Statistics Canada Catalogue no. 89-519-XIE. Ottawa: Minister of Industry.
- Turner, C., & Behrndt, A. K. (2008). *Dramaturgy and performance*. London, UK: Palgrave MacMillan.
- Turner-Bowker, D. M., DeRosa, M. A., & Ware, Jr., J. E. (2008). SF-36® Health Survey. In S. Boslaugh (Ed.), *Encyclopedia of epidemiology* (Vol. 2) (pp. 967-972). Thousand Oaks, CA: Sage.
- Twigg, J., & Buse, C. E. (2013). Dress, dementia and the embodiment of identity. *Dementia*, 12(3), 326-336.
- Van der Kolk, B., McFarlane, A., & van der Hart, O. (2007). A general approach to treatment of

- posttraumatic stress disorder. In B. van der Kolk, A. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 417-440). New York: Guilford.
- Van der Kolk, B., McFarlane, A., & Weisaeth, L. (Eds.) (2007). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.
- Vanderven, K. (2004). Intergenerational theory in society: Building on the past, questions for the future. *Journal of Intergenerational Relationships*, 2(3-4), 75-94.
- Vanderven, K. (2011). The road to intergenerational theory is under construction: A continuing story. *Journal of Intergenerational Relationships*, 9(1), 22-36.
- Van Erven, E. (2001). *Community theatre: Global perspectives*. London: Routledge.
- Van Es, R. (1996). Negotiating ethics: On ethics in negotiation and negotiation in ethics. Ph.D. dissertation, Nijenrode University.
- Van Manen, M. (1991). *The tact of teaching: The meaning of pedagogical thoughtfulness*. New York: State University of New York Press.
- Vella-Burrows, T. (2016). The arts and older people: A global perspective. In S. Clift & P. Camic (Eds), *Oxford textbook of creative arts, health, and wellbeing: International perspectives on practice, policy, and research* (pp. 235-244). Oxford, UK: Oxford University Press.
- Verity, J., & Kuhn, D. (2008). *The art of dementia care*. New York: Thomson Delmar Learning.
- Vessel, E. A., Starr, G. G., & Rubin, N. (2012). The brain on art: Intense aesthetic experience activates the default mode network. *Frontiers in Human Neuroscience*.
<https://www.frontiersin.org/articles/10.3389/fnhum.2012.00066/full>
- Vladeck, B. (1980). *Unloving care: The nursing home tragedy*. New York: Basic Books.

- Voaden, H. (Ed.) (1945). *Four good plays to read and act*. Toronto: Longmans, Green and Co.
- Vogler, G. P. (2006). Behavior genetics and aging. In J.E. Birren & K.W. Schaie (Eds.), *Handbook of the psychology of aging*, 6th edition (pp. 41-55). London, UK: Elsevier Academic Press.
- Walker, A., & Hagan Hennessy, C. H. (Eds.) (2004). *Growing older: Quality of life in old age*. Maidenhead: Open University Press.
- Walker, R., Pick, C., & MacDonald, B. (1991). 'Other rooms: Other voices' – A dramatized report. In I. F. Goodons & R. Walker (Eds.), *Biography, identity and schooling: Episodes in educational research* (pp. 80-93). London, UK: Falmer.
- Wallace, K. A., & Wheeler, A. J. (2002). Reliability generalization of the Life Satisfaction Index. *Educational and Psychological Measurement*, 62(4), 674-684.
- Walsh, S. (2006). An Irigarayan framework and resymbolization in an arts-informed research process. *Qualitative Inquiry*, 12(5), 976-993.
- Wang, T., & Lien, Y. B. (2013). The power of using video data. *Qual Quant*, 47, 2933-2941.
doi: 10.1007/s11135-012-9717-0
- Ware, J. E., Jr., & Sherbourne, C. D. (1992). The MOS 36-item short-form health survey (SF-36): Conceptual framework and item selection. *Medical Care*, 30(6), 473-483.
- Ware, J. E., Jr., Snow, K. K., Kosinski, M., & Gandek, B. (1993, 2000). *SF-36 Health Survey: Manual and interpretation guide*. Lincoln, RI: QualityMetric Inc.
- Watt, L., & Wong, P. (1991). A taxonomy of reminiscence and therapeutic implications. *Journal of Gerontological Social Work*, 1(1-2). 6-56.
- Webster, J. (1994). Predictors of reminiscence: A lifespan perspective. *Canadian Journal on Aging*, 13, 66-78.

- Webster, J. D. (1997). The reminiscence functions scale: A replication. *International Journal of Aging and Human Development*, 44(2), 137-148.
- Webster, J. D., Bohlmeijer, E. T., & Westerhof, G. J. (2010). Mapping the future of reminiscence: A conceptual guide for research and practice." *Research on Aging*, 32(4), 527-564.
- Webster, J. D., & Haight, B. K. (2002). *Critical advances in reminiscence work*. New York: Springer.
- Weigler, W. (2007a). *Play synopsis: Proposed production – Rama and Shinta* (and unpublished play-script). Victoria, B.C.
- Weigler, W. (2007b). *Rama and Shinta, you and me: An experiment in encountering the other' in Reminiscence Theatre*. Paper presented at the University of Victoria Theatre Union of Graduate Students Colloquium, March 21, 2007.
- Weisberg, N., & Wilder, R. (Eds.) (2001). *Expressive arts with elders: A resource* (2nd ed.). London: Jessica Kingsley.
- Weiss, R., & Bass, S. A. (2002). Introduction. In R. S. Weiss & S. A. Bass (Eds.), *Challenges of the third age: Meaning and purpose in later life* (pp. 3-12). New York: Oxford University Press.
- Westerhof, G., Bohlmeijer, E., & Webster, J. (2010). Reminiscence: Recent progress in conceptual understanding, empirical study and implications for practice. *Ageing & Society*, 30(4), 697-721.
- Wetherell, J. E. (Ed.) (1893). *Later Canadian poems*. Toronto: The Copp, Clark Company, Ltd.
- White, D. L., Newton-Curtis, L., & Lyons, K. S. (2008). Development and initial testing of a measure of person-directed care. *Gerontologist*, 48, 114-123.

- White, G. (2015). *Applied theatre: Aesthetics*. London: Bloomsbury.
- White, M. (2009). *Arts development in community health: A social tonic*. Oxford, UK: Radcliffe Publishing.
- White-Chu, E. F., Graves, W. J., Godfrey, S. M., Bonner, A., & Sloane, P. (2009). Beyond the medical model: The culture change revolution in long-term care. *Journal of the American Medical Directors Association, 10*, 370-378.
- Whitehead, M. (1992). Perspectives in health inequity. *International Journal of Health Services, 22*, 429-445.
- Whitehouse, P., & George, D. (2008). *The myth of Alzheimer's: What you aren't being told about today's most dreaded diagnosis*. New York: St. Martin's Press.
- Wilkinson, S., & Kitzinger, C. (2009). Representing the other. In T. Prentki & S. Preston (Eds.), *The applied theatre reader* (pages 86-93). New York: Routledge.
- Winston, J. (2010). *Beauty and education*. New York: Routledge.
- Wong, P. T., & Watt, L. M. (1991). What types of reminiscence are associated with successful aging? *Psychology and Aging, 6*(2), 272-279.
- Wood, J. H. (2005). Interventional narratology: Form and function of the narrative medical write-up. *Literature and Medicine, 24*(2), 283-296.
- Woods, R. T., Bruce, E., Edwards, R. T., Elvish, R., Hoare, Z., Hounscome, B., Keady, J., Moniz-Cook, E. D., Orgeta, V., Orrell, M., Rees, J., & Russell, I. T. (2012). REMCARE: Reminiscence groups for people with dementia and their family caregivers – effectiveness and cost-effectiveness pragmatic multicenter randomized trial. *Health Technology Assessment, 16*(48), v-xv, 1-116. Doi: 10.3310/hta16480
- Woods, R. T., Bruce, E., Edwards, R. T., Hounscome, B., Keady, J., Moniz-Cook, E. D., Orrell,

- M., & Russell, I. T. (2009). Reminiscence groups for people with dementia and their family carers: Pragmatic eight-centre randomized trial of joint reminiscence and maintenance versus usual treatment: A protocol. *Trials*, *10*, 64. Also published online (BioMed Central), Jul 30, 2009. doi: 10.1186/1745-6215-10-64
- Woods, R. T., Spector, A., Jones, C., Orrell, M., & Davies, S. (2005). Reminiscence therapy for dementia. *The Cochrane Database of Systematic Reviews*, Issue 2. Chichester: Wiley.
- Woolf, F. (2004). *Partnerships for learning: A guide to evaluation of arts education projects*. Arts Council England.
- Wooster, R. (2007). *Contemporary theatre in education*. Bristol, UK: Intellect.
- Wooster, R. (2009). Creative inclusion in community theatre: A journey with Odyssey Theatre. *Research in Drama Education: The Journal of Applied Theatre and Performance*, *14*(1), 79-90.
- Worden, J. W. (1996). *Children and grief: When a parent dies*. New York: Guilford Press.
- World Health Organization (1946). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (*Official Records of the World Health Organization*, no. 2, p. 100) and entered into force on 7 April 1948.
- World Health Organization (1986). *Ottawa Charter for Health Promotion*. Available at: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- World Health Organization (2002). *World Health Organization Quality of Life (WHOQOL) – Spirituality, Religiousness and Personal Beliefs (SRPB) Field-Test Instrument: The WHOQOL-100 Questions plus 32 SRPB Questions*. Geneva, Switzerland: Mental Health: Evidence & Research, Department of Mental Health & Substance Dependence, World

Health Organization.

World Health Organization (2011a). *25 years of Ottawa Charter*. Available at:

<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-first-session/multimedia/video-25-years-of-ottawa-charter>

World Health Organization (2011b). Closing the gap: Policy into practice on social determinants of health (Discussion Paper). *World conference on social determinants of health*. Rio de Janeiro, Brazil, 19-21 October.

World Health Organization (2012). Dementia cases set to triple by 2050 but still largely ignored. *Media centre*, April 11, 2012.

http://www.who.int/mediacentre/news/releases/2012/dementia_20120411/en/index.html

World Health Organization (2016). Dementia fact sheet. *Media centre*, April 2016.

<http://www.who.int/mediacentre/factsheets/fs362/en/>

World Health Organization Quality of Life Group (1993). *Measuring quality of life: The development of the World Health Organization quality of life instrument (WHOQOL)*. Geneva: World Health Organization.

World Medical Association (2016). *WMA declaration of Oslo on social determinants of health*. Oslo, Norway. <http://www.wma.net/en/30publications/10policies/s2/>

Wreford, G. (2010). The state of arts and health in Australia. *Arts & Health*, 2(1), 8-22.

Wykle, M. L., & Gueldner, S. H. (Eds.) (2011). *Aging well: Gerontological education for nurses and other professionals*. Mississauga, Ont.: Jones & Bartlett Learning Canada.

Xaverius, P. K., & Mathews, R. M. (2003). Evaluating the impact of intergenerational activities on elders' engagement and expressiveness levels in two settings. *Journal of Intergenerational Relationships*, 1(4), 53-69.

- Yin, R. K. (2012). A (very) brief refresher on the case study method. In R. K. Yin, *Applications of case study research*, 3rd edition. Los Angeles: SAGE Publications.
- Yin, R. K. (2014). *Case study research: Design and methods*, 5th edition. Thousand Oaks, CA: SAGE Publications.
- Zarit, S. H., & Edwards, A. B. (2008). Family caregiving: Research and clinical intervention. In B. Woods & L. Clare (Eds.), *Handbook of the clinical psychology of ageing* (pp. 255-288). New York: John Wiley & Sons, Ltd.
- Zatzman, B. (2006). Narrative inquiry: Postcards from Northampton. In J. Ackroyd (Ed.), *Research methodologies for drama education* (111-133). Stoke on Trent, UK: Trentham Books.
- Zeilig, H., Killick, J., & Fox, C. (2014). *Mark making: A critical review of the value of arts and culture for people living with a dementia*. London: University of the Arts and Humanities Research Council.
- Zeilig, H., Killick, J., & Fox, C. (2014). The participative arts for people living with a dementia: A critical review. *International Journal of Ageing and Later Life*, 1-28.
- Zeisel, J. (2009). *I'm still here: A breakthrough approach to understanding someone living with Alzheimer's*. London: Piatkus.
- Zeisel, J., & Raia, P. (2000). Nonpharmacological treatment for Alzheimer's disease: A mind-brain approach. *American Journal of Alzheimer's Disease and Other Dementias*, 15(6), 331-340.
- Zeisel, J., Silverstein, N., Hyde, J., Levkoff, S., Lawton, M., & Holmes, W. (2003). Environmental correlates to behavioural health outcomes in Alzheimer's special care units. *The Gerontologist*, 43(5), 697-711.

APPENDICES

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Appendix A: Arts-in-Health: Annotated Reports, Resources and Contacts

At the time of this study very little has been published on arts in healthcare facilities for older adults with cognitive decline. This is in great contrast to the global state of arts-in-health practice and research. Provided next is a selected annotated list of relevant reports, resources, web sites and contacts for those who wish to discover more. Our Canadian initiatives are beginning to grow. We can glean a great deal of knowledge from the expertise of our international colleagues. This can be helpful in informing our future Canadian arts-in-health initiatives.

State of the Arts-in-Health: Reports

Reminiscence Arts & Dementia – Impact on Quality of Life (RADIQL) Study

David Savill, Artistic Director of the Age Exchange in partnership with Royal Holloway University of London (through Helen Nicholson) implemented the RADIQL 3-year project. The study's aims were to identify and develop new forms of reminiscence arts practices to be piloted in end-of-life care in both care and community settings. Also in the study partnership were Alzheimer's Lambeth and Southwark, Guy's and St Thomas' NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust.

The intent of the study was to enable participants to engage in therapeutic reminiscence art activities to improve mood, self-esteem, and reduce levels of isolation, unhappiness and depression. RADIQL also provided activities in healthy aging cafes, support groups for carers, and ongoing mentoring and training for carers in reminiscence and arts-based methodologies. The program was delivered by teams of Age Exchange practitioners through one-on-one and group work.

The intervention was evaluated by Kings College London and Royal Holloway University (Helen Nicholson and Ph.D. student Jayne Lloyd). In the following two years Age Exchange was to create a new professional role of Reminiscence & Creative Care as part of its plan to embed a new approach across Southeast London. The intervention consists of weekly group sessions (12 to 24 weeks) to build capacity of care staff with reminiscence arts practitioner facilitation. The focus is not on the past or on memory but on developing meaningful interactions in the present.

The state of arts and health in England (Clift et al., 2009).

This report is an excellent example of external validity in that it demonstrates findings across multiple sites and contexts over time. It is a key report that has influenced many countries. As well, many studies are noted that reflect well-controlled, peer reviewed research that speaks to good internal validity as well.

The report summarizes the UK's working group findings on the status of arts and health. The committee examined key practice, policy and research across the various regions, documenting initiatives, the role of key agencies, economic evaluations, systematic reviews of health research and theory, and the establishment of dedicated arts and health research centres. Recommendations are made regarding policy. It was noted, however, that these recommendations at the time of writing (2007) had not been acted upon, although currently resurfacing.

The committee reviewed approximately three hundred responses from colleagues in health services, local government, arts council, professional bodies, organizations, individual patients and users, artists, and charities. The key findings are: arts and health care initiatives were delivering real measureable benefits across a wide range of priority areas for health,

contributing to wider government initiatives. Arts-in-health was recognized as integral to health, health care provision, health care environment, and staff support. There was a substantial wealth of evidence of good practice. The committee recommended that the health department include a clear statement in their policies on the values of arts and commit to building partnerships, and publish a prospectus for arts and health in collaboration with other key contributors.

The report concludes with an emphasis on the contributions of the arts to health care: developing more patient-centred care, delivering public health prevention and promotion, promoting mental health, tailoring a national service framework for older people, promoting self-care, improving clinical outcomes, promoting more home-like environments, reducing stress, and improving training in education, regenerating deprived areas, and creating greater social capital and community cohesion, enabling participation and reducing exclusion. An additional key fifteen benefits are listed as evidence for arts and humanities playing an important role in supporting and enriching the lives of staff, patients, working conditions, clinical education, training, service provision, strengthening relationships among staff, patients and families, and improving mutual understanding where there was ethnic difference.

Further evidence demonstrates the value of arts in health by reviewing over a thousand studies and a considerable amount of literature. The report cites twenty-seven separate research initiatives exploring this topic. To mention a few: Rosalia Staricoff's 2004 review of the medical literature for Arts Council England, with nearly papers cited; Staricoff's 2001 Chelsea and Westminster Hospital research; Roger Ulrich & Craig Zimring's 2004 study noting approximately 700 peer-reviewed, sound research studies showing the impact of the environment on health outcomes.

Cultural activities & public health: Norway & Sweden (Cuypers et al., 2011).

This article overviews activities in public health research in Norway and Sweden. It surveys cultural intervention for increased well-being and health. The effects of cultural participation in clinical settings were studied, focusing on small groups regarding public health access. Most of the epistemological studies were conducted in Sweden, and the majority of music therapy came from Norway. The majority of the studies focused on leisure, recreational and cultural events, e.g. club meetings, singing, painting and physically challenging cultural activities. The therapeutic effects of the arts have been recognized for many centuries but it has only been in the last decade that systematic, controlled studies were carried out. The survey reveals that the concept of culture is not synonymous with cultural capital. With regard to health relevant cultural capital, it has been restricted mainly to three measures – attitude, attendance, and cultural taste. Several studies focuses on individual health with regard to a biomedical perspective but individual interventions for groups with high illness risks have shown limited effects on the population.

The study's aim was to overview and evaluate the research through a literature review exploring from 1995-2009 the themes of health outcomes, culture, leisure time activity, recreation, well-being, mortality, and symptom reduction. Sixty-seven studies in total were reviewed, thirty-three in Norway and thirty-four in Sweden. Sweden's studies indicated positive health effects of participation in cultural activities, in both quantitative and qualitative measures. The survey cannot draw firm conclusions with regard to cultural participation in clinical settings, as the studies often focused on small samples.

The state of arts and health in Australia (Wreford, 2010).

This paper thematically reviews Australia's approach to supporting arts and health practice through a systematic, comprehensive survey of current research, evaluation, and data sources along with a forty-year history review of the peaks of activity with the federal Labor government and the establishment of Australia's four independent health promotion agencies. The report outlines strategy options in arts and health prepared by the Australia Council for the Arts, and Melbourne University's Faculty of Architecture, Building and Planning, the Program Evaluation Unit, School of Population Health, and the university's Brotherhood of St. Laurence.

The report summarizes the development of arts and health programming, and studies the impact of community based arts programs on health, in hospitals, cancer care, surgery, mental health, humanities, and staff outcomes. The project involves seven stages with the intention of providing evidence on: the role of arts in delivering positive outcomes; building awareness of the benefits of arts in health; provides access to practical information, advice and services available across Australia including indigenous health; promotes research and evaluation of arts activities in health care settings; and providing opportunities for artists and arts organizations to work in health care.

The goal of the project through its seven stages was to conduct a multi-method study to examine the relationship between arts and health, to gain a better understanding of the scope of health projects, identify opportunities for development, and gather perceptions from the arts and health sectors regarding the role of the Australian Council in enabling this. The methods included the following: biographic research, culminating in an extensive literature review; public submission summarized from sixty-four respondents; interviews with fifteen stakeholders; and mapping of current Australia Council funded arts projects. The report includes a series of

quantitative data summaries on successful and failed programs. In essence, they identify the majority of successful programs focused on decreasing isolation and improving mental health and well-being for those residing in care. The study is an excellent example of data management and research analysis, with ample attention both to internal and external validity.

State of the field report: Arts in healthcare in the U.S. (Goodman & Sims, 2009).

This article reports on a 2003 symposium hosted by the U.S. Endowment for the Arts, and the Society for the Arts in Health Care. This project brought together forty experts in medicine, the arts, social sciences, media, business and government to develop a strategic plan for advancing cultural programming in health care, with the aim of advocating and raising awareness of the benefits of arts in health care. The focus was to develop a strategy to better document and disseminate the research, demonstrating its value with the aim of moving towards national funding to train health care workers and administrators.

The report focused on four key areas: patient care, health care environment, caring for caregivers, and community well-being. It details the prevalence of arts in health programs from 2004-2008 and the economic benefits. It also reviews the benefits of arts in health care, summarizing research findings in the following areas: music; visual arts, effects of images, design implications; dance; literature, creative writing and storytelling; drama; health promotion and injury prevention; theory; economic benefits; and culminates with a summary of the research and the methods used to measure benefits.

The research findings, referred to as evidence-based medicine, support and combine experience with best available external evidence and the values and needs of the patient in making medical decisions. Researchers found evidence for the benefits of arts in health care in hospitals, nursing homes, seniors' centres, private homes and other locations in the community

(ample external validity). Research methods included both quantitative and qualitative strategies, drawing from peer reviewed journals (internal validity). With regard to drama, the study found that it is extremely effective in creating understanding, as noted by several international and Canadian researchers. In particular, with regard to participating in drama, Noice & Noice (2004) demonstrated the benefits of engagement in theatre initiative which targeted the cognitive functioning and quality of life issues for participants age 60-86.

Arts and culture in medicine and health: A survey research paper (Cooley, 2003).

Cooley & Associates in their seminal survey paper explore how arts and culture contribute to the health and well-being of Canadians in our health care system. The report addresses the significant role that arts play in reducing the cost of medical treatment, promoting individual and community health, and relieving tension and stress for professional caregivers. The report lists the important contribution for seven of the twelve key determinants of health as defined by Health Canada (reduces anxiety, pain and discomfort; enhances the development of critically ill newborns, reducing time in intensive care; increases speed of medical intervention, specifically colonoscopies; reduces tensions and stress among nurses, physicians and caregivers; providing more comfortable, relaxed and encouraging physical environments for patients and their families).

The report reviews medical journals, refereed peer articles, creative arts therapy journals internationally, emphasizing the important social benefits on individual and community health. Cooley notes an increase in self-confidence, self-esteem, sense of achievement; improved social networks and friendships; development of community identity, pride and networks; renewed financial investment in communities; promotion of intercultural and intergenerational understanding; higher levels of social tolerance; reduced crime, youth delinquency and antisocial

behaviour; increased local organizational capacity; and reduced feelings of fear, anxiety, social isolation and increased feelings of well-being. The arts have also been shown to be exceptionally effective in: engaging marginalized groups, youth at risk, and the elderly. She cites Swedish research as demonstrating positive correlations between cultural events and performances, and higher levels of well-being and longevity. The report concludes with a statement on Canadian arts having a significant and far-reaching impact on the health of Canadians and thus on the demands of our national health care system. It is noteworthy that this report reviews the majority of the arts genres but theatre and applied reminiscence theatre is notably absent from the discourse.

Tipping the iceberg? The state of arts and health in Canada (Cox et al., 2010).

This article emphasizes Canada's early stages (embryonic) in arts and health programming in contrast to the UK, the US and Australia. It is only in the last few years that arts and health initiatives have gained significant momentum as a field of practice in Canada. The article is the fourth in a series of articles focusing on arts in health in different countries. Despite Canadian challenges across the vast geography, two official languages and multiple interdisciplinary cultures, although this field is young it is developing a solid foundation of innovative work on the part of diverse practitioners, revealing the field's salient impact. The article reviews Canadian works which span individual and community health promotion, health policy, practice, professional education and arts based health research.

The final section offers reflections and recommendations on arts in health in Canada, concluding with an online appendix through the journal's web site that refers the reader to Canadian programs, resources, networks and other materials in the field. The authors discuss the Canadian health policy, government and funding structures. They refer to the World Health

Organization Ottawa Charter for Health Promotion as achieving health for all. They suggest the arts could be potentially engaged in the framework of health promotion to address their twelve objectives. They refer to the Canada Council for the Arts as a primary arts funding body operating at arm's length from the government but reporting to Parliament. The article discusses how the arts in health can inform healing.

The authors discuss arts in health care environments, partnerships with arts institutions, artists-in-residence and visiting performers programs, addressing social issues, individual and community health promotion, arts and health as professional education, and arts-based health research and its historical development. In their section on creative aging they comment that arts in health programs often blur the line between health care and health promotion, i.e., programs designed to promote well-being may also address health problems, e.g.: the Vancouver based seniors project (Cohen, 2006); Healthy Aging P.E.I.; Senior Arts & Photography, Nova Scotia; and *Geriatrics & Friends*, an intergenerational theatre group in Edmonton. The report concludes with strong recommendations for developing funding and infrastructure support, networking and communication on a national level, and education and training, integrating the arts, humanities and health care through a variety of disciplines.

Resources, Websites, & Contacts: Arts-in-Health

UK web sites: National Network for the Arts in Health, UK (<http://www.nnah.org.uk/>). Arts in Therapy Network (<http://www.artsintherapy.com/>). International Expressive Arts Therapy Association (<http://www.ieata.org/main/learn/ourorganization.html>). London Arts in Health Forum (<http://www.lahf.com/default.asp>). START: Setting the standards in Arts and Mental Health (<http://www.startmc.org.uk/home.shtml>).

Key arts & health developments in Canada (Arts Health Network Canada)

In 2005, the first Arts & Health Forum was held; since that time reports from coast to coast have highlighted arts in health initiatives. Below are some examples throughout Canada.

Nova Scotia: Dalhousie University – first medical school to create a humanities program, ‘HEALS’, Healing & Education through the Arts & Life Skills, including narrative medicine programs and student choirs; Arts programs enhance cognitive, physical, social and emotional development for special needs (including use of drama).

P.E.I.: Hosts AIRS research, 65 scholars, connecting singing to individual and community well-being.

Quebec: In Montreal, arts education is brought to hospitals; Concordia University offers an M.A. in Creative Art Therapies.

Ontario: The Royal Conservatory of Music in Toronto offers an “Arts-driven Education Program’ to schools; The Workman’s Arts Project supports aspiring artists with mental health challenges.

Manitoba: MAH – Artists in Health for Cancer Care; Winnipeg: Children’s Clown Program.

Saskatchewan: Commonwealth Community Arts – links professional artists to promote cultural diversity.

Alberta: Offers hospital bedside programs and the Creative Arts Integrative Therapies Programs – arts-based activities to promote healing, health and quality of life.

B.C.: The province is a hotbed of arts activities to promote individual and community health; The BC Arts Council has funded arts & health projects under community arts development programs – SMART Fund; along with Canada Council, the BC Arts Council

supports the Artist & Community Collaboration Program; in Vancouver, Arts Way provides 2,500 live music programs across BC; see video, Knowledge Network – healtharts.org/images/prescriptionmusic.

Physicians and the Arts

There is growing recognition among doctors of connections between arts and healing & health, for patients and their own colleagues' well-being:

Other universities are affiliated with Dalhousie's Gold Humanism Foundation: Queens University, U. of Alberta, Memorial University in Newfoundland.

The Canadian Medical Journal includes a column on arts in health.

The College of Family Physicians of Canada has a database of stories on family medicine written by family physicians and patients; see "White Coat Warm Heart" (2010), integrating humanism and science.

Despite recent advances Canada is behind other countries (U.S., U.K.) by 10-40 years; while arts in health is growing, the impact is little recognized, resulting in researchers, practitioners and artists working in isolation, not aware of others working in arts and health; with little training, those who leave Canada to gain their education tend not to return.

Appendix B

Ethics Protocol Documentation

B-1 Approval Documents

- Certificate of Approval
- Institutional Approval to Conduct a Research Project
- Approved Amendments

B-2 Recruitment Materials

- In-Person Scripts: Older Adult Participants; Confidentiality Code Script; Script for Drama Group Rules & Safeguards
- E-Mail Script: Response to Prospective Reminiscence Theatre Devising Team Members
- Letters of Invitation to Participate: Letter to Facility Administrator; Letter to Facility's Coordinator of Therapy Services; Letter to Prospective Adult Family Member Participants
- Poster: Recruitment Poster at Facility; Expression of Interest Card
- Notice of Study: Applied Theatre Students

B-3 Data Collection Methods

- Standardized Instruments: CASP-19; Alzheimer's Disease-related Quality of Life (ADRQL) – Revised
- Surveys / Questionnaires: Participant Demographics / Perception of Health Form; Personal Inventory (resident participants); Reminiscence Theatre Outcomes Questionnaire (resident and family participants); Post-Production Questionnaire: Family Participants
- Reminiscence / Life Review Interview for Theatre Devising

B-4 Free & Informed Consent Forms

- Informed Consent Form – Older Adult Participants: Older Adult's Signature
- Informed Consent Form – Older Adult Participants: Signature of Authorized Representative
- Informed Consent Form – Adult Family Member Participants
- Informed Consent Form – Reminiscence Theatre Devising Team Participants

Appendix B-1: Approval Documents



UVic/VIHA Joint Research Ethics Sub-Committee
 Human Research Ethics, University of Victoria
 PO Box 1700, Stn CSC, Victoria BC, V8W 2Y2
 Tel 250-472-4545 Fax 250-721-8960 Web www.research.uvic.ca



Vancouver Island Health Authority, Memorial Pavilion, Kenning Wing
 1952 Bay Street, Victoria BC, V8R 1J8
 Tel 250-370-8261 Fax 250-370-8106 Web www.viha.ca

Certificate of Approval

PRINCIPAL INVESTIGATOR: Gertrude (Trudy) Pauluth-Penner POSITION: Ph.D. Student DEPARTMENT: SDH SUPERVISOR: Dr. Holly Tuokko	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">ETHICS PROTOCOL NUMBER</td> <td>J2014-083</td> </tr> <tr> <td>ORIGINAL APPROVAL DATE:</td> <td>02-Jan-15</td> </tr> <tr> <td>APPROVED ON:</td> <td>02-Jan-15</td> </tr> <tr> <td>APPROVAL EXPIRY DATE:</td> <td>01-Jan-16</td> </tr> </table>	ETHICS PROTOCOL NUMBER	J2014-083	ORIGINAL APPROVAL DATE:	02-Jan-15	APPROVED ON:	02-Jan-15	APPROVAL EXPIRY DATE:	01-Jan-16
ETHICS PROTOCOL NUMBER	J2014-083								
ORIGINAL APPROVAL DATE:	02-Jan-15								
APPROVED ON:	02-Jan-15								
APPROVAL EXPIRY DATE:	01-Jan-16								
PROJECT TITLE: An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care with mild to moderate cognitive impairment									
RESEARCH TEAM MEMBERS: Dr. Holly Tuokko (Co-supervisor, UVic); Dr. Warwick Dobson (Co-supervisor, UVic); Dr. Michael Hayes (Committee member, UVic); May Sauder (Administrator, Oak Bay Lodge); Carolyn Hoekstra (Coordinator, Oak Bay Lodge)									
DECLARED PROJECT FUNDING: None									
CONDITIONS OF APPROVAL									
This Certificate of Approval is valid for the above term provided there is no change in the protocol. Extensions or minor amendments may be granted upon receipt of a Request for Annual Renewal or Modification form.									
<p>Amendments To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.</p> <p>Extensions Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Annual Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol before your expiry date.</p> <p>Project Closures When you have completed all data collection activities and will have no further contact with participants, please notify the UVic/VIHA Joint Research Ethics Sub-Committee by submitting a "Notice of Project Completion" form.</p>									
Certification									
This certifies that the UVic/VIHA Joint Research Ethics Sub-Committee has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants and the Vancouver Island Health Authority Research Ethics office.									
 _____ Dr. Rachael Scarth Associate Vice-President Research Operations	 _____ Dr. Lynn Cummings Acting Co-Chair, Joint UVic/VIHA Sub-committee								

J2014-083 Pauluth-Penner, Gertrude (Trudy)

Certificate Issued On: 02-Jan-15

INSTITUTIONAL APPROVAL TO CONDUCT A RESEARCH PROJECT

RESEARCHER: Gertrude (Trudy) Pauluth-Penner

STUDY TITLE: An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care with mild to moderate cognitive impairment

FILE NUMBER: J2014-083

APPROVAL DATE: 05 JAN 2015

This is to inform you that your research project can now be initiated as of the approval date above, and is approved based upon the following:

1. The Joint UVic-VIHA Research Ethics Subcommittee Certificate of Approval, dated 02 JAN 2015.
2. All VIHA Operational Review approvals, received by Research and Capacity Building.

The Institutional Approval to Conduct a Research Project will remain in effect as long as the Joint UVic-VIHA Research Ethics Subcommittee Certificate of Approval is renewed annually and all amendments submitted are approved as required throughout the duration of this project. The Institutional Approval to Conduct a Research Project will expire upon the receipt and acknowledgement of the study closure report.

LIVING
OUR VALUES

Our Values

- Courage:** to do the right thing – to change, innovate and grow.
- Aspire:** to the highest degree of quality and safety.
- Respect:** to value each individual and bring trust to every relationship.
- Empathy:** to give the kind of care we would want for our loved ones.

Cindy Trytten
Director, Research and Capacity Building

February 13, 2015

Trudy Pauluth-Penner

RE: File (J2014-083) An exploration of psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care with mild to moderate cognitive impairment

Dear Ms. Pauluth-Penner,

Thank you for your amendment application signed February 10, 2015 requesting amendment approval for the above noted protocol. This information was received and reviewed by the Health Research Ethics Board and approval is provided for:

- Amendment application form content, signed January 29, 2015
- Attachment #1 Announcement of Storytelling activity
- Attachment #2 Storytelling Demonstration – Opening Script
- Attachment #3 Storytelling Demonstration – Closing Script

Please retain this information for your records.

A copy of this approval has been copied to the University of Victoria Research Ethics office for their records. You may proceed with the changes proposed effective immediately.

Sincerely,

Terri Fleming on behalf of
Dawn Pollon, PhD
Research Ethics Coordinator

ATTACHMENT #1

Announcement of Storytelling Activity

ANNOUNCING:

A New Storytelling Activity

My name is Trudy Pauluth-Penner. I will be coming to 2 Dogwood to offer new storytelling groups for you and your families. Residents and family are invited to join in our first storytelling group.

Date: February 18

Time: 10:00-11:00 A.M.

Location: 2 Dogwood lounge, by the garden.

Looking forward to seeing you there.

Trudy Pauluth-Penner

ATTACHMENT #2

Storytelling Demonstration – Opening Script

Thank you for coming to today's storytelling group. My name is Trudy Pauluth-Penner. I will be coming here to 2 Dogwood to offer a study that involves story-making group activities in the future. I will explain more about the study after our story-making activities.

Today I have invited a few actors to join in with us to create stories together from our imaginations. I will have them introduce themselves. (Actors introduce themselves.)

ATTACHMENT #3

Storytelling Demonstration – Closing Script

Thank you for attending and participating in this storytelling group activity. As I mentioned at the beginning, this is an example of a new storytelling activity and study.

If you think you might be interested in participating, please fill out this card and put it in the locked box by the nursing station on 2 Dogwood. I will then contact you with more information and set up an interview time with you.

Appendix B-2: Recruitment Materials



In-Person Script: Older Adult Participants

The assent scripts below are to be read prior to activities at different phases of the study.

Consent by Assent: Overall Program (Orally Read)

You are invited to come together with your family to share stories and memories from your lifetime with a group of theatre artists and myself. Your consent is completely voluntary. There will be no impact on services whether or not you participate. By coming together in storytelling, you agree to give the actors and myself permission to create a theatre presentation for you from your ideas. I will first meet with you individually to talk about your memories. I will tape record our conversation. The tape recordings will be typed up, and you and I will meet together to check that the facts are right and to choose the stories that we will work with. After these interviews, your family members and our actors will join us in drama activities to make a theatre performance. After the workshops, our actors will prepare a play and perform it for you. If you do not have family members involved, you are still welcome to participate.

Consent by Assent: Before Specific Activities (Orally Read)

Today, we are [*PI reads the pertinent choice from below*]:

- ___ Meeting to talk about your memories; I will tape our interview so we can later select which parts of your stories you may like to be put in a theatre play
- ___ Meeting to go over the stories you shared, so that you can let me know which parts of your stories you would like to be put in a theatre play
- ___ Coming together to share stories in our family reminiscence drama workshops
- ___ Coming together to see a play that has been created based on your stories and those shared by others in our groups

By attending today's activity you agree to take part in it. You may leave at any time.

Confidentiality Code Script

(Orally Read)

Your personal information will be kept private (confidential). All ideas, story themes and memories gathered in our interviews for the play development are selected by you and the project director [P.I.]. To protect your identity all personal information gathered will be coded at the beginning of the project and used throughout it. You will be identified by a number code and not by name.

Script: Drama Group Ground Rules & Safeguards

(Orally Read)

"We have come together to share our stories that will be dramatized and turned into a theatre performance for you and your family. Because these shared stories are of a personal nature, it is important that we respect privacy and keep our stories confidential. We will create the theatre play from your ideas from stories we share. Your identity will be protected in 2 ways: (1) We will not use your real names or names of cities where you grew up; (2) When we make the theatre performance, the actors and I will create make-believe people and places to show parts of your stories and memories, so no one seeing the play will know it was your story. Before we begin, we need to agree that we will not discuss what was talked about in our groups with anyone outside of our group. Also, we need to agree that we will not tell other people about who attended the group.

Sometimes when we share memories and our stories we may feel distressed. If this should occur in the interviews, in drama workshops or while viewing the theatre performance we will stop what we are doing. I will talk with you privately about your feelings. If you would like further support you will be referred to speak with Carolyn Hoekstra, Therapeutic Services Coordinator of Oak Bay Lodge. Your privacy will be respected. What you share will not be discussed with anyone other than me or the Therapeutic Services Coordinator."

E-Mail Script: Response to Prospective Reminiscence Theatre Devising Team Members

Hello, (name): You are invited to participate in a Reminiscence Theatre research project I am carrying out at the Oak Bay Lodge, as part of my UVic Ph.D. program in Social Dimensions of Health. The title of the project is: *An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care with mild to moderate cognitive impairment*. I will conduct individual interviews with older adult residents in the facility to collect life histories. These interviews will be audio-recorded, videotaped and transcribed verbatim. The transcripts are then reviewed with older adult participants for verification. Highlights from participants' memories and stories, with consent, will be adapted into a staged presentation for an invited audience at the Oak Bay Lodge.

The project will focus on the general themes of memories from home, childhood, school, family, entertainment, career and holidays. The second phase of the study involves drama workshops with the reminiscence theatre devising company to further refine the selected stories into dramatic material suitable for the devising of reminiscence theatre performance for the older adults and their families. You, as an artist, are invited to partake specifically in the drama workshop, play devising and performance processes. The project is a collective initiative engaging older adults and their family members. Your involvement from January to April, 2014 would be to collaborate in the drama groups (4 weekly, 2-hour sessions), the process of creating a performance script, followed by rehearsals and culminating in the reminiscence theatre performance.

In documenting the reminiscence theatre process, I hope to better understand how it may impact quality of life and how to shape future programs for this population. The project will be conducted in accordance with ethical codes of conduct with attention to confidentiality and informed consent at each stage of the program. Participation is voluntary, with the opportunity to decline at any time. Your involvement would be welcomed and valued. If interested, please confirm via e-mail and forward your phone number. I will follow up by phone, with information on the orientation and start date. If you wish to speak with my co-supervisors feel free to contact them with your questions: Dr. Holly Tuokko or Dr. Warwick Dobson.

Sincerely,

Trudy Pauluth-Penner, Ph.D. Candidate
Social Dimensions of Health Program, University of Victoria

Letter to Facility Administrator

Trudy Pauluth-Penner

[Date]

May Sauder
Administrator, Oak Bay Lodge

Re: Support for Research Study:

An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care with mild to moderate cognitive impairment.

Dear May Sauder:

I write to follow up on previous verbal discussion regarding Oak Bay Lodge's participation in this Ph.D. research initiative through the Social Dimensions of Health Program at the University of Victoria. In our previous discussion you indicated interest in principle in this study. I write to confirm your support and approval for this research to take place at Oak Bay Lodge, and secondly to ask for your authorization for recruitment of Oak Bay Lodge older adults and adult family participants. Third, the UVic/Island Health Joint Ethics Committee will require a letter of approval from you as the representative for a community organization.

I am currently conducting my dissertation study which broadly explores if and how active engagement in family reminiscence theatre enhances the quality of life and well-being for older adults in care. Secondly, I am exploring how such engagement supports older adults with mild to moderate levels of cognitive impairment and their families, transitioning through later stages of older adulthood. In summary, this is a mixed methods design which integrates pre- and post-program measures with ethnodrama observations and reflections of engagement in reminiscence theatre. The aim is to document the processes and link to theory in social dimensions of health, psychology, gerontology and applied theatre.

This arts-based inquiry offers a context where family and older adults come together and share in the experience of co-creating a reminiscence theatre presentation with applied theatre practitioners from older adults' memories and stories. The intent is to affirm and honor the lived experience of our older adults in care and provide an opportunity for active engagement in creative activities that are meaningful to them. Research and previous practice have shown reminiscence, life review and reminiscence theatre to enhance quality of life for older adults in

care. This study explores how such arts-based, person centred initiatives can augment healthcare services for our older adults with mild to moderate levels of cognitive impairment.

As you are aware, older adults are living healthy, enriched, longer and active lives in the general community. Older adults in care are often coping with chronic health issues and cognitive decline. The increase in health needs for older adults requires innovative approaches to augment existing healthcare services. What is to be learned in this study may be helpful in shaping future initiatives for our older adults in care.

Information for this inquiry will be gathered, coded and analyzed, and then integrated into a final reminiscence theatre presentation for your centre's participants. The material will be gathered, worked with, presented and disseminated in the following manner:

Phase 1: Information gathering. (A) Planning meetings: Comprised of site administrators and staff – to gain understanding of the centre's objectives, aims, goals and a sense of the older adult demographic, and to clarify study and ethical protocols; (B) Quality of life and health questionnaires/interviews of older adults' and family members' perceptions of health and well-being; (C) Reminiscence/life review interviews with older adults: The researcher will conduct individual interviews to gather stories and memories. These interviews will be recorded and transcribed verbatim, and brought back to the interviewees for informed consent and verification (member checking), and story selection for the play devising phase of the study.

Phase 2: Reminiscence theatre small group drama workshops. The reminiscence theatre devising company, with the researcher, will conduct a series of 2-hour drama workshops with older adults and family member participants. The aim is to first select the stories from their interview transcripts for play devising, and secondly to participate in interactive activities to develop these stories into acting scenes for the final play. Additional consent will be obtained, and observations on resident engagement will be gathered through the principal investigator's field notes and reflections.

Phase 3: Reminiscence theatre devising. The theatre company prepares and rehearses the performance script with the principal investigator/director.

Phase 4: Reminiscence theatre performance. The devised piece is performed for older adult residents, family members and invited audience. The performance will be video-recorded for data analysis and archival purposes.

Phase 5: Post-production survey evaluations. Surveys: Older adult and family participants will be surveyed to gather feedback on the reminiscence theatre program.

Post-program evaluation: Pre- and post-program data will be synthesized into a study report for inclusion in the methods and results chapters of the dissertation, and a report/presentation of findings to the Oak Bay Lodge administrator.

To conclude, I am seeking to confirm support for this research initiative and to authorize recruitment at Oak Bay Lodge. I anticipate very minimal staff time needed as related to this project; should any need for staff involvement arise beyond brief consultation, their involvement

would first be authorized through your office. If you are interested in supporting this research study, please contact Trudy Pauluth-Penner at... I will then schedule an introductory appointment. Thank you for your interest in this family reminiscence theatre research project. If you have any questions or concerns please feel free to contact me or either of my doctoral program supervisors: Dr. Holly Tuokko or Dr. Warwick Dobson.

I have included for your review the following information:

- The Island Health Operational Review Application for a New Research Project
- The Joint UVic-Island Health Ethics Application and Attachments
- The Ph.D. Approved Research Proposal, UVic Social Dimensions of Health Program

Sincerely,

Trudy Pauluth-Penner
Interdisciplinary Ph.D. Candidate
Social Dimensions of Health Program
University of Victoria Centre on Aging
Phoenix Theatre, Applied Theatre

Letter to Facility's Coordinator of Therapy Services

Trudy Pauluth-Penner

[Date]

Carolyn Hoekstra

Re: Support for Research Study:

An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care with mild to moderate cognitive impairment.

Dear Carolyn Hoekstra:

As your therapeutic services program is integral to Oak Bay Lodge, I am forwarding this letter to keep you apprised of the study. May Sauder will have the specific proposal and ethics information if you would need them for review.

I write to follow up on previous verbal discussion regarding Oak Bay Lodge's support for this Ph.D. research initiative through the Social Dimensions of Health Program at the University of Victoria. In our previous discussion you indicated interest in principle in this study. I write to confirm your support and approval for this research to take place at Oak Bay Lodge, and secondly to ask for your authorization for recruitment of Oak Bay Lodge older adults and adult family participants.

I am currently conducting my dissertation study which broadly explores if and how active engagement in family reminiscence theatre enhances the quality of life and well-being for older adults in care. Secondly, I am exploring how such engagement supports older adults with mild to moderate levels of cognitive impairment and their families, transitioning through later stages of older adulthood. In summary, this is a mixed methods design which integrates pre- and post-program measures with ethnodrama observations and reflections of engagement in reminiscence theatre. The aim is to document the processes and link to theory in social dimensions of health, psychology, gerontology and applied theatre.

This arts-based inquiry offers a context where family and older adults come together and share in the experience of co-creating a reminiscence theatre presentation with applied theatre practitioners from older adults' memories and stories. The intent is to affirm and honor the lived experience of our older adults in care and provide an opportunity for active engagement in creative activities that are meaningful to them. Research and previous practice have shown

remembrance, life review and remembrance theatre to enhance quality of life for older adults in care. This study explores how such arts-based, person centred initiatives can augment healthcare services for our older adults with mild to moderate levels of cognitive impairment.

As you are aware, older adults are living healthy, enriched, longer and active lives in the general community. Older adults in care are often coping with chronic health issues and cognitive decline. The increase in health needs for older adults requires innovative approaches to healthcare. What is to be learned in this study will be helpful in shaping future initiatives for our older adults in care.

Information for this inquiry will be gathered, coded and analyzed, and then integrated into a final remembrance theatre presentation for your centre's participants. The material will be gathered, worked with, presented and disseminated in the following manner:

Phase 1: Information gathering. (Oct-Dec 2014) (A) Planning meetings: Comprised of site administrators and staff – to gain understanding of the centre's objectives, aims, goals and a sense of the older adult demographic, and to clarify study and ethical protocols; (B) Quality of life and health questionnaires/interviews of older adults' and family members' perceptions of health and well-being; (C) Remembrance/life review interviews with older adults: The researcher will conduct individual interviews to gather stories and memories. These interviews will be recorded and transcribed verbatim, and brought back to the interviewees for informed consent and verification (member checking), and story selection for the play devising phase of the study.

Phase 2: Remembrance theatre small group drama workshops. (Jan-Feb 2015) The remembrance theatre devising company, with the researcher, will conduct a series of 2-hour drama workshops with older adults and family member participants. The aim is to first select the stories from their interview transcripts for play devising, and secondly to participate in interactive activities to develop these stories into acting scenes for the final play. Additional consent will be obtained, and observations on resident engagement will be gathered through the principal investigator's field notes and reflections.

Phase 3: Remembrance theatre devising. (March-April 2015) The theatre company prepares and rehearses the performance script with the principal investigator/director.

Phase 4: Remembrance theatre performance. (April 2015) The devised piece is performed for older adult residents, family members and invited audience. The performance will be video-recorded for data analysis and archival purposes.

Phase 5: Post-production survey evaluations. (May-June 2015) Surveys: Older adult and family participants will be surveyed to gather feedback on the remembrance theatre program.

Post-program evaluation: (June-Dec 2015) Pre- and post-program data will be synthesized into a study report for inclusion in the methods and results chapters of the dissertation, and a report/presentation of findings to Oak Bay Lodge and interested participants.

Your primary role would be that of consultant and therapeutic support for older adult and family participants as needed. I anticipate your time commitment to be minimal and should not interfere with your current role at Oak Bay Lodge. In the event that an older adult or family member participant should become distressed during the project (interview or play devising process) I would consult with you and work with you to support the participants if they require additional emotional or therapeutic support.

To conclude, I would like to confirm your support for this research initiative. If you are interested in supporting this research study, please contact Trudy Pauluth-Penner at... I will then schedule an introductory appointment. Thank you for your interest in this family reminiscence theatre research project. If you have any questions or concerns please feel free to contact me or either of my doctoral program supervisors: Dr. Holly Tuokko or Dr. Warwick Dobson.

Sincerely,

Trudy Pauluth-Penner
Interdisciplinary Ph.D. Candidate
Social Dimensions of Health Program
University of Victoria Centre on Aging
Phoenix Theatre, Applied Theatre

Letter to Prospective Adult Family Member Participants

Trudy Pauluth-Penner

[Date]

[Address]

Re: Invitation to Participate in Research Study:

An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care with mild to moderate cognitive impairment.

Dear [name of family member]:

You have expressed an interest in participating in this study with your older adult family member, by submitting your sealed note at the Oak Bay Lodge nursing station. As indicated on the poster I would like to follow up with you and to invite you to an orientation session to learn more about the project.

I write to apprise you of an upcoming research project and to invite you to consider participating. Specifically, I invite you to join in with your older adult family member residing at the Oak Bay Lodge, to participate in series of drama workshops, play devising with actors, and as audience member for the final production. This is an opportunity to come together with your loved one, share stories and memories, and engage in creative activities together.

I am an Interdisciplinary Ph.D. student in the University of Victoria's Social Dimensions of Health Program. The research study for my dissertation study broadly explores if and how active engagement in family reminiscence theatre enhances the quality of life and well-being for older adults in care. Secondly, I am exploring how such engagement supports older adults with mild to moderate levels of cognitive impairment and their families, transitioning through later stages of older adulthood. In summary, this is a mixed methods design which integrates pre- and post-program measures with ethnodrama observations and reflections of engagement in reminiscence theatre. The aim is to document the processes and link to theory in social dimensions of health, psychology, gerontology and applied theatre.

This arts-based inquiry offers a context where family and older adults come together and share in the experience of co-creating a reminiscence theatre presentation with applied theatre practitioners from older adults' memories and stories. The intent is to affirm and honor the lived experience of our older adults in care and provide an opportunity for active engagement in creative activities that are meaningful to them. Research and previous practice have shown reminiscence, life review and reminiscence theatre to enhance quality of life for older adults in care. This study explores how such arts-based, person centred initiatives can augment healthcare services for our older adults with mild to moderate levels of cognitive impairment.

As you are aware, older adults are living healthy, enriched, longer and active lives in the general community. Older adults in care are often coping with chronic health issues and cognitive decline. The increase in health needs for older adults requires innovative approaches to healthcare. What is to be learned in this study will be helpful in shaping future initiatives for our older adults in care.

Information for this inquiry will be gathered, coded and analyzed, and then integrated into a final reminiscence theatre presentation for the centre's participants. The material will be gathered, worked with, presented and disseminated in the following manner:

Phase 1: Information gathering. (Oct-Dec 2014) (A) Planning meetings: Comprised of site administrators and staff – to gain understanding of the centre's objectives, aims, goals and a sense of the older adult demographic, and to clarify study and ethical protocols; (B) Quality of life and health questionnaires/interviews of older adults' and family members' perceptions of health and well-being; (C) Reminiscence/life review interviews with older adults: The researcher will conduct individual interviews to gather stories and memories. These interviews will be recorded and transcribed verbatim, and brought back to the interviewees for informed consent and verification (member checking), and story selection for the play devising phase of the study.

Phase 2: Reminiscence theatre small group drama workshops. (Jan-Feb 2015) The reminiscence theatre devising company, with the researcher, will conduct a series of 2-hour drama workshops with older adults and family member participants. The aim is to first select the stories from their interview transcripts for play devising, and secondly to participate in interactive activities to develop these stories into acting scenes for the final play. Additional consent will be obtained, and observations on resident engagement will be gathered through the principal investigator's field notes and reflections.

Phase 3: Reminiscence theatre devising. (March-April 2015) The theatre company prepares and rehearses the performance script with the principal investigator/director.

Phase 4: Reminiscence theatre performance. (April 2015) The devised piece is performed for older adult residents, family members and invited audience. The performance will be video-recorded for data analysis and archival purposes.

Phase 5: Post-production survey evaluations. (May-June 2015) Surveys: Older adult and family participants will be surveyed to gather feedback on the reminiscence theatre program.

Post-program evaluation: (June-Dec 2015) Pre- and post-program data will be synthesized into a study report for inclusion in the methods and results chapters of the dissertation, and a report/presentation of findings to Oak Bay Lodge and interested participants.

If you are interested in participating in this initiative please contact Trudy Pauluth-Penner by email or phone to confirm your interest in participating in this project. I will then be in touch with you, and follow up to confirm a date for an orientation session (a Saturday or Sunday from 1:00-3:00 at the Oak Bay Lodge Cedar Room). Thank you for your interest in this family reminiscence theatre research project. If you have any questions or concerns please feel free to contact me or either of my doctoral program supervisors: Dr. Holly Tuokko or Dr. Warwick Dobson.

Sincerely,

Trudy Pauluth-Penner
Interdisciplinary Ph.D. Candidate
Social Dimensions of Health
University of Victoria Centre on Aging
Phoenix Theatre Applied Theatre

Recruitment Poster at Oak Bay Lodge; Expression of Interest Card

(Shown on Next Pages)

ANNOUNCING:

The Oak Bay Lodge Family Reminiscence Theatre Program/Study

January – April, 2015

What is Reminiscence Theatre? It is an activity with artists where theatre performances are made from memories.

Are You:

- Curious how your memories & ideas can become theatre?
- An older adult resident of Oak Bay Lodge?
- A family member or guardian of a resident and at least age 19?

Do You:

- Enjoy doing new activities and being creative?
- Like to share stories and memories about your life?

If So: This project may interest you. If you would like to learn more about it, please complete this form and place it in the locked box by the nursing station. The project coordinator will forward further information on the project and upcoming orientation sessions.

Trudy Pauluth-Penner

Ph.D. Candidate, Social Dimensions of Health Program, University of Victoria

Phone:

Email:

**Family Reminiscence Theatre Program/Study:
Expression of Interest**

I am interested in learning more about the project.

Name: _____

___ Resident

___ Family Member

___ Guardian (other than family member)

Preferred Contact Method:

___ Phone: _____

___ Email: _____

Notice of Study: Applied Theatre Students

ATTENTION: APPLIED THEATRE STUDENTS

ANNOUNCING AN UPCOMING REMINISCENCE THEATRE STUDY

Call for Reminiscence Theatre Devising Company Actors

Title of Study: *An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care with mild to moderate cognitive impairment.*

Synopsis of Study: ‘Reminiscence theatre’ is the practice of creating theatre with and for older adults from their lived experience. This study explores if and how active engagement in family reminiscence theatre affects quality-of-life for older adults in residential care, many of whom are managing various forms of health conditions and cognitive decline. International research postulates that reminiscence theatre has many benefits for older adults. Much of this practice occurs in the UK and is relatively novel in Canada. This study builds upon previous reminiscence theatre practice in a Victoria based care facility.

In Phase 1 (pre-devising), the principal investigator will conduct one-on-one interviews with resident participants. The verbatim transcripts are reviewed for consent with the residents, for reshaping into the theatre performance. In Phase 2 (devising process), interested devising team members will work collaboratively with the principal investigator in a series of drama workshops with resident and family participants, to create a fictionalized script from the essence of older adult stories, rehearse, and perform for the resident and family participants.

Time Commitment: Total of 44 hours over 3 months:

- Activities orientation and consent process: 2 hrs.
- Drama workshops (with resident & family participants): 2-hr. groups once a week for 4 weeks: 8 hrs.
- Devising the performance scenes (without resident & family participants): 4-hr. workshops once a week for 4 weeks: 16 hrs.
- Collective script writing: 3, 2-hr. sessions: 6 hrs.
- Rehearsals: 5, 2-hr. sessions: 10 hrs.
- Performance: 2 hrs.

If interested in participating in this reminiscence theatre project, please e-mail Trudy Pauluth-Penner. You will then be invited to an orientation session to learn more about the study.

Trudy Pauluth-Penner
Interdisciplinary Ph.D. Candidate
Social Dimensions of Health Program, Applied Theatre, & Centre on Aging
University of Victoria

Appendix B-3: Data Collection Methods



CASP-19

(Older Adult Oak Bay Lodge Participants) ___ Pre-Program ___ Post-Program

(PI will assist participants as needed to complete the form, e.g., by verbally reading or explaining items, marking responses on their behalf.)

Please mark an 'X' on the line between 'Never' and 'Often' that best describes how you feel.

1. *My age prevents me from doing the things I would like to*

Never ___ ___ ___ ___ Often
(3) (2) (1) (0)

2. *I feel that what happens to me is out of my control*

Never ___ ___ ___ ___ Often
(3) (2) (1) (0)

3. *I feel free to plan for the future*

Never ___ ___ ___ ___ Often
(0) (1) (2) (3)

4. *I feel left out of things*

Never ___ ___ ___ ___ Often
(3) (2) (1) (0)

5. *I can do the things that I want to do*

Never ___ ___ ___ ___ Often
(0) (1) (2) (3)

6. *Family responsibilities prevent me from doing what I want to do*

Never Often
 (3) (2) (1) (0)

7. *I feel that I can please myself in what I can do*

Never Often
 (0) (1) (2) (3)

8. *My health stops me from doing the things I want to do*

Never Often
 (3) (2) (1) (0)

9. *Shortage of money stops me from doing the things I want to do*

Never Often
 (3) (2) (1) (0)

10. *I look forward to each day*

Never Often
 (0) (1) (2) (3)

11. *I feel that my life has meaning*

Never Often
 (0) (1) (2) (3)

12. *I enjoy the things I do*

Never Often
 (0) (1) (2) (3)

13. *I enjoy being in the company of others*

Never Often
 (0) (1) (2) (3)

14. *On balance, I look back on my life with a sense of happiness*

Never Often
(0) (1) (2) (3)

15. *I feel full of energy these days*

Never Often
(0) (1) (2) (3)

16. *I choose to do things that I have never done before*

Never Often
(0) (1) (2) (3)

17. *I feel satisfied with the way my life has turned out*

Never Often
(0) (1) (2) (3)

18. *I feel that life is full of opportunities*

Never Often
(0) (1) (2) (3)

19. *I feel that the future looks good for me*

Never Often
(0) (1) (2) (3)

Summary of CASP Scores

(For PI Use)

<u>Domain</u>	<u>Items</u>	<u>Sums of Item Scores</u>
Control	1-6	_____
Autonomy	7-11	_____
Pleasure	12-15	_____
Self-Realization	16-19	_____
TOTAL SCORE	1-19	_____

Alzheimer Disease-related Quality of Life (ADRQL) - Revised

- To be completed by the PI (in consultation with the older adult participant’s Activities worker).
- Responses of ‘agree’ or ‘disagree’ are with reference to the recent 2-week period.

<u>Subscale</u>	<u>Item Content</u>	<u>Agree</u>	<u>Disagree</u>
Social Interaction	Smiles around people	_____	_____
	No attention to others	_____	_____
	Stays around people	_____	_____
	Seeks contact	_____	_____
	Talks with people	_____	_____
	Touches/allows touching	_____	_____
	Comforted or reassured by others	_____	_____
	Pleasure from pets/children	_____	_____
	Is cheerful	_____	_____
	Shows delight	_____	_____
	Shows humor	_____	_____
	Enjoys other’s activities	_____	_____
Awareness of Self	Activities related to previous work	_____	_____
	Aware of place in family	_____	_____
	Makes choices in routine activities	_____	_____
	Shows interest in events, places from past	_____	_____
	No response to his/her name	_____	_____
	No beliefs or attitudes expressed	_____	_____
	Talks on telephone	_____	_____
	Enjoyment from possessions	_____	_____

<u>Subscale</u>	<u>Item Content</u>	<u>Agree</u>	<u>Disagree</u>
Feelings and Mood	Wrings hands	_____	_____
	Hits, kicks objects	_____	_____
	Yells, curses	_____	_____
	Locks self in	_____	_____
	Easily angered	_____	_____
	Cries	_____	_____
	Restless and wound-up	_____	_____
	Resists help	_____	_____
	Content	_____	_____
	Upset when approached	_____	_____
	Pushes, grabs, hits	_____	_____
	Upset when in home	_____	_____
	Enjoyment of Activities	Enjoys activities alone	_____
No participation in former activities		_____	_____
No pleasure from activities		_____	_____
Does nothing		_____	_____
Response to Surroundings	Says feels unsafe	_____	_____
	Upset outside home	_____	_____
	Talks about leaving	_____	_____
	Says wants to die	_____	_____

Participant Demographics / Perception of Health Form

(PI completes form while interviewing participant.)

Participant Demographics

___ Oak Bay Lodge Resident Code / Image: _____

___ Family Member of Resident Code / Image: _____

Gender: ___ Male ___ Female

Date of Birth: _____ Place of Birth: _____

Education:

Grade level completed: _____

Area of study (if post-secondary): _____

Main Occupation / Employment History: _____

What is your relationship with your loved one here? You are the person's:

___ Parent ___ Husband ___ Wife ___ Son ___ Daughter

___ Brother ___ Sister ___ Other (Please specify): _____

Perception of Health (First 3 questions adapted from the SF-36: Ware et al., 1993, 2000)

Oak Bay Lodge Resident

In general, would you say your health is:

___ Excellent ___ Very Good ___ Good ___ Fair ___ Poor

Comments:

In general, how would you describe your emotional health?

Excellent Very Good Good Fair Poor

Comments (How so?):

In general, would you describe yourself currently as socially active?

Yes No Somewhat

Comments (How so?):

How would you describe quality-of-life? What does quality-of-life mean to you?

Family Member Participant

In general, would you say your family member in care would view his or her health as:

Excellent Very Good Good Fair Poor

Comments:

In general, how do you think your family member in care would describe his or her emotional health?

Excellent Very Good Good Fair Poor

Comments (How so?):

In general, do you think your family member in care would describe himself or herself currently as socially active?

Yes No Somewhat

Comments (How so?):

How do you think your family member in care would describe his or her quality-of-life? What does quality-of-life mean to him or her?

Personal Inventory

(OBL Resident Participants) ___ Pre-Program ___ Post-Program

(Devised by Principal Investigator: a form utilized in previous reminiscence theatre projects, and re-administered for pre- versus post-program comparisons.)

(PI will assist participants as needed to complete the form, e.g., by verbally reading or explaining items, marking responses on their behalf.)

Please give ratings on the items below. **Circle** the number that best fits.

	Very Little				Very Much
1. I see myself as having high self-worth.	1	2	3	4	5
2. I feel happy about my life.	1	2	3	4	5
3. I am socially active.	1	2	3	4	5
4. I am physically active.	1	2	3	4	5
5. Through my experiences I feel I have contributed to today's world.	1	2	3	4	5
6. I feel depressed.	1	2	3	4	5
7. I feel isolated.	1	2	3	4	5
8. I have someone to talk to about my memories.	1	2	3	4	5

Comments:

Reminiscence Theatre Outcomes Questionnaire

Date: _____ _____ OBL Resident Participant _____ Family Participant

(PI will assist participants as needed to complete the form, e.g., by verbally reading or explaining items, marking responses on their behalf.)

Among the aims of Reminiscence Theatre are the following. *Please rate the degree to which you think the project has addressed each area (circle the appropriate number).*

1. Provided entertainment and with involvement in social activity relevant to own life experience.
(Very Little) 1 2 3 4 5 (A Lot)
2. Involved in the creation of popular history through the reclamation of own culture.
(Very Little) 1 2 3 4 5 (A Lot)
3. Stimulated memory by encouraging recall of previous events and personal experiences.
(Very Little) 1 2 3 4 5 (A Lot)
4. Encouraged social interaction.
(Very Little) 1 2 3 4 5 (A Lot)
5. Helped participants feel important in today's world by valuing past experiences and memories.
(Very Little) 1 2 3 4 5 (A Lot)
6. Strengthened self-awareness and self-esteem.
(Very Little) 1 2 3 4 5 (A Lot)
7. Overall, how satisfied were you with this Reminiscence Theatre project?
(Very Little) 1 2 3 4 5 (A Lot)

Post-Production Questionnaire: Family Participants

This questionnaire is designed to reflect your experience of engagement in reminiscence theatre, for both yourself and your older adult family member in care at Oak Bay Lodge.

1. How often did you attend the reminiscence theatre program with your loved one?

Always Usually Sometimes

2. Were there barriers to participating? If so, explain.

3. Why did you choose to attend this reminiscence theatre program (check more than one if applicable):

To gain insight into my loved one's capabilities

To show support; help out my loved one

To allow me to participate with my loved one in a novel, creative activity

To get to know my loved one better

Only attended because my loved one wanted me to

To help me cope with my loved one's progressive health condition

Don't know

Other (please specify):

4. Did you look forward to attending the family reminiscence workshops?

Yes Sometimes No

Comments:

5. Did you look forward to attending the reminiscence theatre performance?

Yes Sometimes No

Comments:

6. In your view, did your loved one look forward to attending the family reminiscence workshops?

Yes Sometimes No

Comments:

7. In your view, did your loved one look forward to attending the reminiscence theatre performance?

Yes Sometimes No

Comments:

8. What specific aspects of the reminiscence theatre processes (for example: drama workshops, telling your stories, listening to others, viewing the performance, music, physical movement, engaging with youth) did you find most beneficial (a) for you, and (b) for your loved one?

(a)

(b)

9. What specific aspects of the reminiscence theatre processes did you find least beneficial (a) for you, and (b) for your loved one?

(a)

(b)

10. Overall, did you observe changes in your loved one throughout the reminiscence theatre processes?

A Lot Somewhat Minimal

Please comment:

11. Were there surprises for you in your loved one's engagement in activity during the reminiscence theatre workshops?

Yes No

If 'Yes', please comment:

12. As a result of participating in the reminiscence theatre program, are any of the interactions with your loved one more positive than before?

Yes No

If 'Yes', please comment on these positive changes:

13. As a result of participating in the reminiscence theatre program, are any of the interactions with your loved one more negative than before?

Yes No

If 'Yes', please comment on these negative changes:

14. Have you learned anything about your loved one you did not know previously? If so, comment:

15. Would you engage in reminiscence theatre programs in the future?

Yes Maybe No

16. What recommendations for improvement in reminiscence theatre programs would you make?

17. In your view, does active engagement in family reminiscence theatre enhance psychosocial quality-of-life for older adults with mild to moderate cognitive impairment in care?

Yes

Probably

Possibly

No

Please comment:

Thank you for your participation and for taking the time to complete this questionnaire. Your contributions will help me to better understand reminiscence theatre and its impact on quality-of-life for older adults in care.

Reminiscence / Life Review Interview for Theatre Devising

(OBL Residents)

Questions

1. Your history:
You have lived a long and valued life. Tell us about yourself, the aspects you are comfortable in sharing. What are the key highlights, the pivotal moments of your life history? Who has influenced you? Where did you grow up? What was life like then? Tell me about the most transitional times in your life.
2. Who you are:
This is what I aspired to:
This is what I was able to become:
3. What do you wish to say?
To the world:
To the upcoming generation:
To your family:
4. The most important thing in life is:
5. If I could bestow a gift, I would:
6. If a wish were granted to me, I would ask for:
7. For the fun of it: It is said the space age has stored a time capsule for future generations to discover: What do you think is in it? If you could remove one item, what would it be?
8. When I hear the word *old*, I think:
9. When I hear the word *young*, I think:
10. If dreams were reality, I would be:
11. In an ideal world, I would:
12. If I were Premier, I would:
13. If I could go back in time, I would change:
14. If I could go forward in time, I would see:
15. What turns my heart to ice is:
16. What warms my heart always is:
17. In closing, what do you wish to comment on that you have not covered?

Appendix B-4: Free & Informed Consent Forms



Informed Consent Form – Older Adult Participants: Older Adult’s Signature

Adult-Friendly Informed Consent Form

For Participation in a Research Study:

An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care.

.....

(OBL Residents)

You are invited to be in a study of how reminiscence theatre affects the people who take part in it. Your consent is completely voluntary. There will be no impact on services whether or not you participate.

Reminiscence theatre is creating a play from your memories and stories, and then seeing it performed by actors. The memories and stories are made fictional for the theatre piece. This means that your name will not be used in the play and details of the stories will be changed so that you will not be identified.

This is part of my university program. I will ask you about your memories over your life (from home, childhood, school, family, entertainment, career and holidays). I will record what you say so that I get the facts correct. Also, I want to later show or read to you what you said, so that you decide the parts of your stories you are happy to share with others.

With a group of young adult actors we will then create a play from your and others’ stories. This play will be performed for you at Oak Bay Lodge. In making the play family members will be invited to join us in the drama activities as we create the characters and stories. Before and after the play is made you will be asked questions about your health and your participation.

What we learn from this project will be helpful. Earlier studies suggest that reminiscence theatre can help increase well-being. So far, very little reminiscence theatre has been done in Canada and in care homes. Also, this study will include

adult family members who would like to participate. What we learn may help develop similar activities in the future at Oak Bay Lodge and other places.

You choose if you would like to be in this study.

Your participation is up to you.

The participation of your interested family member is up to you.

This study will be carried out by Trudy Pauluth-Penner, a student at the University of Victoria in the Department of Social Dimensions of Health. This research is part of what is needed for her degree. It is being done under the direction of Dr. Holly Tuokko and Dr. Warwick Dobson.

Dr. Tuokko can be reached by phone or by e-mail.

Dr. Dobson can be reached by e-mail.

If I choose to be in this study, what will I do?

You would be invited to:

- Attend an interview about your life history to gather memories and stories. The interview and other parts of the program will be recorded to add to our understanding of reminiscence theatre.
- Meet after the interview has been typed, to review for accuracy and for you to decide what parts you would like to share.
- Participate in 4 group workshops that may include one or more adult family members, young adult actors and myself. Each group workshop will last about 2 hours.
- The reminiscence play will be performed for you, your family and an invited audience at Oak Bay Lodge.
- Before and after the play, you will be asked questions about your health and your participation. This is to help understand if and how the reminiscence theatre program has affected you. One of the forms may include me asking an Activities staff member for assistance in responding to some of the items.

How long will this take?

This will take about 12 hours of your time over about 5 months.

- About 40 minutes for the interview
- An hour to review with you the typed interview and select the stories you are comfortable in sharing
- 4 drama workshops (2 hours each)
- Attendance at the reminiscence performance (1-2 hours)
- Being asked some questions about your health and participation in the program (less than an hour total).

This will all take place at the Oak Bay Lodge.

What kind of information is collected in this study?

To understand what happens in the reminiscence theatre study and the impact it may have, I gather information from field notes, audio-recorded and transcribed interviews, and videotapes of drama workshops and the performance.

Field notes record what occurs throughout the project, and my observations and thoughts about what happens in the activities. These notes are coded into categories and studied for themes to help understand what happens in reminiscence theatre. Names are not written in the notes, so identity is protected.

Interviews are to gather stories to create a theatre performance based on participants' memories. Names are not written down in the interview transcriptions, to protect identity.

Drama workshops provide creative activities for residents and family members to participate in together with the theatre cast and the Principal Investigator. The stories from the interviews will be created into a theatre performance with and for resident and family participants. Participants will have the opportunity to make choices in what stories will be included and how they will be shown.

Video-recordings are used as a record, to view and determine levels of involvement of participants in the program. The use of your image from video recordings is completely up to you. At any point in the activities, you can choose not to have your image shown. You have this choice whether you remain in the study or decide to withdraw. If you choose that your image not be shown, it will be blurred or removed so that you are not recognized. If at least 5 participants decide not to have their images shown, then their images will not be part of what is

studied. If everyone chooses not to have their images used, there will be no videotaping and images will not be used as information in the study.

Questionnaires will be given before the drama workshops start and after the play has been shown. Those given before the program will include questions about your educational and work background, how you see your health and your views about other areas of your life. After the program you will be asked some of the questions again. As well, you will be asked about your experience with the reminiscence theatre program. If you have a family member participating, he/she will also be asked some questions before and after the program.

Are there any risks or benefits in taking part in this study?

I expect very little risk from taking part in this study. It is possible that upsetting memories may occur. If you do become upset from any part of this program, you can take time out and return later, or not come back to the study at all. You will be immediately given social work support if needed.

100% confidentiality cannot be guaranteed as you may be recognized by others at Oak Bay Lodge. The use of videotaping and audio recording means that you possibly could be recognized by someone not in the study. This could happen, for example, if a video recording is shown outside of Oak Bay Lodge as part of a project presentation. Any participant can choose at any time not to have one's image used.

You may benefit from the study through enjoyable social activity with other participants and family members, and the young adult theatre company participants who are interested in learning more about your life. A major reason for the research is to find out if and what kinds of benefits occur.

Will I receive any payment for taking part in the study?

No payment will be made to people who take part in this study.

During the Study:

- You will be asked questions about memories and stories throughout your life.
- You will be asked to be in drama group workshops.
- You do not have to answer any questions that make you feel uncomfortable.

- Please do not share any information you would prefer to keep private.
- The interview, group drama workshops and reminiscence theatre performance will be recorded. These videotapes are to study the effects of the project and to store the information. Your agreement to use your images in the video is completely voluntary. You may withdraw at any point in time. If you do choose to withdraw from the program or choose to not have your image used, your image will be blurred or removed so you are not recognized or shown.
- You may stop the interview or leave a drama group at any time without having to explain why.
- You may change your mind and leave the study at any time. There is no need to explain why you have changed your mind.
- If you leave the study your contribution will not be used in reporting on the study.

After the study:

- Trudy Pauluth-Penner will know that you have taken part in this study. She is the only person who will look at the information you shared.
- The people who attended the drama groups will know that you have been in this study and so it will not be possible to fully protect your privacy or what you shared in the groups.
- Your name will not be shown on the transcripts of your interview or any forms.
- Each time you complete a research activity and meet with Trudy Pauluth-Penner you will be reminded that your participation in the study is entirely your choice. You will be asked if you wish to continue to take part, and, if you do, will be asked to initial your signed consent form to show that you have agreed to continue to be in this study.
- Results from this study will be reported in a dissertation, and may be reported in journal articles and presented at conferences. Your name will not be used in these publications or presentations.

- Results from this study will be made available to you upon request. After the study is done, Trudy Pauluth-Penner will give a summary report and/or presentation for the Oak Bay Lodge. At that time, the opportunity to be informed of the study results will be available.
- Information collected during this study will be stored in a locked filing cabinet in a locked office at UVic (office of Dr. Warwick Dobson, one of Trudy Pauluth-Penner’s supervisors). The information will be kept on a password protected computer for 5 years.
- At the end of this time, all paper records will be shredded and all audiotapes/videotapes/computer files will be deleted.

If you have any questions or if you would like to discuss this study further, please contact Trudy Pauluth-Penner.

phone:

e-mail:

Also, you may contact the co-supervisors:

- Dr. Tuokko can be reached by phone or by e-mail.
- Dr. Dobson can be reached by e-mail.

Please remember that your participation in this study and participation of an interested family member are completely up to you.

Consent:

I have read this consent letter	Initials.....
I have had the chance to ask questions	Initials.....
I understand that my participation in this study is voluntary	Initials.....
I understand that I can withdraw my consent at any time	Initials.....
I understand that interviews are audio-recorded and transcribed verbatim	Initials.....
I understand that drama workshop sessions and the theatre	Initials.....

performance will be video-recorded.

I understand that my name will be not used and the story will be changed to protect my identity Initials.....

I agree that any of the selected photos, images and video clips may be used in the following ways: added to the final report for the facility; in the oral defense presentation; in potential journal articles and conference presentations. This is with the understanding that (1) my identity is protected by my name being removed, and (2) that if I do not wish my image to be used it will be blurred in the image or video clip. Initials.....

I agree to take part in the study Initials.....

I agree to my family member participating in this study Initials.....

I understand that if I withdraw, become ill, or should pass away during the study, my story, recorded interview and images will be removed from the script, performance, and data analysis. Initials.....

I choose to have this information included: *Yes* *No*

Name of Participant:

Signature:

Date:

Name of Family Member:

A copy of this consent letter will be left with you, and the researcher will take a copy.

The Human Research Ethics Boards at the University of Victoria and Island Health have approved the ethical conduct of this research.

If you have any question about the ethical conduct of this research please contact the Human Research Ethics Office

University of Victoria: 250-472-4545 ethics@uvic.ca

Island Health: 250-370-8620 researchethics@viha.ca

Record of Ongoing Consent to Participate in the Study: Resident Participants

<u>Part of Study</u>	<u>Signature or Initials</u> (consent or assent)	<u>Date</u>
Before start of study	_____	_____
Interview	_____	_____
Drama Workshop #1	_____	_____
Drama Workshop #2	_____	_____
Drama Workshop #3	_____	_____
Drama Workshop #4	_____	_____
Attending the Performance	_____	_____

Record of Ongoing Consent to Use Participant’s Image: Resident Participants

Participant ID: _____

<i>Type of Research Activity</i>	<i>Consent or Assent to use participant’s image (Signature or Initials)</i>	<i>Date</i>
___ Drama Workshop #1	_____	_____
___ Drama Workshop #2	_____	_____
___ Drama Workshop #3	_____	_____
___ Drama Workshop #4	_____	_____
___ Attending the Performance	_____	_____
___ Video of the Performance	_____	_____

<i>Type of Research Activity</i>	<i>Image to be edited or redacted (‘x’)</i>	<i>Date</i>
___ Drama Workshop #1	_____	_____
___ Drama Workshop #2	_____	_____
___ Drama Workshop #3	_____	_____
___ Drama Workshop #4	_____	_____
___ Attending the Performance	_____	_____
___ Video of the Performance	_____	_____

Informed Consent Form – Older Adult Participants:

Legalized Authorized Representative

Informed Consent Form: Legalized Authorized Representative

For Participation in a Research Study:

An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care.

.....

This resident is invited to be in a study of how reminiscence theatre affects the people who take part in it. The resident's consent is completely voluntary. There will be no effect on services whether or not [he/she] participates.

Reminiscence theatre is older adults' memories and stories being created into a play and then seeing the play performed. The stories are made fictional for the script of the play. This means that residents' names are not used and that details of the stories are changed so that participants will not be identified.

This study is part of my university program. I will ask about memories over the person's life (from home, childhood, school, family, entertainment, career and holidays). I will record what is said so that I get the facts correct. Also, I want to later show or read back to the resident what [he/she] said, so that the participant decides the parts of the stories [he/she] is happy to share with others.

With young adult actors we then make up a play from the stories. Adult family members will be invited to take part in the drama activities where we create the characters and stories. This play will be performed for the resident and family participants at Oak Bay Lodge. At the start and at the end of the study, participants will be asked questions about their health and their experience with the program.

What we learn from this research will be helpful. Earlier studies suggest that reminiscence theatre can help increase well-being. So far, very little reminiscence theatre has been done in Canada and in care homes. Also, this study will include adult family members who would like to participate. What we learn may help develop similar activities in the future at Oak Bay Lodge and other places.

- The resident chooses if [he/she] would like to be in this study.
- The resident's level of participation is up to [him/her].
- Whether an interested family member participates in the program is up to the resident.

This study will be carried out by Trudy Pauluth-Penner, a student at the University of Victoria in the Department of Social Dimensions of Health. This research is part of what is needed for her degree. It is being done under the direction of Dr. Holly Tuokko and Dr. Warwick Dobson.

Dr. Tuokko can be reached by phone or by e-mail.

Dr. Dobson can be reached by e-mail.

What are the activities in the study?

Older adult participants will be invited to:

- Be interviewed to gather memories and stories. The interview will be recorded to add to our understanding of reminiscence theatre.
- Meet after the interview has been typed, to go over it to be sure it is accurate and for the resident to choose what parts [he/she] would like to share.
- Participate in 4 group workshops with young adult actors and myself, and with one or more adult family members. Each group workshop will last about 2 hours.
- The play will be performed for residents, family members and an invited audience at Oak Bay Lodge.
- At the beginning and at the end of the program, participants will be asked questions about their health and their experience with the program. This is to help understand if and how participants have been affected. One of the forms may involve me asking an Activities staff member for assistance in responding to some of the items.

How long will this take?

This will take about 12 hours of the resident's time over about 5 months.

- About 40 minutes for the interview
- An hour to go over the typed interview with the resident and choose the stories [he/she] is comfortable in sharing
- 4 drama workshops (2 hours each)
- Attendance at the play performance (1-2 hours)
- Being asked some questions about the participant's health and experience in the program (less than an hour total).

This will all take place at the Oak Bay Lodge.

What kind of information is collected in this study?

Field notes is writing down my observations, thoughts and feelings about what happens as activities occur throughout the study. Later, the notes are studied for themes to help understand what happens in reminiscence theatre. Names are not written in the notes, so identity is protected.

Interviews are to gather stories to make a play from participants' memories. Names are not written down in the typed interviews, to protect identity.

Drama workshops are creative activities for residents and adult family members (at least age 19) to join in together with the theatre cast and myself. The stories from the interviews will be made into a play to be performed. Participants will have the chance to make choices on what stories will be included and how they will be shown.

Video-recordings are used as a record of activities, to determine levels of involvement of participants in the program. The use of the resident's image from video recordings is completely up to [him/her]. At any point in the activities, the resident can choose not to have [his/her] image shown. The resident has this choice whether remaining in the study or deciding to withdraw. If the resident chooses that [his/her] image not be shown, it will be blurred or removed so that the resident is not recognized. If at least 5 participants decide not to have their images shown, then their images will not be part of what is studied. If everyone chooses not to have their images used, there will be no videotaping and images will not be used as information in the study.

Questionnaires will be given before the drama workshops start and after the play has been shown. Those given before the program will ask about education and work background, how the person sees [his/her] health and the participant's views about other areas of [his/her] life. After the program, participants will be asked some of the questions again. As well, they will be asked about their experience with the program. If the resident has a family member participating, [he/she] will also be asked some questions before and after the program.

Are there any risks or benefits in taking part in this study?

I expect very little risk from being in this study. Upsetting memories are possible. If the resident does become upset from any part of this study, [he/she] can leave and return later, or not come back to the study at all. The participant will be immediately given social work support if needed.

100% confidentiality cannot be guaranteed as you may be recognized by others at Oak Bay Lodge. The use of videotaping and audio recording means that you possibly could be recognized by someone not in the study. This could happen, for example, if a video recording is shown outside of Oak Bay Lodge as part of a project presentation. Any participant can choose at any time not to have one's image used.

The resident may benefit from the study through enjoyable social activity with other participants and family members, and the young adult theatre company participants who are interested in learning more about the older adults' lives. A major reason for the study is to find out if and what kinds of benefits occur.

Will participants receive any payment for taking part in the study?

No payment will be made to people who take part in this study.

During the Study:

- Residents will be asked questions about memories and stories throughout their lives.
- Participants will be asked to be in drama group workshops.
- Participants do not have to answer any questions that make them feel uncomfortable.

- Participants are told to not share any information they would prefer to keep private.
- The interview, group drama workshops and performance of the play will be recorded. These videotapes are to study the effects of the project and to store the information. The use of one's images in the video is completely voluntary. The participant may withdraw at any point in time. If the participant chooses to withdraw from the study or decides to not have [his/her] image used, the image will be blurred or removed so that the participant is not recognized or shown.
- Resident participants may stop the interview or leave a drama group at any time without having to explain why.
- Resident participants may change their mind and leave the study at any time. There is no need to explain why a participant has changed one's mind.
- If a participant leaves the study, information from the person will not be used in reporting on the study.

After the study:

- Trudy Pauluth-Penner will know that the resident has been in this study. She is the only person who will look at the information shared.
- The people who were in the drama groups will know that the resident has been in this study, so it will not be possible to fully protect the person's privacy or what was shared in the groups.
- The resident's name will not be shown on the typed interview or any forms.
- Each time the resident completes a research activity and meets with Trudy Pauluth-Penner, [he/she] will be reminded that being in the study is entirely [his/her] choice. The resident will be asked if [he/she] wants to continue to take part and, if so, will be asked to initial a signed consent form to show agreement to continue to be in this study.
- Results from this study will be reported in a dissertation, and may be reported in journal articles and presented at conferences. The resident's name will not be used in these publications or presentations.
- Results from this study will be made available to you and any participant upon request. After the study is done, Trudy Pauluth-Penner will give a summary report and/or presentation for the Oak Bay Lodge. At that time, the opportunity to be informed of the study results will be available.
- Information collected during this study will be placed in a locked filing cabinet in a locked office at UVic (office of Dr. Warwick Dobson, one of Trudy Pauluth-Penner's supervisors). The information will be kept on a password protected computer for 5 years.

- At the end of this time, all paper records will be shredded and all audiotapes/videotapes/computer files will be deleted.

If you have any questions or if you would like to discuss this study further, please contact Trudy Pauluth-Penner.

phone:

e-mail:

Also, you may contact the co-supervisors:

- Dr. Tuokko can be reached by phone or by e-mail.
- Dr. Dobson can be reached by e-mail.

Please remember that the resident’s participation in this study and participation of an interested adult family member are completely up to the resident.

Consent:

I have read this consent letter	Initials.....
I have had the chance to ask questions	Initials.....
I understand that participation in this study is voluntary	Initials.....
I understand that the assent of the resident must be obtained to participate	Initials.....
I understand that the resident must be advised that the Legalized Authorized Representative is being asked for consent	Initials.....
I understand that consent can be withdrawn at any time	Initials.....
I understand that interviews are audio-recorded and transcribed verbatim	Initials.....
I understand that drama workshop sessions and the theatre performance will be video-recorded.	Initials.....
I understand that the resident’s name will be not used and that stories will be changed to protect identity	Initials.....
I agree that any of the chosen photos, images and video clips may be used in the following ways: added to the final report for the facility; in a presentation about the study to the researcher’s committee at the University of Victoria; and in potential journal articles and conference presentations. I understand that (1) the resident’s identity is protected by the name being removed and (2) that if the resident or I do not want the resident’s image to be used it will be blurred in the image or video clip.	Initials.....

This resident agrees to take part in the study Initials.....

This resident agrees to an interested family member (or members) participating in this study Initials.....

The resident understands that if [he/she] withdraws, becomes ill, or should pass away during the study, [his/her] story, recorded interview and images will be removed from the script, performance, and data analysis Initials.....

The resident chooses to have this information included:

Yes *No*

Name of Participant:

Signature:

Date:

Name of Family Member:

A copy of this consent letter will be left with you, and the researcher will take a copy.

The Human Research Ethics Boards at the University of Victoria and Island Health have approved the ethical conduct of this research.

If you have any question about the ethical conduct of this research please contact the Human Research Ethics Office

University of Victoria: 250-472-4545 ethics@uvic.ca

Island Health: 250-370-8620 researchethics@viha.ca

Record of Ongoing Consent to Participate in the Study: Resident Participants

<u>Part of Study</u>	<u>Signature or Initials</u> (consent or assent)	<u>Date</u>
Before start of study	_____	_____
Interview	_____	_____
Drama Workshop #1	_____	_____
Drama Workshop #2	_____	_____
Drama Workshop #3	_____	_____
Drama Workshop #4	_____	_____
Attending the Performance	_____	_____

Record of Ongoing Consent to Use Participant’s Image: Resident Participants

Participant ID: _____

<i>Type of Research Activity</i>	<i>Consent or Assent to use participant’s image (Signature or Initials)</i>	<i>Date</i>
___ Drama Workshop #1	_____	_____
___ Drama Workshop #2	_____	_____
___ Drama Workshop #3	_____	_____
___ Drama Workshop #4	_____	_____
___ Attending the Performance	_____	_____
___ Video of the Performance	_____	_____

<i>Type of Research Activity</i>	<i>Image to be edited or redacted ('x')</i>	<i>Date</i>
___ Drama Workshop #1	_____	_____
___ Drama Workshop #2	_____	_____
___ Drama Workshop #3	_____	_____
___ Drama Workshop #4	_____	_____
___ Attending the Performance	_____	_____
___ Video of the Performance	_____	_____

Informed Consent Form – Adult Family Member Participants

Informed Consent Form:

Adult Family Member of a Resident of Oak Bay Lodge

For Participation in a Research Study:

An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care.

.....

You are invited to be in a study of how reminiscence theatre affects the people who take part in it. Consent is completely voluntary. There will be no effect on services whether or not you participate.

Reminiscence theatre is older adults' memories and stories being created into a play and then seeing the play performed. The stories are made fictional for the script of the play. This means that residents' names are not used and that details of the stories are changed so that participants will not be identified.

This study is part of my university program. I will ask about memories over the resident's life (from home, childhood, school, family, entertainment, career and holidays). I will record what is said so that I get the facts correct. Also, I want to later show or read back to the resident what [he/she] said, so that the participant decides the parts of the stories [he/she] is happy to share with others.

With young adult actors we then make up a play from the stories. Adult family members will be invited to take part in the drama activities where we create the characters and stories. Whether an interested family member participates in the program is up to the resident. This play will be performed for the resident and family participants at Oak Bay Lodge. At the start and at the end of the study, participants will be asked questions about their health and their experience with the program.

What we learn from this research will be helpful. Earlier studies suggest that reminiscence theatre can help increase well-being. So far, very little reminiscence theatre has been done in Canada and in care homes. Also, this study will include adult family members who would like to participate. What we learn may help develop similar activities in the future at Oak Bay Lodge and other places.

This study will be carried out by Trudy Pauluth-Penner, a student at the University of Victoria in the Department of Social Dimensions of Health. This research is part of what is needed for her degree. It is being done under the direction of Dr. Holly Tuokko and Dr. Warwick Dobson.

Dr. Tuokko can be reached by phone or by email.
Dr. Dobson can be reached by e-mail.

What are the activities in the study?

Older adult participants will be invited to:

- Be interviewed to gather memories and stories. The interview will be recorded to add to our understanding of reminiscence theatre.
- Meet after the interview has been typed, to go over it to be sure it is accurate and for the resident to choose what parts [he/she] would like to share.
- Participate in 4 group workshops with young adult actors and myself, and with one or more adult family members. Each group workshop will last about 2 hours.
- The play will be performed for residents, family members and an invited audience at Oak Bay Lodge.
- At the beginning and at the end of the program, participants will be asked questions about their health and their experience with the program. This is to help understand if and how participants have been affected.

How long will this take?

This will take about 10 hours of a family member participant's time (the last 3 activities below):

- About 40 minutes for the interview
- An hour to go over the typed interview with the resident and choose the stories [he/she] is comfortable in sharing
- 4 drama workshops (2 hours each)
- Attendance at the play performance (1-2 hours)
- Being asked some questions about the participant's health and experience in the program (less than an hour total).

This will all take place at the Oak Bay Lodge.

What kind of information is collected in this study?

Field notes is writing down my observations, thoughts and feelings about what happens as activities occur throughout the study. Later, the notes are studied for themes to help understand what happens in reminiscence theatre. Names are not written in the notes, so identity is protected.

Interviews are to gather stories to make a play from participants' memories. Names are not written down in the typed interviews, to protect identity.

Drama workshops are creative activities for residents and adult family members (at least age 19) to join in together with the theatre cast and myself. The stories from the interviews will be made into a play to be performed. Participants will have the chance to make choices on what stories will be included and how they will be shown.

Video-recordings are used as a record of activities, to determine levels of involvement of participants in the program. The use of images from video recordings is completely up to each participant. At any point in the activities, a participant can choose not to have one's image shown. The participant has this choice whether remaining in the study or deciding to withdraw. If the participant chooses that his/her image not be shown, it will be blurred or removed so that the participant is not recognized. If at least 5 participants decide not to have their images shown, then their images will not be part of what is studied. If everyone chooses not to have their images used, there will be no videotaping and images will not be used as information in the study.

Questionnaires will be given before the drama workshops start and after the play has been shown. Those given before the program will ask about education and work background, how the person sees [his/her] health and the participant's views about other areas of [his/her] life. After the program, participants will be asked some of the questions again. As well, they will be asked about their experience with the program. If the resident has a family member participating, [he/she] will also be asked some questions before and after the program.

Are there any risks or benefits in taking part in this study?

I expect very little risk from being in this study. Upsetting memories are possible. If the resident does become upset from any part of this study, [he/she] can leave and return later, or not come back to the study at all. The participant will be immediately given social work support if needed.

100% confidentiality cannot be guaranteed as you may be recognized by others at Oak Bay Lodge. The use of videotaping and audio recording means that you possibly could be recognized by someone not in the study. This could happen, for example, if a video recording is shown outside of Oak Bay Lodge as part of a project presentation. Any participant can choose at any time not to have one's image used.

The resident may benefit from the study through enjoyable social activity with other participants and family members, and the young adult theatre company participants who are interested in learning more about the older adults' lives. A major reason for the study is to find out if and what kinds of benefits occur.

Will participants receive any payment for taking part in the study?

No payment will be made to people who take part in this study.

During the Study:

- Residents will be asked questions about memories and stories throughout their lives.
- Participants will be asked to be in drama group workshops.
- Participants do not have to answer any questions that make them feel uncomfortable.
- Participants are told to not share any information they would prefer to keep private.

- The interview, group drama workshops and performance of the play will be recorded. These videotapes are to study the effects of the project and to store the information. The use of one's images in the video is completely voluntary. The participant may withdraw at any point in time. If the participant chooses to withdraw from the study or decides to not have [his/her] image used, the image will be blurred or removed so that the participant is not recognized or shown.
- Participants may stop an interview or leave a drama group at any time without having to explain why.
- Participants may change their mind and leave the study at any time. There is no need to explain why a participant has changed one's mind.
- If a participant leaves the study, information from the person will not be used in reporting on the study.

After the study:

- Trudy Pauluth-Penner will know that the resident has been in this study. She is the only person who will look at the information shared.
- The people who were in the drama groups will know that the participant has been in this study, so it will not be possible to fully protect the person's privacy or what was shared in the groups.
- Participants' names will not be shown on any forms.
- Each time a participant completes a research activity and meets with Trudy Pauluth-Penner, [he/she] will be reminded that being in the study is entirely [his/her] choice. The person will be asked if [he/she] wants to continue to take part and, if so, will be asked to initial a signed consent form to show agreement to continue to be in this study.
- Results from this study will be reported in a dissertation, and may be reported in journal articles and presented at conferences. Participants' names will not be used in these publications or presentations.
- Results from this study will be made available to participants upon request. After the study is done, Trudy Pauluth-Penner will give a summary report and/or presentation for the Oak Bay Lodge. At that time, the opportunity to be informed of the study results will be available.
- Information collected during this study will be placed in a locked filing cabinet in a locked office at UVic (office of Dr. Warwick Dobson, one of Trudy Pauluth-Penner's supervisors). The information will be kept on a password protected computer for 5 years.
- At the end of this time, all paper records will be shredded and all audiotapes/videotapes/computer files will be deleted.

If you have any questions or if you would like to discuss this study further, please contact Trudy Pauluth-Penner.

phone:

e-mail:

Also, you may contact the co-supervisors:

- Dr. Tuokko can be reached by phone or by email.
- Dr. Dobson can be reached by e-mail.

Please remember that the resident's participation in this study and participation of an interested adult family member are completely up to the resident.

Consent:

I have read this consent letter Initials.....

I have had the chance to ask questions Initials.....

I understand that participation in this study is voluntary Initials.....

I understand that consent can be withdrawn at any time Initials.....

I understand that interviews of residents are audio-recorded and transcribed verbatim Initials.....

I understand that drama workshop sessions and the theatre performance will be video-recorded. Initials.....

I understand that participants' names will be not used and that stories will be changed to protect identity Initials.....

I agree that any of the chosen photos, images and video clips may be used in the following ways: added to the final report for the facility; in a presentation about the study to the researcher's committee at the University of Victoria; and in potential journal articles and conference presentations. I understand that (1) the identity of participants is protected by the name being removed and (2) that if the participant does not want [his/her] image to be used it will be blurred in the image or video clip. Initials.....

I agree to take part in the study Initials.....

My family member participant who is a resident in this facility agrees that I may participate in this study. Initials.....

Name:

Signature:

Date:

Name of Family Member Resident:

A copy of this consent letter will be left with you, and the researcher will take a copy.

The Human Research Ethics Boards at the University of Victoria and Island Health have approved the ethical conduct of this research.

If you have any question about the ethical conduct of this research please contact the Human Research Ethics Office

University of Victoria: 250-472-4545 ethics@uvic.ca

Island Health: 250-370-8620 researchethics@viha.ca

Record of Ongoing Consent to Participate in the Study: Family Participants

<u>Part of Study</u>	<u>Signature or Initials</u> (consent or assent)	<u>Date</u>
Before start of participation	_____	_____
Drama Workshop #1	_____	_____
Drama Workshop #2	_____	_____
Drama Workshop #3	_____	_____
Drama Workshop #4	_____	_____
Attending the Performance	_____	_____

Record of Ongoing Consent to Use Participant’s Image: Family Participants

Participant ID: _____

<i>Type of Research Activity</i>	<i>Consent or Assent to use participant’s image (Signature or Initials)</i>	<i>Date</i>
___ Drama Workshop #1	_____	_____
___ Drama Workshop #2	_____	_____
___ Drama Workshop #3	_____	_____
___ Drama Workshop #4	_____	_____
___ Attending the Performance	_____	_____
___ Video of the Performance	_____	_____

<i>Type of Research Activity</i>	<i>Image to be edited or redacted (‘x’)</i>	<i>Date</i>
___ Drama Workshop #1	_____	_____
___ Drama Workshop #2	_____	_____
___ Drama Workshop #3	_____	_____
___ Drama Workshop #4	_____	_____
___ Attending the Performance	_____	_____
___ Video of the Performance	_____	_____

Informed Consent Form – Reminiscence Theatre Devising Team Participants

Informed Consent Form:

Devising Team Participant

For Participation in a Research Study:

An exploration of the impact on psychosocial quality-of-life through active engagement in family reminiscence theatre with older adults in care.

.....

You are invited to be in a study of how reminiscence theatre affects the people who take part in it.

Reminiscence theatre is older adults' memories and stories being created into a play and then seeing the play performed. The stories are made fictional for the script of the play. This means that the names of participants are not used and that details of the stories are changed so that participants will not be identified.

This study is part of my university program. I will ask about memories over the resident's life (from home, childhood, school, family, entertainment, career and holidays). I will record what is said so that I get the facts correct. Later, I will show or read back to the resident what he/she said, so that the participant chooses the parts of the stories he/she is happy to share with others.

With young adult actors we then make a play from the stories. Adult family members will be invited to be in the drama activities where we create the characters and stories. It is the resident's decision whether an interested family member participates in the study. This play will be performed for the resident and family participants at Oak Bay Lodge. At the start and at the end of the study, the resident and family participants will be asked about their health and their experience with the program.

What we learn from this research will be helpful. Earlier studies suggest that reminiscence theatre can help increase well-being. So far, very little reminiscence theatre has been done in Canada and in care homes. What we learn may help develop similar activities in the future.

This study will be carried out by Trudy Pauluth-Penner, a student at the University of Victoria in the Department of Social Dimensions of Health. This research is part of what is needed for her degree. It is being done under the direction of Dr. Holly Tuokko and Dr. Warwick Dobson.

Dr. Tuokko can be reached by phone or by email.

Dr. Dobson can be reached by e-mail.

What are the activities in the study?

Older adult participants will be invited to:

- Be interviewed to gather memories and stories. The interview will be recorded to add to our understanding of reminiscence theatre.
- Meet after the interview has been typed, to go over it to be sure it is accurate and for the resident to choose what parts he/she would like to share.
- Participate in 4 group workshops with young adult actors and myself, and with one or more adult family members. Each group workshop will last about 2 hours.
- The play will be performed for residents, family members and an invited audience at Oak Bay Lodge.
- At the beginning and at the end of the program, resident and family participants will be asked questions about their health and their experience with the program. This is to help understand if and how participants have been affected.

How much time will I spend on this study?

This would take about 22 hours across a projected time span of 4 months:

- Consent process followed by review of selections from typed interviews: 2 hours
- Drama Workshops: 4 weekly 2-hour sessions with resident and family participants: Total of 8 hours.
- Rehearsals for performance: Estimate of 5, 2-hour sessions, totaling 10 hours.
- Performance: about 2 hours' time including pre- and post-performance of play.

This will all take place at the Oak Bay Lodge.

What kind of information is collected in this study?

Field notes is writing down my observations, thoughts and feelings about what happens as activities occur throughout the study. Later, the notes are studied for themes to help understand what happens in the study. Names are not written in the notes, so identity is protected.

Interviews are to gather stories to make a play from older adult participants' memories. Names are not written down in the typed interviews, to protect identity.

Drama workshops are creative activities for residents and adult family members (at least age 19) to join in together with the theatre cast and myself. The stories from the interviews will be made into a play to be performed. Participants will have the chance to make choices on what stories will be included and how they will be shown.

Video-recordings are used as a record of activities, to determine levels of involvement of participants in the program. The use of images from video recordings is completely up to each participant. At any point in the activities, a participant can choose not to have one's image shown. The participant has this choice whether remaining in the study or deciding to withdraw. If the participant chooses that his/her image not be shown, it will be blurred or removed so that the participant is not recognized. If at least 5 participants decide not to have their images shown,

then their images will not be part of what is studied. If everyone chooses not to have their images used, there will be no videotaping and images will not be used as information in the study.

Questionnaires will be given before the drama workshops start and after the play has been shown. Those given before the program will ask about education and work background, how the person sees his/her health and the participant's views about other areas of life. After the program, participants will be asked some of the questions again. As well, they will be asked about their experience with the program. If the resident has a family member participating, the family member will also be asked some questions before and after the program.

Are there any risks or benefits in taking part in this study?

The main risk is discomfort in the facility care setting and relating to older adults with mild to moderate dementia. There may be benefits from experience in play devising and learning about arts applications in health care settings. The devising team participant is likely to broaden knowledge and skills through interdisciplinary experience.

100% confidentiality cannot be guaranteed as you may be recognized by others at Oak Bay Lodge. The use of videotaping and audio recording means that you possibly could be recognized by someone not in the study. This could happen, for example, if a video recording is shown outside of Oak Bay Lodge as part of a project presentation. Any participant can choose at any time not to have one's image used.

Will participants receive any payment for taking part in the study?

No payment will be made to people who take part in this study.

During the Study:

- Residents will be asked about memories and stories throughout their lives.
- All participants will be asked to be in drama group workshops.
- Participants do not have to answer any questions that make them feel uncomfortable.
- Participants are told to not share any information they would prefer to keep private.
- The interview, group drama workshops and performance of the play will be recorded. These videotapes are to study the effects of the project and to store the information. The use of one's images in the video is completely voluntary. The participant may withdraw at any point in time. If the participant chooses to withdraw from the study or decides to not have [his/her] image used, the image will be blurred or removed so that the participant is not recognized or shown.
- Participants may stop an interview or leave a drama group at any time without having to explain why.

- Participants may change their mind and leave the study at any time. There is no need to explain why a participant has changed one's mind.
- If a participant leaves the study, information from the person will not be used in reporting on the study.

After the study:

- Trudy Pauluth-Penner will know that the resident has been in this study. She is the only person who will look at the information shared.
- The people who were in the drama groups will know that the participant has been in this study, so it will not be possible to fully protect the person's privacy or what was shared in the groups.
- Participants' names will not be shown on any forms.
- Each time a participant completes a research activity and meets with Trudy Pauluth-Penner, he/she will be reminded that being in the study is entirely his/her choice. The person will be asked if he/she wants to continue to take part and, if so, will be asked to initial a signed consent form to show agreement to continue to be in this study.
- Results from this study will be reported in a dissertation, and may be reported in journal articles and presented at conferences. Participants' names will not be used in these publications or presentations.
- Results from this study will be made available to participants upon request. After the study is done, Trudy Pauluth-Penner will give a summary report and/or presentation for the Oak Bay Lodge. At that time, the opportunity to be informed of the study results will be available.
- Information collected during this study will be placed in a locked filing cabinet in a locked office at UVic (office of Dr. Warwick Dobson, one of Trudy Pauluth-Penner's supervisors). The information will be kept on a password protected computer for 5 years.
- At the end of this time, all paper records will be shredded and all audiotapes/videotapes/computer files will be deleted.

If you have any questions or if you would like to discuss this study further, please contact Trudy Pauluth-Penner.

phone:

e-mail:

Also, you may contact the co-supervisors:

- Dr. Tuokko can be reached by phone or by email.
- Dr. Dobson can be reached by e-mail.

Consent:

- I have read this consent letter Initials.....
- I have had the chance to ask questions Initials.....
- I understand that participation in this study is voluntary Initials.....
- I understand that consent can be withdrawn at any time Initials.....
- I understand that interviews of residents are audio-recorded and transcribed verbatim Initials.....
- I understand that drama workshop sessions and the theatre performance will be video-recorded. Initials.....
- I understand that participants' names will be not used and that stories will be changed to protect identity Initials.....
- I agree that any of the chosen photos, images and video clips may be used in the following ways: added to the final report for the facility; in a presentation about the study to the researcher's committee at the University of Victoria; and in potential journal articles and conference presentations. I understand that (1) the identity of participants is protected by the name being removed and (2) that if the participant does not want [his/her] image to be used it will be blurred in the image or video clip. Initials.....
- I agree to take part in the study Initials.....

Name:

Signature:

Date:

A copy of this consent letter will be left with you, and the researcher will take a copy.

The Human Research Ethics Boards at the University of Victoria and Island Health have approved the ethical conduct of this research.

If you have any question about the ethical conduct of this research please contact the Human Research Ethics Office

University of Victoria: 250-472-4545 ethics@uvic.ca

Island Health: 250-370-8620 researchethics@viha.ca

Record of Ongoing Consent to Participate in the Study: Reminiscence Theatre Devising Team Participants

<u>Part of Study</u>	<u>Signature or Initials</u>	<u>Date</u>
Before start of participation	_____	_____
Drama Workshop #1	_____	_____
Drama Workshop #2	_____	_____
Drama Workshop #3	_____	_____
Drama Workshop #4	_____	_____
Devising Session #1	_____	_____
Devising Session #2	_____	_____
Devising Session #3	_____	_____
Devising Session #4	_____	_____
Devising Session #5	_____	_____
Rem. Theatre Performance	_____	_____

Record of Ongoing Consent to Use Participant's Image: Reminiscence Theatre Devising Team Participants

Participant ID: _____

<i>Type of Research Activity</i>	<i>Consent or Assent to use participant's image (Signature or Initials)</i>	<i>Date</i>
___ Drama Workshop #1	_____	_____
___ Drama Workshop #2	_____	_____
___ Drama Workshop #3	_____	_____
___ Drama Workshop #4	_____	_____
___ Devising Session #1	_____	_____
___ Devising Session #2	_____	_____
___ Devising Session #3	_____	_____
___ Devising Session #4	_____	_____
___ Devising Session #5	_____	_____
___ Rem. Theatre Performance	_____	_____

<i>Type of Research Activity</i>	<i>Image to be edited or redacted ('x')</i>	<i>Date</i>
___ Drama Workshop #1	_____	_____
___ Drama Workshop #2	_____	_____
___ Drama Workshop #3	_____	_____
___ Drama Workshop #4	_____	_____
___ Devising Session #1	_____	_____
___ Devising Session #2	_____	_____
___ Devising Session #3	_____	_____
___ Devising Session #4	_____	_____
___ Devising Session #5	_____	_____
___ Rem. Theatre Performance	_____	_____

Appendix C

Interview Transcripts

Interview Transcript: CS #1 (Feb. 25, 2015)

TP: Oak Bay Lodge, Family Reminiscent Theatre Program. We are interviewing Charles. Charles, welcome and thank you for joining us on this great day, February 25, 2015. You have lived a long and valued life. Tell us about yourself the aspects that you are comfortable in sharing? What are the key highlights? Pivotal moments in your life history? These are just some ideas to get you going. You can speak however you wish to it. Who has influenced you? Where did you grow up? What was life like then? Mainly tell me about some of those key moments in your life that were major transitions for you?

Going to school, developing new products in the seafood industry.

TP: What kind of products did you develop in the seafood?

Mainly scallop products, packages that would appeal to the customer to buy.

TP: You were born in Victoria?

Yes.

TP: What part of Victoria did you grow up in?

Pretty big house, 3 bedrooms and a kitchen. Not like a kitchen today. A dining room and living room. We had a radio, that is all.

TP: Was this an older house? Like would we consider it a character house?

Yes. Now it would be called that.

TP: Describe that house to me a little?

2 story. Fairly quiet, but it was the war. We had a blackberry patch and a little house where we had chickens, I think.

TP: Excellent. Was that in the city part of Victoria? Outside in the country?

Cloverdale Avenue and Inverness I think it was. 3 or 4 miles from downtown Victoria.

TP: That sounds beautiful. What was life like for you then, growing up in this house?

It was good. As a little boy I used to sit on the steps, either sing or whistle, 'you are my sunshine' all day long. Went fishing the odd time, but I caught like little gold fish or catfish.

TP: Did you go fishing with a rod in the ocean, or the streams?

No, in the lake.

TP: Which lake?

I think it was Elk Lake. Is there a Swan Lake. That is where I went, by the railroad track. We walked over the trestle. I was always afraid that I would fall in between the wooden things, but I always got across (chuckling). I always wore the old fashioned coveralls, with straps.

TP: That would keep you protected?

That is right.

TP: You grew up in this house. As you grew older, what were some of the highlights of your life that stand out for you?

There was a big field on one side. You could see two houses on the other side. That was the road you came down. I think it is Dale Street, but I might be wrong. An old fellow living next to us was very nice. He had a wooden leg, and he went to work every day. He had two Cocker Spaniels.

TP: Did you play with the Cocker Spaniels of this man?

Yes.

TP: How old might you have been when you are thinking about this person? Were you a young lad? Teenager?

I think I was about 10 years old.

TP: This must have been quite fascinating for you to see this man with a wooden leg. Did you talk to him about it?

Yes. I had a good friend that I used to hang around with, he was a boy. His name was Jerry if I remember right.

TP: He had a son named Jerry that you would play with?

Yes. Yes.

TP: What kinds of things did you and Jerry do as young boys?

Played marbles. He used to build those airplanes out of balsam wood. I would just mainly watch him. He had a, what is it called? They use it in the hospital for some of their tests – a guinea pig. He had one of those. It used run around in circles. It was funny.

TP: Would he fly the planes outside?

Yes.

TP: Did you just run and throw and fly them? Or remote control?

That is right.

TP: Good fine. And he had a pet guinea pig?

Yes.

TP: I used to have guinea pigs. I had 3. They would run in circles around and around. I had them in an apartment. Past your boyhood, what is the next stage in life you come to? Teenager, what was that like for you?

It was good. I went to high school. I had a few friends. I had one friend, we always went down to look at the new cars when they came in. Of course never bought one, but we looked.

TP: What were some of the cars? That must have been exciting?

Yes. On Saturday we used to go down on Government Street. They had two movies. When we finished the movies we would go and get ourselves either a muffin or a fish & chips. Fish & Chips in those days was 10 cents and I think the muffin was 3 cents for lunch (indecipherable) I ate them all.

TP: Maybe the love for fish and chips inspired you into the fishing industry? Do you think there might have been a connection there?

Yes, I think so.

TP: So you grew up as a teenager, you loved to go to the movies and for fish & chip dinner.

Watch the softball games.

TP: Who were some of the teams at the time?

I couldn't tell you now. I think one was called Adelaides.

TP: What is the difference between softball and baseball?

I think the bases are further apart and the pitcher is further apart. And you use a small ball, hard ball. And you use quite a big ball for softball.

TP: That you. I never realized that after all these years. So jumping forward in life, past teenage years, as a young adult, what was your life like then? What did you do? Did you travel? Work right away after high school?

After school. I can't remember.

TP: You mentioned earlier that your fun times was when you could go out with your wife. So you met your wife, where did you two meet? Tell me about how you met?

My first wife, I met. I had a meat market and my wife's father had his own fish store in the building. We just met. And we just started going out and we got married. And then divorced.

TP: Oh, I'm sorry. Getting relationships to work out, a lot of factors some into play there. So you divorced and then you remarried at another time?

I had a second wife, 15 or 20 years later.

TP: That is a big gap of time there.

I met her Friday and Saturday nights at McDonalds. Later on I got to know her, and walk to school with her to the University in Hawaii. And then later on we got married.

TP: You say you went to university?

No, I just walked for her first year in Hawaii.

TP: So you moved to Hawaii as a young adult? What part of Hawaii did you live in?

They call it the Manola Valley, Island of Oahu, it is about 6 or 7 miles from downtown Hawaii where the business is.

TP: That must have been quite the adventure for you. What brought you to Hawaii in the first place?

I don't know. Somebody told me about it once. Actually I had the desire to go and live there.

TP: I have been to Oahu, it is a beautiful place, rather built up now.

Yes.

TP: Did you go to university there? Or work?

No, just went with her that is all. Some classes I was allowed to attend. And sometimes they had people come from Samoa and I was allowed to go then.

TP: Did you meet your second wife then in Hawaii?

Yes.

TP: So you were over there and met her there?

That is right.

TP: So you were drawn to Hawaii and then you met your wife? You would walk her to university and take classes together. What were some of the classes you took?

I can't remember.

TP: That is all right. But you remember a time with her there?

That is right. A lot of Chinese food were there. Once in a while we would have Japanese food, sushi.

TP: To this day it is my favourite food.

Did all the shopping at Dia, which is a Japanese fruit market. Next door they had a Korean restaurant.

TP: What was your wife's cultural background? Was she Japanese or Hawaii.

Chinese.

TP: Did you have children?

One boy. Yes.

TP: Is he still here?

Yes.

TP: Where does he live now?

He lives on Foul Bay Road, by Oak Bay Avenue.

TP: Do you have a chance to see him often?

My wife was in here on the 14th day of February. She brought me a couple of things.

TP: What did she bring you?

Some sausage rolls and a new razor. I haven't used it because the one she brought me 4 or 5 years ago, still works.

TP: Good. So February 14th, I am guessing that was Valentine's day.

Yes.

TP: Tell me about some of your favourite memories of dating or courtship? Was it a long romance before you married?

We had a Laundromat in Hawaii, it was away from the building. If you didn't get your clothes out by 10:00, they locked it. So you always had to be sure you got there by 9:00. Other than that

it was fine. Christmas they always had a Christmas party. They had a wild turkey, not one raised on a farm, but wild. You chewed and chewed and chewed, but it tasted good.

The first time I had it, I said to Nannie, “what the heck is that?” She said, “I don’t know, but we had better eat it, or we might get kicked out.” So we ate it.

TP: Did you cook that wild turkey?

It was cooked by the manager.

TP: That was your first exposure to a wild turkey?

That is right.

TP: After being accustomed to Japanese and Polynesian food, that would be a bit of a shock? Tell me about some of your favourite holiday memories? Did you take holidays or vacations, or travel?

When I was younger we always went to Vancouver. Went to Playland, and then come back and have hot dogs or something. Later on, my first marriage, we went to Hawaii 2 or 3 times. And went down to Bellingham quite a bit. The last marriage we just mainly stayed on Oahu, we didn’t go anywhere.

TP: What brought you Victoria? That is quite a change to come from Hawaii to Victoria?

Alex’s grandmother wanted Alex to see Canada, see how different it was. So we came here during 2000.

TP: You came in the year 2000 to see what Victoria was like?

That is right.

TP: What did you think when you first saw it?

The first thing that amazed me, was they make the Christmas tree out of poinsettia plants. That is very beautiful.

TP: It is beautiful. They just layer them in circles and make the circles smaller and smaller to the top.

Yes.

TP: Next I have some very general questions, just for the fun of it. They are about who you are. What did you aspire to be when you were growing up? Some people have big dreams and some don't.

Sometimes I wanted to be a teacher, but I never made it.

TP: What kind of teaching were you interested in?

Geography.

TP: That is fascinating. You said that you never made it to teaching. Why? Just not having the opportunity to go to university?

That is right.

TP: You aspired to be a teacher and what you were able to become you were in the seafood industry.

Yes.

TP: How did you come to do that? How did you come to be involved in the seafood industry? You mentioned earlier that you met your first wife's father, did he work in a fish shop?

Yes.

TP: Is that how you became introduced and interested in it?

TP: Next are some fun, open ended questions. What would you like to say to the world? If the whole world was listening to Charles, what would you like to say?

I'd like to see the islands of Hawaii again. Yes.

TP: Were you able to see many of the other islands?

Maui, Kauai.

TP: I have been to Oahu once myself, but I would like to get back like you and see the other islands and spend a longer time. What do you wish to say to the upcoming generation?

Take care of your health. Take care of your family.

TP: Absolutely true. That is the unfortunate thing about being young is that you don't realize when you are young just how important that is.

Yes.

TP: What would you say is the most important thing in life for you?

I don't know. Maybe worrying about money. They are always spending it, but not keeping track of what they spend. Especially on credit cards.

TP: That is a big worry then. The most important thing in life then would be to manage your money well, so it doesn't create problems?

Yes.

TP: If you could give a gift to the world, what would that gift be?

Happiness

TP: Very true. And it is sad that sometimes it is difficult. Very very important. What would you say happiness is?

Just a feeling that everything is going to be good for the family.

TP: Happiness is that feeling that everything is good. Absolutely. Now if a wish was granted to you, what would you wish for?

I think to be young enough to enjoy my second wife longer.

TP: Yes. So aging has gotten in the way of you being able to see each other more often, or share time and experiences together.

Yes, she comes to visit me.

TP: How often is she able to come and see you?

Once a month.

TP: That is a big chunk of time between visits. For the fun of it, imagine that we put things in a time capsule and if another space ship came here and opened it up and found all this stuff, what would you put in, into a time capsule for future generations to see?

Try and develop new ideas and not worry about what happened 100 years ago, or 1000s of years ago. Try and move forward.

TP: Excellent advice. For future generations in the time capsule you would leave them a message not to worry about what happened a year ago, or 100 years ago, or 1000 years ago, put your energy into developing the future and moving forward?

That is right.

TP: Excellent. Something we can lose sight of easily. When you hear the word old, what do you think?

Old? It happens to everybody. Even the movie stars. I saw one of them, used to be on Star Wars and he was on LA TV this morning, they said he was only 70 years old and was in terrible shape.

TP: Was that William Shatner?

No. The guy on Star Wars, who had the ears. I saw William Shatner he was doing an ad for the USA, or something.

TP: When you hear the word old do you think of some people who are older than their actual years? Health is more on your mind when you think of old? Do you think of health?

Yes.

TP: When you hear the word young, what do you think?

A lot of spiriting, do things, just raring to go.

TP: You think of a lot of spirit, energy, raring to go. Yes. And a body that would cooperate?

That is right.

TP: If dreams were reality, I would be ____? Imagine something you dreamt about and you could make it real, what would that be?

Probably a nice dress suit, tie, white shirt.

TP: What kind of fabric would that be? That sounds glamorous, stunning.

I don't know what the fabrics are.

TP: In an ideal world, what would you do?

I think I would help people that weren't as lucky as I am. And try to make sure they were living better.

TP: How would you do that?

By getting schools built, teach them young and open up industries.

TP: That goes back to your earlier comment when you said that you would like to be a teacher one day. Yes. There are many places in the world that don't have school. It is exciting now that a lot of young people will join groups and organizations and go to foreign countries to help build schools.

That is right, I'd travel a lot more now.

TP: You would travel a lot more?

Yes.

TP: Where would you go? Where would you like to go?

Probably Washington, DC and see where the President lives.

TP: Would you like to meet him? Would that be spectacular.

Yes.

TP: Maybe we should write him. We could you know. He sounds like the kind of President who would probably respond. If you were to write to the President, what would you wish to say to him?

That he is doing a good job. It is good to see a black man as President. He broke the white man's circle.

TP: I remember when he was elected, it was very exciting. So from US to Canada, if you were the Premier of Canada, what would you do?

Develop Canada so it was more prominent in the world. How do I explain it? Build industry, build education and support people whose wife or husband has died and they have some money and any assistance they need socially. I don't know how to explain, but.

TP: I understand, exactly. Schools, and built industry. Not just for wealth and economy but to give people equal chances in life. Education is key. And then if you have lost a spouse to have the necessary financial support and social support around you so you are not isolated. You have got a good heart Charles.

TP: If you could go back in time, is there anything you would change?

Stop war and stop people arguing all the time. Out here sometimes, there are two women, they are arguing all the time. One pushes her chair against the other one who has a walker. OMG. I just sit there and watch it.

TP: That must be frustrating. It sounds like you want to be able to do something about it. So if you could go back in time you would change war.

Yes.

TP: It is a bit sad right now that way with what is going on in the world. If you could go forward in time, what do you think you would see?

There would be cars that flew and sidewalks that moved. But probably use different fuel than we use now, for your car, for your home.

TP: What kind of fuel do you think we would use?

Maybe solar heat, or hydrogen.

TP: How would that work? Solar heat we would gather energy from the sun.

Yes, I think so. Safer.

TP: How would hydrogen work?

I think it would be faster than solar heat, but also could be dangerous.

TP: If it ignited?

Yes.

TP: Yes. That certainly is an area where we need to be putting some attention to in our world right now. Our resources won't last forever.

TP: Just 3 more questions left and they are about our feelings. What turns your heart to ice? What upsets you? You did mention earlier about people stopping arguing.

I don't know.

TP: The opposite of that. What warms your heart? What makes you feel great?

I don't know if I the answer is right, I hope your wellness.

TP: Yes. Sometimes we don't know.

Like a fireplace.

TP: A nice warm, cozy, fireplace. Probably the love of your good wife beside you?

Yes.

TP: To bring this to a close, are there any other general comments that you would like to make, or things that we haven't covered that you would like to talk about?

I guess, that is about all I guess.

TP: Excellent Charles, thank you very much for taking the time. You have led a wonderful life and this is all about paying tribute to you and saying thank you for what you have done. In your way you have made this world a better place. Thank you.

You are welcome.

End of transcript

Interview Transcript: CS #2 (Feb. 27, 2015)

TP: Oak Bay Lodge, Family Reminiscent Theatre Program. Interview conducted February 27, 2015

TP: When were you born?

1927

TP: Where were you born?

Lindsay, Ontario

TP: What grade did you complete for education?

High school, Grade 13.

TP: Did you go to post-secondary, or university?

No. I went to nursing school. Toronto General Hospital Nursing school.

TP: Was that your main occupation, a nurse?

Yes. A nurse first in Ontario and then another classmate and I decided that we would come out to British Columbia. So I have been here ever since, pretty much.

TP: You have lived a long time and you have had some pretty amazing experiences. I am interested in learning about some of the highlights of your lifetime, your life history?

4 children. That is my biggest accomplishment.

TP: Are they all living here now?

No. We moved around a bit. The oldest girl is in Ontario, that is Janet. She is at the university, I guess in the Education department. I don't know what her position is exactly. And a son

Peter, he is back in Ontario, I can't think exactly what he is doing. Mary Jean, my other girl. They are all in education pretty much.

TP: So you were born back east.

Yes in Ontario.

TP: Tell me a little bit about what you can recall from your childhood? What was it like growing up there?

We grew up on a farm. Mixed farming. Was it 200 acres? I think it was. It was more than 100 acres. It was north of Toronto about 80 miles north. It was mixed farming. All kinds of grains, wheat, corn. We had dairy cattle, and raised pigs. Mixed farming. My mother had been a nurse so I suppose that influenced what I decided to do.

TP: When you look over your lifetime growing up from a young child to teenage hood, young adulthood, what were some of the key influences? You mentioned one, your mother being a nurse, and that influenced you into nursing. Tell me more.

Janet, she was a physiotherapist or occupational therapist. I think she did some teaching. She is in the education department anyway, in Kitchener Waterloo University. Some administration, some education.

TP: They have done well.

Yes, they have done well. Janet is the oldest one. And then Peter.

TP: That is alright. We can come back to the children later. Tell me what it was like growing up on the farm? Did you have chores?

A few. Gathering the eggs. I didn't do an awful lot of farm work. I helped mom in the kitchen, getting things from the garden. I learned to milk but I didn't do a lot of milking.

TP: So you mom was a nurse and your dad was a farmer?

Yes. His brother and his father were. It was his grandfather's farm that we grew up on. It was a 200 acre farm.

TP: What was some of the most fun you had? What did you do for leisure or entertainment?

My cousin and I had dolls that we played with a lot. Ordinary dolls. The Wet'em (?) dolls that came in at that time. You could feed them a bottle and the water would come through and wet the diaper.

TP: I remember that. I remember having my first walking doll. The doll was as large as I was when I was about 3. If you moved its arms, its legs would move. I had one of those dolls as well, that when you fed it water, it would leak out and you would have to change its diaper. Did you have names for your dolls?

I can't remember. I had more than one doll.

TP: What was life like for you as a teenager? What kinds of things did you like to do?

We were in the country about 5 miles from the town, so we weren't close to a lot of the students that we went to school with. We did our own things more.

TP: You invented your own fun?

Yes. There was a creek and we used to go fishing.

TP: Was this with a rod and reel, or a net?

Yes, we would walk up to where it was. My father liked to fish.

TP: What did you catch?

I can't remember now. I think it was catfish.

TP: Maybe some Jackfish in the fresh water streams?

I don't know. They were fresh water fish in the creek. We didn't learn to ride the horses. They were farm work horses. I guess there wasn't time to teach us how to ride. My father and uncle were busy with the farm things rather than teaching us.

TP: It is a lot of hard work on the farm. Not much free time.

Yes. It was a 200 acre farm, a lot of work to do. My grandfather was there too. And my grandmother when I was very small.

TP: You had all your family living together, your parents, your grandparents.

Yes. It was a big house. It was divided. My grandparents and my uncle who wasn't married to start with, had one half. And my father and mother and two kids in the other half. And they had a sister who was married to Ned, and they lived in a farm two farms up the road. Her two daughters were the ones that I played with all the time. It wasn't quite a mile up the road to walk up there. So we used to walk back and forth.

TP: What did you do together when you played?

Played with the dolls I guess. I think Wet'em dolls came in at that time. You could feed them a bottle of water and it comes out a tube to wet the diaper.

TP: Let's jump ahead a little bit in time. Teenage hood has passed, you are a young adult. You mentioned that you became a nurse. Tell me more about that.

My mother trained for a nurse in Lindsay, but I trained in the Toronto General Hospital. My father's sister (my aunt), she married into a family where there is a doctor in the family anyway. He thought we should train in the Toronto General Hospital, rather than the little hospital at home.

TP: They wanted to make sure you had the best experience. Tell me what was nurse's training like?

Yes. I don't know what they do now. We had lectures, we had demonstrations and we worked on the wards, under supervision to start with. By the time we were finished we were running the whole thing ourselves.

TP: What kind of nursing did you end up practicing in?

I guess you would call it general nursing. There is orthopedic wards and medical wards.

TP: Would you rotate around the different wards?

Yes.

TP: Did you have a favourite?

I can't remember that particularly. Whatever came next.

TP: Tell me about your family. From looking around at the pictures in your room, it looks like you were married?

Let's see. I was working in Toronto and my cousin went to Vancouver. We were very close. We were closest in age and we used to do things together all the time. Her father had two brothers who were doctors (I think). They had all grown up on the farm, but his two brothers had done medicine. I think he was in Vancouver at the Vancouver General Hospital, or something, but anyway, he thought that my cousin Marion should get trained in the Toronto General Hospital, so that is where she did. And then I came 2 years afterwards and did the same thing, I went to the Toronto General Hospital as a nurse.

TP: And then you came to Vancouver with your cousin?

She came here first. And then I came afterwards with one of my classmates. She was still nursing here when I came, I think she was, but I can't remember what she did after that. I got busy with my own things.

TP: What kinds of things did you get busy with?

Nursing and meeting other young people. Two of our classmates, they are in Vancouver right now, we did things with them. They knew my future husband. I met him through them.

TP: How did you meet? Through your friends?

Through the girls who were nurses. I don't know what we did. We went to movies together, or what it was. Actually, those two girls are staying in the residence now. I met Al, my husband, through my friend who had come from Ontario with me. Two of us did things with two sisters (twins I think they were). Al was in the group of young people that they did things with.

TP: What kinds of things? You said movies.

I guess so I can't remember.

TP: So you met Al, your husband. Did you date for some time?

Probably a year, I can't remember.

TP: Was he in nursing as well?

No, he was an engineer.

TP: What kind of engineering?

General engineering. Bridges, roads, buildings. He grew up in the West Indies. I guess there was a position with one of the public works department there, or something. When we got married we back to the West Indies.

TP: That must have been quite a different experience for you?

It was interesting I guess.

TP: I have never been to the West Indies, what was it like?

A nice tropical climate. It was good. Everybody was very friendly in the department where he worked. And his father lived in the West Indies, him and his brother and two sisters. His mother had died, I don't know how old he was when his mother died. And then his father remarried. There is a picture up here. The one his father, and the lady with the white hat was his second wife, my husband's step mother.

TP: Did you have a close family relationship in the West Indies?

Yes. His brother was there, and his two sisters too. They were all good family people. He was born in British Guyana actually. We were on the waterfront some place. A lot of the pictures with the water in it I did in St. Kits, on the water's edge.

TP: Did you paint these?

Yes.

TP: They are beautiful.

The water ones. A woman I knew did the city ones, the buildings. Her husband was an architect that worked with my husband.

TP: You were very talented, had a very adventurous life then, to go to a completely new culture?

It was very interesting, yes.

TP: What stands out when you think back to that time period?

Everything was good.

TP: I can see by the smile on your face you had a good life.

We had lots of things to do. We did a lot of swimming I guess in the ocean. The water is warm. I suppose where there was a bay it would be warmer than out in deep water.

TP: What else were some of the activities that you did? You swam. Did you cycle?

Yes, I had a bicycle at some point in my life. And probably in the West Indies too. I can't remember right now.

TP: What were the cities you lived in, in the West Indies?

We were in St. Kits, Bastair (is the name of the city I think). And we lived in Barbados.

TP: That is a beautiful place I hear.

It was a good place. Everything there.

TP: Do you mind me asking you a bit of a personal question, being of a Caucasian culture, what was it like for you going into a different ethnic culture? Was it an issue at all?

I didn't think it was. There are a lot of people from England working in the government departments. There is a mixture of people doing things together.

TP: Excellent. Very fortunate experience.

TP: Now I have a questions that might seem a bit odd, but they are interesting questions. When you were growing up, what did you imagine or aspire to become?

If I thought of anything it was probably a nurse, because my mother was a nurse.

TP: And you achieved that. Did you practice nursing throughout your adult life?

I think I stopped when I got married.

TP: You would have moved shortly after to the West Indies.

I was working as a nurse in the West Indies when I met him, I think. I think I was working all the time in the West Indies when we were courting, whatever you want to say.

TP: What was the courtship like?

(Indecipherable).

TP: Enjoyed each other's company.

I forget when he met my family. It must have been on a holiday and coming up to Canada. I think he met my family before we got married. I can't remember too much of it.

TP: Did you live in the West Indies most of your adult life?

Yes.

TP: When did you come back to Canada and end up here in Victoria?

10 years ago, or more.

TP: That is a short time ago.

I can't think when it was that we came up, exactly. I forget what position he came too when he came up here.

TP: You came back then for work?

Yes, I think so.

TP: And decided to stay.

Yes.

TP: If you could leave a message for the whole world, what would that be? What would you like to say to the world?

Enjoy doing whatever comes along.

TP: What would you like to say to the upcoming generation, the young people?

Keep an open mind about everything I guess.

TP: What would you like to say to your family?

I don't know. I say lots of things to them. I can't think of anything in particular.

TP: What would you say the most important thing in life is?

Be kind to the people you are with.

TP: Take good care of the people you are with. If you could bestow a gift to the world, what would that be?

An open mind.

TP: That is a gift, absolutely. If you were granted a wish, what would you wish for?

I can't think of anything that I would want, that I don't have. Health for everybody. Health for family.

TP: For the fun of it, have you heard of space capsules. The things that you bury and have things in them that other generations can find. If you were to put something inside of a space capsule what would you put inside?

I don't know.

TP: Imagine this generation doesn't know anything about your generation, what might you leave that would help them understand your world?

Try to get along with people.

TP: That is great. Easier said than done sometimes. When you hear the word old, what do you think?

If you are thinking of people, I suppose wore out and can't do too much more, much else physically.

TP: Physical body changes as you get older. Yes.

TP: When you hear the word young, what do you think?

Lots of energy.

TP: If dreams could become real, what would your dream be?

Everybody find employment and work they like to do. And be happy doing that with the people they are working with, and living with, who they choose as their partners and friends.

TP: Absolutely. It sounds like you are saying that you need to appreciate, be happy with your work and appreciate the people in your lives.

TP: In an ideal world, what would an ideal world look like to you?

Lots of country, open fields, trees.

TP: Nice beautiful fresh air, sunshine, big open fields. I'd like to go there. The beauty of nature.

TP: If you were the Prime Minister of Canada, political leader of Canada, what would you do?

I haven't thought of that level at all.

TP: Pretend you were the Prime Minister of Canada, what would you do?

I'd see that people get an education.

TP: That is very important. Would you make education available to everyone, whether rich or poor?

I would think so.

TP: If you were to go backwards in time, is there anything you would like to change?

I can't think. There have been so many good changes.

TP: If you were to look to the future, what would the world look like?

There are so many new things coming out. People could be healthy with whatever they are doing. All these new changes would be a good way to live.

TP: Improve people's health so they can live a better quality of life.

TP: What turns your heart to ice?

War, I guess.

TP: I couldn't agree more. We thought we had a generation that learned from the past and we could live without war, and yet it still seems to prevail. I agree.

TP: Opposite to that, what warms your heart?

People being good to one another.

TP: What does being good look like?

Being kind, helping in any way you can.

TP: Very important virtues. It makes me feel good when I see that we have holidays called kindness day. There is a group of men in their late 20's, early 30's, they are called 'Random Acts of Kindness.' They go together as a group, they go all through town and just stop and do nice things. They will give somebody roses for the sake of giving them roses. Or help someone walk. Or make someone laugh.

How often do they do this?

TP: Once a year, for about a week long. But their message is that we should be doing this all the time, every day.

TP: That brings us to a close for these questions. Is there anything else that you would like to say? Or any comments, any questions, things we haven't covered that you would like to talk about?

Not really. People have more understanding.

TP: Everyone is doing their best, yes. Good.

TP: Thank you very much for taking the time to chat.

Transcript #2

TP: What is OBE?

Order of the British Empire.

TP: Your husband was given the Order of the British Empire, that is quite a distinguished aware.

Yes. Not too many people get it.

TP: That is remarkable. Were you able to meet the Queen then?

I wasn't. He has been in with her at different things.

TP: You are saying that he has quite a few major accomplishments in his life time. You sound very proud.

Yes. He has written several books. He was in the position of getting them all put together and so on when he died. I don't know where they are now. My two sons know more about his work and papers and things.

TP: Later one when we do our story telling groups together, we would like to invite your family to come and join us.

I don't know.

TP: We can ask them. What were his books on that he wrote?

Engineering.

TP: What was his full name?

Alywn Theodore Deweaver Weiss. I don't know if the family name Deweaver is his mother's maiden name or not. His grandfather was a doctor (his mother's father). Dr. Deweaver.

TP: That is quite a distinguished name, in and of itself.

Yes. He was in the process of getting some books published but I don't know how far that went. My two sons would probably know more about where the books are.

TP: Lovely. I would like to learn more about that. Did they help finish editing or putting the books together for your husband?

I know they were looking after papers for him. I don't know what they did. One of the pictures of up there he is in Vietnam, I don't know if that is the Order of the British Empire or whether that was another award.

TP: I would love to come back another day and look at photographs with you and have you tell me about them.

Things are all over the place.

TP: Very impressive. Handsome couple you are. Very interesting life you have lived. I am fortunate you have shared that.

It was a very interesting and good person.

TP: Wonderful. I am happy for you. He was just as lucky. Just as fortunate.

He only passed away this past year.

TP: I'm sorry, that is hard. You must miss him?

Yes. Yes. It is not quite a year ago yes.

TP: That is sad, when you spend an entire lifetime together, you must miss him. Well his spirit is alive here, for sure.

He was a good person. And the kids are all good kids.

TP: That is one of the best accomplishments in life that a person can have. A happy life together and amazing children. It looks like you have grandchildren as well?

Yes. 6 of them I think. I have lost track. John and Shelley have 3. John is the youngest one. He is here. He helps look after me and my business. John and his wife Shelley. They have 3 boys.

Peter is the oldest and he has a boy and a girl.

And the girls aren't married. It is just the two boys that have the children. The girls have each adopted a couple of kids. So there is 4 more.

TP: Do you have a chance to see them as much as you like?

I suppose I could see them more. John and Shelley and their 3 boys are here in Victoria. Peter and his two are in Ontario. The girls move around. The kids are sometimes moving with them, and sometimes at boarding school. Neither are married.

TP: What kind of work do they do?

Education sort of. Janet is with the University in Kitchener Waterloo in Ontario. Something to do with the library. I forget what her position is right now. She is the oldest one in the family. Mary Jean is the second youngest. Where is she? She is moving around. She is in Jakarta right now. Something to do with the library. I don't know. School libraries, or what it is.

TP: It looks like you have set an example through you and your husband's travels for your children.

He is the scholar in the family. And the kids take after him I think.

TP: After you as well.

I do my best.

TP: You have done very well.

I have enjoyed my kids and grandkids. John's 3, Peter's 2, and the other 3 or 4 are adopted.

TP: I'm an adoptive mother myself. I adopted 2 children. They aren't children anymore, are young adults. Natasha is 30 now, and Nicholas is 26. They are both living in Vancouver, living their dreams. My son wants to be a musician. He works in a pizza restaurant and sings wherever, whenever he can. My daughter is a mountain girl. I love the ocean. She is more of a mountain girls. She likes to snowboarding and skiing and teaching and coaching. She had a rough year because there is no snow on the North Shore mountains. This is my first year as an 'empty nester' as they call it. The first year that they have moved out on their own. Just my husband and I. We keep waiting for the grandchildren, but neither of them seem to be interested in marriage or children at this point. They are young.

TP: Thank you for taking the time.

I don't know if it helped you at all.

End of transcript

Interview Transcript: CS #3 (Feb. 27, 2015)

TP: Kathleen it sounds like you have adjusted to a lot of physical changes. Too much light is not good for your eyes, too bright. Too much motion.

They turn on all the lights. It might be all right for them, but it is no good for me.

TP: And you also talked about your hearing, that high pitched voices don't work well for you. You need a lower town.

You and I are talking, I am talking to you, you have to remember that that is the voice I want to hear from you. I told everybody. Those people that are deaf, they don't want to hear that high pitched voice. They don't hear it. It is not just annoying.

TP: That is very helpful, for when you are speaking to someone, listen to the tone of voice that they themselves are using.

As long as they aren't yelling at you. Remember to calm down. Talk the way I am talking. Never mind somebody else's voice. You will find in the kitchen sitting over there, and they are talking low and they can hear each other. And these people over here don't need to hear them.

TP: To have private space where you can dine by yourself.

Further away. Don't talk so loud. I can hear the people from here to the end of the hall way. I hear when they mention my name lots of time, or at least I think it is. Too many people with the same name.

TP: That is confusing too.

There is a Kathleen here, and a Kathleen there.

TP: I used to work on a native reserve and they had a tradition where you had your given name, and then you had several nicknames, so one person could have 5 or 6 different names. When I first started teaching, they would have good fun with me, because they would tease men

and use a different name everyday just to confuse me. It was quite funny, until I figured out what they were doing. I had to write down their nicknames and attach them to what their given name was.

I want them to use Kathleen, but when they use Alice it is mostly the government. Alice Kathleen.

TP: Kathleen was your middle name, and Alice your first given name.

Yes, it followed on from some other place. You find that notes, things, Alice, I hardly ever answer to that. That is the government.

TP: A name is very important, it has meaning.

My dad used to call me Tas. Where does that come from?

TP: My given name is Gertrude and I don't like Gertrude to be honest, so I go by Trudy. Which is the last part of Gertrude. A nickname for Gertrude.

And you make it nicer for yourself. There are some Judy's in here too, one is 100 years old. There is another Kathy and Kathleen. I don't like imitations. At school it was Kat. And I didn't like that either. But I could tolerate it.

TP: I will call you Kathleen. Where did you go to school?

On Salt Spring.

TP: Your place of birth was Falklands.

The Falklands is where I was born. And then we came all the way to Salt Spring when I was 3 or 2. I had my first birthday, I was 1. There is 2 years between us. And I had 2 brothers. My brother Edward is in bad shape right now and he is on Salt Spring. My brother Harold was in the other senior place here.

TP: So you had a sister and 2 brothers?

I have another sister. Ruby. But she was born 1931. And she died before I came in here.

TP: That is difficult.

She and I used to get along very good. My sister Mary, the oldest of them, she died. Ruby died and Mary died.

TP: How old was Mary when she died?

I have to calculate.

TP: Me too. Dates and numbers don't stay long in my mind.

I can't think. I'd have to look it up somewhere, but I don't have my book close.

TP: So you moved to Salt Spring Island, what was life like there on Salt Spring Island? I have been there several times. I have several good friends that live there.

I lived on Salt Spring for years, went to school there. Isabella Point school until I was 8 or 9.

TP: Did you live in the town?

No, there are now towns, little villages. The store and post office and grocery, Patterson's.

TP: Patterson's Grocery on Salt Spring Island.

They were at Fulford.

TP: When you come off the ferry there is a lovely little village area, amazing bakery and grocery store right there.

We used to row across that harbor.

TP: What did you row?

A row boat. Fished on the water.

TP: What did you catch?

Of course. You can't live there without catching fish. My dad used to go out and catch salmon at this time of year.

TP: Did your dad fish for salmon privately on the line, or nets.

On line.

TP: A hobby fisherman.

He was just fishing for the family. Well, we all fished. Went down fishing when the salmon were coming in or going out. What else do you want to know. That is not much.

TP: That is a good start. What was life like for you growing up on Salt Spring? What was the most fun that you had? What did you do for fun?

Mainly we played games. And did work. Picked berries when the season was around. Wild berries, and made jam. My mom made bread. We had food at home. Of course everybody helped with everything. I became a cook in the army.

TP: Tell me more about that. So you are on Salt Spring and you grew up, from a young child growing up on Salt Spring.

24 I was when I joined the army.

TP: What drew you to the army? What interested you in joining the army?

Everybody was joining. There wasn't anywhere to make money of any kind. We had a little money that came out of working in the army. Everything was mixed up. We had picnics, we invited neighbours. Everybody brings food and everybody eats.

TP: That is the joys of the country. I enjoyed that too when I lived up Island at Yellow Point and lived in the country. You had large space around you, lots of land, pretty much self-sufficient. You could grow anything you need to eat, and any animals. There were other farmers around, so people could live very privately if they wanted, or when it was time to be social, we would have great get-togethers. Big, huge potlucks.

We visited with everybody.

TP: Was music part of your life? It was part of ours. We had friends who were musicians.

There was very little to do otherwise, as far as that part goes. But Dad had made a tennis court. We made a clay court and played tennis. Learned how to play it. Dad was a player and mom played English style. They were both born in England.

TP: How is the English style of tennis different?

You hit the ball with a racquet down there, not over there.

TP: Not overhand.

Mom used to live with her sisters, and a brother or two, and played tennis. She joined in. Mom and dad played tennis.

TP: Were both your parents from England and immigrated over?

Yes.

TP: What part of England were they from?

York. Yorkshire.

TP: I have been to England once, just to London, and Blackheath, a village outside. Many of my friends and colleagues are from that part of the world.

And we played badminton in the wintertime at Fulford Hall.

TP: Did you have teams?

No, every time you went you played with somebody else. You just played. The Hamilton's lived in our neighbourhood, and most of the family were deaf mutes. We learned how to talk to them.

TP: You learned sign language?

Yes.

TP: Can you still do some signing?

Oh yes, B, C, D, E. A, E, I, O U. F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.

TP: That is fantastic. I worked with special needs and I learned the American Sign language. What is interesting is that all your signs were on your hands directly, whereas American Sign Language your hand is up and out?

They did that themselves. We didn't learn it that fast. We weren't able to push our hands around, but some of the letters you do automatically. And I still do it. Way over there, they can see what you are doing.

TP: Phenomenal how you adapt. You lose your hearing and you adapt.

You lose your voice. Sign language is wonderful.

TP: Your face, expressions. We communicate a lot more with our bodies. Exactly. So you developed some good friendships it sounds like.

Yes, they were older than we were. The Hamilton's had been there long than us. The Davis', the Castles', Lumbly's, Pearce's were our next door neighbours down the hill. They came out from the Okanagan. I can't remember if they lived in England or not. Of course they were older people.

TP: It sounds like a very rich life for you on Salt Spring Island. Lots of outdoor time, good healthy food you grew yourself, going fishing, lots of sports activities.

Yes, we used to have concerts and stuff, Christmas stuff. And we did plays.

TP: Tell me more about that, what were some of the plays that you did? Or Concerts you had?

All the school children, there weren't very many. Isabella Point School up on the hill, half a mile away.

TP: How many students were in school would you say?

10, 15, 20. 20, I think was the most we had. They were the Lumbly's, the Roland's, Shepherd's, Harris'

TP: You pretty much stayed on Salt Spring Island until you joined the Forces?

Yes, I guess so. Then I bought a car. I learned how to drive. I bought a Chevrolet. Then an Oldsmobile was the last one that I had. And my granddaughter got it, and she drives it now.

TP: Tell me about how you learned to drive?

I took driving classes. Somebody showed me how to drive. My dad wasn't a driver. He drove the tractors and outboards. You had to have money enough and it was hard to get money in those days. It was during the Second World War. He was born during the First World War. I graduated Grade 8, 1936, age 18.

TP: What were some of the other jobs that you did after high school, before joining the army?

Babysitting and stuff like that. I didn't make a large amount of money. We did what we could. We did certain little jobs for my father and he would pay us a few cents. We learned how to keep it, and spend it.

TP: How to keep it and spend it.

There was ways of doing both. If you don't learn you don't get anywhere.

TP: How did you save? A certain amount each time you earned money?

I did little jobs like housekeeping, house cleaning. Used to do that. Do the windows and clean the floors or whatever else we had to do for our neighbours.

TP: Everyone took care of each other. When you joined the Army in the Second World War, where were you stationed?

Salt Spring for a while anyway. But we went to Victoria. Started in Victoria.

TP: You moved from Salt Spring to Victoria?

We didn't moved, just went. Day leave.

TP: You said you used to row the channel, did you boat over yourselves.

No, we had to learn how to swim first. Dad wouldn't let us go until we could swim 100 strokes. Then we were allowed to be in a boat by ourselves.

TP: Sounds like a very wise father you had.

I think he was good. He would go with us, and go fishing. I had lots of times when they went out. 'I can't be there all the time.' I was the second child in the family. Mary was the first. Then she took a course for being a mother, looking after children as a mother would.

TP: Like a nanny?

Yes. Sort of. Yes. She went to other places. When you got to high school you would go somewhere to do your high school stuff. I don't remember going away very much. I played tennis in the summer time, we had a tennis court. We had to roll clay down and flatten it, make sure that the weeds were dug out.

TP: This is how you built the tennis court with your dad? You dug up all the weeds first and then you rolled out the clay?

We had to make sure it was flat. It had to be. We got better and we rowed around across the harbor, and around, towards Beaver Broadway, we used to go part way around to Victoria, and then we would played tennis on Sundays with people there, and there was quite a few collected, and we played together. I found that I could play pretty good tennis. Some of the experts that were supposed to be experts, were great big tall fellas and they were the kind of people that thought they could do the best. They would whack that ball so hard, but it never got where it was supposed to go. I said, if you were a little careful and not so busy trying to be so tough, you would get the ball where it was supposed to go and you would be a better player. Me telling them that.

TP: Good for you.

That is what I felt.

TP: Did they learn from you? Did they try things differently?

No, they had a tennis court around the corner from us, I mean across the water, around the corner. We used to go there on Sunday. They had made the courts, and they used to play tennis there. My dad and my mom, they would go on Sunday. Of course you could play tennis every day of the week when we had it. We used to play on our own court. My brothers they learned too. Everybody was able to play.

And we had animals. Goats. We raised sheep too. Dad had sheep. We got the wool, we spun it.

TP: Did you wash it?

Oh yes, you had to wash it. And carded it (not pulled it). Batts. Did that too.

TP: Did you dye some of the wools?

Oh yes, put it in the boiler.

TP: What did you use to change the colours?

Dye.

TP: I used to get red unions and beets.

Oh yes. We bought packets of dye. But we dyed the wood with bark too. I can't think of anything, that is funny. Collected different kinds of bark, different kinds of plants. You know how you boil water cooking your potatoes and stuff, and some of the things would make the water a different colour. We would dump some wool in there, but you couldn't do it with something which had too much oil in it, you had to wash that out.

TP: That would be tricky. Oil is really difficult to get rid of.

Oil is good for the wool. You wouldn't put the wool in when it was full of oil, so you had to wash it first.

TP: How did you get the oil out? Did you put it into boiling water and would it separate?

Yes, that shrunk it. You shrink the oil out. You spin it, and wash it afterwards.

TP: You could teach me a lot about that. I could learn.

You need to have to have sheep. I can do that. My mom used to card wool so it was ready for spinning. You would pull strips off it, and spin it.

TP: There is nothing like a nice hand spun fabric.

Sweaters. Mom did the knitting.

TP: Did you knit too?

Oh yes.

TP: It is interesting, the younger generation now, knitting is very popular. Downtown has a great knitting shop called Beehive. You can get just about any kind of will you can think about. Beautiful. Both my mother and grandmother tried to teach me how to knit, but I didn't have the patience.

You didn't have the urge to do it. You weren't with somebody that was doing it too.

TP: Not enough.

Not young enough.

TP: Good point.

When there is nothing to do outside, and nothing to do in the house, unless you are doing something. That is how you learn. There is nothing else to watch. You watch your mom knitting and you want to do it too. My brother's used to do it too.

TP: You raise some very good points. That is how you learn because you are exposed to it. It is going on around you. You picked it up.

You stand around watching your mom knit so you want to try it. If they are talented in the knitting business, they will take it on. But if it isn't interesting enough for them to do anything about it, they won't and will do something else.

TP: When I think about it, I never actually saw my grandmother knit. One day she sat me down and said, "I will show you how to knit, it is time to learn." It came out of nowhere, it had no meaning for me.

Did you have any interest?

TP: No. No. I did it because I thought I was supposed to. And because I wasn't learning it quickly, you can imagine that if you are good at it, you are very fast. My grandmother and my mom were very skilled, very fast. And I couldn't. I couldn't see what they were doing. So of course, I would fail at it, and I would become quite impatient and frustrated. I think that was part of it too.

There are different ways to learn.

TP: Definitely. My mother did very fine European crocheting, the very very fine cotton.

We used to make knitting needles out of bamboo.

TP: How did you do that?

Used a knife, scrapped all the stuff off and made a pair of knitting needles. And make socks. You can't make socks without knowing how to do it. I have some socks all knitted, except for the heel. It is the wool that is already spun into different colours. When you knit it, it makes a batter. I can show you.

TP: I would like that.

And then I have got this problem. This has held me back. Being in here too long. I had forgotten how to do it, because not working at it. I had it memorized how to turn a heel.

TP: Maybe you can teach a group of us?

I don't want to teach anything. I'm too old to start teaching. I'll teach card games.

TP: What card games do you like to play?

I like Bridge, but that isn't a teaching card game. Zing, Ask, the names have gone from my mind. That is the only thing I have problems. I know what they do, who they are, but I can't remember what their name is.

TP: You can see the picture, see the image. You know everything about it, but the word won't come when you need it to come.

Yes. They come afterwards. I hit my head that is why. It bothers me sometimes. I broke my neck. That is for another time. I fell sometime.

TP: Did that happen when you fell and broke your arm?

No, not then. I tripped over that rise in the ground. Two people holding me up. I was getting tired that is all. That wasn't the reason I tripped, I was just walking along, and not looking down there.

TP: Were you hiking, do you recall, in the woods? Where were you hiking?

We were here in this place.

TP: Here in the Oak Bay Lodge. Maybe you took a walk up to the Gazebo?

No, I didn't fall there. I can go up there by myself. The fresh air, the view, and the animals that you can find.

TP: You have lived a very interesting life and have done a lot of interesting things in your time.

I was quite a runner at school.

TP: Long distance or short.

Oh gosh, so many yards. 100 yards. Sports. Games and things like that. We played those sorts of things.

TP: What kinds of games?

Playing sports, 3 legged race. You tie two legs together, make a third out of the two, and you race down the track. You have to learn how to race with the other person. Blind men race.

TP: How did the blind man race work?

It isn't a race. A game.

TP: Blind man's bluff.

You can't see where you are going. You have to run straight ahead. You have to run like a blind man. We would just be playing a game in a room. Blind man's bluff

TP: You have mentioned your children, how did you meet your husband?

That is another story. I was out on the Enterprise. I was in the army.

TP: You met him in the army. You were a cook in the army.

Yes. Cooking for the officers, you felt quite honored doing that. Those are the war years, 1945. That was the end of it. 1939, it seems miles away.

TP: Those must have been difficult times?

It wasn't a wonderful time, there was a lot of work. Had to get up at 5:00 am to make breakfast while people were going out for walking, learning to parade, march.

TP: Did you meet your husband there? What was he doing? How did you meet him?

We weren't married very long. Go past that subject.

TP: Okay. I think we have got a really good start here, a good sense of some of your memories, I have some silly little questions for you. You can answer or not answer. You can just talk. A couple of questions about growing up, what did you aspire to do or become in your life.

I wanted to be a nurse. Yes. But it wasn't necessary. I used to do some of that sort of stuff. I had nurses training.

TP: Where did you do your nurses' training.

I can't tell you a thing about it.

TP: Clearly it didn't work out for you to be a nurse?

I was in the army nursing.

TP: You mentioned being a cook and you were also a nurse in the army?

I don't know how many more different things I could do. I could do pretty near anything.

TP: It sounds like you have quite a wide range of talents and skill sets. You went and did what was needed to be done?

Yes. Yes.

TP: What would you like to say to the world? If the world was listening to you, what would Kathleen want to say to the world?

I had a pretty good life. I don't know. There are more things that I would like to do, but I don't know what they are.

TP: What would you like to say to the younger generation? The next generation coming up?

It is hard to say. They have to have a different kind of talent. It depends on how they are growing up and where they are growing up? Who did their teaching and who was their parents, and so forth. There is an awful lot of goings on behind the scenes that I can't tell you about. It is just there.

TP: Very true. So many things come into play that affect a person as they grow up. What would you like to say to your family?

I wish they were here. Yes.

TP: Exactly. They are not all here, or they are not able to come?

Hardly any of them are here now. I'm the one that they look forward to finding anything about anything they want to know, they ask me. It isn't always very easy.

TP: What would you say the most important thing in life is?

Know what you are going to do, how you are going to do it, and keep your mind on the subject that you want to do. You have to have a lot of other things attached to that. I don't have too much of brains to tell you about that now.

TP: If you could give a gift to the world, what would that gift be?

I don't know what to say. Be truthful, most everything needs the facts properly remembered. Keeping it right.

TP: Be truthful, back up things with facts, keeping it right. Have some integrity.

Religious people should know the Lord's prayer and use it more often, every day, every hour, every time you are having a problem, hang on to it, try and remember it. And do it. You find all of a sudden it happens, what you were praying about.

TP: To have faith. Keep your faith.

Yes. Church is very important. I don't know. That is another place that I haven't told you much about.

TP: Tell me more about your church? Tell me about that?

St. Mary's Church.

TP: Were you quite involved in the church, you and your family?

Oh yes. My mom used to play the organ, and dad used to go to church on special Sunday's. He didn't go every week. He would sing.

TP: Solo, or in a choir?

Whatever you wanted to be. There would be good singers and other ones. You didn't have to be in a choir to be at church. We used to sing. Mom was a good singer. And dad used to sing.

TP: What were some of the hymns that you would sing?

Oh my goodness. Christmas hymns. I could find them in the book, but I can't think of them now.

TP: I remember as a child growing up, one church song, 'The Church in the Wildwood.' Do you know that one?

Yes. I can't tell you. If you were singing to the music you would remember.

TP: I understand how special it is to be part of the church community. For singing, I am in Daniel Lapp's Joy of Life Choir. It is always surprising. He has a very accepting choir. You don't need to audition or be an opera singer, you just learn. He has a great way of teaching.

At school we did a lot of singing. At Christmas time we did Christmas concerts. You learn then lots of words of different hymns and things. Maybe you don't use them much, but they will come to you when you need it.

TP: For you growing up, your generation, that singing was more prevalent than now, than in our younger generation? Were you exposed to singing and music more often?

I suppose. I think it has faded out now. There is a lot hymns and things that. You would join a choir, and join this and that, when you are going to school. Different children grouped together. It takes 7 years to grow up and in those 7 years you learn a few things. Singing. Do things in school, you learn to be a good politician, or you learn to be a good mathematician, or historian, or something like that. It all attracts certain parts of the world. You get better at each or you don't get anything. It depends on who you are with. And whether your brain works well or doesn't.

TP: That is very true. It is also about being fortunate enough to know yourself and know your strengths and play to your strengths. To really focus and highly develop what you are naturally interested in. As you said early, if you are interested you are going to learn.

If you aren't with anybody that goes that route, then you won't be there.

TP: That is very true. Some of our young people are lost, not all, because they don't have that. They don't have that sense of belonging to a group, or knowing how to make the right kinds of friends, healthy friendships, that support you and keep you on track. Not friends that lead you in other directions.

Depends on your home life. Surprising some parents aren't very good teachers. And their children are backward. The more things they do, the better they get. And if the children are acquainted with other people's children, then they go that way.

TP: The importance of being a good parent is to teach your children and guide them along the way.

You have to be acquainted with that message. If you haven't been in a good area when you were young, you don't learn the same way. It all depends on your community.

TP: So much can get in the way. Exactly. Exactly. All the different factors, how wealthy you are, how active you are, how much exposure you have to knowledge or experiences. Connections.

You can't live doing nothing. That is no way of living.

TP: If the universe would give you a wish, what would your wish be?

I wish you wouldn't do that.

TP: Okay. When you hear the word old, what do you think?

Depending on what it is. Apple trees, too old to grow, you have to cut them down.

TP: When you hear the word young, what do you think?

Kids, babies, children, young ladies. Just out of school. They have to have a good grounding in what growing up is.

TP: What makes a good grounding? What are the key ingredients?

Good parents to start with. Follow on and help you out. You don't realize how much importance they are. Don't bring children up with a bad stick.

TP: I agree with you 100%. I think you get a lot further with a positive approach, a loving approach. Guide them to be who they can be. Nurture who they are inside. And to bring that out.

Yes.

TP: If you were Premier of Canada, what would you do?

I don't want to go there. I don't want to start that stuff. They don't pay attention to anything. Some of them don't know what they are doing. They have to be brainy enough to be in that method of living. I don't know how (indecipherable) a politician any more than a rat catcher. You have to have to know how to do it.

TP: What turns your heart to ice? What makes you feel cold?

So many turning their head the wrong way.

TP: When somebody is overlooking what is going on? Not paying attention? Not dealing with this?

I don't know how say it. I don't really know what you are thinking. You can associate with some people easily and other times you can't.

TP: What warms your heart?

A good person. But not so good that they can't see anything.

TP: In other words, no one is perfect.

No, but they can be more perfect. Not too social that their nose is in the air all the time. That is what I mean. They bend down and you rise up.

TP: Being at the same level. Exactly. That is a lovely phrase, 'they bend down so that you can rise up.' Excellent.

You rise up, because they are not so far away as they can't see you. And they might help you out. I don't know really how to answer.

TP: You have answered very very well. There isn't a right or wrong. It is not about that. It is just sharing your thoughts. You said some very important things.

You are looking for what I'm doing. And that is all that I can do. I had no idea that I was going to get involved in this sort of thing. Sometimes I wish that I had somebody doing the same thing and we could go another way. Get comfortable with some people, and some people you can't get near them, and some you don't want to get near them.

TP: You wish that you had more of the people that you are comfortable with?

Yes. I like that to happen to me. I seem to be all by myself most of the time. Anyway, I think it is about time I had lunch or something.

TP: I really appreciate you taking the time to visit and I will come back more and we will visit more and chat more.

Some time, not necessarily tomorrow. If I find something that I want to keep in my mind, it is a hard job to do. Maybe I will think, 'I should have said that, or said that.'

TP: It is like going to a job interview. I can remember going to a job interview and you come out thinking, 'why didn't I say that?' Or, 'this is what I really meant, and it didn't come out that way.' All very natural. It is not a right or wrong, but a chance to get to know each other. And to say thank you.

If they don't like me that is their problem. I have made some friends and I can hardly get along without them.

TP: That is a true definition of a friend. You just invented a beautiful definition. That is what a friend means, 'you can barely get along without them.'

I was on a train travelling. A little girl, she was probably 10 or 11, she wanted me to be her mother. On a train when you are not talking very much to anybody, all of a sudden someone comes along and says, 'I wish you were my mother.' Well, that is a big order.

TP: How did that make you feel? Did you know the girl? Had you seen her several times?

No. Just coming and asked me to be her mother. How the heck did they get that idea? Where did they get the idea that I would be a good mother.

TP: She felt something good to ask you that. Children can sense.

They seem to find that I can teach them something.

TP: I can see that in you. Even in my first visit here, that is how I feel, that I have learned a great deal from you already.

That is good. I was worth it?

TP: You are worth it definitely.

You found out. You wanted this interview. You learned something.

TP: Absolutely.

I'm glad for that.

TP: I think we have had a great afternoon and we should stop now and reconnect again in the future.

I have met so many people. Trudy is a name I should know.

TP: Somebody you grew up with in Salt Spring.

Don't ask me. It will come up all of a sudden. I don't know. My mind is very faded to what it should be.

TP: But you are aware of that. How is that for you?

I am getting ready to talk to somebody, and all of a sudden it is gone. Absolutely empty. I don't like that sort of feeling.

This is marvelous to have an interview. When are we going to do some more?

TP: We will do some more.

I don't want to do it now?

TP: Not at all. I will come each afternoon and I will talk to different people and then we will do some more story telling groups together. It will be between now and April.

While I have been here, and have been mixing with several people, I'm sure they learn something. How to talk to somebody that is deaf. What would you say that you learned?

TP: From you, is to listen to your tone, to your voice, and to speak to you in the same way. To change my voice. Same language, but the same tone. Connect to you on your level and not come in with a loud shrieking voice.

We could have said something that they could have heard. Not having to listen in a way that whispering goes. Even whispering, you can hear if you say it right.

TP: It is about more than the words. It is about what they mean and to connect in an authentic, caring way with another person, with another human being. You can feel that. And you can see it in the face and in the eyes, in the expressions that we use.

You can see that they were saying it right. I'm glad you figured it out.

TP: Very well done. That is a very very important message, or lesson, to pass along, because it is actually very difficult to do in our day and age. People are so busy racing along, doing several things, all at the same time. TV, computers, reading and writing. Where do we taken the time to just sit down like we have been able to do this afternoon and just share stories, memories, experiences, that is what matters. My reason for doing this is that I hope this reminds you of how important you are. In your older stage of life.

Feeling important isn't always necessarily the part that you want.

TP: No? What part do you want?

Feeling important to a certain person, how is that going to do you. It grows on you or does it go any further?

TP: Maybe what I mean is that you can feel good about yourself, for you. That you can think back over your life and remember how valuable the things are that you have done.

Like writing a book. I started writing a book. I don't know where it has gotten to anymore. It is quite a story. It was quite a while ago now. Anyway I can't tell you anything about it, I'd like to read it.

TP: Do you have it?

I don't have it. Somebody else took it.

TP: One of your family members has kept it for you?

I don't know about family. Nothing about family I don't think. That is why I haven't got it because somebody else was doing it.

TP: Well we can try to track it down if that is important to you?

It is alright. You will find out if you think it is worth it after a while. And if you are using any part of it, and you tell somebody, that so and so says that, maybe that will do something for you? Maybe it won't.

TP: It already has. Thank you very much.

Thank you.

End of transcript

Interview Transcript: CS #4 (March 2, 2015)

TP: I have some general questions. We are looking at how you feel about your health and wellbeing. And then we go into an interview of your life history. What date were you born?

April 6, 1935. I was born in Edmonton, Alberta. I grew up most of the time in Winnipeg, which is my spiritual home. Winnipeg was a great place to grow up. It was a fantastic place.

TP: How far did you go in your education?

I was smart in school, but I was lazy. I completed grade 12, and I went to university for engineering, and then I picked up some good traits that served me well later in life. I was not a scholarly type.

TP: I understand. I don't see myself as a scholarly type either. And I enjoying it.

TP: In general would you say your health is excellent, very good, good, fair?

Excellent.

TP: How would you say your emotional health is? How do you feel about life?

Excellent.

TP: Great positive attitude. In general would you describe yourself as currently being socially active?

Not in this place, you can't be. I want to get out of this place. I think I should be out now. I don't know how long I am being held here, but I'm not getting anything out of it. I want to go. I don't like to have to be with someone all the time. I can't go out by myself for a walk. Recently I meant to sneak a few.

TP: That is the reason behind me doing the PhD. I really feel that we need to make some changes in our care, for later stages in life. What you have to say about all of that is really important. It can help the decision makers out there make some changes. I completely agree with you. I think it would be unfair and difficult at this stage in life, after all you have accomplished to be confined like this. I understand completely. And I think there is a lot that we can do differently about that. How would you describe your quality of life?

I realize that when I was here with my doctor, I owe him a lot and I'm quite fond of him. He says that 'you are our little miracle.' But I don't want to be a trophy. I just want to carry on my life now. I feel like I'm being warehoused now. There is nothing wrong with this place, it is just that I'm tired of watching people fall asleep in their soup and things like that. Time goes by very slowly. I go walking. I walk 2 miles down these corridors. I go up and down these corridors 5 times, that is a mile, and I try and do that 2 times a day. In the morning and late afternoon. I have a few people that help me out. I get attached to people because I was an only child. People and friends are always paramount to me. My friends know that about me and they know that Don is good for anything. If you are his friend, he will go the extra mile for you any time. I feel that I work on your relationships. I have no brothers and sisters and I understand how important that is. That is why I have a stronger bond with a lot of people, because I adopt them. The ones I like I adopt.

TP: People are very fortunate. 'My age prevents me from doing the things that I would like to do?' Never, often, or somewhere in between?

I don't consider being handicapped by age. I'm turning 80 on my next birthday which is not far away, January 6th.

TP: I agree. It is in our medical literature and theory as well, it is not age itself that is the issue it is our health and how that affects us. Physical health changes if you have had an injury, or something like that. Age is not the factor. You have a great attitude.

TP: 'I feel that what happens to me is out of my control?' Never, often, or in between.

I would have always said never before, but now I can't say that because I'm in this place. This is a bit of a handicap right now. My daughters wanted me to be with them I think.

(emotional)

TP: This is another reason I'm doing this to give you a chance to say what you think and feel to help make changes down the road. This needs to be acknowledged and addressed. It is not an easy transition.

You see if I had to do that over again, knowing what I know now, I would have gone with them.

TP: Did you choose to come here?

No. But I chose not to go and live with my one daughter. The two of them were together on it. They had all of my stuff from the old house and everything and I said, 'I can't do that. You are just nice, newly married, and I don't want to be a handicap to you. It is too important.' My one daughter has 1 little girl already and is going to have another one in a couple of weeks, so that is where I was going to be. I feel like saying, 'you wouldn't have had the room.'

TP: I'm sure they would have found a way?

They would have, but I didn't think it was the way to start.

TP: It shows your character and the love you have for your daughter's and understanding. Maybe that can change? Right?

I'm okay being alone. But as it turned out I did one thing that didn't work too well. That is my little whine and I don't want to talk about that.

(you made a comment that this wasn't to be tape recorded, but it was. I can delete this if you want).

I have to be out of here. I'm going to be 80, so I am smart enough to know that I'm not living 200 here. It isn't like I have all kinds of time. Good times are disappearing each and every day. I am going to stay here in this city. I have lived all over the place. All over Canada, happily, with the CBC. I was a personnel officer in Edmonton for a few years. I was in Sports an awful lot of my time. I have done lots of things. Working at the CBC has been very good to me.

TP: I look forward to hearing more about them. 'I feel free to plan for the future.' Never, or often?

I am planning for the future. It is in between. I'm handicapped. I can do things. When my sweetie pie, she can sign and be with me, and we can go to Afghanistan if we wanted too, but it is not the way I want to do it. I have always been a private guy in some ways, and that has been badly tarnished because of this thing. I understand that for a time being there was a need for me to be here initially when recovering. My doctor said, 'you have the strongest will to live in anybody I have seen.'

TP: 'Do you feel left out of things?' Never, often, sometimes?

I get left out of things, but it is not a personal thing.

TP: 'I can do the things I want to do?' Never, often, in between?

Sometimes I get to do the things that I want to do. There is too many other people making decisions.

TP: 'Family responsibilities prevent me from doing what I want to do?'

No.

TP: 'I feel that I can please myself in what I can do?' In other words, do you feel good about what you are able to do?

Some of the time I do, I guess. I get a chance to sing. As it turns out there is a woman who comes in here and sings for the group. I have a little quirk in life. I have a huge capacity for songs. I have almost unbeknownst, all kinds of songs in my head. I know the lyrics. I have a guy that comes and takes me every day for a walk. He used to come and bring books with songs and he would say, 'do you know this song?' "Yes." And so we would sing it. I knew all the lyrics. I don't know how I do it, but it is just in my head. When I was still in Winnipeg, somebody would phone me and say, "Don, what is this song?" So I would get them to hum it for me, and then I would tell them the lyrics.

TP: Do you have favourite tunes?

Not particularly. I enjoy lots of music. I have had a couple of performers, one in particular say, he was just entertaining us, and he wanted us to sing. So I was sitting there, singing, but I didn't have a sheet or anything. At the end of the night he came to me and said, 'You sang every one of those songs. How did you do that?' I don't honestly know how I do that. I don't practice them, but they are there, in my head.

TP: Daniel Lapp, a local musician in Victoria, I always admire him. I have no musical training or background, but I love music and the fiddle. He has a group called the “Joy Life Choir” so I joined that. I went to him and said, “Do I have to be able to sing to join?” He said, “come here and sing me a few bars from your favourite song.” So I sang. He said, “you are in and you are a soprano.” There are days when I am so tired and the last thing that I want to do is go somewhere, but I go and then I’m energized by the end of it.

This fellow that I’m talking about that comes in every Wednesday. My girls said to me one day, when they were little ones, they said, “daddy, we want to sing something?” So I went and went around town and found a guy who was teaching people how to sing. So I got connected to him. When he came to see me when I was just starting to get better, “Doug how nice of you to come and see me.” I loved that. He said, “I didn’t just come to see you, you and your little girls just perked everything up for me.” Now I’m going to be here for you. Anyway he comes almost every Wednesday.

TP: John

INTERVIEW STARTS.

TP: You have already told me a little bit about yourself. You are 80 years old. Tell me about yourself? The aspects that you are comfortable in sharing. What are some of the key highlights in your life?

My children are my highlights. I have 2 girls and a boy.

TP: Tell me more about them.

The girls were born a few seconds apart. My son is a few years older and he is from another marriage. Working in television in the CBC, you pay a price. I had two marriages, and as one of my former wives said, “John, you don’t need a wife you are married to the CBC.” Unfortunately I had to agree with that, it was true. I spent a lot of years in television. I was hired to go to Toronto and do a show called Kalidasport, which went on for many years. I joined the CBC to see the world. I literally got to do that. I have been to 10 or 12 Olympics.

TP: Tell me more about that. You worked for CBC, in what capacity?

A producer, and that show lasted several years.

TP: Tell me about the show, how did that work?

For me it had to be more Canadian content did things like sports that didn't get covered by a lot of the mainstream. Like Women's volleyball. The big highlights were doing games. That is how I got here to live. I was given the contract for the Commonwealth Games were here. That was my project. That was a 3 year project and that is all I did for those 3 years. It was a wonderful thing to do.

TP: People from all over the world.

From the Commonwealth, the BBC, etc. I covered it.

TP: As a producer, describe to me your role, and how does that work?

You are the host. I happen to have covered 10 or 12 Olympics as just a part of the thing. Everything you can think of. I had to decide how many cameras we would have, how many people we were going to have, how many does it take to do this. I learned well, because I got a chance to do it. Getting ready for the Commonwealth Games was a 3 year project.

TP: What stands out for you from your experience with the Commonwealth Games?

It is watching Canadians. You get a feeling of Canadiana, it really means something to me to be Canadian. Singing O Canada. The one thing will always remember, it wasn't with the Commonwealth Games, but it was Nancy Greene was still skiing.

(emotional).

Nancy Greene was being recognized for her gold medals. We were doing a hockey game and Nancy Greene was going to get a medal there. After the hockey game ended, Nancy came down to get this medal, and the whole team was sitting with their uniforms on in the dressing room and they all filed out. And then they played the Canadian National Anthem.

TP: It is great to see such emotion, often as Canadians we are accused of being apathetic, not very involved, that we don't really take pride in our national heritage, and clearly you do. What a profoundly, important moment that would have been, and to have taken part of that. To organize this and to see fellow Canadians respect each other to that degree. And probably as a woman too, this would have been a very historic point in time, to make it as far as she did, and achieve what she did.

She was a good one. One Olympics, she and I were out shoveling extra snow. We got to be good pals. She and I were busy shoveling away. The Executive Producer and the Star shoveling snow.

TP: I can see how meaningful this is. You said that you were a good friend with people, connect with them and get to know them on a meaningful way. It was more than a job to you?

For sure it was more than a job. That is what makes me a Canadian.

TP: How would you describe that?

Reinforces me in being a Canadian is maybe a better way. Even now, I can't not stand for O' Canada when it comes on the TV.

TP: You could be an ambassador for Canada?

Yes, I could.

TP: Imagine you were being asked to give a speech or so as an ambassador of what it means to be Canadian, what does it mean to be Canadian to you?

I'd have to think about that. It means everything. As I tell my kids, 'you won the lottery of life' to be born a Canadian. There isn't a more exciting thing that will ever happen to you in your life, when you turned into being a Canadian.

TP: I support that completely. There are certain qualities that are hard to articulate what that means, but what I'm getting from you is a real sense of compassion and caring for human beings. Respect for life. The freedom. When you look at the state of the world, this is almost an utopia.

Yes, I suppose. Yes. We have to watch who hire as our leaders though.

TP: What are your views there?

First of all, the kindest thing I can say is 'nothing.' Our Prime Minister (not premier) has ruined the CBC. He doesn't understand the big picture. For that I would like to kick his ass.

TP: It is like taking away the voice of a nation.

He doesn't understand it. He doesn't know what he should be doing. Obviously I come from a bit of a prejudice, having been a CBC guy for many, many years. The reason that I see that so

clearly is how other broadcasters and other countries look at us and say, 'you have got everything, you lucky guys in Canada.' And I say, 'yes, we did. We did.' And we still do really, relatively speaking, but it is just getting their ass kicked right now, unfortunately.

TP: What would you say the CBC stands for? How would you describe it, in your view?

A reflection of a life that works and respects and certainly has every possible facility that could be selected. I remember that when we took the BBC to Butchart Gardens, and the head guy there said, "Don's this Butchart Gardens is wonderful, it is so beautiful. I hate to say it, but we haven't got anything like this in England that comes close to this. And it is sad that I have to say that."

TP: And England has some pretty amazing gardens.

Exactly.

TP: And what it stands for. The CBC, you are building a nation, from a family at one point in time that just had a pod of soil, barren land and a big hole here, to develop it, and work it, and pass it from family to family. My father was a horticulturalist in Edmonton. We had a greenhouse and so forth. So when I moved here, that was the first time he visited the coast and we went to the Butchart Gardens, and he was absolutely amazed. Do you remember what year that was that the CBC crew went?

That is one thing I do have a tough time, filing things in the right years.

TP: Same for me, and names.

I got hit on the right hand side of my head by a stone when I went down that hole. My memory is not all that good.

TP: You were saying earlier that you fell down a hole?

Yes. It was 25 or 30 feet.

TP: And that you are called the miracle?

My doctor says, 'you are our little miracle.'

TP: Apparently you were pronounced dead, and you had a cough just as they were about to take you away?

Just as they were about to put me in the bag. I guess they rolled me over, but obviously it started something up again. When they found me, the guys said, 'your mouth was open, it was raining, and I could have drowned if it had rained all night.

TP: How did this happen?

I was walking the dog, not all that far from here. I used to own a house and I used to take my dog out for a walk.

TP: What kind of dog do you have?

Barney Airedale. He is an Airedale. I had two Airedales. I let the girls name the first one, and they named him Brownie.

We were walking Barney, the second dog, and walking through a bit of woods and someone had dug a huge, mammoth hole, just off the trail, and there was no barriers, no indication there was anything. I saw my dog, it seemed like he was going down. I thought he had broken his arm or something and I went running over. I could see that he was starting to slip down. I tried to grab him, but the two of us then started to plummet down this thing. I was busy keeping him above me, because I weigh 30 pounds more and I wanted to make sure I was below him. If I hit him, I could have killed him easily.

TP: That is your good heart, looking out for him.

I did what I had to do to keep him safe, and the only thing that went wrong was that there was a big stone that hit my right hand side of my head. The dog started to bark. He was okay. I broke 4 bones in my collar bones. He started to bark. He would bark once, and wait. And then bark again and wait. My neighbor who lives a few doors down, he said, 'we could hear Brownie barking, but he did this one bark, so she didn't think much of it.' When they woke up the next morning, I was there all night, they came over to see where Brownie was. Brownie was still doing this single bark. So they thought something must be wrong so they went looking, and found me inside, lying there. So they got the ambulance there.

TP: So that must have been quite the recovery process for you too.

This happened a couple of years ago, 2 years ago at least. I was in the other place, the one down the road from here. I don't remember names anymore. They kept me there for 2 or 3 years, and then I moved up to this place. I have been here for just over a year now. Now I need out. I walk

2 miles a day at least by walking up and down the corridors. 5 times is 1 mile. I do it in the morning and afternoon.

TP: You said earlier that the experience of your fall that it changed your views on life.

Yes, to be sort of told how lucky you are to be alive, makes you think. You think how easily how life can be snapped away from you. I'm haunted recently just by that girl who was walking down the road and got hit and died the next day.

TP: I understand. I was 9 years old and making hot chocolate on the stop. I put milk in the pot, turned on the stove, and the cocoa was in the cupboard above, so I got a chair. I still couldn't reach it, so I knelt on the stove to get the hot chocolate out. And guess what, my dress went up in flames. I understand. I learned at a very young age, how blessed we are to have life and it is meant to be used well.

TP: Who has influenced you in your lifetime?

My mother and father. My dad worked for the National Grain Company. We lived in Edmonton, Winnipeg (this is my spiritual home). That is was the luckiest life thing I got, was in Winnipeg. I loved Winnipeg. They dragged me kicking and screaming to go to Edmonton.

TP: Your parents were a great influence. They lived in Edmonton, and then went to Winnipeg?

They lived in Edmonton, my dad had dealings with all the granaries along the railroad lines. Winnipeg was part of that life, Regina was part of it.

TP: Did you travel a lot with your family, they moved around?

Yes.

TP: What is it about Winnipeg that stood out for you?

There was a guy on CBC who had an idea of Winnipeg.

TP: There is a play written about it, called My Winnipeg. I haven't read it, but it is interesting that this has a very special draw for people.

Winnipeg is special.

TP: I have only been once, in the middle of winter, to present at a conference. What impressed me were all these tunnels to walk everywhere. And I didn't understand why. Tremendous art work everywhere. And then I realized it was because of the harsh winters, so that you could walk downtown and reasonably warm.

They had big kitchens. I found that we always seem to congregate in the kitchen.

TP: The kitchen is the heart and soul of the family in the home.

Exactly. I buried my first wife, who was a ballerina with the Royal Winnipeg Ballet. She and I had a son. Her name was Gina. She was great. I messed up that, but that is life.

TP: I suspect too, the similar dynamic. So you had son?

Yes. He ended up meeting the girls. The girls and he are a perfect match. It is like they are all part of the same family.

TP: Well they are, half. You have obviously passed on the best of your traits to all three of them.

That was a blessing for me, to see those 3 get together and care about each other.

TP: When did they first meet? Did it happen naturally? Or did you plan?

It is hard to remember that now. He came. I used to fly him out from Edmonton where he is living. When they first met, I was in tears most of the time. I was having a great cry. 'Thank you God.'

TP: I think you can give yourself a lot of credit for that.

They all are together anyway. They are a family.

TP: Tell me more about your son. What does he do?

He has done a few things. He is a smart kid. He is like the girls. He serviced small motors for a few years. Now he is looking after people's finances and things like that. He is not married. But he likes girls.

TP: It is kind of the trend now. You told me a little bit about your growing up.

Yes, basically in Winnipeg. I went into the School of Engineering at the University of Manitoba. I wasted my time there. I kept on, but yet I started working for the City of Winnipeg Engineering Department for a while, which was a tough job. I was adopted by a Ukrainian gang of workers. I worked hard.

TP: They pushed you to your limit?

Oh yes. He pushed me to go to university, but I said, 'no, no, I am going to stay doing what I'm doing.'

TP: He saw your intelligence and potential.

He always wore a bib, and walked around with his own washroom (edited out the story).

TP: How did you end up transitioning into the CBC? Or what drew you to the CBC?

I guess I got a job in Winnipeg. CBC used to do a ton of shows to the network from Winnipeg, 7 or 8 a week. Bigger than Toronto and Montreal. I got on there as a studio director.

TP: Had you studied any of this at university?

No. No. I learned on the job. The guy that got me the job lived on my street in Winnipeg. He said, 'I thought I saw you riding in the back of a dump truck.' And I said, 'it was me doing work.' Because of my engineering at University, I could read stakes and everything. I liked hard work and I enjoyed the work outside, it was good for my muscles and the fresh air outside in the summer time. I did this for several years, and had a hard time quitting this job. I thought to myself that I couldn't take myself further. So my neighbor asked me if wanted to work for the CBC. I said, 'what would I do?' He said, 'you said that you have been in a few little plays, I just think you might have an interest in that kind of stuff.' So that is when I became a studio director. He is the guy who wears the headset and the producer and director is telling instructions.

TP: Similar to a stage manager at the theatre?

Exactly, very much like that. And I had done a few things on stage.

TP: What were some of the plays?

When I was in high school, I was the lead in ‘My Wife’s Family.’ I had very minimal experience in that. That kind of got me going a little bit. I just had a chance to go and I did it. Then I stayed with that for a while and that kept me in that business, to live television.

TP: You had that interest in performance but, then you had that great opportunity to learn on the job from others around you.

I didn’t have any idea to be a performer or singer. I filled in a few times because I had that kind of ability.

TP: You mentioned that you love music and singing and have a real aptitude for it, and can remember lyrics and tunes for any kind of music. You have a friend that comes every Wednesday, and brings the songbook.

He did. He doesn’t do that anymore. He and I have become good friends. He knows how important it is for me to get out. He has turned into being a real friend. I quite enjoy my time with him. He is a great guy. A great big guy. He was Santa Claus this year on the parade, the big one on television. I watched him on TV. I said, “Doug, you have to remember one thing about being Santa Claus, Santa Claus loves television. You have to have that wave.” We talked about that and had a good laugh. I used to be Santa Claus too, but I never did it on television, but I did it in the CBC. We had this one little girl, just as bright as a shiny dollar. I was Santa Claus in the CBC. Before that, myself and two of my friends wanted to do something for our kids. We decided that we would pool together and buy a Santa Claus suit and do the Santa Claus thing. So I was Santa Claus first and then neither of them wanted to take their turn. “No, you have got to do it.” “Okay, if I have to do it, I have to own the suit.” We each did a third. They gave me the suit, and ended up with the suit, and consequently when I got in with the CBC, they needed one, so I said I can’ be Santa Claus. I have my own Santa Claus suit. I told her that I linked Ginger Beer and that I couldn’t come down the chimney. Later at the school, I saw her father pulled me aside and said, “Ginger Beer, and we had to leave the front door open, and we froze to death. If I had you there, I would have punched out your lights.” We had a good laugh over it.

TP: She obviously went home and informed her parents about the way it had to be.

And probably made a fuss about it.

TP: And wasn’t going to go to bed until it was just that way. (laughter). You are quite the actor, I can see those characters coming out in you there.

TP: It is 11:45, and I think this is a good place to stop for now. I do have some more fun questions, and would love to visit more with you, if that is alright. Maybe we will take a break now.

This may be the end of today.

TP: This afternoon I'm going to Oak Bay to observe a student teaching and will be back tomorrow afternoon. I will check in with you. I have really enjoyed meeting you and our conversation. I appreciate it. Thank you.

You are easy to talk too.

TP: That is what is important.

Part 2:

TP: You have had a pretty amazing life.

I had a good one. I had a really good life.

TP: Next are some general questions. As you were growing up, what did you aspire to become? We know what you ended up doing and life evolves that way, did you go, "when I grow up I want to become."

No. No. I didn't do that. I guess the only thing that I was ever driven for, was the fact that I was an only child. I always told people, "I have no brothers or sisters." And I thought I'm alone like that. I had a British lady who worked with me for a long time, she said to me after her mother and father died, who were a lot older than my parents, I wasn't with her, but connected to her, when both her mother and father died. When her mother died, she said, "Don, I'm an orphan." I always remember that. We were soul mates. And I always thought, "I'm going to be an orphan too, sometime along the way. I won't have anybody to talk to about mom and dad. That was a tragedy for me.

TP: You mentioned earlier that because you were an only child it really spurred you on, motivated you to be a very good friend. You sought out people and developed very strong connections and really important meaningful relationships and friendships?

For sure.

TP: And that has carried you through your lifetime?

Absolutely. Absolutely. I have people that still phone me occasionally from years gone by.

TP: I can see that, you would have been a lot of fun.

I thought I was a lot of fun, tried to be anyway, that is true.

TP: What would you say was the most fun you had (keeping it clean of course). Any mischief that you got into along the way.

I did. I have pushed the envelope a bit.

TP: We need to do that. If we limit ourselves, we can miss out on all kinds of opportunities.

I used to have a real good friend who was a real good cinematographer, but he was quite afraid to fly in helicopters. He said, "Don, we have had too many of these helicopter rides, I'm terrified when I go up there. I don't think I'm doing a good job." I said, "You are doing a good job, but I will tell you what, I can do the helicopter thing, and there are a couple of things that I would like to change on the helicopter." He said, "What is that?" I said, "I just want to be on the helicopter and have us just be there. I don't want to see the struts of the helicopter or anything like that. Let me do it the way I want to do it and see what happens." I said, "can we fly this thing with the door off the helicopter? I want to sit on the edge of the thing with my feet on the struts and that way I get a clear view." He says, "what about the CBC?" I said, "The CBC doesn't have to know anything about it. And when it is done it is done." Anyway, I got to do several of those. I got perfect shots. And this guy got all the credits. And I said, "If I ever hear that you have to give 'Don the credit', that is it, we are done, we are finished."

The helicopter guy would do anything for me. We went to a place that had a bad reception, and I said, "I think this has to be done differently." "Yes, but we can't afford to do that." I said, "I doesn't have to cost very much. We can do it with the helicopter, get it to act as a pile driver, pretend it is landing sort of thing. I don't want to get anybody into a problem, including me." "I think we could do this. I don't see anything with this thing." So we ended up changing and we got great things. They didn't know how we got it, and we didn't tell them anything. We never told them that we did it with the helicopter. He would have been in a heap of trouble. I have never told that story to anybody. That is just for you and please don't ever repeat it. They would say now, 'oh sure that would be Don.'

TP: One of our activity coordinators here is like that, "Go ahead Judy try it out, we will apologize later." Bureaucracies can really get in the way of getting things done.

TP: What would you like to say to the world?

Get yourself together here and let's remember that it is a fairly tenuous life and we had better start paying attention to what we have got to do to make it a better one.

TP: What would you do to make it a better one? Or what do you feel we need to do as people to make the world better?

We all have got to get on the same page a little more. That is probably the biggest single thing.

TP: It sounds like you are saying, that we need to work together as a team, support each other?

Interact as a team together, yes. I can't see why Putin (Russian leader), how we are letting him get away with what he is getting away with. We can see what it is going to lead too. It is going to lead to another World War. He sets the example. He killed a guy who was going to against him, and no one will ever convince me that he isn't the guy that did that.

TP: I grew up in a German speaking family and my mother's husband, many, many years ago, I was just a teen, we were talking about something political and he said, "the person to watch out for in this world, the most dangerous person is Putin." That was many years ago, even before he was in the position he is in now. That is a very dangerous, dangerous human being. As a young teen, thinking back, wow! When he said that then I was just thinking he was being judgmental.

Great foresight.

TP: He nailed it. What you say to the world too, we can't just stand idly by and let things happen that we know are wrong. How do we intervene without making matters worse? Why are we allowing this to occur? That can be said for many issues that are going on right now.

Yes.

TP: What would you like to say to the upcoming generation?

Learn to respect, put yourself in their position and say, "if I was there, would I not do the same thing, or would I do the same thing?" I wouldn't have any earth shattering things to say.

TP: Learn to look at things from other people's perspectives? Perspectives other than your own?

Remember, their time is as valuable to them, as your time is to you. Try and act accordingly.

TP: What would you like to say to your family? I love you, right.

(emotional). I have an old friend in Montreal. We started in school together in Winnipeg, he is kind of my oldest and dearest friend in lots of ways. We talked about getting old and everything. And I said, "Let's make a deal. Let's say we both make it to 100. There is only one problem with that, you are not going to make it to 100, unless you start looking after yourself. " At that time he weighed up over 500 lbs. "I hear your complaining about your feet not working right, your legs, that is your body talking to you saying it is too much, too much. You are carrying a drum." He is not a stay fit guy as he used to be. Anyway, we talked about that. And he says, "I am going to join the Y again." I said, "Perfect. You have to swim again. You were a great swimmer and that was the only athletic thing you ever did." He has got himself a scale and he phoned me yesterday and he said, "I'm just come off 400 lbs., down to 390." I said, "terrific." He said, "I'm not going to join the Y again until I can walk to the Y from where I live." "Perfect, now we are talking." So he is doing that. We talk quite often actually, he is a great guy and I like him.

TP: And you are a good friend, one who can call it as it is.

I don't know if he liked that or not, but anyway he did something about it, that is the main thing.

TP: Fabulous. What would you say the most important thing in life is?

Respect.

TP: If you could give a gift to the world, what would that gift be? I think you already have from what I can see, your heart.

It would never happen, but I would love to give them something that would change the world, but I can't think of anything that I could come up with. I see things that happen, and think "wow, what a great idea, why didn't we all think about that." Peace would be my thing.

TP: It sounds like you are saying too, the ability to recognize that you can bring about change? That you can.

TP: If I wish was granted to you, what would you ask for?

I would probably bring my mother and father back.

TP: Lovely. If you could bring them back, what would you say or do with them?

I'd make sure that my dad didn't smoke. He was the Marlborough Man. He was looked so good smoking. My mom was a little girl who was always worried that I was going to be short when I grew up. She would walk right under my arm without bending over. I said, "Mom, you are just a big dwarf." I had a wonderful relationship with my mom and dad. Wonderful.

TP: What are the qualities of that relationship that made it so?

Consistency I think, more than anything. First of all, I never heard my mom and dad have an argument or fight. I never heard a bad word spoken. In fact one time, and this really hurt me, this was when I was a young guy and still in school and living at home, and I yelled at my mom about something. And my dad came over, and he gave me a whack on the head and I slid over to the refrigerator. And my dad came over and he stood over me and he says, "don't you ever raise your voice to your mother again."

TP: Exactly, and you learned the respect the woman?

And I never did. I cried my eyes out.

TP: What he taught you there was very profound.

I was terribly hurt because of that for a while. It took me a few days to get over that.

TP: Were you able to tell him how you felt?

I told him that I was sorry. He said, "don't let that get to be a bad habit." That was the end of it.

TP: Just imagine for the fun of it, what would you put into a time capsule?

That is a hard one.

TP: Something that would give the next generation that finds this an idea of what our life is like, or society is like.

I'd have to think about that. It doesn't come quickly.

TP: When you hear the word old, what do you think?

I think a lot of things. I think of all things that I like, and they don't make things like that anymore. A simple example, I always liked clocks and things and I have had a few clocks over my life but I never seem to manage to hold onto them. I would love to have my grandfather's beautiful old clock. He had a big one. My mother's father had a great one too.

TP: Like the song, 'My grandfather's clock.'

Yes. That is something that I would like. I thought about doing that, about getting a bigger one, having it for the girls. Something to pass on. They are now hard to find. I have had a couple of occasions, but not at the time when I could do it.

TP: When you hear the word old, you think of old things.

Old things. Old is okay for me. We know it is going to happen. I'll be 60 in a couple of weeks. That is one that I want to savour. There was a time when I thought I would never be close to 60. When I had my motorcycle, I was bullet proof. I could do anything.

TP: When you hear the word young, what do you think? The essence that you just talked about, when you rode your motorcycle, you were younger and could do no wrong, no harm would come to you. The word young?

Different things that I did in life. Young is mistakes. You get over mistakes. There were a few things that I would not do, if I could change things. Just change the mistakes that you make. Everybody makes mistakes, I don't who they are.

TP: Sometimes the mistakes we make are the best lessons ever, if we learn from them.

Yes. Yes.

TP: In an ideal world, if you were premier, what would you do?

I'd try and get the balance in life again. We seem to be going back, I think the gap between rich and poor is again increasingly, alarmingly to me. I look back and say, "why did that happen, why did this happen."

TP: If you could go back in time is there anything you would change?

Yes. A few of the relationships I had in life I would change. In some ways, I'd stick with my first wife, but if I didn't go with the my next wife, I wouldn't have my daughters.

TP: There is a great movie and play about that. If you could stop time and go back and change, would you? It goes to that, “Yes, but then I wouldn’t this.”

No, I would go back and change it, I wouldn’t go back and change my daughters. That was a better thing that happened in my life, against doing probably the wrong thing to get to that. I don’t dwell on it. I don’t like to dwell on that, because it is counterproductive.

TP: If you could go forward in time, what do you imagine you would see?

I’d like to see what happens to my daughters and my son. Those are the three most important people in my life. I have a sweetheart. It is a strange relationship, but a good one. The girls like her too. She lives here. And there is another girl that I know who doesn’t live here. The girls have met her, but not fond of her.

TP: They are looking out for you. They want to make sure that you are not hurt. That you are truly happy.

That is right. And they like this girl, and they don’t like the other one. She wants me to come and live with her. And I have said “no, I’m definitely not leaving here.” My daughters are here. Nothing will get me out of here. I wouldn’t choose to live here myself, only because of the memories, but there are some good things. The triumph of me being in charge of the Commonwealth Games, was a 3 year project that was fabulous for the CBC. And I’m proud of it. I don’t mind working hard.

TP: It gives you a sense of purpose, something to focus on other than the negative.

That is what I don’t like about being here (Oak Bay Lodge), I’m being warehoused here. This is not a healthy thing for me.

TP: I don’t think it is healthy for anybody.

I have to make some changes here, and I just want to keep fit.

TP: Fit and active, and there must be a way to be more actively engaged. You are here because you need care, but there must be a way to make it more of a community, or ways to connect to the outside world a bit more.

I don’t think they understand that I don’t need to be here. I don’t need to be here in this thing. They are saying that because of this memory thing, but I think that is a normal occurrence for a lot of people.

TP: It doesn't have to be a limitation. It is how people interpret this. The safeguard that are put in place for you, theoretically, in fact are the opposite, they are more of a constraint. There must be ways to better way.

I made my girls my 'keepers.' I'm not unhappy with that. They have just knocked themselves out for me. I get a little shot of wine every day from my girls. They pay for this. I'm a real good wine drinker. I have always had a lot to drink in my life and I don't apologize for it, and it doesn't seem to affect me. I get a little happy, but I don't get drunk. I sit and enjoy it. I see some of the same people sitting there getting 'swacked.'

I had a guy that used to come to my house in Winnipeg, he was a commentator, as he got drinking more, he used to take his shoes off, and I would take his shoes and put them away. And then I would get his coat and car keys. And when he said, "I have to go." "No, you are staying here until the morning." (edited).

TP: What turns your heart to ice?

That is an interesting question. No one has ever asked me that question. My instinct is to say nothing, but I am sure there is something. Maybe not ice, but cool. I can say that on a few occasions, I have said, "I wish that asshole would keep his mouth shut. I will punch out his lights if he is not careful."

TP: An attitude a person would have? How they were saying it?

The things that gets me cool on people is when their live becomes big and supersedes everybody else's. Then I get cool.

TP: The opposite of that, what turns your heart? What arms your heart?

(emotional). Tenderness I think.

TP: This warms my heart.

I like to see friends of mine doing good turns to other friends of mine. Or even just a really good generous turn done to two people that I don't even know. I can see that and get a tear.

TP: There are a couple of young men in Victoria, who started an organization called, Random Acts of Kindness.

I have heard of that.

TP: One of them is the son of a local psychologist, and a Shakespearean Actor, and this is what he is doing with his life. It has become this big movement. They go around the street and stop people randomly and do something kind.

I have used that line, 'random act of kindness' a few times, but not necessarily in any formal way.

TP: Is there anything that you would like to comment on that we haven't talked about yet? Anything that comes to mind?

(emotional). I have got this one little thing. My car has been taken away and I have lost my house. I'm quite stressed about that a little bit. It shouldn't have happened, but it is probably my fault. The girls were looking after things, but I guess some things didn't get done. The girls, I know they are feeling guilty or something. I have made a big face on this, "what matter is you guys, what matters is us." We don't have to worry about me not having my house, but me not having my car really hurts.

TP: What kind of car did you have?

An old Ford. I have had since it was new. I did say to the girls that I was going to have to buy another car, and said, "see if you can get me my car back. I would like to get my car back." But it couldn't be done.

TP: The car stands for so much, your freedom.

Yes. The girls and I in that car, that was something I can remember. I can live without the house, but I can't live happily without the car.

TP: I'm sure the car could tell a few story?

It sure could. My physician said, "I hear you are going to be with us a lot more now?" I said, "No. I don't want to be with you a lot more, because I think it is time for me to go." We have to have another conversation about that. I will let time go a little bit, because I want to get a better perspective of myself. The memories in the house are really something. I am really sad to be not be in there. And I don't want to be with my sweetheart. She lives in a condo place for older people and she has one well with that. I haven't said this to her, I thought if I could get the house next door to there, then we could in a door. I would buy it, and then I would give it to her when

I die. My gift to her sort of thing. I don't think that is ever going to happen. I don't know first of all if it can ever happen. That is how my head works.

TP: Always looking for possibility and opportunities and making things happen. I understand completely. To lose things that are important and all they mean. It is not the thing itself, but your sense of control over your life, your independence, your freedom to make choices, freedom to come and go. And environment is very very important. I have lost homes as well over time and I don't know if I will ever get over it to be honest. We used to live on a big gorgeous acreage. We were house poor, wasn't a great economic decision, but life was fabulous. Raised our children there. Had many friends there. Home is something that is really important and what home means. And to have an abrupt change, I would understand that to be very difficult.

I am finding it difficult. But I'm making sure that I don't say it to a whole bunch of people and I don't want it to get back to my girls. I don't want them to know anything about it. I know they are still feeling a little guilty.

TP: It is tough decisions for them to make. They love you, care for you and trying to do the right thing.

It was unfortunate that it happened. I never thought it would happen. I thought everything was solid on that, but I guess I waited a little too long without checking out. Greed is a big thing in life now. Greed is taking over everything. Greed is definitely winning now. He has a big smile. This makes it tough for me to do the things I want to do. Now I have to go out and have no things. I didn't get well treated by the outfit that I was dealing with. It is costing me, and it will cost me. I can't replace that. I had an acreage attached to it too. I honestly feel that I have lost millions of dollars. My line has always been 'that it is just monopoly money.'

TP: It is a great attitude, but understandably still hurtful. A lot of loss to deal with in this time of life, when we thought we would be reaping the rewards of our work.

This is the thing that I hate. I still have my boat. When I found out that the car was gone, I said, "where is the boat." My daughter said, "I moved it daddy." "Good for you." So I still have got the sailboat. Some great memories there. This is when I was living in Vancouver. It was a big summer boat that Ted Reynolds, the commentator, he and I were very close friends. He is a good sailor and we would go and take a few bottles of booze and wine with us and see how far we would go in the race. And then Ted would break out a bottle of wine. (edited) For about 3 or 4 years in a row we won as being the youngest sailor. Then I said, "who is going to get pregnant this year." It was a big joke. I said we would have to change the name from Caveat to Fertility ship. We had good fun with that. (edited).

TP: This is a good place for us to stop now. I really want to say thank you to you. It has been an absolute pleasure to sit and visit.

I have enjoyed sitting with you.

TP: We will do some more. I would stay longer, but I have to go to the school across the road. And your daughter will be on her way soon. More people need the positive attitude you have.

End of transcript.

Interview Transcript: CS #5 (March 5, 2015)

..... ice cream park and the water would have to run out, because the ice would melt, so you would poke it so that it wouldn't gather water and go into the ice cream that you were making.

TP: You had quite the experience growing up, growing up on the farm. You said you had 14 children, 7 girls, 7 boys.

My one brother who was older than me, I guess he would be about 13 or something like that, he was born with a leaking valve. The doctor told my mom that he wouldn't live much longer than his teens. And it was true. He was about 13 or 14. Did he ever get nose bleeds. Just hemorrhages. And his lips were always blue. And he couldn't take part in sports, like we played ball and stuff like that. We went to a town school, the public school, grades 1 to 8. Arthur would have to be in about grade 7 or 8, and I remember the teacher carrying him into school, it was fall or winter, his arms was out. He had red mitts on his hand. I can always remember that picture.

TP: Do you remember how you felt? It must have been difficult for you.

We had several episodes where he got the nose bleed attacks and we were home. When he was being carried, I just figured he had a bad nose bleed. You learn to live with death. One brother and one sister, as babies died.

TP: Did they have a heart condition as well?

I really don't know what it was. Apparently, Clifford used to have epileptic fits. I remember this one morning we were getting ready for school. We would have to walk down a hill and up another to get to the van that took us to the town school. I guess Arthur must have had a bad

nose bleed, and a family friend, and this was the day he died, was carrying him. Poor Arty was moaning. He was dying, and he died in Harry's arms.

TP: Was Harry your brother?

Harry was the family friend that came and worked for my dad years and years ago. Dad couldn't afford to pay him, and Harry's mom and dad had died, and his grandmother more or less raised him. They lived in Flintoff, Saskatchewan. He was very mechanical, even though he only went to grade 1 for 2 or 3 days.

TP: He had a natural aptitude.

And my dad was totally opposite. Daddy should have been a teacher or something. He read a lot. Not really a farmer.

TP: We don't always have choices in life. You do what you end up doing.

Apparently he came out from Switzerland and went to work for a farmer so he could raise enough money to buy a quarter section of land. From Switzerland, he went to England and was working there for a while and then at one point, the British government was offering these bachelors a quarter section of land if they went to Canada. And they paid their way and that is how he came to Canada.

TP: He came as a single man?

Oh yes. He worked for the Turner family, and he worked for them for a year. Later in years, I worked for the son and his wife. By then dad was dead. He said, "I can always remember your dad when he worked for my dad, saying, 'I worked for a year and then I go home and I get a wife'." And that is exactly what he did.

TP: So he worked for a year, did he buy his land first? And then he went back to Switzerland?

Now that I don't know, how it worked or anything.

TP: So he went back to Switzerland. Was there someone he had in mind?

I think there must have been. Married mom and came.

TP: Your parent's name?

Kirchhofer, Emol and Frieda.

TP: My father's name was Kirch.

And apparently in Swiss, and I think of the German side, it should have been pronounced Kierch (Church in German).

TP: Can you remember the names of your 14 brothers and sisters.

Ernest (oldest brother), and Helene (oldest sister). I can already remember daddy called her Lenny. And then there was Violet, Harvey, Arthur, Gladys, me, and Elwood, Norma and Ralph.

TP: I can imagine the household. Describe a general day. You got up in the morning.

We got up in the morning on school days and went to school. When we got older, we did the house work. We only had a 3 room house. As time passed, my sister was able to go and train for a nurse, it was my job to clean the bedroom, because that was what she used to do.

TP: Did all of you share one bedroom?

Yes. I slept 3 in the bed. There was one bed going this way, one going this way. And in the winter time, the heater. And mom and daddy's bed on this side. They had a Davenport in the largest room (living room). This davenport pulled out and my older brothers slept on the davenport.

TP: Tell me more about you growing up?

It was good. When you are a kid you don't realize. You enjoy your life. If it is good you get along with your family. It was a good life, really. Sure we had to work. Just because you were a girl, you couldn't work. We learned to pitch hay. Stoked (grain). When the wheat crop got ripe, Ernie (my oldest brother) would go with a binder and they would cut this growing grain.

(Interruption).

?) Joseph is get ancee.

Tell him to come here and sit here. He is lost without me. I've been his only girlfriend.

TP: Tell me more. How many years?

We were married in 1948. I went to work at the town where he came from. There was a couple advertising for someone to help housekeeping. The wife had suffered a stroke and the man needed help. I applied for it and I got it. It was housework and looking after her. How I met Joe, not too far from where Mr. & Mrs. Barnett lived, down the highway, there was a big barn off to the right side of the road and there was an Icelandic family. They had boys that formed their own band. Every Saturday night they would play at this barn. This one Saturday I said to Mr. Barnett, his wife was very deaf, "I'm going down to the dance thing tonight." I had to walk about a mile to the barn. I got there and who should be there, but Joe. He went to these dances, but never danced. When I came to work at Barnett's.

TP: Your lovely wife was telling me how you met.

She is interviewing me.

(interruption - Husband)

She was asking me about what life was like back in Saskatchewan.

TP: It was a hard life?

It wasn't easy. Sometimes it wasn't easy. Not always.

That is what made us come to Victoria, we tried farmer. The first year we got frozen out. It was sandy land where we were in Wadena. And we got blown out. So he said, 'the heck with it, we are going to Victoria.' He had a brother here.

TP: The dust bowl.

It was dusty. In the Wadena area, along the roads, when it blew dust there would be drifts on both sides. This old house that we lived in for years, and by then we had our daughter, I had her laying in the carriage in the living room. The house was so awful, when the dust blue, she had dust around her nose, like she had been out on the land.

TP: Did you wear kerchief's over your nose?

No. No.

TP: Tell me about your family. You met at the dance.

The first time, he brought me to this couple that I was going to work for. No, my boss was in town, I don't know he got to down, but Joe and he met at the grocery store, and he gave Mr. Barnet a ride home because they had a car. Then I started to talk about the barn dance and I had to walk about a mile to go to it, and he was there. That is how we got together.

TP: You met, and he didn't like to dance?

No. He never liked to dance. He would go to the barn dance and not dance.

TP: What kind of music?

Western music. Old time. Fiddles.

It was an Icelandic family that had the band. This old barn that they played in, apparently they owned that barn. And they would have a dance every Saturday night.

TP: That similar to my life. I didn't know my father, he died before I knew him, but as a young adult, my favourite music is good old fiddle music and singing in a choir. I joined Daniel Lapp's Joy for Life choir and my husband plays fiddle. Daniel will have these barn dances, go out to Metchosin and fill the barn with people and music. It was phenomenal. I didn't know until recently that my father was a fiddle player. I must have a memory of the music and how great it was.

TP: So you met and were you married shortly after?

I came from a town called Kubar, which is 100 miles south of Elfose (Joe's town). I had to go back home to the farm because my mother took sick. So I went back home to help her out. So we had just more or less met so to speak. We went together for a couple of years before we were married.

TP: Did he propose to you?

Yes.

TP: How did he do it?

Asked me to get married.

TP: Did you have children?

We have a girl and boy. I used to think that I wanted about 4 children. Our kids ate every 3 hours, I would be so tired and think, 'if ever kid would sleep all night.' (laughter). I said to him one day, "you know I wanted 4 kids, but if we raise these two kids properly, that is all I want." Our daughter is a diabetic and she is a massage therapist. Our son works in Prince George.

TP: In your lifetime what would you say are some key highlights, key moments that stand out for you? Obviously marriage and children and growing up on a farm.

Nothing, outside of my dad and mom died.

TP: Did your father pass away before your mom?

Yes. What happened to him was that one time my older brother Ernie and he, were hauling hay from a quarter section of land. We had the home place and a quarter section of land kitty-corner, on the south. So they would have to leave the home and go around to the farm and do farming there. There are sloughs. A lot of farmers worked the sloughs up so they could plant grain. Dad didn't do that. He left the sloughs for the ducks and the wild animals. It was at the base of a hills where the water drained down. Some had water in the spring but would dry up, but there were certain sloughs that had water all the time. He was wildlife conscious. Of course he read a lot. He read the newspapers that is all we had. The free press. The Prairie Farmer and Western Producer.

TP: That was a big transition in your life when he passed away?

Yes. One time, it was haying time he and my brother Ernie, were bringing home a load of hay and daddy was sitting on top the rack of hay, dragging the horses. When it upset, somehow or other he got underneath the sleighs. This rack upset, because in the spring, a lot of times on the roads when the snow is packed and then it started to melt, with vehicles travelling over it, sometimes there are holes and slants. If it is too slanted the vehicles upsets. And this is what happened. The rack upset and the front sleigh ran over part of his stomach. He got cancer from it and it really ravished his body.

TP: Yes, they wouldn't have had the treatments they do now?

That is right. They had just morphine to kill the pain. Because he had a strong heart, this cancer ate right through is stomach. He used to wear a binder. Can you imagine how he suffered. It must have been so painful.

TP: And hard for you to see him go through it. And your mother.

He was in the hospital in the last few weeks. I saw him 2 weeks before he died. When he went in the hospital he had full black hair, and a red mustache. Two weeks before he died, I went in with mom and he was all gray and his mustache was gray. He didn't recognize who I was. He thought I was my sister, who was there a few days before. The doctors told mom that they had to put a binder on him, because if he drank pure milk it came through. Can you imagine suffering like that? It must have been awful pain.

TP: When you were growing up what did you think you would become? Did you have aspirations?

No, not until my older sister became a nurse, and that is when I thought, 'yes, that is what I will do.' I couldn't be a nurse to save my soul. If somebody barfed, I'd barf with them. The feel of warm blood on my hands, no thank you. So I became a waitress, when I moved here. She and her husband lived in Victoria. She was a waitress here. The other sister was a nurse. Helene was a waitress here in Victoria and Violet lived in Vancouver and she was the nurse.

TP: Because they were here, you immigrated here?

Yes. Joe had two brothers on the coast here. One lived in Victoria and one lived in Cassidy, up island. We tried farming for 2 years, we rented a farm. The first year, we got blown out and the second year we got frozen out. And he said, 'the hell with this we are going to Victoria.' Then we came, and we lived on Discovery Street, and he would go down to the shipyard every day to see if there was work. Of course he came with no trade, coming from the farm. Finally the one day that he went there, the guy felt sorry for him and had him work. The foreman of the labourers, he said, "I'm sorry, you have to join a union." So Joe said, 'Okay.' He knew nothing about unions or anything. He said, "well you can't, there are guys who are not working." He said, "That isn't my fault." A green horn farmer. He worked as a labourer and then get laid off. This one time when he was going to be laid off for a fair amount of time, this one man said to him, 'why don't you become a welder.' At the time, he paid \$1.00 to take this welding course. When he finished the course, he drove down to Yarrows and there wasn't anything. But the same guy that taught him welding, then was working at Yarrows, and he said, "Join the Welders union.' So that is how he got on. They had a job to do up island, a lot of the welders went there, so they were needed welders at the time. So he said take the welding course.

TP: So welding on ships?

On ships, on barges, tug boats, whatever needed repairs.

TP: Great trade to have. Hard work.

It was a good job for me. I have to be very honest. My boss treated me very good. He treated me well.

But you know there was another fellow that was a good welder too. The Americans, every so often they would bring up their boats to be repaired. They got to know that Joe and another fellow were a good welder, so when they the Americans came, they would want Joe and this other guy to do the welding job.

TP: What would you like to say to the world?

Not a great deal. Live one day at a time. That is it.

TP: What would you like to say to the next generation coming up?

Do the best you can. Yes. Accept each day. Try to make the best of it.

It is completely different now. It is tougher now for young people. If they don't have a trade, not a welder, they can't get jobs.

A trade is very important.

TP: This young generation, very few have trades. They have gone away from that.

I think they think that they all can get an office job. I don't know what they are thinking, I really don't.

TP: What would you like to say to your family?

Wes and Di, that is our son and wife. And our daughter Rosemary. Hope they come over and see us. Rosemary lives in Vancouver and is a massage therapist. And Wes and Diane live in Prince George. I think they are coming down in two weeks. That will be nice.

TP: What is the most important thing in life?

I think living this day. I did a lot of overtime. Many, many hours of overtime.

TP: Making every day count.

Glad to be working.

TP: If you could give a gift to the world, what would you give?

Knowledge. There is a lot of knowledge to every trade.

I'd give good health.

(talking about stove and welding).

TP: If a wish was given to you, what would you wish for?

I would like somebody to come to me and say that for the rest of your life, you are getting X dollars to live. Enough money to live on.

And you know what, we have got it now. Really.

TP: But again, you are fortunate to have that. For those who don't, there many that could benefit.

Oh, just good health and decent living for everybody.

I wouldn't wish for something that I couldn't get. There is no point. Be realistic.

You can't start out wanting top wages. I don't care what anybody says.

TP: In a sense that goes back to the other question of what to say to a younger generation, you can't start up here, you have to work your way up to there.

TP: If we were to put a time capsule into the ground, what would you up in it?

Don't do to others what you don't want done to you. Write that message in there.

I would probably give them my rosary to help take care of them.

TP: Are you both quite religious?

Yes. We go to church every Sunday.

TP: When you hear the word old, what do you think?

Something on in years is not young anymore.

TP: That is a good point, we put too much energy into what we think. For you want comes to mind?

Something that is on in years, it has been used for a number of years, and getting worn out. I don't really dwell on the old.

TP: It is not about age. It can be challenging at times, with different viewpoints, learning how to respect other differences.

Yes.

TP: When you hear the word young, what comes to mind?

Young kids, teenagers, younger than teenagers. Pre-school kids.

TP: If you were Prime Minister of Canada, what would you do?

That is a good question, I can't answer that because I don't know what they do. I really don't.

Not being educated in that line of governing.

I think educating people, give them a higher education. You get more results for a higher education.

TP: Everyone that I have talked to says exactly the same thing. Make sure there is equal education for citizens, and health. Not all politicians have high education, but wanting to make a difference in the world.

I know, many have crept up along the ladder.

Let me give you an example. We had a person who was in our union, no matter what you said, he always came up with something different. Maybe he has a point. He didn't have enough education to carry on and he could have done better.

Education is the most. That is what my dad used to say to all of us kids, get a good education, get a good job.

TP: However it is not always easy to do, particularly from your era, there were all kinds of barriers to getting your education. You needed to work to carry your family, run the farm.

And to pay, if you have to go to an institution to learn, it is true, it is very hard.

Voicing opinion, or need opinion to voice, she did it quite regularly. A lot of the kids put their arm up. You can't just do it your way, you have got to get everybody's opinion and vote on it. Then you count the ballots to see who won.

He went to a country school.

TP: That is how your school was run. Was it a one room school house? 1 to grade 8?

10 grades in one school, one room.

TP: What was that like?

It was good. You learnt quite a bit by paying attention to what was going on.

TP: Tough job for a teacher to teach all those grades at once.

She was good.

TP: What made her good?

She was quite deaf. She lip read a lot apparently.

She taught 4 different grades, one teachers. There were 3 other teachers in the school. They would help each other out when they could.

TP: For Math, was it taught to the whole room and the different grades helped each other out? Or did she go around?

Yes. When I was in Grade 8, Grade 7 was next to me, and they were led to a corner and given their stuff.

TP: Describe what your average day was like?

It was pretty good. You got along with everybody. You learned to cooperate, or tolerate, or whatever word you want to use.

TP: Do you enjoy a good debate?

Yes, we had good debates. Nobody hurt each other.

I used to like the debates. It wasn't a team, but all the kids were allowed to express their view points. Just different things that were talked about. Someone would say something and I would pose a question. And the teacher thought that I made some good points. It was nice. I enjoyed school. I really liked school.

TP: And you were in a public school? Describe what that was like for you.

Yes. There was two buildings in my home town. The lower building was called the public school and that went from 1 to grade 8. And then other building was a big brick building, apparently it used to be a hospital at one time and those grades went from 9 to 12. I can remember that when I got to grade 11, and the principal of the high school, he was from England. When you went to grade 1, you are in the public school and the high school is over there. You knew that you would go there if you kept going to school. Our dad was good at not taking you out of school to do land work. He believed in an education. He would say, get a good job, government job.

TP: What turns your heart to ice?

I don't know. I really don't know.

TP: What warms your heart?

Friendship. We always went to a town school. They had vans would take you, and they had certain districts where they went. They would drive along the main road, and would stop at the gate.

TP: What was your average day of school?

The kids went from grade 1 and you had all these other older kids.

TP: Thank you for sharing.

End of transcript

Interview Transcript: CS #6 (March 4, 2015)

TP: You might recall that I was here a couple of weeks ago. There was a group of us. At that point you said that you were interested in participating in this project with me. It will be very similar to that story telling group. First I will do an interview and have some questions. Then I will bring it back to you and decide what parts of the story we will use and then bring in some actors and create a theatre play.

(formalities and participating, signing, etc.).

D M W (all 7 letters isn't that interesting).

TP: First I have a few questions about how you think your health is?

I think it is pretty good.

TP: Is it excellent, very good, fair?

I would say very good. I don't like to put excellent down when I'm in my 80s.

TP: In general how would you describe your emotional health? How do you feel? excellent, very good, fair?

I feel pretty good. I think very good.

TP: Would you say that you are socially active?

I would like to whenever I can.

TP: How would you describe your quality of life?

It is a bit hard. I come from a big family and they live in England and I don't see much of them now. I'm a person who likes to do things and get out. I'm not an indoors person. I like to be out and be with people.

TP: You and I are the same way. I like the outdoors.

Oh I do. I just love it. I am so lucky where I am living now, some are younger than me, who can't do much and I help them when I can. I have been a nurse for a long time. Psychiatric nurse it was.

TP: When were you born? 1928/4/11. England. York was about 8 or 9 miles from our village. We would take buses to the city.

TP: What was the last grade that you completed in your education? Grade 12 and then to university?

I can't remember.

TP: But you studied, and became a nurse?

Yes. A psychiatric nurse.

TP: Where did you study?

Mostly with other people in York. And then at different places here, not for a while now. Too old now. But I enjoyed it. I never wanted to get married. 1 of 10 children and they are all married. Working long days so you don't have time. I enjoyed that.

TP: My age prevents me from doing the things that I would like to do? Never, often.

Not really. No.

TP: I feel that what happens to me is out of my control? Never, often.

No. Never.

TP: I feel free to plan for the future? Never, often.

Often.

TP: I feel left out of things? Never, often.

No, I don't think so

TP: I can do the things that I want to do? Never, often.

Often.

TP: Family responsibilities prevent me from doing what I want to do? Never, often.

Never. I have lovely parents, lovely family. I'm 1 of 10 children. I used to work in the post office in the village when the war was on.

TP: I feel that I can please myself in what I can do? Never, often.

Often.

TP: My health stops me from doing the things I want to do? Never, often

Very rare.

TP: Shortage of money stops me from doing things I want to? Never, often.

Not really.

TP: I look forward to each day? Never, often.

I do. I really do.

TP: I feel that my life has meaning?

Yes, when you compare it to the people I know, yes. I really feel sorry for people who can't go anywhere.

TP: I enjoy the things I do?

Yes.

TP: I enjoy being in the company of others?

Yes, I do.

TP: On balance I look back on my life with a sense of happiness?

I think I could say that in a way. But I went through the war and things like that. I was helping people out, and doing things.

TP: The caring, helping profession that you were in, was your marriage in sense. You helped many people.

I didn't want to get married, but I had friends. I don't know why. I think it was being a nurse. You do different jobs, at different times.

TP: The schedule would be hard.

Yes.

TP: I feel full of energy these days?

Most of the time. I don't ever feel that I can't do this, or can't do that.

TP: I choose to do the things that I have never done before?

I'd like to, but sometimes you can't.

TP: I feel satisfied with the way my life has turned out?

I think so yes. But I had some good times before I came here.

TP: I feel that life is full of opportunities?

There are so many people I know that can't do anything much, and I can do all this. Sometimes I think I should help them, I can do this. They can't do the same thing.

TP: I feel that the future looks good for me?

Yes.

TP: I see myself as having high self-worth, 1=very little, 5=very much?

In between. I don't like to think I'm doing the same thing all the time.

TP: I feel happy about my life, 1=very little, 5=very much?

I'm very. When I see what other people were going through and younger than I was when I was a nurse. I was able to do more than what these poor people could. That was a time that it really got to you.

TP: Seeing what others are going through.

TP: I'm socially active, 1=very little, 5=very much?

Yes.

TP: I'm physically active, 1=very little, 5=very much?

Yes.

TP: Through my experience I feel that I have contributed to today's world?

As much as I can, yes.

TP: I feel depressed?

No. No. I'm 1 of 10 children.

TP: I feel isolated?

No.

TP: I have someone to talk to about my memories?

Yes. When I look around, wherever I am and I can walk and do that, and you see people I will sit down and say, "shall we have a coffee." Because then I am with somebody and they need somebody. This is in the hospital and things like that. I'm also an outdoor girl. I love to be out.

TP: Thank you for taking the time to visit with me here. Tell me about yourself? Your life. You were telling me that you were one of 10 children.

Most of them are in England, some are in Ontario.

TP: Tell me what life was like for you growing up in England?

I had fun. I had boyfriends and things like that. We would go places. I never wanted to get married. But I got along with the guys. We did things. I was nursing here at Eric Martin. When we were off duty we would go out and have a coffee and go out for a while, go to the movies. Yes. That was good.

TP: You became a psychiatric nurse?

Yes, a long time ago.

TP: Then you came to Canada?

No, this was in Canada. England is small, where I was. I can't remember really what it was like. I remember all of my time here.

TP: Tell me about here then?

At Eric Martin, I enjoyed that. We had fun.

TP: Tell me about the fun you had?

Some people were quiet, some people didn't know what to do, so I would say all kinds of funny things to them, to make them laugh. I can't remember what it was. They were so into themselves, they didn't know what to do, just walk about. So I would say things to make them laugh.

TP: Good for you, a sense of humour is excellent.

I hated to just sit with a person when she doesn't know what she want, or doesn't know who I am, or things like that. I would tell them who I was, and say, 'let's have a little something to do' and do that.

TP: What would you say are some of the highlights in your life? Some key moments in time that really stand out?

I think when I was with nice people. I never wanted to get married, but I have had boyfriends. Coming from a family of 10, I think they are all married. I think I was the only one who never got married. I liked my life the way it was. Worked in hospitals, worked in psychiatry and things like that.

TP: Did you travel?

Sometimes. I have travelled with some of the girls. Went across the ocean, but I can't remember which one. I was one who never wanted to not go anywhere. I'm an outdoor person.

TP: What is your favourite memory of your outdoor adventures?

I don't know, there was so much. When the weather was nice there was so much we could do. I have forgotten what we used to do.

TP: Hike, swim?

Yes, we would swim a bit, yes.

TP: Who would you say in your life time influenced you?

There were people, but I can't remember who they are. I would get with them, liked them, we had fun, and stayed with them. Things like that.

TP: What is it that you aspired to become? Did you always know that you wanted to be a nurse?

I was a nurse. I think so. Because I knew people in nursing. So I think I said, "I should be nursing." It was easier then to get it. Now it is different. You have got to know more than what it was then.

TP: How long was your training as a nurse?

I didn't have to train a lot.

TP: Was it on the job more or less? In school?

Probably on the job. I enjoyed it.

TP: It sounds like what you remember are the relationships.

Yes. That is right.

TP: Friendships, relations.

We used to make them laugh. The poor patients they would come in and they would look at you and didn't know what to say, so we would say things to make them laugh. And that gets them into it.

TP: A good sense of humour is the best medicine in the world?

It is. It is. Absolutely.

TP: What do you wish to say to the world?

Be nice to each other, help each other, and if you have more money and you can do more for somebody, just do that.

TP: What do you wish to say to the upcoming generation? To the young people?

Give help to people who have nothing, and you have something, and you see them walking about. It is things like that that really get you.

TP: They really affected you, I can see?

I didn't want to get married.

TP: You mentioned earlier, as you were walking up that you had some war experiences that affected you? What was it? In your small town, what work were you doing during the war?

During the war, I used to tape telegrams onto the airdrome. We lived in a village and it was joined onto this big airdrome. And we were bombed, but nobody was hurt. I worked in the post office the village and took telegrams onto the airdrome. I would get on my bicycle and take them.

TP: Very different technical time.

This was to do with the war. It was different.

TP: Tell me more about that? How would you receive a telegram?

The post office, the lady was on the phone almost all day, would come in from the airport or whatever, and there were things to be sent.

TP: Was it outside of Yorkshire?

Yes, down the road where the bit airdrome was? That is where all the bombers went. All the aircrafts were there.

TP: You would get the telegraph, would it be typed out?

Yes, something like that. And then I had to go on my bicycle. There is a village part. You would go down here, and the man on guard, would be sitting there with his bayonet. And of course the soldiers saw me on my bicycle, I was a young girl. That is what it was like. It was terrible. It was a big airdrome, Germans bombed our place.

TP: Can you describe to me what you remember?

I remember doing what I could and not keeping myself away from things. I came from a big family, lovely parents. We were in the place they were bombing. My father was with the policeman outside and we were inside for hours on end when the Germans came to bomb. We got bombed, but it missed the cement. It was in dad's garden. It was from here to here round. I remember everything. I was only a young girl, and here I am in my 80's and I remember it all.

TP: Was it frightening?

In a way it was.

TP: Did you understand as a child, how did you understand what was going on? How did you make sense of it? Were you aware that it was war?

I think because I was the only girl who could go to the airdrome from the post office where I worked, the woman at the post office got all these telegrams and then I had to take them.

TP: You transported the telegrams?

Yes. To them.

TP: Very trusting position to have?

Oh yes. Yes, I found it good.

TP: What else do you remember about that time period? War is very sad and frightening and dark. But there were also a positive side?

I felt so sorry for my mother because she had a big family. My father was outside with the other men and they made sure that we didn't come out or anything.

TP: Your mother was indoors, do you mean in the house that you lived in?

Yes. Yes. She was a very quiet lady. We would help where we could. Sitting for hours. There was a policeman's wife, and daughter, and us. And then policeman and my father and other men they were all outside, because the German's came again, and we had to run down into a big field, but you went by the edges, so they wouldn't see you, so the German's were overhead bombing. The men stayed there, and we went down.

TP: You had to run from your house to a shelter? Run along the bushes so you couldn't be seen.

You didn't go across the field, you went by the hedges.

TP: You would make it to the shelters. What was it like in the shelters?

The shelters that we had, it was going in and sitting down on benches. It was cold and nothing much. All the men were outside. I keep going to dad and saying, 'can I go to the house and get something.' 'No you can't.' Anything could happen. We were joined onto the big airdrome, the airdrome was going to German, so the Germans were coming to bomb that. They did, but not that much. We were so close to this that we had bombs in our garden.

TP: Very fortunate that they missed you?

Absolutely. Absolutely. Nobody was hurt. That is the main thing. Amazing.

TP: When you are in the shelters.

I hated them. Oh, I hated them. You were just sitting there. I felt sorry. Dad was outside with the other men and police, and I wanted to be outside. I couldn't stand staying in. If I went out, Dad would say go back Maureen, you can't come out.

TP: It would be dark and cold?

Yes it was.

TP: What did you do when you were inside there?

We just sat there. You couldn't have lights because of the dark.

TP: Did you sing? Chat with each other?

I used to think that people never knew anything like that, what it could be like. We weren't hurt. Just sitting there. You couldn't even read. You couldn't have lights.

TP: And you probably couldn't make noise, or draw attention to yourself. That is interesting, so for your love of life, and adventure and your liking and needing to be outdoors.

And after that I used to work at the airdrome. The post office was there, and our house was there in the village, and you would go around the corner on the bicycle and put the special envelopes, the special envelopes, the telegrams. The lady of that place was excellent at doing everything. I would get my bike and go into the big place where some of the people are.

TP: Relaying important information to people in positions of power.

Yes. Yes. She did it, it went into a special envelop, closed and sealed and then I had a little thing to put them in, and I went on my bicycle. It wasn't far, just down the road. I enjoyed doing that.

TP: So you were well trusted then?

Yes, I suppose so. In those days, you didn't have much choice. I father was a very clever person. Clever in every way. He was out with the men and he would tell us that 'we can't do this, we can't be doing that during this.' It was the places where we sat. We sat with the policeman's wife and child, and then policeman and dad and all the other men they are all outside.

TP: So what were some of the things that your father told you that you could not do?

He was a clever man, he knew everything. Once I got into taking telegrams, he didn't mind that. During the war when they were bombing, I said to dad, 'Dad, can I go and pick up a coat?' No. No, don't do that.

TP: Do you remember how long you would be in a shelter? Days? Weeks? Hours?

Oh, no. Just the odd hours. Yes. I couldn't have lasted any longer.

TP: What would you like to say to your family?

I don't see them much. I don't go to England. Mom and Dad have gone, and there are still 1 or 2 in England. I'm from a big family. And then I have family out here. They will come and see me.

TP: Would you like to see them more often?

Yes. Yes.

TP: What is the most important thing in life?

My health. I'm healthy and when you see so many younger people who can't do what I can do. I can jump, I can run. I'm in my 80s, 88 I think.

TP: What has kept you healthy?

I never wanted to stay inside, I wanted to go places. Before I went to the post office, if mother wanted something, I would say okay, and I would run around everywhere. Everywhere I ran around. I wasn't one for walking.

TP: Staying active?

Yes. And I never wanted to get married. I saw other women and thought I'm not going there.

TP: What did you see in other women that were married?

Some of them were friends of mine. We laughed and things like that. We had fun. But I never wanted to get married. I saw too much.

TP: What did you see?

I think they were just so tied in the house. I was one who wanted to be out. I was an outdoor person.

TP: To have your freedom, didn't want to be attached to a male. Didn't want to limit your options and freedom in life?

Exactly. Exactly.

TP: You had a good life, a very social life, many friends, many relationships, a lot of variety, freedom, choice. Yes. Whereas many married women of that time didn't have those options.

No. I had friends with men but never wanted to get married.

TP: Did anyone propose to you?

They tried. I think I saw a lot of marriages not going right at all. That put me off.

TP: Probably in your line of work.

During the war everybody was together. Everybody helped each other and you never thought, 'oh you are a man.' I just loved them all. I haven't thought much about it. I just like what I'm doing. I'm 88 I think now. So I want to keep going on.

TP: If you could give a gift to the world, what would that gift be?

That is a bit awkward in one way. If it was somebody who had nothing and was walking about, who didn't have enough food, that is where I would help. I'd make them some food or something like that. I can't stand watching that.

TP: A very sensitive heart. Hard to see people suffer unnecessarily.

Yes. Yes. Certainly do.

TP: If a wish were granted to you, what would you ask for?

I can't really think what. I would say to be able to do things and not be depressed or anything like. And being able to help people and have fun.

TP: What would fun look like for you?

Going out for walks, laughing, and doing little things. I'm not one for being home very much.

TP: You want to keep on the move?

Oh yes, I do.

TP: Have you heard of time capsules. A big box that you put something in it to bury in the ground for another generation.

Never heard of it.

TP: Communities will do that so that the next generation accidentally finds this, opens it, and it gives them an idea. If you were to put something inside of a time capsule that gave the next generation an idea of what life was like here for you now, what would you put in?

There are things that I know and things that I don't know. You can't put in food, nothing like that. I'd like to think that going around helping people, and loving people, and doing the best so they are all happy together.

TP: Maybe you would leave a message like that for them.

Yes. Things like that.

TP: When you hear the word old, what do you think?

I don't know. I never really gone into that.

TP: We don't necessarily think of ourselves in terms of age, or how old we are.

TP: When you hear the word young, what comes to mind?

When I was young, I was always out doing things. Then when I went to the airdrome and took telegrams, I like things like that. Coming from a big family it is so different. One of 10 children. Everybody got married but me. I didn't want to.

TP: If dreams were real. What would your dream be?

That I could live longer. And be able to do things with other people, not just walking about and sitting here.

TP: Live longer, and keep active.

And keep healthy and be with people. And help people.

TP: In an ideal world, what would you do? If there were no limitations in your life at all, what would you do?

I don't know. I'd like to do a lot of things. I'm not one for just going into the house and staying there. I like to be in and out. And if anybody needed any help, or garden together, doing things with the girls. Sometimes the guys too.

TP: If you were the Prime Minister, the leader of Canada, what would you do?

I would make sure that it never went all up to the top people. Start in the middle or the people down. Women who have gone through a war and lost their husband, the children, they don't have much money, things like that. I have seen it.

TP: You have seen the poverty, you have seen the destruction, you have seen the heartache and the unfairness, it sounds like?

Yes. Yes.

TP: Those that have, have too much, and then those with very little.

My mother was always busy and never wanted to go anywhere. I wish she would have done. She was always busy, baking every day, cooking. She too knew somebody who had nothing, when they came around, she gave them food. That is what she was like.

TP: Sounds like she was a real model to you?

She was. But very quiet lady. Very quiet.

TP: If you could go back in time, is there anything you would change?

I don't think so. I like what is going on now. In those days the war was on, there wasn't much. Now we can do what we want, when we want, and we are rich in comparison. If you think of what everybody went through, not me, but other people, who lost families and they didn't have money. I look at some of those people, still living so they can start a new world. It was for me.

TP: If some of those people who suffered hardship were still living, but were given the opportunity to create a new world, what a lovely idea. What kind of world would they create?

Something good. Going to places they hadn't been. Go and see people and talk to them. Little children. Give them chocolate or something like that. It helps you.

TP: Reach out to others?

Exactly.

TP: Interesting idea. Imagine if we could start fresh and build the world the way we think it ought to be.

TP: If you were to go forward in time, imagine the world later, many years from now, what do you think it will look like?

I'd love to see it all. I hope I live a long time.

TP: You have lived a long time, and you have seen a lot of changes from your young childhood in England to changes in transportation.

When I look back, all the things that I have done since the war.

TP: Tell me about all the things you have done?

Mostly. I don't really know now.

TP: That is all right. What turns your heart to ice?

I don't know much about that.

TP: What bothers you? What makes you feel sad or cold?

Sometimes the family or people, they are nice people and then something happens to them, and they can't do anything about it, that gets me. I go with them and take them something and laugh. I can happen to all of us.

TP: Never to take it for granted?

I agree.

TP: What warms your heart? What makes you feel great?

Sometimes when I haven't seen people for a long time, and then we go out and have food and a drink maybe, and walks, and talk about what we all have done, that was nice. I have been a lot on my own. I don't want to be a loner, but sometimes that is the way it is.

TP: We have come to the end of our visit. Is there anything else you would like to comment on, that we haven't covered yet?

No, not really. What I want is to say like I am now, to be able to do things. I would have to just take off if I couldn't do anything. I can walk and do all kinds of things, and even run if I have too.

TP: You are 88 and have lived a long, wonderful life. Very active, very social life. You have come through the difficult times of the war, became a great psychiatric nurse that helped a lot of people.

Yes, I think I have gone through a lot. If you have that, money is nothing. A bit of money yes, it helps, but what you do for others and what you have done for yourself that is where it is.

TP: That is a wonderful way to finish.

Yes, it is.

TP: Thank you.

Lovely to see you.

End of transcript

Interview Transcript: CS #7 (March 5, 2015)

TP: Welcome Agnes. Before we do the interview I have a few health questions first for you. You are clearly female. What is your date of birth?

August 14, 1928. Born in Bella Coola, BC.

TP: What was the last grade you completed in terms of education?

I finished grade 10. I didn't study beyond that

TP: What was your main occupation? What did you do for work?

I was a telephone operator for a while.

TP: Would you say that in general your health is excellent, very good, good, fair, poor?

Fair I would say. Some days I think, 'Oh God, why did I live.'

TP: What makes you feel that way?

Things just go wrong.

TP: That is why you are here right, to make sure you have the care you need.

Yes. My husband is in a home, I don't know where it is. I don't see him very often.

TP: That must be difficult?

Oh yes, it is. Yes.

TP: It is a shame that you can't be together here?

Yes. I don't know how to explain it.

TP: He needs a different kind of care than you?

Yes. I think so.

TP: In general, how would you describe your emotional health, excellent, very good, good, fair, poor? How do you feel? Sad sometimes, a lot.

Sad sometimes. Why do I live. And all that. I don't know how to explain it.

TP: It sounds like it is between fair and poor at times?

At times.

TP: That is understandable. Would you describe yourself now as being socially active?

I think so. I like to participate in everything I can. Some days I don't feel like doing anything. But basically I don't think I'm too bad.

TP: So yes. How would you describe your quality of life?

Right now it is not too bad. I guess it could be better, but right now it is pretty good. I have a lot of good friends, and they are very good to me at the lodge here.

TP: That is very important to how we feel about our life in general?

I don't think it is too bad. I guess it could be a lot worse.

TP: Definitely. I have a few more questions. I will read a sentence and you answer, 'never, often, or somewhere between.'

TP: My age prevents me from doing the things that I would like to do? Never, often?

That is a hard one. I try and do everything I can regardless of my age.

TP: It is not your age alone that prevents you from doing things, more like your health or how you are feeling that day?

That is right.

TP: I feel that what happens to be me is out of my control? Never, often?

No. I try to be consistent.

TP: I feel free to plan for the future? Never, often?

That is a tough one.

TP: You may feel free but certain things are out of your control?

That is right.

TP: Your body might not cooperate with what your mind wants?

Right. Yes, more so.

TP: I feel left out of things? Never, often?

No, I don't feel that I'm left out of things. They are pretty good to me here. I like it here. I miss my family of course.

TP: I can do the things that I want to do? Never, often?

I would say 'somewhere in between.'

TP: Family responsibilities prevent me from doing what I want to do?

Well I don't have too, too much to do with the family now.

TP: I feel that I can please myself in whatever I can do? Never, often?

I try.

TP: Often. Look at the happy smile. My health stops me from doing the things that I want to do?

Sometimes. Not often, but sometimes.

TP: Shortage of money stops me from doing the things that I want to do? Never, often?

I never have had much money. I don't think so.

TP: I look forward to each day? Never, often?

Somewhere in between.

TP: That makes sense with what you were saying earlier. If you have good days, it is great. But if it is not a great day, then it will pass.

TP: I feel that my life has meaning? Never, often?

I wouldn't say never, and I wouldn't say often either, so in between.

TP: I enjoy the things that I do? Never, often?

Yes, I kind of do. Yes. Yes.

TP: I enjoy being in the company of others? Never, often?

I do. I do.

TP: On a balance, I look back on my life with a sense of happiness? Never, often?

I think so.

TP: Often, great. I feel full of energy these days? Never, often?

Oh no. No.

TP: Not never, but not exactly often.

TP: I choose to do the things that I have never done before? Never, often?

I don't know. I try and do everything I can.

TP: I'd say often. You are trying this for the first time.

Yes.

TP: I feel satisfied with the way my life has turned out? Never, often?

I'm quite happy with the way things have gone. Sometimes I wonder why I do this, and why I do that, but basically I don't think I'm doing too bad. Do you know what I mean?

TP: Tell me more?

I don't know.

TP: Sometimes I wonder why I am doing the things I'm doing?

Yes. But I'm quite happy with what I'm doing.

TP: I feel that life is full of opportunities? Never, often?

I don't know. I don't think so.

TP: Not at this stage of the game, eh?

TP: I feel that the future looks good for me? Never, often?

Yes and no. I miss my husband, but I understand that, that he has to be away from me.

TP: A few more questions, where the answers are very little, or very much, or something in between.

TP: I see myself as having a high self-worth? You feel that you are important, to you to others?

I don't know. That is a hard question. No, I can't answer that one.

TP: That is a tricky question, you are right, because it will depend from day to day. It is going to be different even within a day. Moment to moment. You can't have one answer that applies to everything.

I think so. That is right.

TP: But generally do you feel good about yourself?

I think so.

TP: Yes. I feel happy about my life? Very little, very much?

Well I could be a lot happier, but I could be a lot worse. I think I'm alright. I see my family whenever I want. That is the main thing.

TP: I am socially active? Very little, very much?

I like to think I am. They told me that I have to get up and do things. And I try and do as much as I can.

TP: I am physically active? Very little, very much?

To a certain extent, to what I can do. I hope you know what I mean?

TP: I do. I do. I'm 60 years old myself and my body every now again it goes, 'it is not the same as when I was 20.' I can only fit in so much in a day now. And if I am tired, then guess what, that is the way it is going to be. I don't push beyond it.

I agree with you there. I'm over 90.

TP: That is amazing.

So I don't think I'm doing too, too bad.

TP: I think you are doing very well. You have a great attitude and smile, that helps.

TP: Through my experiences I feel that I have contributed to today's world? Very little, very much?

I like to think that I have, but whether I have or not, I don't know.

TP: Well I think you have.

Everybody talks about my smile.

TP: And that is the best gift you can give someone.

Yes. Yes.

TP: It is contagious. And it takes less muscles in your mouth to smile than it does to frown.

That is right. I have heard that before.

TP: I feel depressed? Very little, very much?

I don't feel depressed all the time. Somewhere in between.

TP: Depressed is different than feeling sad. It is natural to feel sad about things, but depressed is more that you can't make yourself snap out of it.

TP: I feel isolated? Very little, very much?

I would say very little.

TP: I have someone to talk to about my memories? Very little, very much?

Oh yes, my family. They are always there whenever I want them.

TP: Great. Fabulous.

I don't know what I would do without my family. I hope this makes sense.

TP: Agnes, thank you for taking the time to visit. You were just telling me that you are older than 90?

I am over 90.

TP: How old are you?

I was born in 1928 in Bella Coola.

TP: Tell me what life was like there?

My father was a fisherman. Commercial fisherman. And he is not with us anymore.

TP: That would be a very popular area for that industry?

Yes, it was. He had his own little boat, a gillnetter. He went out by himself, but once in a while he took my older brother. He was quite young. He liked his fishing. And I liked the fish, not the fishing.

TP: Did you go fishing with him?

No. No. I wouldn't go out there. Sometimes there were huge waves. But my older brother, he is 3 years younger than me, he used to go out all the time with my dad. I don't know. There was other things that I liked to do, other than fishing.

TP: Tell me what you liked to do?

I was quite sports minded at school. And I was a telephone operator when I was going to school and that.

TP: What kind of sports did you play?

Everything.

TP: An all-around talent. You sound like an athlete?

Yes, I was sort of. Sort of. I liked all the athletic things. I used to run quite a bit.

TP: Long distance or sprints?

Sprints. Yes. I did high jump and long jump, relays and all of that.

TP: I was average height in height and then suddenly I grew, arms and length. Teachers would assume that I would make a good runner, but I was bad. They assumed that I would be good at high jump, but I was terrible, I always knocked the bar over. And hurdlers, I couldn't quite get my knees to turn in the right direction, so I would knock them over.

I have done all those things. In fact I won a cup for most Sportsman like. I have a picture of it. It was about this big. It had my name on it. It was in competition with the other schools. I liked my athletic work.

TP: That is a reason maybe that you have maintained your health as long as you have?

That could possibly be. My whole family has been sort of athletic.

TP: Tell me about your family. Where were you in the family, youngest, oldest?

Oldest. I had 3 sisters and 1 brother. The wedding picture is the youngest, the smallest. The little flower girl, was my sister. She is 16 years younger than me. Mom had 2 families sort of. Everybody used to tease her that they could always tell when my dad was home from fishing.

TP: There are some good Newfoundlander jokes about fisherman and their wives.

But I had a good family. My brother and I were 3 years apart. And then I had 2 sisters and a brother younger. My sister was 15 years younger than me.

TP: Did you get along really well?

Oh yes. Yes. I was their big sister. I took care of them. My mother, she always relied on me to help out. So I did. I helped out as much as I could. And I still do.

TP: What are some of your favourite memories growing up together? Did you spend most of your childhood in Bella Coola?

No. No. I don't remember how many years I was up there.

TP: But at least your younger years?

Yes. Yes. I had a pretty good life. I had a good family. My mom and dad and brothers and sisters. They all made it well worthwhile. I was quite happy with them all.

TP: What happened next, after Bella Coola and fishing?

My father came to Sidney. He was fishing up and down here.

TP: If he was alive, he would be able to talk a lot about the changes in the fishing industry over time.

Oh yes, but he is not with us anymore.

TP: At one time a prosperous industry and now it is a bit of a struggle for many.

Yes, it is. Places where he used to fish and everything, they are obsolete now. He did alright.

TP: My mother's husband, he loves herring?

Blah. I don't like herring.

TP: The funny story, he loved herring so much, my husband and I, we used to live on the island up in the Yellow Point area, outside of Ladysmith, and I'm not kidding, I remember the first year or two that we lived there, in the herring season when the boats were coming through the harbor, we could go for a walk along the shoreline with an empty bucket and fill it up with herring. As they were reeling in their nets, the fish are everywhere, all over.

I believe it.

TP: We would come home with buckets of them. Now you don't even see the roe on the each anymore. I can't recall a boat coming by in the last 10 years. Really sad.

I can't much remember that. The herring. He fished salmon and things like that.

TP: Do you have a favourite fish?

Salmon. Spring Salmon, I like them all, Spring, Sockeye, Coho. All of those.

TP: It is one of my favourite too. After your youth, tell me about growing up?

I don't know what to say. I had a reasonably good youth.

TP: Did you go off to school or work?

I worked at as a telephone operator after school for BC Tel.

TP: That would be quite a high tech position? Describe that.

You had a wall of plugs. You had to know all the numbers, the police, hospitals and everything. And you had to find the numbers. It was quite interesting. I liked it and I had to know all the different numbers (police, ambulance, etc.). It was fun. I think I did pretty good.

TP: Was that in Bella Coola?

Yes.

TP: It was a small community so you would know a lot of people?

I knew everybody there. It was a small community, yes. I liked it up there. I wouldn't want to live there now. It has changed a lot. I don't know how to explain it.

TP: Is it rougher?

In a way.

TP: When you think about Bella Coola, what comes to mind? Describe it to me?

There is logging. My uncle and grandfather they logged. There was a lot of fisherman like my dad.

TP: Was it a small town feel to it? Country. People spread out on acreages.

My grandparents had a farm. I wouldn't want to live up there now. It was alright when my family was there.

TP: It is hard to go back to a place that you once knew, it is quite different. It is the people that make a place and when they are no longer there, then it is very different.

That is right. I agree with you.

TP: What are some of the highlights that stand out in your life, as you are getting older? Young adulthood? Were there certain key points where life changed for you? Transitions?

Not really. I went to school and worked after. I had my family around, my mom, dad, brothers and sisters. I wouldn't be without them.

TP: You went to school and then you had your family. That means that you met your husband somewhere along the line?

I met him up there. His family were farmers.

TP: Tell me how you met? Look at that smile. You don't have to give away all your secrets?

It is hard to say. We met at a dance. I knew who he was and he knew who I was.

TP: You both had a reputation did you? Was this a country barn dance, with live band?

Yes. Basically western music. We went to the dance. Then he asked me out for a date and I said, 'sure.'

TP: You literally, physically met each other at the dance and then he asked you out?

I knew who he was. Walter Edward Gummer. We went to the one dance and then a dance after that. And then it escalated into more.

TP: Did he propose to you? Or you him?

No, he proposed to me. But his mother was funny. She said, 'I don't know what you have done to my son. He won't shut up now, he keeps talking.'

TP: That is great.

I said, 'I'm sorry, but I happen to like your son.' 'Oh that is good, because he likes you too.' We went together for a year or so before we got married. We had a pretty good life.

TP: Were you married in Bella Coola?

Yes, in Bella Coola, yes.

TP: And was this shortly after high school?

Now you are asking tough questions.

TP: Tell me about the life you built together?

He was a farmer's son.

TP: Agricultural or animals?

Animals, yes. He was a good son. He had a mother and father, and brother and two sisters. They were a good family.

TP: So you were raised in a good, loving, caring family and he had the same. A good match.

Yes. Yes.

TP: He would know a good woman when he met one and how to treat you well?

Oh he did. He did. They all teased him about getting married.

TP: What impressed you the most about him? How did he touch your heart?

That is a good question? He liked a lot of the things that I liked, and he got along with my family.

TP: I imagine he was also athletically inclined?

Oh yes. More so.

TP: So you could share that together?

Yes. We had a good life. He was a wonderful husband. We had 4 kids.

TP: Tell me about them.

They were great kids. I had 3 girls and 1 boy. They all got along good with everybody.

TP: Where are they now? Do they live here on the island?

I don't know where they all are now. Isn't that awful, I can't remember.

TP: Not awful, but natural. There is lots that I can't remember as well.

TP: Here you are in Victoria, did you and your husband moved here?

To Sidney. Grew up there. My dad was fishing.

TP: Tell me about the work that your husband was doing, and yourself?

My husband at the time was sort of farming. Not like his dad was or anything.

TP: More like a hobby farm?

Yes.

TP: Sidney had some great places.

I liked it in Sidney. I grew up there for most of my life. I had a pretty good life.

TP: Who or what, do you feel influenced you in your life, over your lifetime as you think back over time?

I went to school and I started at the telephone company and I worked there for a few years. And I liked it. Who influenced me, I don't know.

TP: You said already, your family, your husband's family?

Oh yes, they were great. His mother was a sweetheart. We both had the same birthdate, August 14th. He always said, 'that is why I married you. If I forget my mother's birthday, I will forget your birthday.' He never forgot our birthday.

TP: What did he do for you on your birthday?

He took me out and bought me things. The usual things. He was a great guy. I wish I could see him a little bit more often.

TP: You miss him a lot, you were saying?

Oh, I do, yes.

TP: You say he is not well? Is he in another care home?

Yes, he is. He is in another care home and I don't know where it is. Actually it is in southern BC somewhere.

TP: That must be a bit of a challenge for you to be apart after all these years together?

It is. I do miss him. But what can I do.

TP: Keep smiling. That is what you do, you find the positive.

That is what they say, 'you have a nice smile.'

TP: Very much.

TP: I have a few general questions, they might seem silly, but they are fun.

TP: While you were growing up, was there something that you aspired to do or something you wished to become?

No, I think I was quite happy doing what I was. I liked my job.

TP: You probably had good friendships there too?

Yes. I liked my job.

TP: How did you come to become a telephone operator?

I tried for a job there. I got the job, no problem. I was going to work just for the summer holidays, but I got there and they put me on the payroll and gave me a steady job.

TP: What part of it did you like the most?

Just the regular telephone operator. I worked nights for a long time. I didn't like the night job. It was hard. I had just got married. I liked my job that is about all I can say.

TP: What do you wish to say to the world? If the world were listening to you, what would you say to them?

Oh, I don't know. I have no idea.

TP: What would you like to say to the upcoming generation? The younger people coming after you?

Just go out there, get a job, do the best you can, and try and get along with everybody. That is what I always maintained. I thought I got along with everybody.

TP: That is my impression. You would have taught your children that as well?

I hope so. My family is pretty good, they are really good to me. They come and visit me quite often.

TP: And are you able to go out with them, and go on outings?

They come here and visit me and take me out sometimes.

TP: What kinds of things do you do together when they come and visit?

A little bit of everything. I don't know. I am quite pleased with my family and the way they have grown up. I'm quite happy with how I handled them, so to say.

TP: You should be. Parenting well is a tough job.

You are not kidding. I don't think I did too bad of a job.

TP: What was the hardest part about parenting?

I tried to get together and have family get-togethers. Try for them to get along with one another. They were quite young. My oldest one is over 50 now. I don't think I have done too bad of a job.

TP: What would you like to say to your family?

To carry on the way you have been. Love one another, and do the best you can. I hope that I have set an example.

TP: I believe you have.

I think so. I like to think so.

TP: And you know that in your heart?

Yes. Yes.

TP: I guess that is the most important thing about parenting,

Do as I say (laughter).

TP: What is the most important thing in life?

To love one another, respect one another.

TP: Not always easy if you don't have the same opinion on something. Very true.

TP: If you could give a gift to the world, what would you give?

I don't know. I don't know.

TP: May I suggest that you already go?

What, love.

TP: Love, and your smile. Your contagious smile.

That is what everybody says about my smile. I'm glad that it is contagious.

TP: Good for you. Life has its bumps along the road and it can really change a person. For you to maintain and keep that happy, positive attitude is huge.

Yes. I like to smile anyways.

TP: If a wish were granted to you, what would you wish for?

I don't know, that is a hard question. I don't know.

TP: It is a hard question, when you feel content?

I wish my husband was closer, but that is the way it is.

TP: You have lots of memories in your heart that you can hold with you. It is not the same.

Oh yes, but he was a good husband. And we both enjoyed ourselves.

TP: Is that your wedding picture there?

Up top. And then my bridal party on the bottom. I had two bridesmaids and a flower girl.

TP: Was it a big wedding? Did the whole town come out?

About 100 that came out. It was nice.

TP: Was your wedding in the church?

Yes. Yes.

TP: Did you have a reception? A dance maybe afterwards?

Yes. Yes. And the fellow who was in the band was a friend of mine. I got it free.

TP: What kind of music?

A little bit of everything.

TP: Did you have a favourite wedding song?

Yes. 'Always.'

TP: I sing in a local choir, Daniel Lapp. It is good fun. I stand between the two best singers in the choir so both my right and left and right ear, I can hear their voices and they keep me in tune. If I sang alone I would be in trouble. Always that is a beautiful song.

'And I will be loving you Always.' Yes. Yes. My two bridesmaids, they are still alive, and I was matron of honour for both of their weddings. The fellow standing beside my husband, that is his brother. He was the best man. My flower girl she was a sweetheart. She was 15 years younger than me. So was the belle of the ball, the little one.

TP: Such an impressionable time. I can think back, when my daughter Natasha was 6 years old, and her very first wedding. She was the belle of the ball herself. She wasn't in the party, we were just good friends. But she managed, at one point we couldn't find her anywhere. Lo and behold the bride and groom had already left the church and had gotten into their limo to go off on their honeymoon and that is when we couldn't find Natasha anywhere. And then the groom came back and said, "here Trudy, Natasha is in the car with us." She climbed in between the two of them and was ready to go off with them. Again, we were driving somewhere in Victoria and there was a wedding party going by and there were two great big huge limos and Natasha said, 'look mom there is a car for the bride and a car for the groom.' Interesting observation.

That is what she thought. Out of mouths.

TP: For the fun of it, imagine we were making a time capsule. What would you put in the time capsule to give whoever finds it, go give a message to them?

Just to say that to love one another, respect one another, everything like that. I don't know what else I could say.

TP: That is very very important.

I like to think so.

TP: When you hear the word 'old' what do you think? Feel?

I don't like to think anything about old. I don't think that my parents are that old. I don't feel that old.

TP: Even though you are 90 something.

My mother is almost 100. She is still alive. And my dad, he didn't live that long. He had a rough life, being a fisherman and everything. It was hard on the body and he was by himself most of the time. My brother, was with him quite a bit. He had his own life too after a while. I don't think we did too bad as a family. I was a big sister. They called me sister. That is my life history.

TP: When you hear the word 'young' what do you think?

My two little one there. My other one she was a little bit retarded, so she couldn't continue as much as this one could. She did alright.

TP: A special needs child.

Yes, a special needs.

TP: Fortunate time period we are in for that now, it is unfortunate to have that happen, but there are a lot of good programs and help and support and available now, whereas, in your parent's era that would have been very difficult.

Oh yes. They didn't know what to do with her. What can I say.

TP: Imagine that you were the Prime Minister of Canada, what would you do?

I don't know. I have no idea. I can't answer that.

TP: If you could go back in time, is there anything you would want to change?

I don't think so.

TP: Imagine you lived another 90 years, what do you think you would see in the future? What would the world look like?

Heaven forbid. I don't know.

TP: In your lifetime there have been major changes. I can remember being a young teenager when Armstrong first landed on the moon. When you think over a very short period of time so much has changed, right.

Yes. Yes. I couldn't imagine what the world would be like in the future. I'm quite happy with my life so far.

TP: What turns your heart to ice? What makes you feel cold?

The way some people treat one another.

TP: Meaning?

Not being fair. I haven't seen much of that. My family has always been so compatible and getting along with everybody. I'd like it to stay that way.

TP: The opposite of ice, what warms your heart?

If I could have my husband around a little bit more, that would be great.

TP: If your husband was here right now, what would you want to say to him?

Oh, he just knows that I love him and that would be about it. I will until the day I die.

TP: That is very wonderful to have that, that rich kind of love in your life.

Sometimes my husband used to be so funny. He wanted to be loved all the time, and I said 'sure, so do you.' We got along. His mother was a sweetheart.

TP: That is another nice blessing. Not to just get along but to have a loving connection with your husband's mother, is important.

We used to conips back and forth.

TP: Conips, what is that? I like that word.

She used to tease me, and I used to say, 'oh yes, sure.' And I would tease her back. It was just fun.

TP: It sounds like he got a sense of humour from his mom?

Yes.

TP: Very important quality in life to have.

Yes. I liked her. She was really a sweetheart, his mother.

TP: It sounds like you got to know her, the same time you got to know your husband, while you were courting. Did your families do a lot of things together?

Not my family. They were a lot different in age. But I got along with his mother very well.

TP: Was the most fun you had with her?

Trying to put a big one over on my husband? A prank.

TP: What was the prank you played?

I don't know. He says, 'what are you ganging up on me for.' 'We just love you that is all. We just want to see what you can take.' They were a good family. He had no father. His dad died when he was young.

TP: Was he the eldest in the family?

He had 2 sisters that were older and a brother younger.

TP: He was the oldest male?

Yes.

TP: And he probably, like you, took on a lot of that responsibility of caring for others in his family?

He did, yes.

TP: A strong woman his mother would be then to raise children on her own?

Oh yes. She was.

TP: And they were farmers, you said?

Yes.

TP: That is a tough life? Hard work?

Yes. We all had a good family life. Both families. We got along pretty well together.

TP: I can see looking around your room, all the great photos, memories of family.

That is my husband there.

TP: Oh, he is a handsome fellow?

Of course.

TP: As are you. And your grandchildren.

And great grandchildren. I have 4 children. And I have 14 grandchildren. And I have 14 great grandchildren. And I about 3 great, great grandchildren.

TP: That is a lot.

Yes.

TP: I can't say that I have heard that before?

And I send cards, but I don't send gifts.

TP: That will keep you busy all year long.

Pretty well.

TP: Are they spread around?

They are mostly in Canada. There isn't any in the US. I have quite a few back east. I have a daughter in Toronto. I can't remember where they all are now. They are from Toronto to Vancouver.

TP: You have taken over the country.

They are great kids.

TP: What are they doing in terms of work or professions?

I can't remember. I don't know what all their jobs are. It is bad enough trying to remember their birthdays and everything, let alone what they do, what their jobs are.

TP: You have a good memory. A friend of mine gave me a birthday journal so I could write down everybody's birthday and remember them.

That is a good idea. I have got a book with all their birthdays. But I pretty well remember their birthdays anyways.

TP: Have you had a large family reunion in the last while?

Once or twice.

TP: It would be amazing to get them all together?

It would be lovely. I would love that.

TP: There is your wish.

I don't know if that is to come. Maybe in the future, or what.

TP: If you were to plan a family reunion, what would you do? What would that look like?

That is a big question. I don't even know how many we have got. I know my family, my daughter's family. There are so many kids, grand kids, and great grandchildren. I have to sit down and write all their names down.

TP: Would you have a great country picnic, have a dance? What would you do if you had a reunion and brought them all together?

I don't know.

TP: Agnes, I want to thank you for taking the time and visiting.

I hope I could fill in some spaces.

TP: I very much enjoyed learning about you and your adventures. You have a great spirit. Your smile is great, but it is great because your whole spirit shines through, your positive attitude.

Thank you. I hope so.

TP: Thank you for all you have done in your lifetime?

I like to think that I was alright.

TP: Yes. To conclude is there any questions you have, or comments you want to make, or anything you want to talk about that we haven't covered yet.

I think we have pretty well covered it.

TP: I think so. We will leave that for round 2. Okay.

End of transcript

Interview Transcript: CS #8 (March 6, 2015)

TP: Thank you for coming and visiting here. First of all tell me about growing up. You mentioned that you grew up in Vancouver?

Yes, in Marpole. It is part of Vancouver, a district.

TP: What was life like there?

It was good. Played a lot. I was the youngest of 5 kids I think. 4 girls and 1 boy. Poor boy is right.

TP: And you were the youngest. So your older brother and sisters took care of you?

I guess they did.

TP: What can you remember about playing with them, or the kinds of things you did growing up?

We had fun, I know that. I don't know. It was so long ago.

TP: Did you play outdoors?

Oh yes.

TP: Do sports?

Not much sports, other than baseball. I can't remember. We had fun.

TP: That is what matters. That is what you recall. Definitely.

Yes, we had fun.

TP: Is your brother and your sisters are they still here?

No, I'm the only one. They are all gone.

TP: I'm sorry, that is sad. That is hard for you?

It is. Yes. I was the youngest but I'm the only one left.

TP: Vancouver to me is such a huge city, was it very large in the area that you were in?

I lived in an area called Marpole. It was in the city, but I don't know how to say where it was. It has been so long since I have been there.

TP: Were you parents also local BC'ers.

My father passed away when I was 10 years old.

TP: Was he a local Vancouverite?

He came from back east I think. Somewhere. I forget.

TP: Grew up with your mom as a single parent. That was a tough job for you, raising all of you?

It was, 5 kids. It must have been pretty hard for you.

TP: Tell me about your mom?

She was a lovely lady. Strict, but loving. Very loving. Lots of fun.

TP: What kinds of things did you do together?

With mom. She didn't have much time to do things with us.

TP: You grew up in Marpole, Vancouver. Tell me what stands out? What are some of the key highlights when you think back and growing up?

Life was good. A good life.

TP: As you grew into being a teenager, what kind of things did you do?

We rode our bicycles a lot. I know that. We used to go for long bike rides.

TP: Bikes with the strong, sturdy, metal frames and wide tires.

Yes. Fairly wide I guess. Just an ordinary bike. Oh dear, I don't know. I never think back that far very often. I'm looking ahead all the time.

TP: Good for you. Then as a young adult, you said you were working as telephone operator?

Yes.

TP: How did you come to do that?

My older sister was one, so I followed her footsteps I guess.

TP: Describe that to me? In your era that must have been a complex job. Was it a big wall with plugs?

‘number please?’ And then they would give you a number and you plugged it in for them.

TP: You must have had a very good memory, a lot of numbers and details to remember?

That is right. I had to know where the numbers were on the board, that is for sure. It was a good job, paid well. Time went fast. The days went fast.

TP: I imagine that you made good friends?

Yes, I always had good friends. Still do. Friends are good.

That is a pretty picture.

TP: Beautiful sunset on the ocean.

I would love to be sitting on one of those chairs.

TP: You and me both.

Wade in the water.

TP: I love that kind of thing too. It sounds like you do?

Yes, I do.

TP: Did you travel much in your youth?

Not until I was able to pay my own way. I have been to China. My husband and I went to China.

TP: Tell me about that?

It was different. The Chinese food is nothing like the Chinese food we eat here. It is good food. We went out for Chinese dinner it would be nothing like that.

TP: It is very Americanized here isn't it. A lot of fresh fish and vegetables?

I really don't remember too much about that part of it. We ate well.

TP: You went with your husband, tell me about your husband? How did you meet?

He was a lovely man. He was the brother of my girlfriend's husband. I think something like that.

TP: How convenient?

It was.

TP: It sounds like your relationship just naturally evolved?

With my girlfriend, I went with her, to her boyfriend's home. And there was a picture on the wall and I said to her, 'who is that?' She said, 'that is Don's brother David.' I said, "I'm going to marry him." And I did. I hadn't even met him yet.

TP: How did you know? What was it about him?

I don't know. I just looked at the photograph and thought, 'I'm going to marry him.'

TP: When did you first meet him?

I hadn't even met him yet. But I said I am going to marry him.

TP: Did you propose to him?

Maybe. I don't remember. I probably did. 'You have to marry me.'

TP: I love it. That is great. Did you date for a while?

I met him March and married him in October. I had already decided that I was going to marry him when I saw his picture.

TP: You know what you like. That is great.

He was a fine man.

TP: Describe him. Describe what he looked like in the picture?

He was tall. And good looking man. What can I say? Nice big brown eyes. My mother said he was too good for me. So she liked him.

TP: I'm glad she liked him.

Yes. A lot of mother's don't like their daughter's husband. But she said, 'he was too good for me.'

TP: And what did you say?

I don't know what I said.

TP: So you married fairly quickly. Was this in Vancouver that you met him? And did you have children soon after?

Yes. Yes. We had a son and a daughter. Married in 1950, had Bruce in 1952 and Gina in 1954.

TP: I was born in 1954, so she would be 60. Are they here?

Bruce is in the Northwest Territories. He is a clinical psychologist. And Gina is here in Victoria. She is a widow now. We both are. We are both widows. She has got a son and daughter. Her daughter is in Japan, he teaches English to the Japanese. Her daughter is not far away, 'Erica, what do you do?' I forget.

TP: Do you have a chance to see them often enough?

I see my daughter often. My son I don't see him often because he is far away. At least once a year. A nice man.

TP: My husband is too. I wanted to be a child psychologist when I grew up, but instead I married one. He works for the Department of National Defense, and he is here in Esquimalt, working with the soldiers.

TP: What would you say throughout your lifetime, who has inspired you?

I don't know. Never gave it a thought.

TP: Just onwards and forwards. Like you said, 'don't look back move forward.'

TP: What would you say were the key transitional points, key moments in your life, that really stand out for you? Clearly meeting your husband?

Yes. And my children were born.

TP: Do you have grandchildren?

I don't know. Isn't that awful, I must know. Bruce is married and he has 2 kids. Gina is married, a widow now and she has got 2 kids. They both have 2 kids.

TP: Do you see the grandchildren?

No, they live far away.

TP: When you were growing up, what did you want to become, what was your dream?

I don't know if I had one. I must have, everybody does. But I don't know what it was.

TP: You clearly recognized your husband when you saw the photograph?

Oh yes.

TP: What do you wish to say to the world?

Thanks for giving me a good life.

TP: What would you like to say to the upcoming generation?

Be good. Don't do anything bad. Enjoy life. I don't know.

TP: Enjoy life, but not at the expense of others. That sounds like what you are saying there?

TP: What would you like to say to your family?

I love you all.

TP: And vice a versa. Yes, I can see that in your face. What would you say is the most important thing in life?

I don't know. What is it?

TP: It sounds like what you are saying, moving forward? Looking ahead.

Yes. Yes. Don't expect too much.

TP: You can't get disappointed then, can you?

No.

TP: If you could give the world a gift, what would that be?

A helping hand I guess.

TP: If a wish were given to you, what would you wish for?

Good health.

TP: It makes all the difference. Have you heard of time capsules? Imagine if you were putting something into a time capsule, what would you put in? Anything you wish? Whoever opened it up, could tell something about you, the world you lived in, the time period maybe?

I don't know. I never thought of that.

TP: When you hear the word 'old' what do you think?

I'm old. That is true. I'm getting old. I am old.

TP: Be proud of that.

Oh yes. I'm alive. Have a good life.

TP: When you hear the word 'young' what do you think?

I'd like to be young again.

TP: I can see the great smile on your face.

I had a good life.

TP: Just the freedom to get out and about and do the things you want to do?

Yes.

TP: If you were Prime Minister of Canada, what would you do?

The best I could. I don't know what I would do. What would you do?

TP: I would try to share the wealth a bit more. There is such a divide between the very, very wealthy and the very, very poor. In a country like Canada there is no excuse to have people living on the streets. None.

Oh no. There is a lot.

TP: I would share the wealth a bit more evenly. I think education should be free?

Isn't it. No it isn't is it.

TP: In some countries it is.

We don't pay to go to school?

TP: You don't pay to go to high school, but university is not free?

Yes, I see.

TP: This limits people's opportunities to gain education and therefore build a good life.

That is true. Yes. That is true.

TP: I would remind myself that my job is to serve the people, not for myself, or my own power.

Very good.

TP: If you could go back in time, what would you change?

I don't know. Maybe nothing.

TP: That is great. If you could imagine the future, what the world would look like in the future, what do you think you would see?

I guess it could improve, but I don't know how. Nobody would be poor. You don't to have everything you want, that is selfish. You can't have everything.

TP: But the basics at least, foods, shelter, clothing. Basic needs met.

Oh yes. Yes.

TP: The rest is up to you?

Yes. Yes.

TP: What turns your heart to ice? What bothers you, upsets you? Makes your blood run cold?

Seeing somebody hurt somebody.

TP: The opposite to that, what warms your heart?

Watching children play.

TP: They are full of life and energy, spark.

TP: That is the end of our questions, any other things that you would like to talk about that we haven't covered?

Can't think of any. There is probably a lot of things, but off hand I can't think of anything.

TP: Thinking back to when you were visiting your friend and saw the photograph on the wall and you said, "I'm going to marry that man," that is a lovely story. I would like to hear more about what your wedding was like?

Very quiet. We were married at home. The minister came to the house and married us. Just the family was there. We didn't want a big wedding.

TP: That is a lovely way. The minister came to the house.

He did. Married us there. Just the family there.

TP: Indoors/outdoors?

Indoors. October 27th

TP: Did you have a honeymoon?

We lived in Vancouver, so we came over to Victoria. We go the midnight boat to Victoria. It was a Friday night and the boat left at midnight to go to Victoria for people who would go for the weekend. So that is what we did. It was nice.

TP: BC Ferries should bring that back.

They don't have that anymore? We had a stateroom. We left at midnight, or close to midnight and arrived for breakfast. We had breakfast on the boat and got off.

TP: They don't do that anymore.

That is too bad.

TP: Tell me more about that?

Stateroom. Had breakfast on the boat. Got off, and took in Victoria. It was really nice. I had a friend who lived there and we visited. They had tickets to a hockey game. So my husband went with her husband to the hockey game, and I stayed home with her and we reminisced. It was really nice.

TP: Fabulous. What did you reminisce about?

What we had done together through our lives. We worked together, that is how I met her. We talked about a lot of things.

TP: She was a telephone operator too?

Yes. I have had a good life, nothing to complain about.

TP: And it is okay if there is something to complain about. We are only human. We have those moments and those days?

Of course. I probably was a big complainer. I don't think so though.

TP: Okay. I think that brings our visit to a close then for today.

That is too bad.

TP: Okay, then keep on going.

Okay.

TP: What else should we chat about then?

I don't know. I can't go back in life. I have to look forward to what we are going to do.

TP: What would you like to do? If you could do anything you wanted to do right now, what would that be?

Go for a swim.

TP: Do you enjoy swimming?

Yes, I do.

TP: In Vancouver, you were around the ocean, did you do a lot of swimming?

Not a lot. You had to get transportation to get to the beach. Couldn't walk to it. But I did a fair amount.

TP: Did you boat as well?

No. No.

TP: I love the ocean as well. I was born on the prairies, but I was the child who stood at the snowdrift window, looking out in the middle of winter going, 'one day when I grow up, I'm going to live by the ocean, where there are big tall trees, deer in my back yard.'

Oh nice.

TP: When I finished high school that is what I did. I hopped on a plane, came for a visit and thought, people can live here, I am going to live here.

Good for you. That is great.

TP: My brothers and sisters are still in Edmonton. My mom is in Kelowna with her husband. I don't see them as much as I would like.

I'm the only one left in my family. I have got a lot of nice friends.

TP: Tell me more about my friends.

Well, they are just good friends.

TP: What makes a good friend for you?

Somebody you get along with. Do things with.

TP: Someone who listens to you, plays with you?

Yes. I don't know if they will listen, I haven't got much to say.

TP: You have lots to say. Look at your very happy, smiling face there. You would be lots of fun.

I do have fun, yes. I like people. I have some close friends, and it is nice.

TP: That is important. Okay. I think we will stop here, because lunch is getting ready for you. I'm going to come back and see you some more and carry on. I look forward to it.

Thank you. End of transcript.

Interview Transcript: CS #9 (March 6, 2015)

TP: You were telling me a little while ago that you were born in Glasgow, Scotland. Tell me what Scotland was like, or Glasgow in particular?

Glasgow is a big city. It is the biggest city in Scotland. I went to Glasgow on numerous occasions, especially when I got to between 15 to 16 years old. I think I left the orphanage at 17.

TP: You were raised in an orphanage?

Yes.

TP: Tell me about that. Were you in the orphanage for your whole childhood?

Yes. The orphanage consisted of 43 cottages. That was for above 4 years old. You were taken out of the baby homes at the age of 4 and put into a young teen home, and that ranged from 4 years old to 16. Once you turn 16, they shipped you off to Overbridge, which is a boys home in my case. And a girls home for female. They are both in Glasgow.

TP: What was life like for you in the orphanage?

I think it was pretty good.

TP: What kinds of things did you do?

As long as I behaved myself. For the most part we played games. And you had Christmas time you would get board games that you could play by yourself. And other games that might involve someone else, 2 or 3 others.

TP: Do you recall what some of those games were called?

If it involved other people, maybe between 6 and 10 children, around my age, between 15 and 20. By the time you were 20, you were clear of the orphanage. Maybe 18 is better, and they sent you to wherever you choose to go. I choose to go to Iona, it is a small island on the west coast. I was in Iona and experienced what it was like. Iona is an island, between 15 and 20 miles long.

TP: That must have been quite the experience living there. Tell me more about that.

It was a lot of fun. After breakfast we would decide what we were going to do. Maybe have a game of soccer or it was a day for shopping. There was a place for settlers that came.

TP: So you had quite a few activities, sports and opportunity to go to town and shop, but also the opportunity to connect up with people who were working and get some work experience.

That is right, yes. Get the lowdown from them of what is the best thing to get into. What were the best stores to shop in? Things like that. I invested my money in bonds. 2/3rds of it.

TP: Right away as a young man when you started working you invested your money in bonds right away.

Yes. I had money in the bank already. It had been put away. I think there was money put in every year, for all the years I was in the orphanage, at least from the time I was 12, or 13. I had been doing some heavy work.

TP: Okay. I was going to ask you how you earned money while in the orphanage. You had chores or jobs to do and you got paid for it.

To start with, I was in the greenhouse, gardening. I had a choice of what to grow, like daffodils, roses and there would be a patch for vegetables, potatoes and the potatoes would be used for the orphanage. There could be as many as 8 to 10 bags of potatoes.

TP: That is a lot of potatoes. In the orphanage you worked in the greenhouse growing daffodils, flowers, roses, and also worked in the garden to grow vegetables that fed the children in the orphanage.

Yes. There were 1200 children in there. In the cottages they would be 5 years old and the baby homes for under 5.

TP: What was the name of the orphanage?

Orphan Homes of Scotland, Bridge of Weir.

TP: Was this in the heart of Glasgow?

No, it was about 50 to 60 miles from Glasgow. Glasgow is a big city too. There is 60,000 people living there. It must have been maybe 10 miles big, maybe more than that. Edinburgh is the other big city. It is not quite as big as Glasgow, but cleaner and busier. There is more business men there in Edinburgh and cleaner. Glasgow has a lower edge to it.

TP: Different class of people. Working class.

Yes. Yes. Edinburgh, you have more people in investments, investing in bonds and that type of thing. In Glasgow, I saved my money in the bank. I bought bonds. Once it was set up, I left it to the people who were in the business of doing that. I'd pay so much money to have this done. When they thought that perhaps we should get more bonds, they would get in contact with me.

TP: So you were well looked after financially, or wise enough to save your money?

Yes. I was never a drinker of beer or liquor. I was into investments more than anything else.

TP: Going back, can I ask a personal question, do you know why you were in the orphanage? Did you know your parents, or family?

No, I didn't know my father or mother, at least I don't believe, I can't remember. And there was 30 boys in the cottages. A father and mother in the boys cottage. I believe it was a lady and a helper in the girls cottage. Never the two shall meet. Can you imagine? (laughter).

TP: I'm sure you found ways to sneak across?

Once in a while. (laughter). 1200 children and 43 cottages. They had a lot on their hands. There was a superintendent, Mr. Munro, he was in charge of the orphanage. They would come and check with the powers to be about how things were going and see if there was any undue behavior, then he would deal with it. If it was really out of hand, he would come and visit those that were involved. For instance, there were some kids that were older, between the ages of 14 to 16. At 16 years of age they leave the orphanage and at 14 they leave school. Depending on how good you are in school, would determine what kind of job you would do.

TP: Did you have schooling as part of the orphanage, or did you leave the orphanage and go to a community school?

You left school at the age of 14. If you were smart enough and had enough education to go to a higher grade, like Paisley and attend school there. There would be a class set up for people, between 15 and 20 boys and girls that would be involved.

TP: You said that the last grade you completed was grade 12, did you then go on to Paisley?

I did go to Paisley.

TP: What were the schools like?

It was a long time ago. For instance, we were set up in the cottage Over Bridge (name of the house we lived in). I think I was there for 5 years. They taught us something, it wasn't geography, but more like finances.

TP: You were well educated in the real world as well, beyond the 3 Rs.

They didn't put you on the street and say, 'you have \$5,000 in the bank, do what you like with it.' No.

TP: They taught you how to invest it, and take care of it so it would grow?

Yes. I invested in bonds.

TP: It sounds like you had, although at times it might seem a bit sad to grow up in an orphanage, it also sounds like it was a positive experience, you were well taken care of and prepared you for your adult life.

After the orphanage, they didn't use a belt after that. We were more or less adults, and they didn't need to use the belt. And we went on trips down to the seaside. Adrossan was one place. I spoke the Gaelic language.

TP: Can you still speak some Gaelic?

(Gaelic).

TP: What does that mean?

It is a fine day to day (I can't remember what the rest means).

TP: Did everyone in the orphanage speak Gaelic?

Just a few. Those who were interested in learning it.

TP: Sounds like a tricky language.

I loved the language. The ones that were good at it, would get a job in that line, being an interpreter.

TP: I'm impressed with the school system. It looks like they prepared you well for life, you weren't just set out on your own to try and figure it out.

They sent me to Iona. It is a small island on the west coast. It is a beautiful place. They had tourists come there for the summer time, May to September.

TP: What work did you do there?

I would be counting the stock for instance. So many raisins, so many vegetables, so many potatoes, turnips, cabbage, etc. I also was a cook. I can still cook.

TP: What is your favourite recipe?

I love to cook soup for one thing. My favourite soup has lentils in it, carrots, turnip, onions, and potatoes. Potatoes help to thicken it. Well I was a cook right from the word go, from the time I

left school, until I reached the age of 16. That would be about 2 years. After the 2 years, they sent me to Overbridge, the boys home near Glasgow. And I got a job in Glasgow.

TP: What job did you get in Glasgow?

I was a cook in the kitchen. I got paid for that too. That last 2 years. And that took me up to the age of 16. I stayed 2 more years after that as they were having a hard time finding a replacement.

TP: I think you were too good at your job and nobody else could do it as good as Norm.

Anyway, after the two years, I was allowed to go wherever I wanted to go. I went to Iona, to get my footing. Ise of Iona. A lot of tourists go there in the summer time. Also involved farming. I learned how to farm, how to plant different vegetables, like oats and then have a garden where I planted carrots, turnips, potatoes and I would have to decide how many potatoes to plant that would last for 6 months.

TP: How did you store the produce?

I had boxes. We put them in the boxes. We had them in pits. Carrots for instance, we would put on one end of the. Potatoes were a big thing, especially for the orphanage. We would grow between 30 and 40 feet rows, and that would grow enough vegetables to last for ourselves and for the others that were still working at the orphanage.

TP: When you were in school, what kind of courses were part of your education? You said one was finances.

Finances, how to deal with finances and investing.

TP: Were you taught different languages? Math sciences?

Taught some Gaelic. I got too busy and never spent time on it. I did sports, soccer. Soccer and cricket. And rounders. You use a tennis ball and bat (similar to the cricket bat, flat on one side). (describing the process bat).

When you rake the garden, you have to have the same width for your rows of potatoes to keep the weeds out. So you can put the rake through the soil, at least once a day. That loosens up the soil and keeps it loose and keeps the weeds out.

TP: I know who to call when I need help in my garden. (laughter).

TP: When you think back over your lifetime Norm, what were some of the highlights? What really stands out for you? Some key moments?

There were 30 boys in the cottage, and the father and mother, Mr. & Mrs. Grant, they were the best couple ever. I guess I was their favourite.

TP: They had quite an influence on your life? They took care of you and you were their favourite? I can see why. Did you ever marry?

Yes. I have two children.

TP: Was this back in Scotland? How did you meet your wife?

That was a long time ago. She was also working in the orphanage. That is where we became girlfriend and boyfriend. Of course we would never visit the bedrooms. That was out of the question. Or there might have been a whole line of little ones (laughter).

TP: You had to find other ways?

Yes. But I'm surprised that I haven't heard them, from either one of them.

TP: You married in Scotland, then did you immigrate here to Canada together?

We had two children, a boy and girl. Andrew, Christopher, Robert and two girls, Annabel and Catherine I think.

TP: Are they still in Scotland, your children?

They would be adults now. But I never kept in touch. That is my fault. I got too busy. I'm going to have to go back there and see if I could line up again.

TP: When did you come to Canada? Did you come with your wife?

I came over with my wife. Her name was Joyce. After the children had grown up and were in their teens, we came over to Canada, immigrated. We settled in a house and all and then I went to look for a job.

TP: Where did you settle down? What part of Canada did you come too?

Ontario. I spent my time in Ontario. It is a good sized province. It was in Ottawa. Again, that was a good place too. The ground was good. That is a big item, because if your ground is clay.

TP: Did you farm as well when you came to Canada?

Yes. Clay is no good. If you need clay you can dig deep beyond the soil. I was in the highlands, so it was good there.

TP: What brought you to Victoria? Did you and your wife both come here?

I can't remember that far back. We came to Ottawa. We were in Ottawa for 4 or 5 years. We established a family and a house.

TP: Is your wife still here?

We separated. No. But I do have a family, but they are back in Ottawa. I wish they would come and visit me sometime.

TP: It would be wonderful wouldn't it. We will have to write them.

TP: I have a few fun, light questions. While you were growing up, what did you aspire to be? What were your dreams?

Sports, I liked soccer and playing cricket.

TP: Did you want to be a sports star?

I wasn't good enough. But I enjoyed playing soccer and cricket.

TP: What position did you play?

I was the pitcher for cricket.

TP: You have a strong arm. Describe cricket for me. (describing).

Between the lines, you have 3 wickets, one at the end, one at the other end, and two in the middle. They would be that much apart.

TP: Someone is up at bat and the pitcher throws the ball and the idea is to hit it between those points?

Yes. And the fielders, when the ball gets hit there, they get the ball and throw it back to you.

TP: Where do you run? In baseball you run around the 4 points. In cricket you just run down the aisle and back up?

That is right.

TP: What would you say to the world?

For one thing, I was raised in the orphanage, I would like to say more sports for the children.

TP: For the orphanage world, please make sure children have more opportunity for sports.

They were allowed to play Friday afternoon and have sports. That is once a week. That isn't enough. Especially if you want to make it a business, earn money through sports. There wouldn't be too many that would go into that, maybe a few.

TP: What would you like to say to the upcoming generation, the young people?

Don't go drinking excessively. A drink once in a while is okay, but every night not. You are using up the spare money you have got. I was a bit of a scrimped myself. I had enough money to last me.

TP: What would you like to say to your family?

I would like to see them again, more often than I do. I do make investments in bonds. As they have grown, they keep growing all the time. The more you invest the more you will make.

TP: That is a lesson you want to pass on to your family, your children. Be wise with your investments.

Yes.

TP: What would you say the most important thing in life is?

The most important thing in life is to be upfront and go to church every week. Live a clean life.

TP: What is a clean life to you?

To start with, if you have got money, and the way to get money is to invest. Not to go out drinking. It is okay to go and have a party, but to get drunk every night that is wasting your money. I invested my money in bonds. And built the bonds up. And put some aside to carry me through.

TP: If you could bestow a gift to the world, what would that be?

I'd invest in something. I'd put money into an investment and set up something to help the orphanage.

TP: Take some of the money you have invested and give it towards the orphanage so they can also continue to invest it and keep the orphanage going. There are many places in the world that could benefit from that.

TP: If a wish were granted to you, what would you wish for Norman?

I wish that I had a farm. A farm with 5 to 10 cows. Maybe 25 to 30 sheep. Calves coming up and they would be starting them off from calves all the way up to Starks and Steers. You get them to the steer level and go to the butcher.

TP: A wish for you would be to have your own farm and to live on it and work it. And raise the animals. I can see why you would enjoy it. It is a great way to be living life.

That is right.

TP: Time capsule. It is a big container that is buried in the ground with items in it that people have put in it, so the next generation that finds it, can understand our world, as it is. What would you put into a time capsule?

Something that I would want to keep but not go rusty. Give me an idea?

TP: Someone might put in an old telephone because technology will have changed a lot. They won't recognize what it is. Or maybe a message in a bottle 'be kind to each other.'

TP: When you hear the word 'old,' what do you think?

You are old when you get to 70 years old. If you get to 80 that is much better. I don't know if I will get to 100.

TP: When you hear the word 'young' what do you think?

It would be nice to have a family and see them growing up. I had two boys and two girls, 4 children all together.

TP: You think about your children growing up.

Yes.

TP: If you were Prime Minister of Canada, what would you do?

I would try and make it a rule, and I don't know how hard and fast you can make it, but a rule that you put a percentage of your money in investments. If you invested money investments and making money from it, then you can't go wrong. If you are doing that with your family, you can't go wrong either.

TP: So as a country then, Canadian governments need to invest their money, keep it safe.

Exactly.

TP: If you could go back in time, what would you change?

One thing I would change is using the strap less. In my day, it got out of hand sometimes.

TP: I imagine that growing up in an orphanage, that that was a way they managed children, with the strap. Not anymore. Not allowed to use the strap at all in schools anymore.

How do they keep discipline?

TP: Setting limits, giving rewards for doing well. Teaching them to make positive choices. That has changed definitely, at least in our school systems. No strap. Even myself, I can remember the strap in elementary school, but it was never used on a person, but just smacked on your desk. It was more noise, but never used on a person. By the time I was in high school, there was none of that.

I don't think strapping achieves anything. What does it prove? It is only going to make the child more determined to do what he is doing. More defiant.

TP: I agree with you Norm. I think you get the best out of people by being the best and behaving the best, not by fear or punishment.

By example.

TP: What are you learning, if you are not learning what you are supposed to be learning. You are learning 'how to not get caught.'

Yes. If you are going to be one of those kind. I think that there should be more interest in directing children to adults. Once they are adults and free to do what they are doing, it develops from that.

TP: It sounds like you had a fair amount of that in your experience, a lot of guidance, that is very important.

TP: If you could go forward in time, 100 years or so, what would the world look like? There has been a lot of changes during the time you have lived. What do you imagine the future world will look like?

50 years from now. Invest in money and bonds and give yourself an allowance each month. My children, ones that are working, they would have their own job, teach them to invest, invest in bonds and different things, what their interests are. They don't necessarily have what my interests are. As long as they have interests. Different fields to go into. Carpentry, painting, gardening, farmers, a multitude of choices.

TP: That is what you would see in the future, a multitude of choices for people. Excellent.

TP: What turns your heart to ice?

To see people wasting their lives. For instance, if you see somebody who is drinking, two glasses of beer and a glass of rum on the table. And doing that more than once a week, where is he going to get the money to cover his life. As he gets on life, it will get more and more.

TP: It is a problem that our society is dealing with, alcoholism or addiction.

You have to have a system of restriction. If they can't restrict themselves from doing things, who else can do the restricting? I'm not a heavy drinking, doing drink a beer for the sake of drinking a beer to have fun with the boys. Investing in bonds.

TP: What warms your heart?

To see children growing up, growing up to be smart. If they are good in sports playing soccer, ball.

TP: See youth growing up and excelling in what they are doing.

Yes. Doing that with other younger children than them. When I was at school, I would go out and organize a group that would play soccer. We would play soccer and about baseball, and have two sports going.

TP: It warms your heart to give back to children that are younger than you? Whatever age you were at, you were fortunate to have those sports to play and it warms your heart when you can watch the young ones also have those changes?

Yes. Yes. Yes.

TP: There is nothing like a bunch of 3 year olds on a soccer field. (laughter).

Maybe a little bit young (laughter).

TP: My brother's son Curtis played soccer for quite some time until he turned a teenager and then he lost interest. But he started very young. They put him in soccer at the age of 3.

TP: That brings us to an end in our visit today. Before we finish up, is there anything else that you wish to comment on, or talk about that we haven't covered yet.

One thing that I missed from the orphanage, I don't think they had enough people who committed to the idea of teaching investments. This is something that should be taught in school.

TP: You are absolutely right. My husband and I, truthfully have struggled. We weren't taught any of it by our parents or the school system. Then you go onto university and you get your first big paying job.

First of all there are bonds that you can buy. There are different kinds of investments.

TP: What are the different kinds of investments?

Bonds for one thing. A bond is something you set up. You allow yourself \$20 a week to put into this bond to build this up. Once you get it built up, keep it at that level. It will increase in amount as it goes on, because they are making money as an investment. If it working right, then it should be increase itself.

TP: What percentage would you make in a bond?

I would say 5 and 7 percent.

TP: That is better than putting your money in a bank account.

Yes. Much better. In the bank it is just sitting and wasting away, not doing anything.

TP: You have to pay your bank to keep it there.

That is right. Instead of me paying them, they are paying me interest.

TP: If you have a second career in addition to gardening, you would be a good investment broker. Yes. You could be walking the streets in Edinburgh in your fancy suit and hat and shoes.

I'm 80 some years old now. I haven't got much time left. I'm hoping that my next of kin will follow my lead.

TP: We will cross our fingers for that. To close off, you are quite the singer. How about a round of your favourite song.

(song).

TP: Thank you. We will stop here.

End of transcript

Interview Transcript: CS #10 (March 10, 2015)

TP: You have lived a very long life, and valued life. Tell me about yourself, aspects that you are comfortable in sharing?

I started to work quite young.

TP: How old were you?

I was about 15 when I quit school.

TP: You mentioned earlier that you were born in New Brunswick. Did you say there most of your adult life?

I was there for quite a few years. I came out to Prince George in 1978.

TP: That is a major change. Did your whole family move?

No, just me. On my own. I came out here, got a job right away.

TP: What motivated you to move away?

There wasn't much back there. Wages were small. It was tough to find steady work. It was seasonal.

TP: You quit school in grade 8, is that when you moved?

Yes, that is when I came out here.

TP: Why did you quit school?

I don't know. There didn't seem to be any future back there. So I figured I'd move. And they were coming out here, lots of guys were coming out here.

TP: Did you have brothers or sisters?

Yes, there was 10 of us.

TP: No wonder you were independent.

I was the oldest.

TP: You probably had a lot of responsibility growing up then, to help out the family?

Yes. Sort of.

TP: Tell me a little bit about what life was like growing up in New Brunswick, with 10 children?

It wasn't bad. No. No, it wasn't bad. You always seem to get by. We grew everything so there was lots to eat.

TP: Did you grow up on a farm?

Yes.

TP: Agricultural farm?

Yes. It was a pretty good size. Had milk cows, horses, pigs and whatever else.

TP: Tell me your average day when you were growing up?

The first thing you do is go out and do the chores. I generally fed the animals, milked the cows.

TP: Did you have favourite animals?

No. No. It was normal cows and horses, pigs.

TP: That is a lot of animals?

Yes, there was.

TP: Chickens?

Yes.

TP: Did you all have different chores, or did you do them all?

There was a couple of us older kids that did it.

TP: Then what happened after you did the chores?

Generally we had breakfast and then we used to go hiking here and there.

TP: It is a beautiful country, New Brunswick?

Yes. Yes. Great country side.

TP: Tell me some of your favourite hikes?

It was nice and flat there. And lot of maple and birch trees. A pretty time in the fall.

TP: I have never been, but I have friends who are from there and they tell me it is magnificent, the colours.

And the smell. The maple and birch, the sap.

TP: I didn't realize there was a smell?

It is was a very nice smell, sweet, like sugar, lots of honey.

TP: Did you collect maple syrup?

Yes. We used to drill a hole with an ogre, ½" bit, right into the tree. And then stick a spout in there and then hang a bucket.

TP: I have only seen this on TV commercials and in movies, how long does it take to gather up the maple syrup?

It wouldn't take long. Certain maples give off a lot of syrup. It would start pouring right out when you drilled the hole.

TP: That is exciting. That must have been good fun, if you like the sweet stuff.

Yes. Yes. It would just start pouring.

TP: Was it a particular kind of maple that would produce?

White maple and Rock maple. The Rock maple was hardier, more sturdier tree.

TP: Like some of the fine furnishings made out of the maple?

Yes. Yes. It gave off lots of honey.

TP: I can imagine as a young lad that it would be quite the adventure, fun to get out.

Yes.

TP: Was this during any season of the year that you could do this?

We used to do it when the snow was down a bit, and you could walk on the crust of the snow. Maybe 2, 2.5 feet of snow. And it would be frozen hard. Pretty well you could go back there at night, and still not sink. It was very strong, heavy duty crust.

TP: What kind of foot gear did you wear?

Just rubbers was okay.

TP: Once it began to melt then that would be a different story?

Yes. When it started to melt you would have to put on some gumboots on.

TP: When you gathered the syrup in the bucket, what did you do next?

You brought it home and then they would get it ready for manufacture it.

TP: Did your parents do this?

Yes. Yes.

TP: Did they manufacture large amounts of syrup and sell it as a business?

No, they would give it away to the neighbours. We had lots of it. Anybody that came there, they always got some.

TP: Did you have a favourite family recipe that went with the maple syrup?

Yes, they had a recipe that they kept quiet. The secret recipe. They had other recipes that they gave out.

TP: I would imagine that this would be quite a festive time of the year? Were there festivals or celebrations around this? Tell me more.

Yes. Well in the summer there was always a big party and make that cotton candy. They did a lot with the community.

TP: Music?

Lots of music, games.

TP: I think New Brunswick is very well known for music.

Yes. They always had a big fair. I think it went on for about 2 weeks. They would bring stuff to the fair.

TP: Did you and your buddies go, or family members go as a group?

Yes.

TP: What kinds of things did you do at the fair?

There was horse hauling/pulling. They would pull the horses. People would take the horses there and they would pull them.

TP: I haven't seen that in my life time. Describe that?

No, that is quite a thing. It is a tough thing. You are driving the horse and sometimes you get 5300 pounds on the sled or something and then you would have to tend to rig.

TP: It is a sled, a winter carnival thing.

Just like a sled, yes. And you back the horse up to that.

TP: Were you off the sled, and managing the horse, attaching it to the sled?

Yes. Sometimes I would jump on, it all depends on what kind of ground it was.

TP: Were there several people all lined up in a row and see who could do it the fastest?

Yes, they just kept coming. There would be another team behind you. The faster they pulled that sled back and hook onto it. If they moved it, they moved it. And if they didn't, they didn't, they would be disqualified.

TP: The trick was getting your horse set up, attach it, and pull it across a distance?

Yes. You had to pull it 18 inches straight ahead. They had stakes. And you weren't supposed to knock those stakes down.

TP: What kind of horses were they?

Work horses, big Clydesdale. They are big horses.

TP: Did you have some on your farm too?

Yes. We had horses yes.

TP: What else did you do for fun, growing up?

What else did I do? I was a cat operator for years.

TP: Tell me how you came to do that? So you grew up, quit school in Grade 8 and moved to Prince George from New Brunswick.

Yes.

TP: Was that to be a cat operator? Or did you just move out.

No, I had just come out and was looking for work. There was lots of work out here.

TP: What was that like? How did you find the work?

Good here. There was lots of work. You could work and change jobs a couple of times a day.

TP: Did you try out some different things?

No, I just kept my job. My first job was a cat operator.

TP: Did you know how to do that already when you moved?

Yes, I did. On the farm I did that.

TP: You spent your adult life working as a cat operator?

Mostly. For a long time. And then I was a faller for years.

TP: How did you come to do that?

I liked falling. I did it often. I didn't mind it.

TP: That strikes me as a very demanding job to do?

It is.

TP: Single handedly you are out there in the woods with your chainsaw?

Yes. And you are alone. You can't afford to make any mistakes.

TP: How did that work?

Well, they had roads that you could fall in. They had an area that had 4 or 5 roads. When that was felled, you would move to another location.

TP: Did you go in as a team of people?

Just me. Just myself.

TP: How would you know what tree was ready to be taken down?

You know about the size. If it is a nice tree. You didn't take the garbage, but left it standing. We might fall it for bedding, and that way it wouldn't break the other ones.

TP: Quite the art. I hate to admit this myself. We lived on an acreage myself, my husband and myself, and he is not very inclined that way. He is a psychologist. We were on this 60 acres of land, we weren't farmers per se. One morning I was horrified looking out the kitchen window and there was my husband outside with the chain saw. He had climbed up a tree. He has the chainsaw in his right hand, he is holding onto a branch, doing this. I screamed out the window, which was not the thing to do, because it startled him. I'm afraid I wasn't a very kind wife. That was the end of that.

That is a good way to lose an arm or leg.

TP: My husband and a friend of his went out hiking one day. And also looking for firewood for the wood stove. They had no wood when they came home, yet they were wet and covered in mud, etc., not looking pleased with themselves. They accidently came across a private property site that wasn't fenced, and there was logs down on the ground, already peeled so they just cut them up.

They must have been ready for delivery.

TP: Exactly. They were in so much trouble. They had to do labour for about a year or two for this guy, because those were logs that had been peeled and were being treated for a log house he was building himself.

That is a big job.

TP: Again, falling trees, how did you use your saw, how did you cut the wood, so that the tree would fall in the right direction?

You put in an under cut in. You saw into the tree and cut the tree out (looks like a smile) in the direction you wanted the tree to go. You like the cut up with the direction you want the tree to fall.

TP: The angle of the cut controlled the direction the tree would go.

You can steer it with the power saw a lot. You can pull it one way or another.

TP: That is the art form. I never knew that. I have always wondered how do these loggers know how to fall the tree safely without hitting them and others. I thought it was all in the luck of the draw.

No.

TP: It would be quite invigorating I think.

It is a good job really. Good pay.

TP: When the tree was felled what would happen?

We would fall it and buck it up to length, whatever length was in it. Whether 3x12, or 3x14, or 16, or whatever was in it.

TP: Did you peel it first?

Never peel it. If it was pulp you would peel it.

TP: How would you know what is pulp wood?

Pulp wood would be 4 feet long. We generally used to take 2 good logs out of a tree and take the rest for pulp. We would limb that top to 4 inches and they would take it out. And it was sawed on the landing. Everything was used up.

TP: So you did that for quite some time?

Yes, I did that for quite a while.

TP: What was next in your life?

Then I came to BC as a cat operator. I came to Prince George.

TP: Were you a tree faller back in News Brunswick?

Yes. I fell out here too as well. When I first came out, I fell here. I was falling one day and a guy came along and he said, 'his cat operator quit. Have you ever run a cat?' I said, 'Oh yes, a little bit.' So he said, 'there is a piece of road we would like to get built right away, because trucks are supposed to come in on Monday and start hauling.' So he took me down and showed me and I said, 'no problem doing that.' So I worked there for 8 hours and I finished. And I was coming out with the cat and met him. He said, 'you didn't finish that road yet did you?' I said, 'yes it is all finished.' He said, 'can I drive back.' I said, 'I think so. I didn't see any mud or anything there.' 'Did you make a nice turn around?' 'I did.' He went back and said, 'what a job. They are going to be glad to get in there and get that.' I and I had cleaned up the yard, and most of the time they leave some stumps in the yard and they will cause a problem because they bounce off and the trees are flying all over. But I took them all out.

TP: You make roads, you excavate the land.

Yes. Make sure that it is good for the workers and safe.

TP: This boss was pretty impressed with you right off the bat and he kept you working?

Oh yes. I was on the cat pretty steady after that. He always had jobs coming up here and there.

TP: Where were some of the places you ended up going to?

I was up in the Williston Lake area. Up north of McKenzie. That is a big area. It is a beautiful area, very nice. Lots of gravel. Lots of real good pushing, not much mud. Some water here and there and we would put in a culvert and cover it over and a way you would go. And trucks can come across and start hauling the next day. It was good ground up there.

TP: I can tell by the look on your face, and the sparkle in your eye, you absolutely loved to do this?

Yes, I didn't mind. I liked it. I really liked it.

TP: As time went on, as you got older, did you marry?

Oh yes.

TP: Tell me how you met your wife?

I was married before, when I went to work. We got married, and then I went shortly after that to work. She stayed home.

TP: Where did you meet her, in Prince George?

Yes.

TP: How did you meet her? Some event? Dance? Friend?

Let's see. I knew some people that lived up where they lived. There was an older guy that I worked with for many years.

TP: What did you do?

I used to run the cat and make roads for him and stuff like that. We were out on a road job and Joan came along there. They were picking Fiddleheads or something. They asked me where there were any Fiddleheads. I told them a good place for Fiddleheads. So off they went. And when they came back they had a pillow case. It was full and heavy. They were dragging it.

TP: So was Joan your wife's name.

Yes.

TP: When you saw her coming back with the pillowcase, did you let her keep on dragging it?

No, I put it in the pickup and brought it home. It was quite a job picking those Fiddleheads.

TP: What kind of conditions does it take for good Fiddleheads to grow?

It has to be damp.

TP: Are they the tip, seed area of large ferns?

They grow up with the curl on them. You cut them off about 3 inches from the curl.

TP: They are quite a delicacies. I have never had a Fiddlehead. How do you prepare them?

You clean them and put them in cold water, and all the stuff comes off them (the fuzz). You roll them around and that stuff comes off. And then you put them in a pot and steam them. Everything is there, nothing wasted.

TP: Very nutritious I hear too. What is the flavor like?

They are very good, tasty. We liked them. They are good.

TP: That is how you met. Did you date, or court for a while before you married?

Yes, we did. For a couple of months.

TP: What kinds of things did you like to do together?

We used to go berry picking, Fiddlehead picking, fishing for salmon. The Miramichi River is a real good river for fishing. It is in New Brunswick.

TP: So you married, did you have children?

2 kids. A boy and a girl. Brenda and Brian.

TP: Are they here with you?

Brian is here. Brenda is the oldest. She is New Brunswick. She likes it there. She was out here, her and her husband for quite a few years. And then she went back.

TP: Do you have grand children?

Sylvie is here. And Andrew is here. Just the two girls.

TP: Do you get to see them as much as you like?

Oh yes.

TP: When you visit, what do you like to do together?

They would do anything, whatever you want to do. Go here, or go there. They like to travel. They like to go out in the bush and look around and pick around.

TP: A family where nature and environment is important?

Yes.

TP: Have you traveled yourself?

Some. I came out here. And then I was down in Seattle for a while. I was in Churchill, Manitoba for a while. I worked up there for a little while. I think that was it.

TP: A good Canadian. When you think back over your life time, are there key moments that stand out for you? Some transitional points?

Not too many. I always seem to like whatever I did, or wherever I went. I liked it. It seemed to fill the gap.

TP: Who would you say influenced you in your life time? Who or what events when you were growing up? Were there certain people who had an effect on you?

I had a couple of uncles who were always talking about the west. They were out here. They liked it out here, so they said that I should make a trip out here.

TP: They would tell you stories about the west coast. Can you recall some of the stories?

They worked in big logging camps up north in McKenzie. They liked it. They used to fly them in. They would go in for 20 days and be out for 5 or something.

TP: Did you get to go with them at any time?

I used to fly there lots of times. There are some pretty rough areas to be flying into.

TP: What were the planes that you flew in?

Beach craft and twin otters. The twin otters they used them a lot. They would take 15 or 16 in a twin otter, it was a big plane. Two pilots. They had a good runway, it was no problem. They have one of the best runways up there on that whole lake. Sometimes they would come there and they couldn't get into their airport and would have to land there.

TP: Did you like flying?

Oh yes.

TP: Any scary moments?

No. No. It never bothered me. I have had some pretty tough moments, but never bothered me. Snow storms when you can't see and flying through that. Big snowflakes hitting the window, white out conditions. But they all had radar. We flew in one time, it was snowing so hard, he said, 'guess where we are?' I said, 'I don't know, but you must be getting awfully close to the airport?' He said, 'we are right over it, but it was snowing so hard, so we will circle a couple of times and maybe we will come in from the other end.' So that is what we did. He made it. That is where you find good pilots up there.

TP: Why is it? What drew them there?

Money. And they were just good pilots. They knew where they were going. Bad weather didn't bother them. It seemed that the worse it was the better they liked it.

TP: Next I have some fun, general questions.

TP: While you were growing up, did you have some dreams for yourself, or things you aspired to do?

No. I always wanted to be a faller or a cat operator, or something. I just did it.

TP: What would you like to say to the world?

It has been a good world to me.

TP: I can see why. You are good to the world too. What would you like to say to the upcoming generation? The younger people?

I hope they have the same things that I had, good work, and lots of it. Good opportunities. I think the opportunities might be better now. In those days they were just beginning to do this and that. They had to do something twice, but today that wouldn't happen.

TP: From what I hear you saying and from others, that in your time period, in your generation, a lot of your skills were learned directly on the job? You had a job, you got an offer, you did it, you were taught. Maybe that is a bit different now. Young people, I don't think they have that kind of opportunity. So they have more schooling options, etc., but there is high tuition and where are the jobs when they are finished.

That is right. That is right. They were good back then. They would help you and you could ask them anything.

TP: Sometimes I feel sad for the younger generation in a sense for that reason. I think it would be nice to bring back some of our old traditions of on the job training and placements.

TP: What would you say the most important thing in life is?

Living. Enjoying yourself. Having a good time.

TP: If you could give the world a gift, what would that gift be?

I don't know. I like to work. So if that is a gift or not, I don't know.

TP: If a wish was given to you, what would you wish for?

I wished I could have worked longer. Liked stayed at the job or whatever it was.

TP: How young were you when you finished working?

I don't know.

TP: I can imagine that the work you do was physically demanding.

It was. I think I worked until 65. And then I worked even after that, I worked around the farm.

TP: What did you do on the farm after you retired?

We used to haul manure, plow and that.

TP: Was this your own farm.

Yes.

TP: So you married your wife, where did you live?

In New Brunswick.

TP: Is she still alive?

Yes, she is.

TP: Did you both move here to Victoria?

Yes.

TP: Is she still here in Victoria and doing well?

Yes. Yes.

TP: Just for the fun of it, you have heard of time capsules, what would you put in a time capsule. Something that would let whoever finds it would tell them something about this time period?

Put some canned food in.

TP: When you hear the word 'old' what do you think?

I don't think too much about it really. I never think of it.

TP: (talking about a hummingbird and feeder).

TP: When you hear the word 'young' what do you think?

When you are young, you can do a lot more things. Working or whatever. More freedom.

TP: If you were Prime Minister of Canada, what would you do?

I would get of my lazy ass like some of those are. Out of their big chairs and stop giving orders. I don't know what I would do. I would try and do something different. I would try to outsmart them somehow.

TP: If you could go back in time, what would you change?

We live in a pretty good time really. We do.

TP: Not just a pretty good time with a lot of freedom and choice, but our country and Canada.

And there is a lot of work going on. It would be tough to say what I would do. Everywhere you turn, there is always an opening to do something.

TP: You just need to be wise enough to notice it.

And know what to do.

TP: What should one do if they see an opening?

I would grab it, take it, try it. If you didn't like it move on.

TP: If you could go forward in time, imagine the world in the future, what would you see?

I imagine that you would see a lot of different things that wouldn't come to you now. See new movements.

TP: You can't really say specifics of what you would see, but there would be something that has never been seen or done before?

Lots of things, like different work habits. The way they do things, then versus now.

TP: How has that changed over time? What has changed?

Lots has changed. The work policy.

TP: Do you mean unions, or regulation? Training or wages?

Yes. I think it was better earlier on. It helped a lot of people.

TP: I agree. What turns your heart to ice?

If you want to walk on it, you want to make sure it carries you. You are not going to fall into the water.

TP: What makes your blood run cold? What upsets you? What bothers you in the world?

I used to walk to school, across the ice, when we used to go to school. You had to be careful. They had bridges across that you had walk across on.

TP: They look like they are all the same thickness. Did you do certain things when you walked across, did you do certain things? How did you know it was safe?

They had logs across it, and it was open. You walked on that, and then you would go another 300 or 500 feet and there would be another crossing. And you could see the bottom.

TP: Did you have any close calls?

Good for you. You have been fortunate.

TP: Did you go ice fishing?

Yes. That was fun. That is nice.

TP: Did you go by yourself, or with buddies?

No, I used to go alone.

TP: It must have been freezing cold. I don't like the cold. I like to be warm and cozy. Yet the cold air is so refreshing. It clears your lungs.

Yes it is nice out there.

TP: The ice fishing was this in New Brunswick?

I did it in Prince George and New Brunswick too. I went out on the ice, shoveled off a place, drilled a hole.

TP: Did you have a way to test the ice to make sure it was strong enough to hold you?

It was so thick, you knew it. It was thick to drill down through. Lots of ice.

TP: What kind of fish were underneath?

Rainbow trout.

TP: I remember those from my childhood. I was raised in Edmonton, Alberta and our family holidays were to go up north to the lakes, pitch a tent and go fishing. Nothing like a fresh trout.

And eels. Big eels, about that long and that big around.

TP: Did you eat them?

Yes, they are good to eat. You would skin them. You just cut off the head, and then you cut the belly, and you fold the skin back over. Get a hold of it, and then pull it right off.

TP: How did you prepare the eel?

You would cut it up in pieces and fry them, or do steam them, however you wanted to prepare it.

TP: What does eel taste like? Some fish have strong or mild flavours.

They are good. They have a very mild flavor, any that I caught. Maybe the older ones might have different smell or different taste.

TP: So these would be fresh water eels then?

Fresh water eels.

TP: Did you ever eat ocean eels?

No. No.

TP: I didn't realize that there were eels in the lakes?

Oh, there are lots of eels on the east coast. The lakes are full of them.

TP: Was there a certain spice you used to cook the eel?

Joan used to make some kind of dressing to cook them in. It was good. It was a good flavor.

TP: Quite the delicacy. Delicious. What warms your heart?

I don't know. Just about anything, if it is moveable.

TP: That brings us to the end of our visit today. Just in closing, is there anything that you wanted to mention that we haven't talked about?

I can't think of anything.

TP: I will turn off the recorder. Thank you.

End of transcript.

Interview Transcript: CS #11 (March 11, 2015)

TP: We are heading for the beach. Willows Beach? Mike? You like the ocean, better than the lake you were saying?

Where is my bike.

TP: Yes. I have seen you ride your bike all around Victoria. Now you have different kinds of wheels. Safer ones. You can't fall off of this and hurt yourself.

5 years ago, I ride a bike.

TP: Yes.

But they say, it better if I don't. Victoria is better than a few years ago. I think so. Yes. Lots of houses. Before not too far away, it was empty, nobody lived there.

TP: Where were you born?

I had a house in here too. I had a house. I was born in former Czechoslovakia.

TP: That is a place I would like to go.

Last time living was in Prague. I show you where I live in Prague. There was not too much of a chance to live in there. I lived under the museum. I show you the place.

TP: Do you have photographs.

Yes, I have. I show you.

TP: Prague has some of the most beautiful buildings in the world.

But losing quite a bit. Prague, the historic watch, is all around the world.

TP: Did you spend most of your childhood in Prague?

So many places.

TP: Tell me about them all, all the places.

As young kids, I was I think 17, I crossed the border to Soviet Union. Before we were under the Polish rule, and then Russian. I was born in the east part of Czechoslovakia.

TP: Do you remember the name of the town?

(name).

TP: You were telling me that you crossed over the border into Russia.

I was in Prague. I knew Prague on a map.

TP: How old were you when you went to Russia?

I think 17. 17. Very young.

TP: Tell me what life was like for you in Russia at 17?

We cross the border illegally. I got 3 years in a camp. Then I was released in time for the war. The camp was in the west part of Ukraine. I wasn't in Warsaw.

TP: Was this a prisoner of war camp? What kind of camp was it?

It was a Russian camp. I was in a camp, so many places, but the last camp was in Kallimar, corner of Russia and Finland. You can see it on the map. From there I was released to the Czechoslovakia army when the war started.

TP: You were in the camp before the war and released to Czechoslovakia.

After the war, I survived.

TP: How did you manage to survive such a difficult time?

Just lucky that is all. Lucky. During the war, not many survived.

TP: My grandfather was Russian, my father was German. He had 14 brothers but by the end of the war, there was only one left. One brother left. He is in Hamburg, Germany now.

After the war, I lived on the German border, but on Czechoslovakia side. I worked for the forestry. I was a forester.

TP: You maintained the woods.

Yes. But after I found out there was no future in that.

TP: So what did you decide to do then?

I changed everything and got a chance to get trained operating cranes. I learned welding. When Russians came, the second invasion in Czechoslovakia, they say, 'what we are doing here, and why?' I talked to them. I knew Russian, and we talked together. They were afraid quite a bit.

TP: You were talking to the Russian soldiers when they invaded. Did you say they were afraid?

They were afraid. He says to me, 'I don't know why we are here.' Russian soldiers didn't know why they were there. He talked different, many Russians were scared. They were scared at the time.

TP: Even the Russians were afraid of the power that was coming over them during the second invasion.

If you are their side, go with them, get a better job and everything is better. If you are against, they put you in a camp.

TP: That is how they offered good care to you if you joined them and became a soldier. And if not they put you in a camp.

Russian way, wasn't a smart way. I heard speech years ago, on TV, 'forget about 40 years, and then we are now free.' Everybody is free after 40 years. Who survived 40 years, and living there for 40 years wasn't easy. When the Russians stopped democracy 3 years ago. Ukraine, a long time ago they wanted to be free, not under the Russian rule, but they won't let them. A long time ago, even before the first war.

(Michael takes a regular walk daily down to the ocean side. He has a neighbourhood friend that lets him come on the property.)

I have no bread for the ducks.

TP: It is a beautiful place here.

Let's go right down.

TP: Okay, let's go down to the ocean.

This is my bench.

TP: It is beautiful. Right into the cliff on the ocean, with grasses. A couple of nice rocks. Beautiful.

This is my seat. You have a seat.

TP: Always a gentleman. I wish I had brought my camera. I love the ocean like you do. This is a very special place.

The part over there, not too far away is business, sailing.

TP: The Oak Bay Marina.

They go for shopping there.

TP: It is a beautiful place.

You can see from there, this place. You can walk and you can see this place too.

TP: Beautiful. Tell me more about what life was like for you? You faced many challenges, but you survived.

In a camp, I survived only because he felt sorry for me. I was supposed to be shot. Working in the forest. If you work in a forest there, you are not free because I had illegally crossed the border, so they sent me there. I was half/half prisoner. I did nothing, except illegally cross the border. Living there, all kind of conditions, mostly wrong conditions. Very wrong. You live and sleep the same clothes and go to work. You go to work with this clothes and sleep in these clothes. No cover, nothing.

TP: Right out in the open.

Sometimes it is 40 below.

TP: No more clothing.

No, no changing. Here, every week we go for washing and there for you every 1 month. They had a shower every month, but at the shower there was mostly 20, 25 people. They are not a very big room.

TP: Was it warm water?

It was warm water yes. It depends on the camp of course. Depends on who you are, and depends on what you did, all kinds of reasons. But they name a hard prisoner and light prisoner.

TP: Were you a light prisoner?

Yes.

TP: Because your crime was crossing the border illegally.

Yes. I was a light prisoner. A hard prisoner was a different place.

TP: How did you sneak across the border?

They took part of Czechoslovakia republic so we went there. For fun. We thought it was the same as going to Poland. But it wasn't the same. No. They take you for illegally crossing the border and for 3 years in camp.

TP: They were kind to you. They were going to shoot you but they didn't.

I don't know why they give me 3 years for crossing the border. That was a little harsh.

TP: That was a pretty hard punishment for a simple thing.

Really.

TP: How did you get out? After 3 years what happened next?

I get out only with the start of war. I was a Czechoslovakia citizen. They released Polish who were in the camp. Lots of Polish were in camp. They occupied Poland. Stalin and Hitler had a meeting. I saw a picture. I saw on the picture. But German they had a relations, but say probably, we don't need a relation, we will take over easy. And they did. All Ukraine was against Russia mostly. In Kiev, the German Army was welcomed. I don't blame them. The German they didn't count that American would become involved in the war. They became involved in the war mainly because they started bombing England.

TP: That changed things for the Germans. The Germans assumed that they would be able to take over Poland, Ukraine.

They had it really.

TP: But then the Americans came.

But it wasn't good enough for German. The German didn't count on the involvement of the US. When I came to the Russian camp it was 12 hours work.

TP: What kind of work did you do?

Most in the forest mostly. Sometimes pretty easy work. Not too far away from Finland. It was easy work. But after they start the war, they move us to another place. It wasn't bad really for me. I was a young boy. They called me a youngster anyway at that time.

It wasn't that easy. But I was in a hard camp too. Not an easy life. They told you how you sleep. Eating twice a day, in the morning and after 12 hours work, another eat. Not at noon. Just two eating.

TP: What were you feed for breakfast? And then 12 hours work?

12 hours working, I was in the forest. One square meter, you have to make it for 1 day. He says to me, I sign that you did. It depends.

TP: Although the conditions of the war and camp were very horrific and wrong, it sounds like you also had people that treated you well? That were kind. Is that true?

I was released during the war already. War already started. I was released, and make army Czechoslovakia in Russia. I was in Czechoslovakian army in Russia. I was part of that.

TP: What was that like for you being a soldier in the army?

As a soldier, clothes were hard to get. We had old clothes (Army dress) from England. I was in army after I was released. Then we go to war. I was a paratroop. I had 6 or 7 jumps with the parachute. This was under the Czechoslovakia army in Russia. They had an agreement with the Czechoslovakia army. The Russians needed help as well. They had to have a compromise. It was all after so many died. I was the youngest one. If I was older, I wouldn't survive.

TP: You were young enough and fit enough.

They called me youngster at that time.

TP: You survived the war. How did you come to Canada?

That is a long story. After the war, I learn welding and work quite a bit. I worked for cranes, delivering and riding cranes. They had cranes on the railway at that time. It wasn't that far away from Prague. It wasn't that organized yet. You don't need the railway.

After the war, they invade Czechoslovakia a second time, we didn't welcome them.

TP: You were telling me earlier that you lived in Prague underneath the museum.

I had a chance to live there. I like it. The window was only so high. I show you a picture. The main square called (name). The named it after the king. I hope that it would be better if I leave. It was easy for me, because I already had a passport. They give it to me, because they believe that I won't leave the country.

TP: You had a passport and you were already in Austria a few times so they trusted that you wouldn't leave.

I left from Austria to Canada. I had a chance to go to New Zealand. They asked me if I wanted to go to New Zealand. Everybody asked 'what you know?' I said, 'I know welding.' Okay. I got too many relations in Europe and New Zealand is too far. And free ride to New Zealand.

TP: And you decided not to go because you had too many family and relations.

I had a problem with my older son. It was not for immigration, I can't go with him. I had to put him.

TP: You had an older son that couldn't come to Canada with you.

Yes. I married. My lady already was married, had a son. Not too easy to survive. My wife she doesn't want to go anywhere.

TP: She wanted to stay home, where she was.

So I said, I go for a holiday, I said to her. I took my son with me. He was at that time, I think, 6 years.

TP: What part of Canada did you come to first?

I came to Canada after I said to my wife, I wasn't going back. After she say she was going to pick up son from Austria. She decided to stay with me. Different life. That is the way she came to Canada.

TP: She decided to come to Canada to see a different life?

They are both here. So we decided and my wife agree. I came over here straight to Victoria. They had a shipyard at that time. I got a welding job at the shipyard. In Prague we talked to each other. If you go anywhere, you need a trade. Always want a labourers. So I had a trade. I got a job right away welding at the ship ride. I worked on the ferries. Not too far away from where I was living.

TP: Right here in Oak Bay there was a shipyard. I didn't know that.

They sold a ship I think to Germany. I worked on a ship from the start to the top.

TP: Did your wife like it here in Canada? In Victoria?

A different life. She had no choice if staying with me. For a short period I bought a house.

TP: The land of opportunity.

If you don't have a trade, you can't get anywhere. I was over 40 when I went to immigration. It wasn't that easy. But they needed some trade. Don't matter how old.

TP: The trades and the skills you had determined where you could immigrate too?

The trade was welding. Welding is not easy to learn. I was working here as a welder.

TP: I have friends who are welders and that is a difficult job.

TP: You have had quite an amazing life, and have lived a very long, long time. You have survived camp, survived war, immigrated. And married, brought your wife over, straight to Victoria.

If I won't have a trade I would have stayed in Prague, go nowhere. I was in a camp in Czechoslovakia too after the war, because I didn't agree with what they do, socialism. And who doesn't agree, they put them in a camp. I was in the camp because I was helping people crossing the border. That is again state law.

TP: Were you in a camp twice. The first time was because you went across by yourself.

I worked close to the border. And I had relations. I worked to far from border and I helped people cross the border. He was a friend but I didn't know he had connection with the secret police in Czechoslovakia.

TP: You had a friend who you trusted but you didn't know he was working for the secret police.

Yes. And one time they came. At that time already, Czechoslovakia border was heavily guarded. For example, where I was living, they stop you, 'who are you?' not far away from the border. 'what are you doing here.' You have to say a name of who you are going to visit? 'why are you coming here, not the other place.' They arrested him even for trying to cross the border. He was not crossing yet, but he was arrested trying to cross the border, but not even making it. It wasn't easy to cross the border.

TP: How did you get across, did you disguise yourself?

Russian, there was a border with Finland, but between Finland and Russia, was 20 meters from borderline on the Russian side was cut off. It mean that for a guard who is standing there. If you show up there, no warning. If crossed that mark, he say to you that you will be shot. That is what happen. I didn't know he crossed the line/mark. I heard the shot, he got bullet in the

stomach. He said to me, 'you will be second one, because you crossed too.' You know what is law. Cross they shoot.

TP: But he didn't shoot you?

No, he felt sorry for me, I was too young.

TP: What did he say to you?

Another guard on a horse came in to pick up, hear the bullet shot, he was standing there already. They pick him up. I don't think he survived.

TP: You saw all that. It must have been difficult.

I was younger. I was 24, and they still call me a boy, because I stopped growing.

TP: You are young looking and smaller stature.

I have grown taller, but stopped growing there. But I survived. For example, they live in a forest. Mostly eat the grass, not enough food. We eat grass during working. Not because you are wasting time on your job. Anyway that is all.

TP: What would you like to say to the world?

The world is getting much, much better. I see a speech from Moscow on Ukraine. They were completely free Ukraine, but before was free only on the paper.

TP: And now Putin again, invading the Ukraine.

They took Crimea. They took some part of Ukraine now. He is quiet. But if this happened 10 years ago there would be a war. Ukraine is still independent, but now is independent. Own army. Ukraine is a rich country actually, they work on the land, rich land. Russian usually take everything good. Russian is mostly army for everything, they take it.

TP: What would you like to say to the upcoming generation, to young people now?

They have to rebuild. They are free. They will make it, rebuild. Especially Ukraine for sure.

TP: The Ukraine youth will rebuild.

The Ukrainian people are western people, like European, not Russian. They say to live, 'our way.' But that is the Russian way, not for the Ukraine.

TP: What would you like to say to your family?

I was in Ukraine after the war. Czechoslovakia is still afraid to talk to me. Mostly people who I was in school with. Some came shake my hand, but openly they organize always two guys to keep an eye on you. He can't be alone with me.

TP: What would you say is the most important thing in life for you now?

Now is freedom. If you are using freedom and making crime that is another thing.

TP: If you could give a gift to the world, what gift would that be?

West is the west, east is the east under the Soviets. Very hard to rebuild them. They have to rebuild themselves.

TP: If a wish was granted to you, what would you wish for?

I wish for all the best. If you go over there, be free to speak for sure. When I was first time there, they were afraid. My friend in school was afraid to speak to me. He had a good job. They investigate him about why he was talking to me, etc. 'I like him.' 'Why you like him?' and so on.

TP: In Canada, young people, especially don't understand what freedom really means. We are free to talk to anyone, say what we think, say what we feel, but not there. You had to be very careful about who you spoke to, what you said.

Even young here, you start talking like me, they won't believe.

TP: They won't believe it is true.

They don't believe it could happen. For example, I came to visit my sister,

TP: Where is your sister?

Western Ukraine. I had a passport, everything. I came to visit my sister. I visited where I was born, nothing changed, people are poor, they know me. I go see my sister. My sister was

surprised and sister wasn't afraid of me. She told me what happened, where was the grave, what happened to my father. She said, 'it happened terrible.' (emotional).

TP: Painful memories. Like you say, nobody would believe that people could be this way.

My father was not buried. They had no place for burying.

TP: That is so place.

My sister said to me, he was cut into pieces his body. My daughter doesn't believe that. Go find the grave.

TP: It breaks my heart. How did he die?

My father. I don't know. My sister doesn't know either. My father has no grave. She told me what happened, how he wasn't buried. Just the body tossed away.

TP: When you hear the word 'old' what do you think?

I'm 92. I survived.

TP: I'm glad you did.

This place where the sun shine. I sit on that stone. Or the other one.

TP: When the sun comes out the sandstone warms nicely too. It is very nice to sit there. I like to do that too. I have my favourite place in Yellow Point. This is your favourite place on the rocks.

This man that owns the property he already die. He has two boys that live in here. I don't know if she is alive or not, but I can go anytime over here. No problem.

TP: Very peaceful place to be. After all you have been through it is nice to come and enjoy the cliffs.

German was there during the war, they took most of Ukraine to Germany on the west. They had a chance to take over here, but he bought here. He is actually Ukrainian. Was. He was older than me.

TP: You had become good friends. You had stories to share.

How long am I going to be around. Where I am, it is a nice place, I like it.

TP: It is nice that you have the freedom to come and go, take your walker to the beach. I see you in the village sometimes, you go shopping.

I still know what I'm doing. I have no problem.

TP: I'm glad you have that, especially after everything you have been through in your life. It is important that you have your freedom now.

In Canada is my best place.

TP: Did you built the beach house with the driftwood? It is beautiful. The sun is poking through the clouds.

TP: If you were Prime Minister of Canada, what would you do?

I was not afraid to go to Canada, because I had a trade. Absolutely not afraid. That time I had a passport to go to Austria, so I had a chance to go. I fly from Austria, straight to Canada.

TP: If you could go back in time, is there anything you would like to change?

I have been back to Europe. Ukraine was under Czechoslovakia rule, but they took after the war because Ukrainian has an argue because Ukrainians live there, so they take it. When I was there at that time, it was already so called Ukraine, but under the Soviet. I remember it. I wonder what happened to my father, but I don't know.

TP: Your father, and mother?

My mother died at least 7 years before my dad. Condition was very poor for living. I was visiting them, they know that I won't be back. They know that. They didn't argue and say, 'don't go.'

TP: They promised you that right after the war it would be better, but it wasn't.

Yes, but it wasn't.

TP: It went on for 20 or 40 years.

Still they have the same system.

TP: Didn't change. If you were viewed as a capitalist that was it?

Capitalism is the worst thing for working class people. No freedom there. Everything belonged to us. What did that mean? I can't explain. Russia mostly called the government 'the Huska' that means top. Top guy. Now it is different.

TP: Who was the ruler at the time?

Ukraine is now ruled by a democratic party. I don't know the name. But it is a free election and everything. Russian took Crimea now from Ukraine by force.

TP: I'm very upset to see that.

The Russians say there is going to be an election there. I don't know. Crimea does belong to Ukraine. They say it will be another 40 years, but I won't live 40 years

TP: You are 92. Maybe you will if you keep as active as you are.

If I live in Ukraine, I won't live that long. Here is much better. My daughter's mother died here in Victoria.

TP: Do you have a daughter? A girl?

Yes, I have a daughter and granddaughter.

TP: Yes, they are beautiful. Do they live in Portland or Seattle?

I don't know exactly where, but in Seattle.

TP: I remember them coming to visit.

She was here a few days ago. You talked to her.

TP: Do you see yourself as having a high self-worth? Do you feel good about yourself?

Very good. I sleep alright, I feel alright.

TP: Do you feel happy about your life?

Why not. What do you want for 92.

TP: I want to be half as good at 92. Are you socially active? Do you visit with people a lot?

Yes, well. We know each other from camp, I was camp in Czechoslovakia. And he lives not far away from me. I helped people at the border.

TP: Maybe you helped some of my family and didn't know it. My mother was there.

They said to my, my daughter she got that. I got mail from Czechoslovakia and she was in my place and she took that. She got that. You ask her. There was an apology. She took it. I don't agree how they did it. Just to get mail that doesn't belong to her and why she took it. I don't know why. It is not the right way to do.

TP: Maybe she thought she was being helpful in taking care of it.

She doesn't know what is there. Always asking me how much money I sent to my sister-in-law. She doesn't need any money. Short of work. She mostly try live on a pension. Pension is too high. She went to court for \$30,000. My daughter. But she lost. Court was laughing. In Victoria it was court.

TP: That is heart breaking to see that happen.

It is okay. She tried to say that I'm not quite right. She wanted to be power of attorney, power of attorney for money.

TP: That is sad, not good. I'm glad that you were able to fight for your rights.

She doesn't want to understand that. She argue, for example, stupid, to go visit her, where she was. But she is refusing to go to where I have a place.

TP: She could move here, but she is refusing.

(indecipherable). Reason for why?

TP: There is no reason. You are too smart for that.

And I said to her, she wants to go with her. I don't go with you. My place, where I am. I'm not going to where you want. This is my place.

TP: That is the balance in life, a little give and take, you have to share.

I don't know why I should listen. (indecipherable). I am allowed to come here anytime. Look at this, beautiful.

TP: Even flowers growing and the hillside. Comfortable little rock.

I'm downstairs, I'm in the sun, even naked.

TP: What more do you want. Thank you for sharing this special place with me. It is great. It is great to be here with you.

I talk to a social worker about. I don't know if they talked to her or not. I explained that I am not anything against, but why I should go where she wants, why she doesn't come and see my place, where I am.

TP: You have control over your life. It is your life. You survived a lot, you fought for freedom. Only to lose it.

Who has a chance, for example, to see this.

TP: To see this beautiful ocean, I completely agree.

* * * *

Underground system in Prague.

TP: The whole of Prague had an underground tunnel system.

Oh yes.

TP: Wow. And you were there? What is it like inside the underground tunnels?

Yes. Before I left, we started building underground. And in Moscow too. Berlin has underground.

TP: Probably for the war then.

* * * *

TP: You walk when you walk. It doesn't matter when, morning, afternoon, midnight.

Yes. He told me that where I am, nobody would be there, only me.

My daughter she came over here and started to play 'big shot.' I had a house, I give it to her. And then she couldn't find a job, she sold the house, spend the money, go to Europe, shop. She was almost crying on the phone, 'can I have a house, everything will be okay.' If you have the house, you at least need something to eat, or work. No problem. I say, yes it is a problem.

End of transcript

Appendix D

Intergenerational Theatre: Annotated Contacts / Resources

Reminiscence Theatre / Intergenerational Companies: International

Ages and Stages Project: UK. Ages and Stages is an ongoing collaboration between researchers at Keele University and practitioners at the New Vic Theatre, Newcastle-under-Lyme. The Ages & Stages Theatre Company has been supported to co-explore and co-research what their involvement had meant to them over the previous years. The findings were used to shape three scripts/provocations entitled “Out of the Box,” performed at a concluding research symposium. Drawing on these projects, a research paper was published focusing in particular on what was learned through the methodologically innovative arts-based approach to the evaluation of participants’ experiences. The value of theatre-making with older people is discussed. The role of participatory arts-based approaches is considered, and implications highlighted for future research in age-friendly communities.

Bernard, M., Rezzano, J., & Rickett, M. (2017). Ages and stages: An arts-based approach to assessing the value of theatre-making in later life. *Innovation in Aging, 1*, Issue suppl. 1, 1364–1365.

'Wicked Widows': A play based on Susan Feldman’s PhD research on widowhood. Susan is a member of the Ages and Stages Advisory Group and is based at Monash University Australia.

The Big Telly Theatre Company: 'Spring Chickens' project – a creative arts project for older people in Northern Ireland.

Plot 10: London, UK. This is a theatre and creative research company founded by Helena Easton and Nicky Hatton in 2012. The company runs theatre projects that promote

health and wellbeing through creative engagement. The work is carried out in schools, care homes and community settings, devising original theatre inspired by participants. Currently, Hatton is an evaluator for Age Exchange, London and a Ph.D. Candidate at Royal Holloway University. Performance and workshop leadership training are also offered.

Reminiscence Theatre / Intergenerational Companies: North America

United States

TimeSlips Creative Storytelling: Milwaukee, Wisconsin. TimeSlips is a well-known improvisational storytelling technique for people with dementia, pioneered by Milwaukee-based playwright Anne Davis Basting. TimeSlips has a strong reputation, known for its ability to engage people at the later stages of the disease.

The process begins with a photograph or a picture being shared with the group of people with dementia. Participants are given their own copies of the picture and a facilitator asks leading questions about it: Where is it? Who is in the picture? What does he/she feel like? When is it happening? What can they see? What can they smell? There is no wrong answer and everything that is offered – sentences, words, sounds – is recorded on a bit sheet of paper. The scribe re-caps as they go along, and the rest of the team work one to one with the residents to encourage them with answers. Once they have finished the story or poem is read out and given a title.

TimeSlips is an example of collective storytelling which relies on imagination rather than memory. The process is theatrical by nature; stories are built through the live interactions between the facilitator, participants and scribe, and the story only fully comes to life when it is read out loud at the end. Doing theatre with people with dementia does not have to involve a

play text or a linear narrative. It is a way of valuing words, sound fragments and lyrics in the way that they are expressed, and celebrating the open and poetic nature of the stories that result.

The company offers training programs, intergenerational projects, and public sharing of stories. It also conducts specific research on given projects along with independent researchers to evaluate their work; summer student internships are offered. In Canada the company has 12 BC affiliates / facilitators who work with Alzheimer's persons in care facilities through sensory theatre storytelling.

The Penelope Project: Anne Basting: University of Wisconsin Milwaukee. Basting's aim through the development of The Penelope Project was to stage a professional production in a care facility that would engage anyone who wanted to take part. The project's website describes how the project developed: *Using the story of Penelope from Homer's Odyssey, our team of staff, residents, artists, and students engaged an entire long term care community in creativity and learning. Everyone was welcome. Discussion groups, movement exercises, visual art, stories, and music all emerged from this multi-year project that culminated in the performance of FINDING a professionally-produced play staged inside the care facility. Over 400 people attended the performances.*

The Penelope Project is the only example of a long term theatre residency in a care home. Its ambition was to increase the quality of creative activities offered to residents. Some of the specific challenges and sensitivities attached to making theatre in care homes were revealed. These included how to transform the space without causing disruption or confusion, and how theatre professionals with no experience of working with dementia might learn to work in a person-centred way.

Island of Milwaukee: A virtual project providing creative activities and art work for older people that can be accessible from home.

The Creative Trust: Milwaukee. An alliance of programming and administrative staff of long term care communities in the Milwaukee area; faculty, students and staff at UWM's Peck School of the Arts; and educational staff of area arts/culture institutions.

The Memory Ensemble: Chicago. A collaboration between Northwestern University and Lookingglass Theatre which uses improvisation as an intervention to improve quality of life for people with dementia.

North Shore Senior Center: Chicago. A dementia care day centre which offers an excellent and well-structured programme of arts activities including art, music and dance.

Mind Matters Early Memory Loss Programme: Chicago. Connected to North Shore, Mind Matters is an established programme for people at the early stages of dementia and offers dance and movement and storytelling among other programs. They provide an opportunity to address cognitive impairment through group activities, socialization, education and support.

The New York Memory Center: A day programme which offers improvisational storytelling classes.

Bridging the Gap: New York. Intergenerational LGBT theatre company affiliated with the SAGE Center (below).

SAGE Center: New York. The first municipally funded organization for LGBT elders in the U.S. Offers a broad range of arts programmes including Bridging the Gap, musical theatre and scriptwriting courses.

Pearls of Wisdom: New York. A storytelling group of elders who work with performance techniques. Part of Elders Share the Arts.

Roots & Branches Theatre: New York. An intergenerational theatre company that builds understanding and respect between generations by challenging stereotypes about age and aging through original theatre, workshops and other projects. Along with challenging stereotypes, the company aims to celebrate the wisdom, energy and creativity of elders.

Actors (ages 12-92) work together each season on an original play based on the stories, life experiences and imaginations of the ensemble members. The theatre process is run through the drama program at Tisch, New York University. The program is also referred to as ‘applied theatre’, with courses such as Boal and Beyond; Feminist Theatre, Community-Based Theatre: Site Specific Performance, Theatre and Therapy, and others.

Stage Bridge: Oakland, California. This is the U.S.A.’s oldest seniors’ theatre company, challenging attitudes about aging in America. A number of programs are offered:

Classes: Multiple classes for acting, dance, movement, improv, lighting and sound, play writing, puppetry, design, singing, storytelling, and others.

Storybridge: Elders trained in storytelling take these skills to elementary schools and teach children through storytelling. The seniors tell personal stories that touch on common themes. This program helps at-risk students develop listening and language skills. The goal is to create strong intergenerational relationships while teaching. The children are encouraged to go to their own families and interview their grandparents for family stories.

Seniors Reaching Out: This is when they bring their resources (teachers) to other seniors’ living areas, as there are some who cannot make the workshops or see the performances at the main Stage Bridge performance centre. This program brings storytelling workshops and a variety of performances to thousands of seniors in retirement communities, convalescent hospitals, senior centres and community organizations.

TimeSlips: (Described earlier)

See Me!: Developed by Stage Bridge to teach medical professionals to see the elderly as individuals with unique resources and needs. This is to try and give more of a perspective on aging, trying to dispel stereotypes, and to help the participants recognize their own prejudices about aging.

Philly Senior Stage: Philadelphia. Goals are to provide entertaining shows ‘to’ residents, conduct dynamic classes ‘for’ residents, and produce shows performance ‘by’ residents. Original shows are derived from participants’ life experiences; plays are staged using older adults. A range of types of shows are brought to senior communities, and include comedies adapted from radio shows, musicals, cabarets and dramas. Classes and workshops in acting and storytelling are offered as well.

Canada

Aynsley Moorhouse: Toronto. Aynsley’s blog is a great record of a participatory theatre project in a residential care setting. Although the participants didn’t have dementia, the project raises a lot of very practical considerations for making theatre with the oldest old and in residential care settings.

Beacon Hill Villa ‘Life is Art’ Project. Victoria, BC. Though not strictly theatre-related, there is a high quality arts activities program for the residents and some useful resources have been published.

The Dotsa Bitove Wellness Academy: Toronto. Offers a comprehensive programme of arts and education programmes for people with dementia and their carers including music, storytelling, movement and yoga. Also conducts research around dementia care training and relationship-centred care.

Geri-Actors & Friends: Edmonton, Alberta. Based in SAGE (Seniors Association of Greater Edmonton) the organization is supported by the Drama Department and Faculty of Arts at the University of Alberta. The company performs for the general public, seniors and caregivers. The ‘friends’ are students and alumni from the University of Alberta. The company offers outreach programs including workshops for seniors, comedy improvisations, acting, creative movement and performative storytelling. The company is also involved in producing the Creative Age Festival and ‘Under One Sky’ (multicultural immigrant stories). The company is directed by David Barnet, co-director Matthew (Gus) Gusul.

The company developed over three phases: (1) 2001–03: In the first two seasons the company was known as the ‘Society Players’ or ‘Society Bunch’, a group of students working to find form and gain an identity; (2) 2003-06: In the next phase, the company was known as ‘GeriActors’ and was comprised exclusively of seniors; (3) 2006- present: Students are introduced to the company, now called ‘GeriActors & Friends’, as a regular fixture.

Contact Information

Reitman Centre for Alzheimer’s Support and Training: Toronto. The focus is specifically to support family caregivers. As part of their programme they offer ‘simulation training’: an approach which uses role-play and drama-based techniques to address the experience of caregiving for someone with dementia. Carers can practice care-giving skills by working with professional actors who simulate specifically challenging situations encountered at home. Role-play is used in order to learn new strategies of coping and to try out solutions in a supportive environment.

Smile Theatre: Toronto. Smile Theatre creates and presents professional musical theatre productions for older adults throughout Ontario and beyond. Working predominantly in care

homes, their primary goal is to bring high-quality performances by outstanding theatre artists to seniors who are isolated from cultural experiences. The company specializes in creating theatre for care spaces and devises shows that are of particular interest to residents.

The Society for Arts in Dementia Care: Victoria, BC. An interdisciplinary forum for creative arts in dementia care. The society also offers workshops and training on Creative Expression, Communication and Dementia – a tool for assessing and supporting the creative abilities of people with dementia.

The Sunshine Clown Society: Victoria, BC. A clowning company that works extensively in care home, hospital and complex care facility settings. The company also offers workshops and training in ‘care clowning’.

Terrace Players: The Baycrest Centre, Toronto. Baycrest provides a wide range of residential, day programs and specialized services for the elderly of the Greater Toronto area. Home of the Terrace Players, this is a company of older actors who use theatre to explore the experience of living in residential care.

International Organizations / Contacts

Age Exchange

Founded by Pam Schweitzer, 1982. Current description from web site: “The Exchange is an inspirational space in the centre of Blackheath that provides a home for a variety of community activities and services. Our unique community hub has gone from strength to strength in the last 2 years with a footfall of over 140,000 a year.” Key features: A volunteer led library service operating six days a week; daily activities including pilates, a knitting group, art classes and rhyme time for pre-school children; volunteering opportunities to help people return

to work, or to contribute to their community; a not for profit café; work experience for school children.

Following Schweitzer's retirement the Age Exchange is under the direction of a new administrator, and has been developing and carrying out new projects. The centre's work has been widely researched (Jayne Lloyd, a Ph.D. student at Royal Holloway has evaluated the work).

European Reminiscence Network

The European Reminiscence Network has evolved and encompasses 30 affiliates from the 16 European countries in the Network: the UK, Spain, Slovakia, Poland, Norway, Romania, Ireland, the Netherlands, Greece, Germany, Finland, Estonia, France, the Czech Republic, Denmark, and Belgium.

The aims and objectives of the European Reminiscence Network are to:

- Increase the profile of reminiscence work throughout Europe through exemplary projects and to reinforce the importance of experience;
- Share best practice in reminiscence work and to exchange skills across national boundaries;
- Organize conferences, seminars and festivals to share work and exchange ideas; collaborative action-research projects in reminiscence with practitioners in different European countries;
- Develop and encourage trans-national projects which actively involve older people in creative reminiscence-based activities designed to increase inter-cultural and inter-generational understanding;

- Improve the quality of care for dependent older people by encourage staff to develop reminiscence skills;
- Develop projects which maximize the life experience of older people from migrant and ethnic minority groups, and to encourage the recording and dissemination of their reminiscences to the wider community;
- Provide educational workshops, training courses and practical support for people wishing to develop and deliver reminiscence projects in different European countries;
- Facilitate collaborative reminiscence work across different fields, such as health, social services, education and arts;
- Publish and disseminate the results of the network's projects.

European Reminiscence Network: Partners

Austria. Minika Geck - Remembering Yesterday, Caring Today.

Belgium. Catherine Goor and Marie-Louise Carrette - Intergenerational conference, Brussels; Remembering Yesterday, Caring Today. Rob van der Wildt - Reminiscence theatre projects. Sylvain Van Labeke - The Journey of a Lifetime and other inter-cultural, inter-generational projects. Elisabeth Franken – Organizing reminiscence workshops.

Czech Republic. Hana Janeckova – Making Memories Matter; Remembering Together: Reminiscence Training. Petr Velta – Making Memories Matter.

Denmark. Ove Dahl – Remembering Yesterday, Caring Today.

Estonia. Eha Leinassaar, Leida Ratsep & Epp Viires – Making Memories Matter.

Finland. Viveca Hagmark & Taina Johansson – Remembering Yesterday, Caring Today. Leonie Hohenthal-Antin – Making Memories Matter; Remembering Together: Reminiscence Training.

France. Arlette Goldberg – Remembering Yesterday, Caring Today; Making Memories Matter.

Germany. Angelika Trilling - Journey of a Lifetime; Remembering Yesterday, Caring Today; Making Memories Matter. Ingrid Berzau & Dieter Scholz – A Time to Remember; The Time of Our Lives – International Senior Theatre Festival; Transitions in Later Life. Johanna Kaiser & Eva Bittner – A Time to Remember; The Time of Our Lives. Barbara Koblitz.

Greece. Cleo Mavroudi – A Time to Remember; Journey of a Lifetime.

Ireland. Suzanne Cahill.

Netherlands. Pollo Hamburger – Remembering Yesterday, Caring Today; and inter-cultural reminiscence projects. Marleen Hoogkamp – Remembering Together: Reminiscence Training.

Norway. Liv Hulteng – A Time to Remember; Remembering Yesterday, Caring Today.

Poland. Dr. Lidia Huber – Making Memories Matter. Anna Maria Nowak.

Romania. Vasilica Stamatina – Making Memories Matter. Anca Manoiu & Georgeta Rafila – Training workshops in reminiscence in six centres in Romania.

Slovakia. Maria Cunderlikova – Remembering Together: Reminiscence Training.

Spain. Josep Vila Miravent & Elena Fernandez Gamarra – Remembering Yesterday, Caring Today; Remembering Together: Reminiscence Training.

United Kingdom. Errollyn Bruce – Remembering Yesterday, Caring Today; Remembering Together: Reminiscence Training. Pam Schweitzer – Time to Remember; Journey of a Lifetime; Remembering Yesterday, Caring Today; Making Memories Matter; Sites and Signs of Remembrance; Transitions in Later Life; Remembering Together: Reminiscence

Training. Alexey Janes – Making Memories Matter; Remembering Yesterday, Caring Today; Remembering Together: Reminiscence Training.

Networks on Reminiscence Theatre

- www.europeanreminiscencenetwork.org
- www.rememberingtogether.eu
- www.reminiscencetheatrearchive.org.uk

Reminiscence Archive Company

In 2007 the University of Greenwich formed a Reminiscence Archive Company in collaboration with Pam Schweitzer, the archive company currently under the direction of Dr. Heather Lilley. The company performs new productions from the archival collection. The group is comprised of Dr. Harry Derbyshire (English program leader), Dr. June Babshaw (director of resources and teaching fellow), Will Robley (historical archivist), Dr. Heather Lilley (program leader for drama and director of the Reminiscence theatre Archive Company). The archive is an online resource which offers access to a collection of oral histories gathered for over thirty years. Materials include theatre, history, age-related and interdisciplinary research projects crossing humanities, social sciences, law and healthcare fields. Projects involve the training of volunteers, the creation of new theatre productions, and relationships with the local community as well as with international reminiscence theatre practitioners and dementia care workers.

Aims and process. The overall aims are to preserve the materials contained within the archive through cataloguing and digitizing, and to facilitate access to the materials and put them to active use for the benefit of students and the wider community.

All of the drama students at the University of Greenwich undertake a year-long module on Applied Theatre, which introduces them to a wide range of practical and critical approaches

to making theatre with and for different communities and marginalized groups. This is their first encounter with reminiscence theatre and the methodology of Pam Schweitzer, and through this ‘taster’ they decide whether to volunteer for the Reminiscence Theatre Archive. Those who join gain a wealth of experience through engagement in the company’s work. They begin by exploring the archives; they select material that inspires them, enhance their knowledge through historical research and devise performances that will bring the memories to life for new audiences. In rehearsal the student volunteers work creatively with instructors and also alone, often with a student taking some responsibility for directing the pieces. Once a new play, or collection of plays, has been devised, a tour of local sheltered housing units is scheduled and other performance opportunities within and outside the university.

Additional European contacts:

- Ages & Stages Project.
- Entelechy Arts – Different Abilities, Different Backgrounds, One Connection – based in southeast London. Artistic Director: David Slater.
- Faith Gibson - author of key books on reminiscence and life story work; Emeritus Professor, University of Ulster, Northern Ireland, UK; Affiliated with International Institute for Reminiscence and Life Review, University of Wisconsin-Superior; Reminiscence Network Northern Ireland.
- Nicky Hatton, Ph.D. – a theatre maker and researcher who works in health and community settings, and interested in the relationship between theatre and mental health.
- Jayne Lloyd: Ph.D. student – Royal Holloway, UK – studying Age Exchange.

- Magic Me – an intergenerational arts organization based in Tower Hamlets, East London.
- Matthias Warstat - Institute of Theatre Studies – Ethics of Applied Theatre
European Research Council: Freie Universitat Berlin. Dr. Matthias Warstat is researching applied theatre through a fellowship from the European Research Council Advanced Grant. His project, on the aesthetics of applied theatre, focuses on theatre forms that are used, e.g., in social project work, the therapeutic treatment of trauma, or political campaigns.
- Institute for Applied Theatre Studies: Justus-Liebig-Universitat GieBen (Institut fur Angewandte Theaterwissenschaft). Founded in 1982, the institute was the first university program to integrate the study of artistic practice into the study of theatre. Influenced by Brecht's 'Lehrstucken' and minimalist tendencies, the institute worked to develop new theatre with an interest in practice. In the 1990s and 2000s the institute evolved to extend its scope of artistic teachings to include more contemporary media related forms of presentation - video studies, music, sound and light, incorporating drama in 2008. The program offers B.A. and M.A. degrees in applied theatre. Philosophically, the programs are based in interdisciplinary methodology, not exclusively academic or practical.
- Winston Churchill Trust – Older People Arts Network – Director: Jamie Balfour.
- The Centre for Intergenerational Practice (Beth Johnson Foundation) – includes a resources tab with links to other UK intergenerational projects and strategies, and downloadable publications by the centre.

- Scottish Centre for Intergenerational Practice. Intergenerational Practice: A review of the literature.
- European Research Council. This is a funding organization for frontier research. Researchers from around the globe can apply. They offer start-up and emerging research, and advanced grants as well as host university starting grants

North American Organizations / Contacts

United States

National Center for Creative Aging: Washington, D.C... NCCA was established as a program within Elders Share the Arts (ESTH) in 2001, influenced by Dr. Gene Cohen's research on creative expression and healthy aging. In partnership with the National Council on Aging (NCOA) and the National Endowment for the Arts in 2007, through Gay Hanna's leadership NCCA became affiliated with George Washington University. They worked with the Center on Aging, forming a National Service Organization on Arts and Aging (NEA – National Endowment for the Arts). In 2011 the Research Center for Arts & Culture (RCAC) moved from Columbia University to become a program of NCCA, providing data and information services to a variety of organizations (e.g., on cultural policy, labor relations and the law). The group provides curriculum development to educational institutions and leadership training for arts organizations and managers around the globe. The NCCA issued a 2011 report on grant-makers and aging, highlighting the changing demographics and the arts field. Operations Manager: Alice Frumin.

Susan Perlstein: Founder Emeritus for the National Center for Creative Aging in Washington, DC, and the Founder of Elders Share the Arts in New York City. She is an educator, social worker, administrator and artist.

Canada

Arts Health Network Canada: Kira Tozer - Knowledge Translation Project Manager.

Dr. Trevor Hancock: Professor & Senior Scholar, School of Public Health & Social Policy, University of Victoria; Senior Editor: *Canadian Journal of Public Health*; *Also on Advisory Council for Arts Health Network Canada.

B.C. Care Providers Association: Vancouver, BC. The association offers a guide (2009) to establishing intergenerational programs for schools, care facilities and community groups. In essence, it is recommended to establish partners, define roles, set goals and timelines, plan implementation and build relationships over time. With regard to funding, determine what kind of funding is required (e.g., operational, matching funding, in-kind resources; search municipalities' service clubs, foundations and grants).

Sharon MacKenzie: Founder of the i2i Intergenerational Society, Vancouver, BC. This society, with strong community and government partnerships, offers school and care centre based intergenerational programs. In 2009, i2i launched a collaborative toolkit (BC Ministry of Health, BC Care Providers Assoc.) upon being asked to provide a toolkit for educators and service providers for use in promoting age-friendly communities through a wide variety of intergenerational connections. This toolkit, available through the i2i web site is entitled, 'Creating caring communities: A guide to establishing intergenerational programs for schools, care facilities, and community groups. The organization is a not-for-profit society funded by private and corporate donations and grants. It offers programs to build intergenerational community and further develop intergenerational endeavors. The society provides connections to Canadian projects, research and resources, forum discussions, project consultations and keynote presentations.

Sheridan Elder Research Centre - Center for Creative Aging: Sheridan College - Mississauga, Ontario. This research facility, of the Sheridan Institute of Technology and Advanced Learning, is located in Oakville, Ontario. It provides a unique environment for conducting applied research into areas of practical concern and immediate relevance to older adults and their families. The SERC develops innovative approaches and creative interdisciplinary partnerships that focus on enhancing the lives of older Canadians.

Director: Pat Spadafora.

APPENDIX E

Intergenerational Storytelling / Drama Workshops

Recruitment and Storytelling / Drama Workshop

As noted earlier, a recruitment orientation workshop was held for prospective study participants to give older adults a concrete sense of what RT is and how it works. The workshop was advertised by poster and offered to anyone interested in storytelling. The group was held in the facility's secured unit in the activity TV lounge. Eleven residents attended the workshop along with the unit's residential care aide (RCA). No family members were able to participate, although some expressed interest and commitment to the project. All 11 residents signed on to the study after the workshop.

The workshop framework was adapted from Hill's Theatre 335 applied theatre workshop template and Saxton and Miller's Theatre-in-Education workshop structure.

Facilitation. Facilitated by PI (RT company unavailable).

Workshop title. 'Moments of a Lifetime'.

Workshop timeline. 40 minutes.

Setting. Residential care facility's secured dementia unit.

Participants. 11 older adults from the facility, 1 RCA, and the PI.

Theme. Significance of family relationships, family of origin, and being loved.

Goals. To introduce older adults to the intergenerational storytelling drama workshop concept; to provide a concrete example of how the story workshops will work; to invite those interested in continuing, to complete informed consent forms; and to offer a relaxed, impromptu, enjoyable and social, creative experience for the older adults.

Sources.

- Osborn and Schweitzer (1987): *Lifetimes: A handbook of memories and ideas for use with Age Exchange reminiscence pictures* - photographic displays of wedding image, child reading newspaper, family photo, and wedding group photo; photo numbers correspond with numbering of pictures in source.
- Family workshop text (Osborn & Schweitzer, 1987).
- PI's family photos – father on bicycle in Germany, mother pregnant with PI, infant photo of PI's daughter, family reunion in Hanover (verbal permission granted to use).

Key questions / learning intention / area of exploration. What does it mean to be part of a family, to be loved and cared for, or to care for others?

Materials. Photo display board; text: Osborn and Schweitzer (1987), p. 12, p. 18, p. 58; workshop script – PI's family of origin text.

Workshop description/script. Note: Given the nature of dementia individuals in the group, although the workshop was planned in detail, the presentation process was fluid, accommodating in-the-moment changes. It was designed to encourage spontaneous improvisational interactions with the material and each other, allowing opportunity to best respond to older adults' emergent needs. Therefore, workshop materials may or may not be utilized in their entirety.

Introduction. "Hello all: Welcome to our story-making drama workshop. My name is Trudy. I am a Ph.D. student from the University of Victoria, interested in learning of and from your historical life experiences. In the future, UVic theatre students will join us and create a theatre performance for you from the stories you decide to share."

Circle name, adjective game. The PI rotates around the circle and asks individuals to share their name, give an adjective with the first letter of their name, and one physical action that represents them. Repeat back, combining everyone.

Family photo board. “Let’s get started.” Show photo board; walk around lounge, showing family photo board to each individual. “I have a trick question for you. Which one of these photos is me?” Encourage responses. End with photo of PI’s pregnant mother.

Osborn and Schweitzer’s (1987) photos and text. “Here are a few family photos from England.” Show photo #3 to each individual; read text. “The family in this photo is wearing their best clothes and looking very serious as they pose to have their picture taken by a professional. The first memories are about children growing up in an affluent family. In my family there were only three children. As a child I spent a lot of time with our maid, Mary. I liked her. I grew to the age where I wanted to know everything about everything.”

“Here is another photo. In contrast it is about a very hard working life in the streets of London.” (Show photo #6 to each individual.) “Here is what the children in the photo said: My mom had a baby every year and us older ones had to bring up the ones that followed. I was going to school and working. I never got a day off nor a penny for pocket money” (Osborn & Schweitzer, 1987, p. 12).

“In this photo we see children playing in the streets of a poor neighbourhood of London. Girls and boys are playing on the road. While some play hop-scotch on the street, another tends to the baby.” Encourage responses from older adults through probing questions: “Tell us about your family. How many children were in your family? Were you oldest, middle or youngest? Where did you grow up?”

Into Action Drama: “We have seen a few photographs here of families and talked about some of your family memories. Now let us try something different. In the theatre we say, ‘show me’. By this we mean, show what you are saying with your facial expressions and how you move around. In the theatre, much like in the photographs, the images tell us a lot about people without uttering one word. For example...” (show photo #24, group wedding, to each individual, asking probing questions and leaving time for responses): “What do you see in this image? Who might these people be? Where might this picture have been taken? What are they doing?” Repeat responses back to older adults as they answer questions.

“Clearly, the people in this photo are at a wedding. We can create our own wedding photo. We can use our imagination to write our own story from our own image.” Gain agreement to join in from older adults. Describe and demonstrate sculpting images. Spread out one at a time, with prompt questions: “Without speaking: Who would you be in the photo? Where are we? What are we doing?... Keep this in your imagination. We will come back to these later... Let’s see who we have here. To start, we can sculpt our image one person at a time.” Demonstrate sculpting. PI volunteers, stands in a neutral position in front of older adults and asks: “Who am I? I am an intelligent hunk of clay. I need someone to shape me into a person for our photographer.” Encourage one older adult to come up and physically mold PI into a position, resembling their imagined character. “Great. Thank you.”

Tableaux: “Now let’s make our own wedding photo.” Invite one older adult at a time to come up and nonverbally create their physical image. Once all are included – freeze image and hold 3 seconds.

Tap-in: PI taps each individual in the tableaux, eliciting a spontaneous spoken sentence. PI repeats each sentence back to the older adults. Repeat image nonverbally; freeze.

Building belief: PI in role as professional photographer, mimes taking photo in old-fashioned way, improvising text – “ah, what an amazing couple”... Repeat sculpting tableaux and tap-ins for two additional images, responding to two separate prompt questions: “What occurred before the wedding? What was life like after they were married?” Practice new images, then combine all three. PI tap-in to each for spontaneous text.

Conclusion. “To close, I share a brief story of my own... only fair - if I ask you to share then so will I... (My family has given me permission to share their stories and photos.) Here is my story of origin. This is the story of my father, my father’s brother and the brother’s daughter (my cousin). Memory... it can be mysterious. Do you ever wonder about memories? Are they real? How do we know what is truth or fiction, as our memories come and go... some faint, some vivid. I have a very vivid memory from my early teenage-hood; I can see it clear as day. I still remember how I felt to this day – shocked and confused.”

“One day, we as a family, our typical Sunday TV time, a true break after a full week of work in my parents’ greenhouse... I switched the channel as my father snuck traditionally to the kitchen for our favourite desert – ice cream and black forest cake – if lucky, with fresh strawberries. A documentary of Hitler came on and I watched in shock. The war was something we never spoke about in our household, and as a sheltered, secure, middle-class Canadian I knew nothing of such history.”

“When my father returned with armfuls of delectable delights, the temperature and mood of the room changed dramatically. He quickly turned off the TV as he almost dropped our deserts. Never before had I seen such a look on his face... never before, even more troubling, I found myself in a heated argument with him. I was in full teenage argument mode, knowing it all! (I have once heard it said, ‘there is none so arrogant as the arrogance of youth’). I found

myself questioning humanity. How could such atrocities occur? My father quickly and profoundly responded with finger in full point to my face, instructing in a sharply raised voice: ‘Gertrude: Zelz duhein... sit down. I will tell you this story once and only once, so listen carefully’.”

“I sat dumbfounded and listened, in a faint fog it seemed. I recall his words. He said: ‘I grew up in Grygietiszlie, Germany. We were as some would say, a German peasant farming family. I had several brothers and one sister. One day the soldiers came to the farm and lined us all up in a row in front of our house. They took my sister and youngest brother away. They said they were weak. The commander walked up to me and flicked my ear with his firm hand, turned his back, walked away in a straight line and summoned me to him; I went along, eventually working over the years for them in exchange for the army’s taking care of my family’. His tone softened as he said, ‘Hitler was not the monster that people said he was; he paid off my parents’ farm... he made sure they had food to eat and clothes on their backs.’ And that was that story told, and never spoken of again.”

“Through the passage of time and space the memory fades to the point of wonderment, deeply moved yet unaware of so much. Then, completely unexpected, the story re-emerges years later in the most unlikely of places from the most unlikely of people. In my practice in reminiscence theatre I had developed a project called the ‘Living History’ program, which won a healing arts award. Unbeknownst to me it ended up on the Internet. Sometime after that, I received a strange letter in the mail addressed from Germany. I slowly opened it, skim-read the letter and in a rush turned to the next page; there it was – the photo proof that I had not imagined my teenage memory. There it was in full glory – there was my father as a youngster, a photo of young barefoot boys by a farm tractor. I turned back the page and re-read the letter. It said: ‘My

name is _____. I live in _____, Germany. I am a journalist and writing my father's, _____ life story. He has a brother, _____, who went missing during the war. Given that your last name is _____ and my father is one of two living brothers, I strongly suspect that we are related'."

"And so as they say, the rest is history. My cousin had the chance to return to her father's home of origin on the current Polish border to see the original family home still standing. And I had the great privilege with the help of my friends, to go to Germany to meet my family of my origin... Unfortunately, my father's brother passed away before I could meet him in person, but I was able to go on a 2-week journey throughout Germany to all his and my cousin's favourite places including her original family home in a small village. Secondly, my family has a tradition to hold a reunion every five years for all the family to celebrate everyone – their birthdays, anniversaries, weddings, new babies and all – coincidentally at the same time as my visit. This was truly a family reminiscence experience, one that I will cherish forever."

"So, this is my story of origin. What is yours? I know that you may say, 'oh, I don't have one'... but I know you do. Sometimes truth is stranger than fiction."

"Our storytelling workshop is coming to a close. Thank you for joining in and being such good sports. Congratulations. You have created an image and story of your own. What title shall we give to this imagined wedding story? Next time we can improvise a scene from the title with theatre company actors. It has been a privilege to create collectively this story with you! I greatly appreciate you participating in this imaginary storytelling group. I will be offering more storytelling groups here. If you are interested in participating, please stay for refreshments. I can address any questions you may have and go over the study with you.

PI reflections on workshop. I was somewhat apprehensive at the beginning of the workshop, as I did not want to 'infantilize' (treat older people like children) the work. In the

theatre, playfulness is well-received but I worried that the older adults would view this as child's-play and might feel insulted. As it turned out, my concerns were unfounded.

The workshop was an immense success; the older adults transformed from passive observers into energetic, joyful, creative players. The photos and texts captured and kept their attention. They were captivated by the texts and moved by the PI's story of origin, sparking several stories of their own. Conversations were stimulating; once they began speaking there was no stopping them. Many were quite witty and enlightening. There were moments when I forgot this was a dementia population. Most impressive was the eagerness in which the older adults joined into the tableaux and tap-ins. I was surprised and impressed with how quickly the older adults physicalized their imagined characters. They easily incorporated their own stories into the tableaux scenes.

Three different scenes evolved from the tableaux. One depicted a wedding with the bride, groom and a mother-in-law who did not like the bride. When asked why, the mother-in-law character said, "because you took my son away". The scene moved forward with the prompt, Did the mother-in-law stay angry?" This elicited the response, "no".

The second scene arose from the prompt, "Show me another image, a different photo showing how the relationship changed". When tapped-in with prompts: "What influenced your view? What changed your mind?" The response: "She gave me a grandchild."

The third scene evolved into a baby shower (I took off my jacket and rolled in into a baby blanket). The narrator (an older adult) described the events from their image: "The men all went off and the women stayed. They gushed over the beautiful grandchild and thanked each other." The workshop ended with a profound discussion sparked by an older adult who had chosen not to marry, on marriage and freedom to do as one pleases.

I had estimated the workshop to run for approximately 40 minutes; it went for two hours, with participants wanting to continue. Note to self: If you ask older adults to participate or speak, then you must make room and time in the moment to integrate all their ideas. Herein lies the challenge and art of facilitation – listening, responding, sensing and adjusting, and trusting in Bruner’s (1977) notion of ‘intuitive knowing’. As Balfour (2016, p. 151) states: “Oh, ‘tain’t what you do, it’s the way that you do it... that’s what gets results!” Sometimes going off-script produces the most meaningful experience.

Intergenerational Reminiscence Drama Workshops

Intergenerational practice. ‘Intergenerational practice’ has been defined as “purposeful activities which are beneficial to both young people (normally 25 or under) and older people (usually aged over 50)” (Springate, Atkinson, & Martin, 2008, p. 4). The aim of intergenerational practice is to reflect improvements in community cohesion, social capital, physical and mental health, build relationships and challenge stereotypes.

Springate et al.’s review of the intergenerational literature highlights four main outcomes of effective intergenerational practices – increased understanding, enjoyment, friendship, and greater confidence. Older adults in particular experience decreased isolation and a renewed sense of self-worth. Research studies, cited by Xaverius and Mathews (2003), correlate increased intergenerational engagement with “improved health, subsequent reductions in medical expenses, increased happiness, and improved quality of life” (p. 54).

Gibson (2011) reminds us that shared experience fosters mutual respect between generations and that reminiscence incorporates people across diverse ages, backgrounds and circumstances. Utilization of memories crosses boundaries, thereby lessening the distance between generations. Through reminiscence and recall, celebration of differences and shared

experiences is emphasized, fostering mutual respect and social inclusion. Gibson stresses that true success relies on shared creative engagement in activities; if older adults' memories are not affirmed this can diminish rather than enhance wellbeing and intergenerational connection.

As noted earlier, engaging in creative imaginative play is very effective in intergenerational theatre making. Matthew Gusul, this study's project playwright/director, introduced the reminiscence theatre company to his 'Playful/Ontic Approach'.

Playful/ontic theatre devising model. The playful/ontic approach to facilitating devised theatre (Gusul, 2015) draws upon the philosophy that intergenerational boundaries need to be overcome such that the group's ontological reality has a natural playful quality. Drawing on Thompson's (2004) epistemic and ontic approach theory, Gusul integrates this with his experience with the playful methods utilized by the *GeriActors and Friends* company. The role of the facilitator is to utilize this energy to aid in the integration of the community in the process of collectively devising inspiring theatre.

Gusul (2015) emphasizes five key elements in the planning of workshops and rehearsal while searching for stories or scenes to perform: (1) a clear idea for a starting and ending point of the workshop; (2) a theme or question that promotes story sharing; (3) playful activities – games, songs, dance ('epistemic details'); (4) participants are invited to include more epistemic details; and (5) with attentiveness and trust in the facilitator's intuition to lead the group through the workshop or rehearsal, there is a focus on the ontic playfulness of participants. Gusul asserts that this approach enables the group to influence the direction of the process through playful, creative energy fostered by participants' spontaneous interactions. Rather than closely adhering to step-by-step procedures, the facilitator's plan is loose and guided by group interactions, similar to Spolin's (1999) improvisational approach.

In the current study, our intergenerational reminiscence drama workshops incorporated Gusul's (2015) 3-part structure: (1) beginning with songs and improvisational games; (2) working in small groups to establish scene ideas; and (3) perform for each other. A fourth element central to Gusul's approach is to integrate a story arc, a potential script, to frame the scenes, which increases the likelihood of success.

The intergenerational workshops. Four storytelling workshops at the care facility were co-facilitated by Gusul and the PI with older adult participants and the RT company. These workshops took place on the dementia unit in a large room of the centre's main lounge. The 2-hour workshops, from September 22 to October 6, 2015 were scheduled from 1:00-3:00 and each included a refreshment/social break. Each workshop began with assent or consent to share stories, and photograph and video-record for archival purposes. Workshops culminated with a debriefing with the RT company, recording observations and themes for later devising.

Workshop #1: Family, getting to know each other. The intention of this first intergenerational workshop with RT company actors and older adults was to present a condensed version of the earlier family recruitment workshop. The older adults were much more reserved and quiet than in the previous workshop on the unit. This was understandable as it was their first introduction to the RT company and in a location unfamiliar to them. Secondly, it was clear after the introduction, that the earlier workshop template would likely be ineffective. Plans were adapted into a simplified meet-and-greet session instead. The family photography board was displayed.

Facilitators. PI and playwright/director (PD).

Workshop title. 'Getting to know each other'

Setting. Residential care facility meeting room, 1:00-3:00.

Anticipated participants. 11 older adults (ages 76 to 93), 10 theatre company actors (ages 20 to 30), and 2 facilitators.

Introductions. The PI introduced herself, the playwright/director, and the theatre company. It was explained that we would share stories and memories to create a play and perform it for them later. The theme for the workshop was introduced – getting to know each other.

Name game (15 minutes). Older adults were paired with theatre actors, and sat in a circle. Each individual stated their name, then repeated the exercise by adding an adjective, something that described them that started with the first letter of their name. This was then repeated a third time, adding a gesture to the name and adjective. This activity proved very difficult for the older adults. Many could not come up with an adjective or gesture. The RT actors demonstrated the process in the middle of the circle. It also was very difficult for the older adults to speak only their names; many spoke at length. As a facilitator this was challenging, doing my best to respect their stories and need to be heard while balancing the need to keep a timely flow without cutting anyone off (the PD intervened at times).

Favourite things game (10 minutes). Older adults and RT actors were invited to first think about what makes them happy; what are their favourite things to do, to eat, to hear and to see? Secondly, they were invited to walk freely through the centre of the circle while listening for questions. Then, they were asked to move to the facilitator in response to the questions, with prompts such as, “come over here if you love ice cream”. The facilitator moved to other locations for each question. Co-facilitators spontaneously improvised prompt questions (e.g., favourite pet, best vacation, etc.). The game ended with a free-style walk-about, greeting each other and shaking hands – “hello, my name is [name]”. This simple exercise went very well;

older adults were energetically engaged with good humour and much laughter. This was effective in breaking the monotony of ‘talking heads’ (too much talking).

Small-group life story interviews (20 minutes). Small groups were formed by numbering 1 through 4 and assigning actors to a group. “In the theatre we talk about sharing our stories. Next, we would like to invite you to interview each other in your group. Your task is to find out three things about each other – for example, where you grew up, favourite games, colour and music. These interviews went well, with much teasing, joking and detailed storytelling.

Refreshment break (10 minutes).

Story presentations to whole group (20 minutes). Older adults and RT actors verbally presented their stories from the interview, with prompt statements: “Hello. I would like you to meet [name]; this is [his/her] story”. Each cycle ended by checking in with the older adult interviewed by checking for accuracy: “Did I miss anything? Did I get your story right?”

Closing. “We have come to the end of our workshop. Thank you all for coming and joining in our activities so enthusiastically. It was such a delight to hear your stories. Each and every one of you have led amazing lives; we appreciate all that you have done to make our world a better place. Thank you for sharing your stories with us. We are enriched by getting to know you. Let’s go around the circle. Tell us your favourite song that comes to mind.” (Facilitator repeats back.) Close with favourite song (‘Long Way to Tipperary’). “See you next week.” (Older adult participants join other facility residents for tea hour.)

Post-workshop theater devisors’ observations. The devising company met to discuss workshop observations and document key themes among the stories. Actors were encouraged to silently write or draw their impressions on a large sheet of paper, with the prompt: “Write down

what stood out for you from today's stories." The themes, key words and phrases documented, are shown in Appendix F.

PI reflections. The workshop had a slow start. The older adult participants were very quiet, in the beginning. The atmosphere in the room felt like that awkward first high school dance, everyone in a row – wallflowers, no interaction, blank faces and stiff body language.

The tension dissipated quickly once the RT company interviews began. The mood shifted dramatically once the sharing of stories began. The energy was magnetic. Sparks flew between the old and the young as if fireworks had gone off. Once the older adults started talking there was no stopping them. They came to life, bodies became animated with expressive gesturing, joy and excitement on their faces.

I gleaned a sense that the older adults were thirsty, even hungry, craving connection and human conversations. Smiles and laughter were abundant with much teasing and joking with each other. One could sense their pride in sharing their stories, especially as they corrected the actors' recall. One could see they enjoyed being in the presence of these young people. They were thoroughly engaged, with consistent eye contact, touches on shoulders, holding hands... a true playfulness began to emerge especially at the end when asked about favourite songs. They spontaneously broke into song, following the lead of our Scottish older adult. They left dancing and singing, 'it's a long way to Tipperary'.

Our devising team was exceptional. They were patient and attentive, listening and engaging in conversations, demonstrating both interest and sensitivity for the older adults. Their applied theatre experience shone through, a truly inspirational group with genuine caring (the aesthetics of care was evident).

Interestingly, most of the stories told by the older adults to the theatre actors were similar to the ones told during the one-to-one PI interviews, some almost verbatim. It seemed as if they had a set of familiar stories that they had told many times. This highlights our tendency as human beings to recall and repeat memories that are most salient. A reminder to me is that although not dramatically engaging sometimes, talking heads at times is exactly what is needed for this older adult population.

Co-facilitating: Co-facilitating this workshop was surprisingly difficult for me. From the outset it became clear that as co-facilitators we had differing opinions on how to proceed with the workshop plan. It was challenging as an artist to decide which activities to include and how to restructure the session in the moment. I am reminded of the importance of clarifying and agreeing upon roles, much like the co-teaching approach of Miller and Saxton (2004). Well ahead of beginning the workshop, it is important to establish who takes the lead when the unexpected occurs. In applied theatre practice, flexibility lies at the core of effective practice. I consider myself adaptable and comfortable with the fluid process of RT yet it was difficult to let go of the plan; maybe I need more structure than I thought.

The workshop itself: Overall the workshop went well with regard to intergenerational connection and gathering material for devising. Unfortunately, it did fall prey to talking head syndrome; more showing and action were needed. However, the workshop did appear to fulfill the older adult participants' need to be heard, and gave ample opportunity for the company actors to practice patience and active listening with this population where memories are often manifested in fragments. The listener becomes a detective, piecing together puzzle parts. Further workshops could be enhanced with more short nonverbal activities with opportunities for movement, interaction and song.

Workshop #2: All grown up.

Facilitators. PI and playwright/director.

Workshop title. ‘All grown up’

Setting. Residential care facility meeting room, 1:00-3:00.

Anticipated participants. 11 older adults (ages 76 to 93), 10 theatre company actors (ages 20 to 30), and 2 facilitators.

Theme. Childhood memories of growing up: rites of passage, transitioning into adulthood, agency.

Sources. Photos from Osborn and Schweitzer (1987): child reading news (#1), family swimming (#13), toddler on bike (#4), teenager and adult on motorbike (#20), and toys from a catalogue (#15); text.

Key questions. What does it mean to feel/be all grown up? When did you first realize you were grown up?

Materials. Set of keys, blindfold, soft foam bat or rolled paper, photo display board, and display table: old toys, toy cars, old felt historical antique dolls from Germany, small wooden string-less marionette, five different coloured balls, large paper and felt pens, CD player (Glen Miller music), old books – ‘Nursery Primer’ (no date), ‘Daily Bread: A Birthday Text Book’ (no date), ‘Plays for Young People’ (Harris, 1911), ‘Four Good Plays to Read and Act’ (Voaden, 1944), ‘Later Canadian Poems’ (Wetherell, 1893); refreshments.

Introduction. Lure: display set up to side of circle; music playing softly as people arrive. “Welcome back, everyone... great to see everyone again. Our theatre company has been reminiscing about their growing up years and their favourite childhood games. We thought you

might like to do the same – to explore what it means to feel or be all grown up. First, let’s warm up our imagination and play a couple of our favourite games.

Ball toss (15 minutes). (From notes from a drama class (Miller and Saxton, 1999) Step 1: All stand in circle; actors demonstrate the game. GG calls TP’s name and then tosses the ball to her; TP catches the ball and answers, “red ball, thank you”. TP calls LT, tosses the ball to her, and LT responds, “red ball, thank you”, and so on. Step 2: Keep the red ball in motion. Facilitator throws green ball to another person across the circle, calling the person’s name, and this person responds, “green ball, thank you”. Keep adding different coloured balls, as many as the group can handle. Step 3: Once the balls are all in play, the facilitator removes the red ball and throws an imaginary red ball across the circle; the recipient catches the imaginary ball and responds, “red ball, thank you”. Step 4: The facilitator removes one real ball at a time until there are only imaginary balls in play. Continue imaginary toss three times, and stop.

“Great work everyone; ready for our next favourite game. Here’s one we learned from a UK theatre professor, Jonathan Neelands.”

Keeper of the keys (15 minutes). (From a University of Victoria Drama Institute, 2000, Neelands) Place a chair in the centre of the circle. Ask for a volunteer to sit in the chair, blind-folded with a foam bat or folded newspaper in hand. Facilitator tosses keys under chair. The task is to defend the keys while others in the group rush in, one at a time, to grab the keys away. The blind-folded defender can swat at people trying to get the keys. When someone is successful, when the person retrieves the keys, that person becomes ‘it’ and takes over the chair to protect the keys.

Refreshment break (15 minutes). “Well, that was great fun. Now that you are all worked up, let’s take a break for some refreshments. Come take a look at our display table.”

Story sharing group (building belief) (20 minutes). Number-off older adults (1-4), organize into small groups with one or two theatre actors. Circulate different photos to each group.

Invite groups to explore the photos one at a time, with prompts or questions: “What do you see? Who are these people? Where might they live? What are they doing? Share your own childhood experiences: Where did you grow up? What were some of your favourite activities? How did you play? What were your favourite games? How did you have fun?... Discuss amongst yourselves.”

About half-way (10 minutes into the exercise), pause the groups and interject new questions to stimulate further and deeper discussion. “Talk about (1) when you first felt that you were all grown up; (2) what events led you to believe that you were grown up; and (3) was there some special person in your life, a mentor who inspired you or helped you along the way?”

Into action/drama: Story sharing, tableau, tap-in (15 minutes). In each group, actors first and then older adult participants, were invited to create a nonverbal still image of a favourite childhood activity, hold the image (freeze), and then the facilitator invites the observers to read image: “Tell us what you see here. What else does this picture tell us?” Repeat with each group.

Closing discussion (whole group) (15 minutes). Invite representatives from each group to share their stories. Then, reverse roles: encourage older adults to tell the theatre company actors’ stories, and the actors to share key stories of older adult participants.

Concluding activities: circle clapping (5 minutes); *conscience alley* (10 minutes).

Circle clapping (from drama class notes, Miller and Saxton, 1999): All sitting in circle (whole group), facilitator claps hands, keeps them together and then turns to person on right to pass the clap. The person on the right catches the clap by clapping, keeps hands together and

passes the clap to next person on right, and so on until all have had their turn. Next, all clap and pass the clap simultaneously around the circle, and conclude with giving each other a round of applause. “One more activity before we go”.

Conscience alley (adapted from Neelands & Goode, 2015, p. 125): “I invite all of our older adults form two straight lines facing each other, with arms above head forming an arc. Our theatre actors – please line up here at the entrance of the alley. Next, imagine that these young people have graduated from university, are all grown up and heading off to their idealized careers.” The actors-in-role as graduates enter the alley one at a time, stating one thought or question as they slowly walk through the alley, head off into the world on their own. The older adults in the alley arch spontaneously and answer completions to this sentence: ‘If I were you, I would...’. “Thank you for your guidance. That brings today’s story-making to a close. We will see you next week.”

Post-workshop theatre company observations. The theatre company met post-workshop to discuss and document their observations by silently writing/drawing on large pieces of paper their recollections of stories on the theme of growing up. The themes, key words and phrases documented, can be found in Appendix F.

PI reflections. The workshop went very well overall. The beginning warm-up, ball toss, needed to be simplified as adding different coloured balls became confusing to older adult participants. Also, tossing across the room was difficult. We adjusted the activity to one ball and passing it around the circle rather than across, which worked much better. As with the first workshop it was difficult to stick to one line (name and where the person was born), which was morphing again into talking heads. The game was changed to ‘hot potato’ in the moment, which

livened up the room; then a quick toss across the circle, calling out names spontaneously. This simple exercise brought out the playful and competitive nature of the older adults.

The photo sharing (used only one – child reading newspaper) was immensely effective. The older adults were quite curious and eagerly engaged in discussions from prompt questions. As the group numbers were smaller than anticipated, the process turned into ideal one-to-one pairings with theatre devisors and older adults for the discussion on where they grew up. The prompt question, ‘Think back in time; when was the moment when you knew you were grown up?’, sparked in-depth conversations.

One interaction in particular was very moving. As our Scotsman spoke of his orphanage experience, another spoke of her time as a nanny nurse with ‘Dr. Bernardo children’s homes’ in England and Scotland. Historically, this refers to the charitable work establishing homes and training for destitute British children, initiated by Dr. Thomas Bernardo, starting with homes in London and expansion throughout the UK, and eventually the transport of children to Canada, from about 1870 to the 1930s (Parker, 2008). Mention of work with the Bernardo children triggered a detailed conversation between the two older adults, sharing memories of places and dates including times of day (remarkably detailed recall by both). The two then realized that at one time they were in the same orphanage: “Oh my – you might have been one of my boys”... “Yes, I think I may have been; you seemed warmly familiar.” Both became teary-eyed and embraced each other. “Don’t worry; these are happy tears”, the Scotsman exclaimed.

Much of the workshop discussion was shortened. Primarily this was because it was a busy, hectic day at the facility with many disturbances, with nurses and residents coming and going. Flu illness was spreading throughout the centre. The session was cut short as the residents were required to return to the unit for medical reviews. Such is the nature of working with a care

facility. It was disappointing to have missed the ‘conscience alley’ exercise; it would have been very interesting to hear what youth and older adults would have to say.

Nevertheless, I considered the workshop a success. Intergenerational connection was touching and amusing. Although not all that was planned was implemented, it was better to over-prepare than to not have enough material from which to draw. Given the Bernardo children connection, it would be interesting to see what would have occurred from presenting Neelands’ drama workshop on the Bernardo children (University of Victoria Drama Institute, 2000) with this group.

Workshop #3: Work experiences.

Facilitators. PI and playwright/director.

Workshop title. ‘Fun with work’

Setting. Residential care facility meeting room, 1:00-3:00.

Anticipated participants. 11 older adults (ages 76 to 93), 10 theatre company actors (ages 20 to 30), and 2 facilitators.

Themes. Teamwork, camaraderie, pride and respect.

Sources. Photos from Osborn and Schweitzer (1987): women factory workers, WWII (#30), WWI female munitions workers (#29), London docks (#28), delivery rounds-men (#27), clothing industry (#26), women going out to work – ‘into service’ (#25), hop picking (#30), recreational outings organized by employers (#11), a co-op store (#10), family party at a beach (#14); text.

Key questions. (Select one.) What does it mean to take control of your life? What does it mean to have secured work? What work did you do over time? How has the workforce changed over time?

Materials. Display table and photo display board with captions; large sheet of paper, felt pens, CD player and music CD, work hardhats and work-boots, nurse uniforms on manikins, orange chairs arranged in horseshoe shape.

Introduction (whole group, 5 minutes). Lure: Music softly playing ('I've been working on the railroad'; 'Hi-ho', from Snow White) as participants enter; facilitators at doors – singing or humming along; display table and photo board.

“Welcome back everyone; great to see you again. Last week we explored your stories on growing up and some of your favourite activities and playful games. Today, as you can see from our displays, we will explore your work experiences. Our young actors are very interested in learning from your experiences as they prepare to enter the workforce once they graduate. First, let's warm up our imaginations.”

Giving and receiving a gift (whole group, 15 minutes). “How many of you love receiving a gift? I do... I also enjoy giving a gift. Here is my favourite scarf that can easily transform itself. I will gift it to you.” (Demonstrate reshaping it into an object.) “Here – pass it to the person on the right.” (Receiver accepts the gift, and names what he/she thinks it is, responding with ‘thank you; I pass this gift to you’ and then passes it to the next person on the right. The person receive it says ‘thank you for the ___’ ... and so on until all have received and named the transformed scarf object.)

Photo-board walkabout (building belief) (whole group, 15 minutes). Select two of the following photos and end with photo #11 and texts (employer-organized outing) or #14 (family party at beach). Show photo-board to participants, with prompt questions: Who might these people be? Where are they? What is the work they are doing? What is their status? (Leave time for responses between questions.)

“These are all workers from the United Kingdom. Some of you may recognize places or work clothes.” Point out photo and read captions, with one of the facilitators walking the photo-board around the half-circle while the other reads the captions.

Photo #10 (co-op store): “We used to say in the Co-operative Society that it looked after you from birth to death. All the shops had everything you needed, all in one shop, like your wedding ring, baby clothes, your clothes, toys... and when it came time to die, you could be buried by the co-op.”

Photo #26 (clothing industry): “In the past there were many jobs for both men and women skilled and unskilled in the clothing industry. I worked with tailors; four men worked the machines on one side and four women worked machines on the other side. The ‘guv’nor’ would give us a photo and we had to make it exact. Sometimes we had four coats a day and they had to be made to perfection; now that’s teamwork.”

Photo #27 (delivery rounds-men): “Few people had cars during the 1920s and 30s, so many tradespeople brought their goods around the streets. This photo shows a bread rounds-man. As one person recalled: ‘I used to take a horse and van and deliver bread. I used to dress myself up. I wore gaiters and a hat to match. People would shout out, bread over here, and I would go running.’”

Photo #28 (London docks, in and out of work): “I was out of work from 1931 to 1935. For the first six months I went to the Labour Exchange three days a week. There, we went to Continuation School. This was compulsory; if you did not go you did not receive any money. I left school at 14 and joined the Navy. I was a boy first class, then an ordinary seaman and then an able seaman. Then you went on a ship. I’ve been all around the world.”

Photo #29 (WWI female munitions workers): “During the First World War, I was in the gunpowder shed filling cordite bags for the shells. At the age of 15 I went to work on the munitions and became a lady loader. People worked with lyddite and cordite. You could not sit beside them because of the yellow stuff on their faces.

Photo #30 (women factory workers, WWII): “In the Second World War, women were called upon to fill jobs previously held by men, which were crucial to the war effort. One day I got a letter calling me up for factory work. I earned 12 pounds a week, a lot of money then. We had a great deal of fun in the massive canteen, with concerts every two weeks.”

Photo #11 (employer-organized recreational outing) and Photo #14 (family party at beach): “Employers treated us well. Firms would pay for their staff to go on a day’s outing, a beano, once a year. They would hire two coaches to take them all. They would fill up the back of the coach with beer. By the time we got to the seaside, they were drunk. We were very lively, singing and dancing the whole way.”

Into action/drama: Impvise trip of workers to the beach (whole group) (10 minutes). “Have any of you had such experience? I don’t know about you, but I would love to go on a trip; come and join me.” Facilitators form two bus-like arrangements: rows of chairs two by two and side by side, driver facing opposite direction of driver from other bus. “Come on board.” Participants place themselves in imaginary buses. “Who is the driver here?” Facilitators side-coach, encouraging participants to improvise. “Ok, where are we going? ... Anyone for refreshments?” One row is on the way to the beach, the other on the way back from the beach.

Break (10 minutes). “Well, that was great fun. Thanks for the trip. Real refreshments are over here. Come take a look at the display.”

Transitioning into story sharing (whole group, 10 minutes). “Welcome back; feeling restored? Take a moment to close your eyes and reflect back in your imagination, without telling us, about your favourite job or work experience. What did you do for work? Any machinery operators here? ... Open your eyes.” Call out to group, types of machinery used.

Machine impromptu moving tableaux: “Which machine would you like to see in action?” ... Actors create machine selected. One by one, actors enter centre space, show one movement, repeat, add all actors; freeze. Ask seniors: “What is this? What sounds would you hear? Let’s look again.” Repeat machine, with soundscape incorporated into machine movements. Invite older adults to create their own machines with soundscapes. “Thank you for humouring me and playing along.”

Sharing work stories (small groups, 20 minutes). In small groups or pairs: “Take turns discussing, interviewing each other, about your work experiences or careers. What were your highlights? Did you have one or several careers?”

Closing activities (whole group, 10 minutes).

Story sharing: Theatre actors identify an older person they interviewed, and tell the group three key aspects of the older person’s work. Check-in by actor after the story: “Did I miss anything?”

Ball toss: Facilitators toss large red ball to older adults, one at a time, calling their names and asking for comments. “Our theatre actors here with us will be graduating soon and heading out into the workforce. What would you like to say to them?” Facilitators repeat back each piece of advice given.

“Well, another great afternoon comes to a close. What song shall we sing before we go? Thank you for all the hard work and sharing your story. Each and every one of you have built our country; we are eternally grateful. Our group is coming to a close. See you all next week.”

Post-workshop theatre company observations. As with other workshops, the theatre devisors and facilitators documented their observations on large pieces of paper. These were arranged in categories – work, mentors/inspiration, and places/miscellaneous. The themes, key words and phrases documented, can be found in Appendix F.

PI reflections. This was an exquisite workshop. Both older adults and the theatre devisors were highly engaged throughout the entire workshop. I particularly was impressed with the theatre company’s ability to connect authentically with the older adults. The devisors demonstrated excellent communication skills, each bringing out the best in the residents’ questioning at the right moments, pausing and listening as the older adults spoke. They brought even the most quiet older adult participants to life, their demeanour quickly changing from quiet observers to exuberant participants.

Changes could be seen in their body language; those who usually sat still jumped into action, eagerly joining in the activities with high energy and enthusiasm. One older adult, who often sat slumped in her wheelchair sat straight, leaning forward directly toward the young actor. Her conversation switched from abrupt, curt answers to questions and full sentences. She spoke with fluid clarity, articulating with elevated language her sharp wit and her intellect shone through. Another older adult, a male participant, was in what I refer to as ‘perma-grin’ with a continuous smile, this quiet person becoming fully engaged and very interested in the actor’s life more than talking about his own.

The two female adult participants who were close friends, Teresa (CS #6) and Amy (CS #8), became the group's stand-up comedians, constantly teasing each other and playfully challenging each other's intellect. In quiet moments the 'helper' surfaced when Teresa rephrased comments and explained what was going on when her friend seemed confused; then back to bantering back and forth with wicked jokes, the whole room becoming infected with laughter. Their wit and high energy infused the room with warmth and playfulness. The more the group played, the more the stories and memories flowed. For these two hours their physical ailments seemed to dissipate, as if they forgot they had limitations, their dementia selves evaporating and revealing their personalities and creativity.

In my view the theatre company also shifted. In the first workshop many of the young actors seemed unsure or apprehensive about interacting with these older adults with dementia. Some approached conversations cautiously in the beginning. By this third workshop much of this caution or discomfort seemed to drift away. It was as if they saw, felt and connected with the individuals with the core human being still present rather than the 'old' persona. It was my sense that they looked past their perceptions of the disease and truly enjoyed the interactions, a wonder to see.

In the older adults' transition from shy, unsure observers to engaged, interactive, empowered and proud individuals I suspect the role reversals in the interview process worked to set up an environment wherein they could feel a sense of control and of importance, that what they had to say was heard and important. This was especially evident in their facial expressions; many exuded pride as they spoke. Some commented on this: "It is so wonderful to have these young people here; we never see any anymore." "They seemed to actually care and were interested in us."

The matching of theatre actors with older adults one-to-one was an important component of these intergenerational workshops. For example, one male older adult commented: “This student had a very warm, engaging charismatic approach to speaking with me; he was honest, forthright and certainly not afraid to speak his mind... which I respect.” Noteworthy were the comments of a RCA worker at the facility (PI journal, 2015):

It’s like a spark in him woke him up... He remained energized after the group for some time... He was a happy, energetic individual when he first came here but over time he withdrew into himself and became less and less engaged. Now he is more sociable; sits beside people, makes eye contact and initiates conversations with others... He is back, like the person that I knew, like the man he was.

This workshop reinforced Cohen’s (2000) view that the imagination is still accessible for those with various levels of cognitive decline. For the most part, the older adults had little difficulty engaging in the improvisational activities. It also reflects relationship-centred care models (e.g., Kontos, 2010, 2012).

With regard to the workshop plan this seemed very simple, quite different than the in-depth applied theatre workshops often undertaken for social change. I am reminded that simplicity can in fact work to promote meaningful connections; our workshops do not need to be complex to be effective. The sources utilized, particularly the photographs were effective and abundant. Often, only one source is needed for drama work. Any one of the photos or texts alone could be used as the pretext for a full drama workshop in other contexts and populations. It is important to note herein that the PI as facilitator selected several images intentionally. With this dementia population, providing choice and multiple modalities supports engagement and helps to stimulate memory and imagination. This population tends to need the concrete-specific approach

rather than the esoteric. Sensory experiences, visuals such as photos, and touching of objects all aid in recall and promoting active engagement.

The intention for these workshops with these older adults in this healthcare context was to stimulate story and memory sharing between the generations, rather than social change. There are applied theatre companies that focus directly on exploring the experience of dementia, or aging in care. Such future applied theatre initiatives could potentially inform healthcare policies.

Workshop #4:Traveling comrades.

Facilitators. PI and playwright/director.

Workshop title. ‘Traveling comrades’

Setting. Residential care facility meeting room, 1:00-3:00.

Anticipated participants. 11 older adults (ages 76 to 93), 10 theatre company actors (ages 20 to 30), and 2 facilitators.

Themes. Travel, friendship, nurturing health, inspirational places and people.

Sources.

Poem: verse 2 (the plum tree) from ‘In the Courtyard’, 1935 (in Brecht, 1987).

Humourous modern Queen postcards.

Photographs: from PI’s personal collection from July 2015 trip to Germany (Hamburg, Hannover and small nearby villages, Hamelin, Lubeck, and Berlin) and London, UK (Greenwich, Blackheath).

Photos of places/objects: bicycles along apartments (Hamburg); 17th-century Queen’s House (Greenwich) - concrete pillars, circular concrete staircase into the house, and famous cast-iron stairwell inside house (the ‘gold leaf staircase), royal dining room; Royal Sopheia Garden – court garden (Hannover); outdoor holocaust memorial (Berlin); plum tree.

Photos of people: fiddlers in a London town square; cheese market vendor (Hamburg); flower vendor (Hamburg); statues of Marx and Engels in public park (Berlin); Baltic sea beach crowd (outside Lubeck); PI's family reunion / reminiscence dinner (small village outside Hannover).

Key questions. What does it mean to be nurtured? What do you need to be healthy? What does it mean to experience new places or meet people of a different culture than yours? Or: What does it mean to see new places and make new friends? Has opportunity for travel changed between your generation and the current generation?

Materials. Display board with travel photos of places and people; large paper sheets; large world map on cork board with stand; red stick pins and red thin yarn; old empty suitcase; sunglasses, sun hat; travel diary from theatre devisors' trip to India; one blank journal, pens and pencils; verse from Brecht poem mounted on scroll.

Introduction (whole group, in-role facilitation) (20 minutes).

Lure: Facilitators begin workshop in-role as travel agents greeting people at door with large suitcase, sunglasses in shirt pocket and sun hat.

“Hello again. Today we are going on an imaginary trip. Congratulations and welcome to the 2015 cruise ship winners. Have a seat in the lobby while we prepare for departure. We will embark in 20 minutes. So make sure you have packed everything you need for your trip.

Warm-up: imaginary suitcase packing. One facilitator asks the other facilitator what he will be packing. Repeat the response. Go around circle, with facilitator in-role passing the suitcase around, stating “we’re going on a trip to” ... “where are we going?” Encourage response from participants and select one place. “Can’t wait to get there.” Invite participants to repeat sentence, pass suitcase and add an imaginary item to the suitcase. Facilitator repeats all additions

from each individual, e.g., “I’m going on a trip to [name of place]; I am bringing [item], [item], [item]” etc. until the whole group has contributed. End with one theatre deviser pulling out journal.

Theatre in India trip (5 minutes). Facilitator #2, out of role, speaks briefly about his trip to India with his theatre company. Facilitator #1 asks other participants if they have traveled.

News broadcast; building belief (15 minutes). Two theatre actors improvise a broadcast on a news flash – one cameraman and one journalist. “Here in [location], weather conditions have stalled all air, land and sea traffic as the hurricane-force winds make travel impossible... alert... attention, alert: for at least the next seven hours all travel is cancelled.”

Writing in-role: facilitator in-role: “I introduce our communications assistants” (theatre actors). “They will take great care of you until the weather clears. Your families at home may be concerned for your safety as the news has hit all across North America. Our communication agents are here to assist you in writing messages home to assure that you are ok.” Theatre devisors pair up with older adults and write messages (text or email). “What would you like to say to your family?” Facilitator repeats responses.

Refreshment break (15 minutes). Encourage perusing the display on the table during refreshments, and to keep the travel conversations going.

Pinning the global map (5 minutes). Facilitator #1 asks where participants have traveled to in their lives, and repeats responses. As these are voiced, facilitator #2 brings the large map and stand, and places red pins on the map in locations where people have traveled, stringing the red yarn from place to place, linking locations and forming a mosaic on the map.

Story development (small groups, out of role) (20 minutes). Divide participants into small groups or pairs. (Facilitator): “Earlier we reflected back to your travels to the places you have

seen and the people you met. We heard about our theatre company's trip to India and my family reunion trip to Germany. I have brought some photographs for you to look at." Hand out photos to small groups or pairs of theatre devisors and older adults. "Take a look at these... talk amongst yourselves: Where might these places be? What are clues? What colours and shapes did you see? What does the image remind you of?"

After 10 minutes, facilitators offer another photo to group, of different people, with prompt questions? "Who might these people be? What are they doing? What is their status? Are they wealthy or poor? How can you tell?" Facilitators move amongst the groups or pairs, to side-coach if needed and further conversation to gain a sense of the topics or themes emerging. Conclude discussions and collect photos.

Into action/drama: Creating the royal courtyard (whole group) (20 minutes).

(Facilitator): "I heard many of you commenting on the pillars, the spiral staircases, the grand dining room, and on Sophea's courtyard." Hold up photos, with Sophea's courtyard last. "This courtyard is quite glamorous. Now imagine you were a designer. If you were to design one, what would it look like?"

Drawing courtyard, writing on the wall: "Here is a large empty page. I invite all of you to come up and draw our royal courtyard." Pre-set large paper on wall; hand out pens. Collectively create courtyard with prompt questions: "How would you design the courtyard? What is in it?" (Prompt if needed: "buildings, tennis court, garden...") Theatre company draws alongside older adults, encouraging their contributions. When completed, the facilitator draws a scrawny tree and steps back, with comments and questions, one at a time and spaced out: "How magnificent! What do you see in our courtyard drawing? What is the time period? What is the time of day?"

Where are the people? Who are the people?” Encourage the participants to draw people into the scene and give the characters names. “What is their role, their job in the royal court?”

Mantle of the expert, building belief (teacher in-role) (10 minutes). Facilitator takes on role as head gardener and addresses participants. “I am very concerned about this thin looking tree over here. I am told you are the royal court master agriculturalists and botanists. Queen Sophea is quite upset about the environment and condition of the Royal grounds, especially this tree; she demands immediate action.” Pull out scroll with verse from poem (from Brecht, 1987) and begin to read: “She has summoned”...

A plum tree in the court yard stands... So small no one believes it can. There is a fence surrounds... So no one stomps it down. The little tree can't grow... Although it wants to so! There is no talk thereon... And much too little sun. No one believes in the tree...

(Roll up scroll; address older adults directly): “So I beg of you, noble Royal botanists and knowledge keepers, what is to be done?” Invite participants to give responses to prompt questions: “How will I care for the tree? What does it need to grow, to flourish? What does it need to come back to life? How will I nourish it?” Out of role: repeat back the responses and write on page by drawing tree...

(Back in role): “Much time has passed with the court's people held in worrisome suspense, for no one wishes to annoy the Queen. I am here to proudly announce the Queen is so very pleased with your exemplary suggestions. Our tree because of you now flourishes. I thank you as the court's head garden labourer for your expertise... I could not have salvaged the tree alone.” (Repeat back the advice given from the drawing.) “The Queen and I are so appreciative of your effort, she has bestowed a tree from London's Royal Greenhouse to each of you. It shall

arrive in two weeks. Here is a photo of it.” Show photo of tree and ask: “What kind of tree is this? How can you tell?”

Closing commentary (out of role) (10 minutes). “Thank you all for joining in our imaginary travel journeys through the royal courtyard. It has been inspiring to hear of your adventures and travels today. This has been our last drama storytelling workshop for now. Our theatre actors and playwright/director will now head back to the university to develop a play from your stories, which they will perform for you at a later date.”

“Now, as our workshops come to a close I invite all of you to help us write a poem together. I will read out a few phrases without endings. We would appreciate you completing the lines for us. Our theatre devisors will write these down and blend them into our own collective poem.”

Participants’ questions and responses are compiled into the following piece.

‘If I could bestow a gift to the world’: I would make sure people had food, happiness, an open mind, integrity and peace; a helping hand by building new schools, open up industry; health for everyone; I’d give knowledge.

‘If I could go back in time’: I would stop all war; bring back my mother and father; cut down on discrimination; jump in the ocean and splash around; I would change nothing – life is too much fun; I’d grab at the opportunity – take the time and try everything; I’d go back home and visit my sister, live longer; stay with my first love.

‘The most important part in life is’: family, family, family; living, just living; enjoy yourself, be up-front; sharing the wealth; joy, my children; do as I say (not a good idea); love and respect each other; watching children play; chocolate; voicing your opinion; put yourself in others’ position, show understanding; not worrying – move forward always; happiness.

‘If I could go forward in time’: I would: see cars that flew, sidewalks that move; solar heat, green grasses and tall trees; a Canada that is more predominant globally; better education, support for people; no more faded minds; find my grandfather’s clock; I would feel invincible again, I’d ride my bulletproof motorbike; I’d see tenderness, good friends doing good turns for each other; heaven forbid, I don’t think I want to know the future; no one would be poor; I would live on a farm with 10 cousins, 30 sheep and machinery that did not rust; children on a soccer field.

‘If I was Prime Minister of Canada’: abolishment of punishment and world poverty, I’d outsmart people in power; I would quit!

Post-workshop theatre company observations. As with other workshops the theatre devisors and facilitators documented their observations. They noted emergent themes, key phrases and words for later devising. These were arranged in three categories – travel, pride, and miscellaneous. The themes, key words and phrases documented, can be found in Appendix F.

PI reflections: Complexities of facilitation. After revisiting the workshop it became clear that there were two separate workshops within one. In the interest of time it was decided to cut two sections – the teacher in-role news broadcast and writing in-role. The workshop was condensed into story development from photos, which was disappointing as I was curious to see how the in-role work at the beginning of the workshop would play out with this older adult population. I was confident in the theatre company’s ability to engage effectively, as the devising participants have extensive experience in applied theatre. I suspect I did not build in enough time or components to establish in-role convention or build belief.

It became apparent very early on, as older adult participants arrived and I greeted them in-role as a travel agent that this in-role process was ineffective. Older adults were very

confused, commenting for example, “What are you talking about? I’m not going anywhere”... “I can’t afford to travel”... “No one told me I’m going anywhere”. These responses remind me that a more concrete-specific reality approach is needed with some individuals with dementia. Reflecting on Cohen’s (2000) assertion that imagination and creativity remain, for those with dementia I wonder if there are differing imaginative processes occurring with this particular group of participants.

The ability to imagine a fictitious scenario appears to be somewhat challenging for this population. Individuals with dementia often need to be grounded in reality to feel safe and secure. As noted earlier by Gibson (2011), dramatic involvement in an imaginary world may create confusion, fear, uncertainty and anxiety for some. However, the participants did engage in imaginative and creative play when the boundaries and structure were firmly in place. I wonder if there is a difference between imaginative thinking involved in role-play and the creative concrete act of doing an imaginative activity such as drawing, making up a story or improvising a scene.

Upon reflection I realize that I may have subconsciously overruled my initial instinct to keep the workshops simple (in the planning stage). I do have a tendency to pressure (self-imposed) myself to meet high aesthetic standard, to follow applied theatre best practice models. I interpreted this as needing to design workshops to include several varied dramatic exercises to heighten experiences and meaning for participants. I am reminded of the ‘keep it simple’ rule, that it is not the quantity that makes for a successful workshop; quite the opposite rings true – less is more, particularly for this population. I am not suggesting that dementia individuals are incapable of engaging; they are quite capable. In retrospect I had too many activities and as a

result found myself rushing. Photos and conversation were more than enough to engage participants. I needed to slow down and take the time to set up the role-plays.

I am reminded of the complexities inherent in applied theatre facilitation. Preston (2016) points out that the Latin derivation of the word facilitation suggests that it means ‘to make easy’; however, she notes that Prentki (2015) “is cautious about the use of the term... which might imply a naïve approach to the complex process of theatre for change, and therefore be ideologically inconsistent” (Preston, p. 1). As Preston explains, facilitation in applied theatre is “far from easy in practice or intent: it is rather difficult, messy and full of contradictions and, sometimes, uneasy compromises” (p. 1).

Critical facilitation seeks to reveal the complexity of facilitation dynamics including its power relations. It attempts “to understand what lies beyond people’s responses in a moment (including those of the facilitator), considering at all times whose interests are being served by this intervention” (Preston, 2016, p. 4).

Favouring the needs of the older adult participants in the moment, I consciously chose (although uncomfortably) to let go of much of the planned conventions, to increase the likelihood of a successful experience for the older adults. I believe I made the appropriate choice but felt torn, as I was aware I was compromising the dramatic potential and maybe aesthetic quality.

Such tensions are elaborated well by Preston (2016) in her discussion on the distinction between ‘espoused theory’ and ‘theory in use’ in approaching the conflicts that may arise between the facilitator’s aesthetic ideals, values and practice. Internal conflict may emerge for example when one’s intuitive impulse conflicts with values. Citing Van Manen (1991), Preston discusses the quality of knowing that arises in moments of practice – whether to say or do

something at the time, to hold off, to alter course, etc. – when “contemporaneous reflection can occur that allows for a ‘stop and think’ in the moment” (Preston, p. 84). Especially pertinent to the applied theatre facilitation experience that certainly relates to this RT study, is Preston’s comment on ‘reflection *on* action’ and ‘reflection *in* action’: “Reflection on action after the event may or may not tell us whether or not this was the ‘right thing to do’ at the time, but a reflection in action can help us to make choices in the moment” (p. 84).

Concluding reflections on drama workshops.

Intergenerational connection. In my opinion these storytelling / drama workshops have been enormously successful in creating intergenerational connection. This was evident for example from older adult participants’ comments at the end of workshops: “I can’t believe you came here just for us”... This has been so much fun, my cheeks hurt from laughing so hard”... “Thank you for bringing these lovely people to us; we thoroughly enjoyed them. When are you coming back?”... “I don’t want to go; can you stay longer?” It was a challenge to encourage the older adults to move on.

Unanticipated event. Some of the theatre company devisors stayed after the workshop upon request; others had class commitments and otherwise would have stayed. A majority of the older adult participants returned to their unit for routine care services. Three stayed behind, joining the theatre actors in spontaneous conversation. As the participants were leaving, other residents of the facility who were passing by the meeting room came in, asking “what’s going on in here?” When I responded “just having a chat”, a resident asked “can I join you?” “Certainly”, I replied; “come on in; here’s a chair.”

Word leaked out into the main lounge. Soon, we had an active group of older adults engaged in a very articulate and intellectual debate about politics and the state of the world

(Canada's federal election campaign was in full gear at the time). One older adult initiated a very moving discussion with one of the theatre students, essentially conducting an interview with the young adult and challenging philosophical views on how to live life well. Their discussion exemplified different intergenerational views. The young adult was focused on finishing school, entering the workforce and earning a good income. The older adult persuasively convinced him to go travel first. This impromptu conversation was a delight. In particular, I was very touched to see the youth recognize and admire the older adults, and vice versa.

Appendix F

Reminiscence Theatre Devising Resources

- F-1 Summary of Intergenerational Workshop Themes
- F-2 Older Adult Participant Interviews: Themes
- F-3 Older Adult Participants' Short Stories
- F-4 Reminiscence Theatre Rodeo: Improvised Scene Transcript

Appendix F-1: Summary of Intergenerational Workshop Themes

Key Questions Linked to Themes: For Workshop & Scenes Development

Courtship

- What does it mean to have loving relationships?
- What does it mean to be courted?
- What does it mean to be the courter?

Growing Up

- What does growing up mean?
- What does it mean to grow up in...?
- When did I know I was a grown-up?

Pride

- What does it mean to be proud... of my work, my family, myself?
- What am I most proud of?

Happiness

- What does happiness mean to me?
- What does it mean to find happiness?
- What does it mean to feel happiness?
- What does happiness look like?
- Where might we find happiness?

Little Miracles

- What does it mean to be granted a little miracle?
- What does a miracle look like?

For the Love of Music

- What does it mean to have music in my life, in my soul?
- What does it mean to hear, to feel music?
- What does it mean to grow up with musical influences?

Potential Scenes

(Resident story numbers associated with scenes are indicated in brackets.)

Courtship

How I met my mate; marriages / relationships:

- I never wanted to marry (6)
- Loved my mother-in-law; I was a fisherman's daughter, he a farmer's son (7)
- Midnight boat to Victoria
- Barn dances: We went every Saturday night but he never danced (5)
- I saw his photo on my best friend's wall; I said to myself I will marry him
- The laundromat (1)
- I said, 'I'll work for you for 1 year, then I'll marry your daughter (5)
- Fiddleheads – over fiddleheads (10)
- T.D.W. – a British Empire awardee – My Toronto nursing school friends introduced me (2)
- Married to my job (4)
- Not all roses; I was not married long – let's go past that subject (3)
- My lady did not join me (11)
- I knew who he was and he knew who I was (7)

Growing Up

On the farm (1, 2, 3, 5, 7, 8, 9):

- 200 acres, outside of Toronto
- The big farmhouse – all our families lived together but in separate parts
- In a Saskatchewan Dust Bowl (5)
- Working the farm – helping my mom canning, gardening, preparing meals – people always coming and going (5)
- Carding wool, running the community knitting circles... learning to turn a heel (3)
- Tending the animals 9 cows, sheep, pigs, chickens (5)
- Harvesting the crops (3, 5)
- Life in Paisley, Scotland and Bridge of Weir – managing the gardens and crops (9)

During the war:

- Linton, UK... the whole community took care; my dad made sure (6)
- Surviving the shelters (6)

Leaving home; moving forward:

- Off to nursing school (6)
- 15, and off to Prince George (10)

- Everyone was joining the W.A.C. – leaving was easy for me (3)
- My passport to Canada (11)
- From Paisley to the Isles of Lona, where introductions to the world of finance prepared me for life and speaking Gaelic (9)

Other:

- In an orphanage, not unlike Oliver Twist
- Childhood games (3,6,8)

Pride

- Canadian pride; I still stand up when I hear the anthem (4)
- Not everyone had choices – a homemaker’s pride... mother and wife (2, 5, 7, 8)
- As a UK teen aerodrome post office courier (6)
- From tree faller to Cat operator (10)
- W.A.C. chef; jack of all trades (3)
- CBC producer covering Canada in Commonwealth Games... Nancy Greene tribute at hockey game (4)
- Watercolor artist on the water’s edge (2)
- Telephone operator – ‘Number please’ (7, 8)
- From camps to crane operator and welder (11)
- Seafood business operator (1)
- General nursing... we ran the place (2)
- Joining the unions in Victoria to work (5)
- Psychiatric nursing... always a helper (6)

Happiness

Hobbies, sports, travel, friendships, summer fun, etc.:

- Being loved and respected
- Happiness is an attitude, a choice
- Awakening in the morning (3)
- My first care (1, 4)
- Living under the Prague Museum bridge (11)
- A small child on the train, asking me to be her mother (3)
- Travel to exotic places (1, 2, 4)
- Living on the water’s edge... St. Kitts... painting (2)
- Saturday – the best day of the week – Western movies, pretending to buy that bright Ford (1)

- Playing sports – baseball (3); soccer (9); riding our bikes (7, 8, 11); tennis – my father built us a tennis court... I told off one of the strapping pros (3)
- Developing meaningful friendships (3, 4, 8) – sailing boat adventures aboard the fertility ship (4)
- Getting to know the old man and his one-legged son (1)
- Staying up all night talking about everything (8)
- Telling it like it is (4)
- Going fishing... ice fishing (10)
- Huckleberry Finn... I caught a huge catfish (1)
- Learning to swim 100 strokes so I could go fishing for salmon with my dad (3)
- ‘Don’t tell your mother I’ve gone fishing’ (5)
- Rowing across Fulford Harbor with my best friend (3)
- Making maple syrup (10)
- Always a summer for music, joy, laughter and fun (10)

Little Miracles

Stories of resilience and survival, rebuilding, reframing betrayals:

- Down the hole with my dog... I’m a little miracle (4)
- My father’s farm accident... he lived for many years (5)
- We thought crossing to Poland would be fun... from the camps to my private beach (11)
- Life in the aerodrome... it took a village (6)
- Learning to manage illnesses my family was plagued with in the Dust Bowl (5)
- Everyone was joining the W.A.C.... influenced by my father and brother Air Force flying... and that was the end of it (3)
- Finding work (5, 9, 11)
- Speaking with those who have passed (4)

For the Love of Music

- I have a huge capacity for songs... my girls wanted singing lessons (4)
- Our church choir
- The barn dances

Poetic Lyrics

The following words and phrases were selected from residents’ pre-devising interviews and the journal field notes of the PI. These were collected from all the residents without identification, for the purpose of potentially creating lyrics for poetry and/or songs.

Note: Numbers in brackets refer to residents' stories, e.g., (3) refers to resident #3, etc.; some comments from the PI are also included.

The phrases are divided in 2 categories:

A: General Health & Well-Being (gathered from first half of life history interview)

Health
Growing old
Invisible grief
Hearing me
Acknowledgement
Offerings

B: Reflections (gathered from open-ended interview section questions)

Health & well-being:	What does it mean to be healthy in my later years? What does well-being look like to me?
Growing old:	What does it mean to grow old... in care?
Invisible grief:	What does it mean to live with dementia... for me and my family?
Hearing me:	What does it mean to feel heard? ('I wish you would not do that'.)
Acknowledging me:	What does it mean to live with autonomy (to have choice, to be respected? (The importance of names; 'Can we just have a conversation?))
Reflections, Parables:	What does it mean to feel needed, that I can still do?

Health

- Take it as it is
- I am more than my biochemistry (PI)
- What my body shows is a wealth of experience (PI)
- This will happen to everyone's body... learning to live through illness (5)
- In our country school we saw a dentist for \$1 and had all our work done! Now, no one can afford the costs of dental work (5, PI)
- Many of my siblings endured serious illnesses, epilepsy, leaky heart valves, cancer, the fever... somehow I survived the Dust Bowl (5)

Well-Being

- Socially active... not in this place; you can't be. I don't want to be with someone all the time. I can't even go on a walk on my own. I feel like I am being warehoused here. There is nothing wrong with this place; I'm just tired of watching people fall asleep in their soup. (4)
- Keeping fit: I figured out if I walk the hallways 5 times it equals 1 mile, so I do that twice a day. Time goes slowly here so I walk... Ah, but when I sing, my soul comes to life. (4)
- Keeping the faith (5, 11)
- My spiritual home (4)
- Resilience, keep on carrying on (4, 6, 7, 8, 9, 11)
- You need to be acquainted with good people, good community and family to guide you (3)

Growing Old

- Even the movie stars grow old
- When I awake (poem): When I awake in the morning the first thing I do is feel my legs and pinch my skin. I touch my forehead to see if I am hot or cold... that is how I know if I am alive. This growing old is not fun. When I can feel myself I know I am alive. (3)
- I think of apple trees too old to grow; then you know, you have to cut them down. You can't live doing nothing; that's no way of living. (3)
- Some wear out... myself, I don't think I'm old; I don't dwell.
- Aging stereotypes: Why are you so surprised by me, by what I can do and comprehend? Is this not more a reflection on our views on aging or people with dementia? (PI)
- I feel differently about life and death (4)
- Trying to remember makes me uncomfortable (7, 8)
- At 80 years, I do not consider age as a handicap; I feel the same as when I was 20, 60... it's not my age that matters (4)
- Living life with dignity (PI)

Invisible Grief

- Living with dementia: One minute I'm thinking, then it's gone – poof... just like that (3)
- Be careful of your assumptions: There is a lot going on behind the scenes; I just can't tell you but I know it's there. Since my stroke my memory is not so good (3)
- I may be forgetful but there's still a great deal going on in my head (PI)
- Anxiety about remembering – don't ask; just connect; I will know (PI)
- How to speak – even the whispers can be heard (3)
- I want out; I wished I'd gone to live with my daughters (4)

- I had a stroke, so now my memory is not so good; losing your memory is not so good... sometimes I think losing memory is meant to help you leave this world; it gets you off track (3)
- My mind is very faded to what it should be... I'll think of someone or I go to talk to someone and all of a sudden their name is gone, my head absolutely empty. I don't like that sort of feeling. Other times I feel so important that I think it's time to write a book...
- Being confined makes me want to sneak out more... The right side of my head hit the rock when I fell; I passed out all night long.
- I wish I could bring back my mother and father; I'm make sure my dad didn't smoke
- In the early stages I still see me as do you, but as the disease settles in I become less and less visible to me and to you, each unknowingly grieving yet if we pause and take note, we both recognize such a life is not all loss; we are both still able, just differently
- Good times are disappearing every day (4)
- Now that I'm here, I feel handicapped but I don't want to be a burden to my children; at first I needed to be here, but now I don't (4)

Hearing Me

Learning the Artful Care (3)

I wish you wouldn't do that (poem):

- Make decisions for and about me without honestly speaking and hearing me
- Give me the happy pill when I just want and need to shout
- Speak as if I am not there
- Turn your head the wrong way; try so hard to be perfect – people are not but they could be
- Hold your social nose so high in the air all the time
- Look into my eyes; I can hear better – I don't like the sharp high pitches
- Talk the way that I am talking; don't use other people's voices; that is how you speak to me.

Acknowledgment

(Song lyrics)

The importance of names (3, 7):

Develop into a satirical poem, reflecting constraints of ethics' ironical protection to do no harm, creates harm, for they are proud and want their stories told (PI). (Use humor.)

- I am number 150308. I grew up in ... And we are 150228, 150301, 150302, 150305, 150306, 150307, 150309_001, 150309_002, 150313, & 150314.

- “With all due respect, why not tell the story just as it was? Why not use my name as it is? My face too; it shows who I am, and my story – please do tell, for this is what matters most to me!” (7)
- I am #150308 and I am proud to be me, of my life, my family and all that I have contributed to our world. I am, visible and able.

OBL Parables

- If they bend down, so that you can rise up, you rise up because they are not so far away that they can’t see you
- People are not perfect but they could be
- Walking the historic path in Prague is like walking the world.

Synopsis of Devising Themes from Workshops

Workshop 1

Key words and phrases documented: babies - adoption, orphanage, nursing, ‘Bernardo children’; military: army cook – Calgary and Oshawa training bases – “everybody’s gotta eat!”; U.S. Marine husband; British army in WWII – “we are just people; we are all the same”; British army in Germany, WWII; chopping down trees, moving to Caribbean island with her husband; divorce – “my mom never told us our mom was alive”; psychiatric nursing – loved her work, never wanted to get married, had lots of boyfriends; from a tiny town, got married and moved to a big city, worked as a telephone operator, 3 children; grandfather was a cricket champion; orphan, with 1200 other children, at 15 got shipped to the other end of the country.

Workshop 2

Key words and phrases documented, most of which reflect activities: bridge; cribbage; “I am a lifetime member of the garden club”; gymnastics; swimming; cricket; knitting; “tennis is my game”; riding a bike around Boundary Bay; riding a bike to meet a boy; skating – flood the tennis court or field; horseshoes – “beer in one hand, horseshoe in the other”; Georgina vs Howard; Frisbee; logging – started at 14, hand tools, went to machinery; “I don’t much like

hockey... got into some arguments in class about that one”; fishing; tag!; patriotism; Pomeranian named ‘Princess’ – loved by him... hated by neighbours – lived a really long time.

Workshop 3

Work: milking cows; taking care of young boys in boys’ home; paper boy, responsibility; taking care of babies, bringing nephew to weekly clinics, Dr. Bernardo’s children, ironing the children’s clothing; “It all happened at age 10”, when the war started, riding my bike to deliver war parcels, telephone operator; “I stole his truck... it’s ok – he let me drive it again after”; selling women’s clothing and taking care of nephew on Wednesdays; driving the big Cat; “I had to work all my life... they always said I did a good job”; scraping barnacles off the boat, painting boats, salmon fishing; built a tarmac, boss was surprised/amazed, the boss said they would keep it the way he built it forever, it is still there today; being a farmer – grew so many potatoes.

Mentors / inspiration: other friends who also had children; daughter inspired fun road trips / adventures; nephews; mother: told me I had an appointment with the health ministry – then I had a job doing something I liked; grandfather; R. W. – out in the field, help finding jobs, always a good friend, worked even when he was injured; “Parents were my inspiration - when I did something wrong they sat me down and said, ‘that was wrong’”; flourishing sculptures.

Places / miscellaneous: on the train four days, wasn’t afraid, met wonderful friends - work, dark the whole time; moved to Sidney for the boys; Salt Spring Island; England; England, to see her brother for six weeks; Vancouver; nature; the Lakehead, near Winnipeg - and Toronto; the psychiatric hospital where I worked as a nurse - “I went back last week – it hasn’t changed much”; my mom’s kitchen and the smell of baking – “These positive things got us through the war”; Barkerville; Scotland; “How do you know I’m an adult? the way you talk”.

Workshop 4

Travel: from England to Canada – traveled by boat and got sea-sick – her brother never thought she would leave and make it; travel by train across Canada – from New Brunswick to Prince George; wilderness... northern Vancouver Island... all over the place; West Coast Trail; traveling with the war; Sweden; Isle of Iona – boat trip, Atlantic Ocean.

Pride: doing the West Coast Trail with my son and son-in-law; married a beautiful woman; proud that she traveled on a plane all by herself – after being so sick on the boat from England she swore she'd never go back – however, her husband promised his mother-in-law that she would go to visit her – he bought his wife a plane ticket and said, “You are going; I made a promise”; You can do it” – so she did, and was very happy she did it as she never thought she could; very proud that he left New Brunswick all on his own – also very proud of everything he built across Canada... especially the tarmac he built for an airport... did it all on his own, and still there;

Miscellaneous: “When I was a telephone operator I used to connect my mom and my sister... I used to cause trouble” – connected her mom and sister even though they didn't call each other; “When I started golfing I never wanted to stop!”; orphanage, Bernardo children connections; “got stampeded by a herd of buffalo and the only way I got away was by hiding behind a rock”; “I'm 80 years old – tell him how old you are”... “why?”... “because you're older than me”... “well, you've ratted me out then, haven't you?”; “nihao – when you say hello in Mandarin to Chinese people in China, they would all clap and cheer and giggle”; “she looks drunk” (after PI put a hat on another participant); psychiatric nurse – “people are scared and they don't like being asked questions... we would just have fun... we would tell jokes or do silly things”; “cutting the wood warms you before you put it in the fire... hammer, ax – everything's

got a handle on it”; “a girl kicked me in the shin and I think she likes me... what do I do?...
(answer) kick her back!”; “how do you get out of it?... I’ll never tell”; play; May Day Queen –
buy your own tickets; we are close friends now – meow; how to start a fire with kindling and
then add coal; the doorways were so much taller than they are now.

Appendix F-2: Older Adult Participant Interviews: Themes

Combined Residents' Responses to Interview Questions

The most important thing in life is:

- Family! And learning to manage money without credit cards.
- Be kind to the people you are with, family!
- Know what you are going to do, how you are going to do it. Keep your mind on the subject that you want to do; there are a lot of other things attached to that.
- Respect!
- Living each day, making every day count.
- Do as I say (joking). To love and respect one another.
- Move forward. Don't expect too much. Look ahead.
- Be up-front. Go to church every week. Live a clean life.
- Living, enjoying yourself, having a good time.
- Freedom; if you are using freedom to make crime, that is not so good.

If I could bestow a gift, I would:

- Happiness – that feeling that everything is going to be good for the family.
- An open mind.
- Keeping it right; be truthful, back things up with facts, have integrity. Religious people should know the Lord's prayer and use it more often - every day, every hour, every time you are having a problem; hang on to it, remember it and do it. You will find out all of a sudden it happens, what you were praying about.
- Peace would be my thing.
- Knowledge – there is a lot of knowledge to pass around... and good health.
- I'd make sure people had food... can't stand to see people suffer unnecessarily.
- Love my smile – I am told it lights up any room.
- Give a helping hand!
- I would invest money and give the profit to the orphanage; I'd help them out.
- I would work for them.
- A rebuilt world.

If a wish were granted to me, I would ask for:

- I think to be young enough to enjoy my second wife longer; travel to the South Pacific, to Australia.
- I can't think of anything I would want... that I don't have... Health for everyone, health for family.

- I wish you wouldn't do that... I wish you wouldn't make decisions for and about me without talking honestly and openly with me. (I wish they wouldn't) give me the happy pill when I just need to share my grief; sometimes all I need is to be listened to.
- I would probably bring my mother and father back. I'd make sure my dad didn't smoke.
- I would like someone to come to me and say, you are getting a certain amount of dollars for the rest of your life... enough to live on. I wouldn't wish for something I couldn't get; there is no point. Be realistic.
- To be able to do things and not be depressed... to help people have fun... to keep on the move.
- I wish my husband was closer but that is the way it is now. I have memories of enjoying ourselves to hold onto.
- Good health... I'd go for a swim. I'd jump in the water and splash around. I love swimming.
- I wish I had a farm – 5 to 10 cows, 25 to 30 sheep, starting with calves and raise them all the way up to stirks and steers... then to the butcher.
- I wish I could have worked longer.
- I wish for all the best. Be free to speak.

For the fun of it: It is said the space age has stored a time capsule for future generations to discover: What do you think is in it? What would you put in it?

- A message saying, try not to worry about what happens 100 years from now or thousands of years ago; try and move forward.
- Try to get along with people; enjoy.
- The message, don't do unto others what you don't want done to you. I'd give them a rosary to help take care of them.
- Do your best for people.
- (What would you put in a time capsule?): Something that would not go rusty.
- Canned food.

When I hear the word old, I think:

- Old? It happens to everyone, to everybody, even the movie stars. I saw one of them; he was only 70 years old and he looked to be in terrible shape.
- We are worn out and can't do much anymore.
- You can't live doing nothing; that is no way of living. I think of apple trees too old to grow; then you have to cut them down.
- I think they don't make things like that anymore. For example, I love clocks... I would love to have my grandfather's beautiful clock. He had a big one... my mother and father too. I wish I had it to give to the girls. Old is ok for me. We know that is going to happen. I'll be (age) in a couple of weeks; that's something that I want to savor.

- Something on in years is not old any more... Getting worn out... I do not dwell on old.
- I am still a child, a young girl.
- I don't feel old. I think of the hard life my father had as a fisherman. My mother lived to 100.
- Get to 70, then 80, maybe even 100.
- I don't ever think about it.

When I hear the word young, I think:

- A lot of sprinting, doing things, just rearing to go.
- Lots of energy.
- Kids, babies, children, young ladies just out of school. They have to have a good grounding in what growing up is.
- All the different things I did when I was young... young mistakes, but we get over these. There once was a time when I felt invincible; when I was young on my motorcycle I was bullet-proof. I could do anything.
- Young kids, teenagers, preschoolers.
- Always out doing things.
- I think of my little sister who was retarded, special needs, and that evens so, you could not put anything past her.
- It would be nice to have a family.
- More freedom, more ability to do things.

If dreams were reality, I would be:

- Probably wearing a nice dress suit – tie, white shirt.
- Helping everybody to find employment and work they like to do, and be happy with the people they are working with, and who they choose as partners and friends.
- Getting out and doing things, not just sitting here... that I could live longer.

In an ideal world, I would:

- I think I would help people who were not as lucky as I am, and try to make sure they were living better. I would get schools built, teach them while they are young and open up more industries.
- See that there is lots of country – open fields and trees.

If I were Premier (or Prime Minister), I would:

- I would go to Washington, DC and see President Obama. He is doing a great job; he has broken the white man in power cycle. It is good to see a black man as President. I would develop Canada so it is more prominent in the world, by building industry, build

education and support people whose wife or husband has died, so they have some money and any assistance they need socially.

- I haven't thought at that level at all... I'd see that people got an education.
- I don't want to go there. They don't pay attention to anything. Some do not know what they are doing. I don't know any other way to describe a politician any more than a rat catcher; you have to know how to do it.
- I'd try to get the balance in life again. We seem to be going back – the gap between the rich and the poor is again increasing, which is alarming to me.
- Educate people; give them a higher education.
- I would not want to be... If I was, I would make sure not everything went to the top people. Start in the middle or propel down. I'd go and see the little children and give them chocolate or something.
- Can't answer – wouldn't dare.
- Do the best I could to share the wealth – a bit more with more people, more evenly.
- Make a rule to invest money to keep it safe.
- I would get them to get out of their big chairs and start doing for others. I would try to outsmart them somehow.
- I was happy to come to Canada. Thank you.

If I could go back in time, I would change:

- Stop all war! Stop people from arguing all the time...
- Too many good times to change.
- I would change a few of the relationships in some ways. I would stick with my first wife but then I would not have my daughters, but I don't dwell on it as this is counter-productive.
- Nothing.
- Nothing!
- Use less of the strap... it got out of hand sometimes. I don't think strapping achieves anything! It is only going to make a child more determined to do what they want, defiantly.
- I would grab at the opportunity, take it, try it; if I didn't like it I'd move on.
- Living conditions; conditions were too poor for living. Change capitalism; take away the husk, top guy orders down.

If I could go forward in time, I would see:

- There would be cars that flew and sidewalks that move – probably use different level for cars than what we use now; and for homes, maybe solar heat.

- I'd cut down on discrimination. There are so many new things coming out; people could be healthy with whatever they are doing. All these new changes would be a good way to live.
- I would like to see what happens to my daughters and son; they are the most important people in my life.
- I would love to see everything.
- Heaven forbid. I'm happy with my life.
- Nobody would be poor. You can't have everything you want; that would be selfish.
- Different work habits.

What turns my heart to ice is:

- Don't know [maybe avoidance?]; [second visit, he adds]: Be careful what you eat, and don't drink much.
- War, I guess.
- When so many turn their heads the wrong way.
- Loudmouths – I wish they would keep their mouth shut.
- When sad things happen to good people.
- Not being fair; I haven't seen much of that and I'd like it to stay that way.
- Seeing somebody hurt somebody.
- To see people wasting themselves... have to have a system of restriction.

What warms my heart always is:

- I hope for your wellness – to go for walks; don't know if I got this right [obviously concerned with answering what he thinks I want to hear].
- People being good to one another... being kind in any way you can. People need to have more understanding.
- A good person but not so good that they can't see anything; people are not perfect but they could be; not so social that their nose is in the air all the time.
- Tenderness, I think. I like to see friends of mine doing good turns to other friends of mine or even to people they do not know.
- Friendship.
- When I see people I have not seen for a long time.
- My husband. I wish he was close by. He knows, though, that I love him until the day I die.
- Watching children play; they are so full of energy.
- Seeing children grow up to be smart; seeing children on the soccer field.
- Just about anything moveable.

General Emergent Themes

(In order of appearance from transcripts 1-11)

- Happiness
- Family
- Love
- Friendship
- Respect
- Life enjoyment
- Growing up
- The best day of the week
- Courtship
- Childhood games
- Growing old
- Stop all war
- Travel to exotic places
- Gone fishing
- Don't tell your mother
- Life on the water's edge
- Summer fun
- Rebuilding
- Pride in our work
- Careful about assumptions
- The importance of names
- How to speak to me
- My best friend and I
- Salt Spring Island adventures
- Learning artful care
- It's not all roses
- Keeping the faith
- Home in unwanted places
- Keeping fit, active, and social
- For the love of music
- My old car
- Speaking what is unspeakable
- Speaking what you couldn't to those who have gone
- Sailboat adventures
- The old schoolhouse

- Learning to live through adversity
- Resilience
- We don't always have choice
- Betrayals, of war
- Crossing the line
- Feeling alive

Condensed Themes

1. Courtship
2. Growing up
3. Pride
4. Happiness
5. Little miracles
6. For the love of music

Appendix F-3: Older Adult Participants' Short Stories

R-1 refers to resident participant #1; R-2" to participant #2, etc.

R-1

Growing Up

I grew up in a "pretty big house" with 3 bedrooms and a huge kitchen, a dining room. It was 2 stories in a quiet neighborhood. The back yard had a blackberry patch. We also had a little house for the chickens. It was a good place – quiet, even though it was wartime. As a little boy I used to sit on the steps, either singing or whistling. We would sing 'You Are My Sunshine' all day long.

Going Fishing

I felt like Huckleberry Finn; we would hike out over the railroad tracks. We dared each other over the trestle... My friends were brave, but me... naw... I was always afraid that I would fall between those wooden things but I always got across. I always wore those old-fashioned overalls, the coveralls with those thick straps which I quickly grew out of. All I ever caught were goldfish or catfish in that lake.

Making Friends

Later, as a pre-teen (10 years old) I made friends with an old man down the lane. I would run through the big field where I could see 2 houses on the other side. I'd spy on the man. Rumor had it that he had a wooden leg. Sure enough he did. He didn't mind me much. Both of us became good friends. We both loved to play with the 2 cocker spaniels and his son.

Childhood Games

I had younger friends too. There was this boy that I would play with; we would go walking and climbing and fishing. Sometimes we played marbles. The most fun was playing with the long-haired guinea pig. It would run around and around. He was so funny to watch running around in circles. My favorite times, though, were building airplanes out of balsam and fly them about the fields.

Teenage Years

As a teenager my best friend and I would go to the car lots pretending to buy our favorite Ford 150. I don't think we fooled anyone, though we certainly convinced ourselves that we had fooled the lot owner. I've always wondered why we never had that test drive.

The Best Day of the Week

The best day of the week was Saturday. My friends and I would go to the movies. We loved a good Western, a double-bill afterwards. We would go out for the best fish & chips in town; in those days, fish & chips cost 10 cents and muffins were 3 cents. I ate them all! Other days we would venture off to the softball games. My favorite team was the Adelaides. Can't remember much after high school.

Courtship / First Loves / Marriages / Relationships

I met my first wife at her father's meat market; he had his own fish store. We met, started going out, got married and then divorced. (Hawaiian romance): Fifteen to twenty years later I had a second wife. We met Fridays and Saturdays at McDonalds. The rest of the week I would walk her to the University of Hawaii. She lived in the Manola Valley, on the island of Oahu. Thinking back, if I had not gone to Hawaii upon my friend's recommendations, I would never have met her... I had always had the desire to go and live there.

My wife was studying history and English. Sometimes I would attend the classes with her. My wife was Chinese. We both had a liking, a taste for good authentic Asian cuisine. We thoroughly enjoyed cooking together after we raided our favorite Japanese fruit market; it was next door to the Korean restaurant.

The Laundromat

Together we managed our own laundromat. The doors would be locked by 10:00, so we had to make sure we got our clothes out by 9:00 or we would do without.

Christmas in Hawaii

I can recall our first Christmas dinner or party invitation. We assumed we would be treated with our favorite Asian delicacies... but instead, we were served something rather strange to us. Our hosts put an odd looking dish – no head, no legs – it was golden brown with an odd odor. When I saw it I turned to my wife and said, 'what the heck is that?' She said, 'I don't know, but we had better eat it or we might get kicked out'. So we ate it... You had to chew and chew and chew but it tasted good. Later, we learned we had just consumed wild turkey... not one raised on a farm but wild... and so it tasted. I much prefer Japanese food and sushi!

Christmas in Hawaii was beautiful. The gardeners made huge trees from Poinsettia plants with what seemed like thousands of tiny sparkling white lights.

Coming to Victoria

We enjoyed our time in Hawaii. We stayed put on Oahu; didn't really go anywhere until my wife had a son (stepson?). Our son's grandmother wanted him to see Canada. How different it was here. So we obliged and came here in 2000. We're still here... I'm in here and my wife lives somewhere in Oak Bay. I saw her last February. She brought me things I do not need.

R-2

Growing Up on the Farm

I was born back east. We grew up on a farm about 200 acres, north of Toronto... just about everything, all kind of grains, wheat, corn. We also raised animals. We had dairy cattle, and pigs. I had it easy with regard to farm chores. I did not do a lot of farm work; instead, I gathered the eggs. I learned to milk the cows but I didn't do a lot of that. I made up for it in the kitchen and the garden. We were at least 5 miles from town so we learned quickly to make our own entertainment. We were not close to other children so we did our own things.

My favorite was going to the creek for a cool swim on those hot summer days. With all the yard work my father did on the farm I could not figure out how he managed to get to the creek. It seemed every time we would, that is, my brothers and I walk down the path to the creek there he was, the steadfast fisherman. Sometimes we would join in. I somehow caught every catfish in the creek while my father cleaned up on all the jackfish. This was our own private paradise away from the household usually filled with people of all ages.

The Big Farmhouse: My Father's Fathers' Farm

We all lived together in the house - my grandfather and grandmother when I was small – parents, uncles, aunts. It was a big house which was divided. My mother and father lived on one side half, with two kids. Then a sister married to Ned – she lived on another house up the road. When there was time, I would walk over to her house to play dolls. We loved those wetem dolls; We would feed them a bottle of water and it would come out of a tube on the other side to wet the diaper. We would carry those dolls everywhere and walk them back and forth between our two houses.

You could say our whole family, two generations at least grew up on that farm. It was my father's father's farm. All together yet separately... we all cooked and ate separately on the two sides of the house but come canning season we all canned together. Side by side houses, two separate families doing things in a part fashion interspersed with conversations. They notice someone is missing... the father has gone fishing... the children pretend they don't know where

he is – offer to go find him. They know exactly where he is and join in the creek festivities... ‘last time now – don’t tell your mother’. Back at the house... somehow she always knew; mother is busy, preparing the fish batter, as if she knew.

Nursing Career

My mother was a nurse. I followed in her footsteps. I didn’t go to university after high school. After Grade 13 I went straight into nursing school – Toronto General Hospital Nursing School. When I completed my training I nursed in Ontario until a dear friend of mine convinced me to go to BC with her. I decided to come out to BC with her... I have been here ever since pretty much.

My mother was a great influence on me. We worked hard in school, working the wards. Nursing ran in our blood. My mother was a nurse, my father’s sister married into a family where there was a doctor. I was grateful for the opportunity to train in the larger hospital in Toronto rather than the little one. My parents supported the idea as they wanted the best experience for me, and it paid off.

We had great lectures and demonstrations. We worked on all the wards, under supervision to start with. By the time we had finished we were running the whole thing ourselves. I myself was a general nurse but I worked both orthopedic wards and medical wards.

While working in Toronto with my cousin who coincidentally also came from the fam and a family of doctors, her father had two brothers who were doctors – they grew up on the farm but took their training in Vancouver General Hospital, I was almost inseparable from my cousin. We were so very close. This may be due to the fact that we grew up together on the farm and that we were closer in age. My cousin came to Vancouver and I joined her two years later with one of my classmates. We had many adventures together. It is through them that I met my husband.

Exotic Places

I met my husband through my friend who had come from Ontario with me. The two of us did things with the twin sisters. He was an engineer. He built bridges and roads. He was originally from the West Indies. After we got married we moved to the West Indies. We built a great life there. The people were very friendly. My husband was born in British Guyana, actually. His family was very dear to me. His mother had died and his father remarried.

(Pointing to a photo): See – that one is his father and the lady with the white hat was his second wife, my husband’s stepmother. They were good family people – him, his brother and two

sisters. We lived on the waterfront, some place on the water's edge – St. Lucia and St. Kitts. It was beautiful – a nice tropical climate.

I painted there – watercolor mainly. I painted the seaside mainly and a friend of mine painted the buildings; her husband was an architect. We had a wonderful life – lots to do, swimming in the warm waters. We had the great fortune of living in some beautiful places... Barbados too.

Our cultural differences were not an issue. There were a lot of people from England working in the government departments, a great mixture of people doing things together. Eventually, we moved here to Victoria about ten years ago.. He died last year. I miss him.

Family

My husband was given the Order of the British Empire award. This is quite a distinguished award; not many people earn this. He has been in with the Queen on different matters; I was not present. He has had many accomplishments – written several books; he was just gathering these up when he died. My sons know about his work more than I.

We were happy and had six children, all good kids. J is the youngest. He lives here and helps with my business affairs. J and S have three children. P is the oldest; he has a boy and a girl of his own. He is in Ontario. The girls are not married; they each have adopted a couple of children, so there are four more. J, my daughter, is in Jakarta now, something to do with libraries. She is the scholar in the family.

R-3

How to Speak to Me

Can't we just have a conversation, please? Don't use the high-pitched voice. Talk the way I am talking; don't use other people's voice.

The Importance of Names; Growing Up on the Island

I have an excellent memory for names. Living on the island was special to me. I lived there on Salt Spring since I was two years old. The countryside is beautiful and the people all knew each other. I still have several friends there to this day. We lived the village life with everyone visiting and playing together. We had so much fun growing up on the island. We played games of all sorts – 3-legged races, blind men's race, blind men's bluff.

Rowing Across Fulford Harbor

My father loved to fish for salmon in the bay. He fished for the family. I can recall him saying, 'You can't live here without catching the fish!' But first, we had to be good strong swimmers before my father would let us row the boat. Dad would not let us go in the row boats until we could swim 100 strokes; then we were allowed to be in a boat by ourselves. He used to say, 'I can't be there with you all the time'. Once we were proficient swimmers we were allowed to go out on our own.

Joining the Army

During the war I was stationed in Salt Spring; then came to Victoria. My time at home prepared me for the Army. I became an Army cook. To this day I can recall all that my mother taught me. All that berry picking, canning, baking... all the work built up my stamina. Everyone wanted my bread.

Everybody was joining the Army so I did too. I was twenty-four years old, greatly influenced by my father and brother who were both Air Force flyers. As you can imagine, there was not a great deal of money on Salt Spring during the war, not really any work or ways to make money of any kind. Life was mixed up then. We had picnics and invited our neighbors. Everybody brought food so that everyone could eat. I digress... for some reason I am thinking back to our tennis games.

Tennis

Our family was very athletic. Me – I loved all sports – baseball, soccer... although it was tennis that I excelled at. I was quite good if I say so myself. My family played... our friends and neighbors too. It was my father who inspired me. He built us a tennis court!

We made a flat clay patch in the yard, leveled every square inch. We had to make sure all the weeds were gone and then we rolled out the clay. I loved that court. Both my parents were players. They taught me how to play. As they were both born in the UK they played English-style. I can hear them say in their Yorkshire accent, 'Tas (my nickname), you hit the ball with a racket down there, not out there'. Translated, that meant no overhand serves. Eventually I caught on. My mother played a tough game. Her sisters and brothers joined in. Our summers were filled with tennis, playful tournaments.

In the winter it was badminton at Fulford Hall. I much preferred tennis, though. I played with everyone I could. Our neighbors who were deaf/mute also learned. I learned sign language. Can't lose your voice if you know sign language.

My greatest claim to fame was beating the pros! This one time, a couple of proud professional players came to the island. They made me laugh, though; one day watching them play I just had to tell them what I thought. We would row towards Beaver Broadway, part way around to Victoria; on Sundays we played tennis with the people there. Quite a few people gathered to cheer us on.

Some of the experts that were supposed to be experts... There were these two big tall fellas; they were the kind of people that thought they could do the best, better than everyone. I watched... They would whack the ball so hard, but it never got to where it was supposed to, so I said it to them straight up. I said, 'If you were a little careful and not so busy trying to be so tough, you would get the ball where it was supposed to go, and you would be a better player' Imaging me telling them that! They needed to learn artful care, to practice their eye work; ultimately these two strapping fellas needed to learn how to control their energy. We played tennis every day of the week.

Working with Mom on the Farm

We worked hard on the farm too. My favorite role was to help my mom card wool. We had goats and sheep. I got the wool, washed it; then we oiled the wool – it's really important for wool. As it aired, we gathered material from the woods to make colors for the dye. We collected different kinds of bark and different plants. We also used the potato water, often boiling them for dinner. These made a great array of colors from which we could dye the wool, but first we had to be certain that the oils were all washed out or the colors would not set. Putting the oiled wool into boiling water would help to separate the oil from the wool. Once it had shrunk down I would give the wool to my mother. She would card it; then I would pull the strips off and spin it.

After the wools were set, my mother and I would make knitting needles out of bamboo shoots. My mother was a talented knitter. She taught me everything I know about knitting, especially how to turn a heel for socks. You have to have an interest or you will not learn how to knit. I saw my grandmother and mother knit, so I developed an interest. I'm out of practice here. Being in here, I have forgotten what I once could do; being here held me back because I am not working at it.

Church Days

Mom played the church organ. Dad went on Sundays and sang in the choir. They were good singers, and other ones... We sang many hymns. If you sang them you would remember them. The church in the Wildwood... we sang in school too... Christmas concerts. I think that hymn

singing has faded out now. As children we sang in groups... seven years... and in those seven years you learn a few things!

Wartime

The war was not a wonderful time. There was a lot of work for me as a cook. I had to get up at 5:00 a.m. to make breakfast while others were out learning to march, to parade. 1939 – it seems like miles away. You felt it was an honor to cook for the officers. Those were the war years... 1945 - that was the end of it. I could do just about anything, pretty near anything – cook, nursing... I went out and did what had to be done.

While out on the Enterprise I met my husband in the Army. We weren't married very long. Go past that subject.

Friendship

I have some friends that I have made and can hardly get along without. Once, when I was on a train traveling, a little girl probably about 10 or 11, she wanted me to be her mother... and no one is talking or interacting much; no one is paying attention to anyone. All of a sudden someone comes along and says, 'I wish you were my mother'. I said, 'Well, that's a tall order'. How the heck did she get that idea? How would she know I would be a good mother? Children seem to know I can teach them.

Thoughts on Health

Feeling alive: When I wake up in the morning the first thing I do is feel my legs and pinch myself to see if I am alive. When I can feel myself, I know I am alive. I had to feel to see if I was cold or warm.

Memory: I had a stroke, so now my memory is not so good. Losing your memory is not so great... Sometimes I think you don't recall that life is not that great anymore... My mind is very faded to what it should be. I'll think of someone or I go talk to someone and all of a sudden their name is gone... absolutely empty. I don't like that sort of feeling.

R-4

Unwanted Places

Socially active?... no, not in this place; you can't be. I want to get out of this place. I want to go. I don't like to have to be with someone all of the time. I can't even go out for a walk on my

own... Being confined like this makes me feel like sneaking out more. I feel like I am being warehoused now. There is nothing wrong with this place; it is just that I am tired of watching people fall asleep in their soup! My daughter, who I am very fond of, cheers me up when she refers to me as the little miracle.

The Little Miracle: Story of Survival

One of my favorite activities in life is taking a brisk hike or stroll outdoors. One morning such a walk took a turn... As I was jogging along the lakes trail with my dog, Brownie, I saw him fall into a rather large unprotected work hole. My adrenalin kicked in; I ran to catch him and fell in the hole myself. That was the last thing I recall.

All I was concerned about was keeping my dog safe. I couldn't believe that someone had dug such a huge mammoth hole just off the trail and left it with no barriers or markings. When I saw my dog go down, I ran over; I could see that he was starting to slip down. I tried to grab him but he went plummeting down. The two of us went plummeting down. I was busy keeping him above me because I weigh 30 pounds more and I wanted to make sure I was below him. I could have killed him easily if I had hit him on the way down. The only thing that went wrong, was that there was a bit stone that hit the right side of my head and I passed out all night long.

I had great neighbors who always looked out for us. The morning of the fall, my neighbors noticed the dog was absent from the yard. In the distance they could hear him bark but not in his usual way. This time they were short, snapping barks with breaks in between. Brownie would bark, then pause; he barked once, waited, and barked and waited, as he was sending a signal that we were in trouble. It worked. They knew that something was wrong.

They came down the trail to see where Brownie was, who was still doing the one bark at a time. They followed the sound, until they found the hole and found me inside, just lying there with my mouth open. They called for the ambulance. This is when the little miracle occurred. To the paramedics it looked as if I had passed (I had no pulse). As they were transferring me to the stretcher, just as they were to cover me, I was rolled over to one side and something dislodged in my throat. I coughed, alive.

Later I was told that my mouth was open in the fall and if it had kept raining I would have drowned. My mouth was full of muddy water. It had landed hard that night before, and they tell me my lungs had filled with water. They tell me I took a loud gasp of air, coughed, and released the plug... and well, here I am, recovered, walking, when it looked as if all was lost... a little miracle indeed!

This experience not only changed my life but it profoundly changed my view on life. Three years in hospital, then here... nevertheless, even though my memory is not as good as it was, I am extremely lucky to be alive. This makes you think how easily life can be snapped away from you.

Keeping Fit

Now that I am here, I figured out if I walk the hallways 5 times a day that equals 1 mile, so I do so twice a day. Time goes by slowly, so I walk.

Friendship

I was an only child. I grew up appreciating people. People and friends are paramount to me. I get very attached to people. My friends know this about me. They can be heard to say, 'That D_ is good for anything; if you are his friend he will go the extra mile for you anytime'. I work on my relationships. I develop strong bonds with the people I like and adopt the ones I like!

When my parents died I felt very alone. A British lady who worked with me for a long time said to me after her mother died: 'I'm an orphan; I always remember that we quickly became soul mates'. I realized I too was an orphan. That was a tragedy for me. Ever since, developing good strong friendships became very important to me. I sought out people and developed very strong connections that were really important and meaningful relationships and friendships. This has carried me through my lifetime. I still have people phone me on occasion from years gone by.

Friendship is saying what needs to be said. I had an old friend in Montreal. We started school together; he is one of my oldest friends. One day we decided to make a deal: 'Let's say we both make it to 100 years'. Only one problem, I said: 'You are not going to make it... you are not as fit as you used to be'. He listened, bought himself a scale and joined the Y; he lost 10 pounds.

Parents

My dad was a Marlborough man; he looked good smoking. My mom was a little girl woman, shorter than most. She would worry growing up that I would be short. As an adult she would walk right under my arm without bending over. I said, 'Mom, you are just a big dwarf'.

I had a wonderful relationship with my mom and dad. I never heard them fight or have an argument over anything. I never heard a bad word spoken. I can recall yelling at my mom about something as a young guy in school living at home. My dad came over and gave me a whack on the head. He stood over me and said, 'Don't you ever raise your voice to mother again'. And I never did. I cried my eyes out. I was terribly hurt by that. It took me a few days to get over

that. I told him I was sorry. He said, 'Don't let that get to be a bad habit'. That was the end of it.

The Love of Music

I have a huge capacity for songs. That's my little quirk in life. I know the lyrics to hundreds of songs; they are lodged deep in my brain. I have a friend who comes and takes me for a walk almost every day. He brings along his thick music book. As we stroll down the path, he would randomly open the book and ask if I know this one. And I did; then we would both sing to our hearts' content. We could call ourselves the singing minstrels.

Another time, in the evening here, an entertainer performed for us; I sat there and sang along. At the end of the night she came to me and said, 'You sang every song; how did you do this without sheet music?' I really honestly don't know how I do that. I don't practice them at all. They are just there in my head. Once the music begins, the rest just comes out – in tune, even. I have been blessed with a strong voice which did me well in time. Not only did I have a good singing voice; I also had a strong speaking voice, which did me well in my work for the CBC.

My girls could sing as well. I recall one day when the girls were little ones they said, 'Daddy, we want to sing something'. So I went around town and found a guy who was teaching people how to sing. I connected with him. We developed a long-time friendship. When I had the accident he continued to visit me. I got so connected to him, when I started to get better he came to see me; I loved that. He said to me something that I will always hold dear: 'Your little girls perked everything up for me in my life; now I am going to be here for you'. My children are the highlights of my life – my two daughters and one son.

Education, Work & Career

I was smart in school but very lazy. I completed Grade 12 and went on to study engineering in university. Although I was not the scholarly type I did pick up a few things that served me well in my later life, particularly with my position with the CBC.

I was given the opportunity to work with the CBC. I spent a lot of years in television. I was hired to go to Toronto to do a show called 'Kalidasport'. As a producer I was able to see the world.

How I Came to Work for the CBC

I did not always work for the CBC. I had not thought about it; all occurred naturally. I started after engineering school to work for the City of Winnipeg Engineering Department. Although it

was a tough job, heavy labor, I enjoyed the exercise and working outdoors. I worked extremely hard. I ended up being adopted by a Ukrainian gang of workers. They pushed me hard and also looked out for me. They saw my intelligence and potential, and tried to push me back to university but I would not have it.

Then one day, a guy saw me working the dump truck. We became friends, and he was impressed by my knowledge (engineering helped). Eventually I realized I could not take myself any further. A neighbor, in conversation asked what I would like to do. He knew of my experience as well in theatre; I had been in a few plays. He suggested the CBC to me: 'I think you might have an interest in that sort of thing'.

That is how I became a CBC studio director. He's the one who wears the headset, and the producer and director are telling the instructions. My experience in the theatre came in handy. I had acted in several high school plays. One comes to mind, 'My Wife's Family'. I stayed with that for a while, which transferred well into TV work. I had no interest in becoming a performer. I just filled in a few times because I had the ability.

Career Highlights

Covering the Olympics

My most meaningful experiences for me were covering the Olympics. I covered 10 to 12 different Olympics in my lifetime. That is how I got to live here. I was given a 3-year contract for the Commonwealth Games. For 3 years, CBC and BBC joined forces. It took 3 years to prepare... I had a great deal of responsibility. Decisions needed to be made – how many cameras, staffing... I learned well...

Being involved in the Olympics sparked my Canadian pride, especially when you see our Canadian athletes at their best. Whenever the Canadian anthem is played, I become emotional to this day. It is not the song alone, but the experience with Nancy Greene.

Nancy Greene was being recognized for her achievements, for her collection of gold medals. This took place during a hockey game wherein she would receive her medal there. After the hockey game was ended, Nancy came down to get the medal. When she arrived in the stadium, the whole team was sitting with their uniforms in the dressing room. They all filed out. Then they played the Canadian anthem. She was a great one. We became friends. One Olympics, she and I were out shoveling snow. Can you imagine, she and I, the executive producer and the star, were busy shoveling away snow? To this day I still stand up for the Canadian anthem.

Playing Santa

One Christmas, while working for the CBC I had a great friendship with this great big guy. He played Santa for the CBC Christmas parties. He was famous; I often watched him on TV. He often was known to say, 'Santa loves television; you have to learn the wave'. He talked me into playing Santa Claus too (but not for television). Later, a couple of friends and I pooled together and bought a Santa outfit.

At one of our Santa events there was this little girl. We talked. I told her I could not come down the chimney without Ginger Beer. Later, at school I saw her father. He pulled me aside and said, 'What were you thinking? We had to leave the front door open; we almost froze to death'. His daughter would not go to bed unless the door was open. She remembered Santa would not come down the chimney because there was no Ginger Beer. We both had a good laugh about that.

Married to the CBC

Although I had great experiences working for the CBC and traveled the world, in the world of romance I fared well... not so well in marriage. My first wife was great. She was a ballerina with the Royal Winnipeg Ballet; she and I had a son but I messed that up. She would often say, 'You don't need a wife; you are married to the CBC'. True.

Cars

I loved my old car, my old Ford. I had it since it was new... the girls and I in that car... now that's something to remember. My motto: 'I can live without my house but I can't live happily without the car'.

Sailboat Adventures

Great memories of sailing days... When I was living in Vancouver my friend, TR, would stock up on wine and head out to see how far we could race. We did this for about 3 to 4 years in a row. Our big joke was, 'Who is going to get pregnant now?' We swore to change the name of the sailboat from the Caveat to the Fertility Ship! We had good fun.

Transitioning

Transitioning is hard... I have lost my car, my home... It's tough to do the things I want to do. It feels like I have lost millions of dollars, but my line always has been, 'It's just monopoly money'.

R-5

Growing Up on the Farm

I grew up on a very large farm with an equally large family, 14 children in total – 7 girls and 7 boys. We went to the town public school from Grades 1 to 8. My dad when he came over from Switzerland went to work on the farm. He raised enough money to buy a quarter acre of land. He worked in England for a while. The British government was offering Bachelors a quarter section of land if they came to Canada; they paid their way to Canada. This is how we came to live on the farm.

Dad liked farming but he was more of a teacher, a well-read learned man. He settled in Saskatchewan, near Wadena. Life was miserable in the first year. We were frozen out; then the sandy land... It was so dusty that the roads were filled with dust-drifts on both sides. The house we lived in for years was awful. By then (when still in that house) my husband and I had our daughter. When the dust blew, she had dust all around her nose, as if she had been left out on the land. Eventually, my father said the heck with it and came to Victoria.

Growing up there was good. When you are a kid, you don't realize how good life was. Sure, we had to work hard. The girls learned to pitch hay. When the crop ripened, my brothers would go with binder to cut down grain. Our farm was on a quarter section, kitty-corner on the south. Many of the farmers built sloughs on the roads. My father did not; he thought they were for the ducks and wild animals so he did not do that. My mother was wildlife-conscious so he left the sloughs for the ducks with water at the base of the hill where the water drained down. He learned a lot from reading the Prairie Farmer and the Western Produce newspapers. That was all we had.

One time, my brothers and daddy were sitting on top of the rack of hay, dragging the horses. The cart somehow became upset, probably because in the spring, a lot of times the roads when the packed snow began to melt, vehicles traveling over would get upset (tipped over) because of the slant. My father ended up trapped underneath the sleighs; it ran over a part of his stomach. Over time he developed additional illnesses; he developed cancer. I remember visiting him in hospital with my mom. When he went in, he had a head of full black hair and a red mustache. Two weeks before he died he had all-grey mustache and hair; I didn't recognize him.

Plagued with Illness

A few of my siblings had pretty serious illnesses. My older brother, for example, was born with a leaking valve. The doctor told my mom he would not live past his teens, and it was true. He didn't have nose bleeds, just hemorrhages. His lips were often blue. He therefore could not take

part in sports. Last I remember, our teacher carrying him back into the schoolhouse, in height of winter with his arms hanging out. I will always remember that image of him with his red mitts.

Another brother was prone to episodes of epilepsy. He did not fare well; he passed away walking uphill to school as a child. I learned to live with death. One of my brothers and a sister died as babies. We all cared for each other and took this in stride as a natural part of life. We don't always have choices in life.

Education

You get more results from higher education. My dad used to say that to all of us kids – get a good education; get a good job. You need to voice your opinion; you can't just do it our way. You have to get everyone's views and vote on it. I learned this from my teacher in school; that was how the old schoolhouse was run.

Our school went to Grade 10, all in one room. Our teacher was very good, given that she was deaf. She lip-read all of our lips. She taught 4 different grades at the same time. In addition, there were 3 other teachers to help out. We learned to cooperate, or tolerate whatever. We had debates where everyone could express their views. Someone would say something; then I would pose a question. The teacher thought that I made good points, which was really nice. I enjoyed school.

Our schoolhouse had 2 sections in a building in our home town. The lower building was the public school from Grades 1 to 8; the other building was a brick building that used to be a hospital which was used for Grades 9 to 12. We had a principal from England for Grade 11. As long as you kept going to school in the early days, you knew that you would be accepted to continue through the later years. Our dad was great at not taking us out of school to work the land. He believed in an education. He would say, get a good job, a government job. We always went to a town school by van.

Courtship

My father before he was married worked for the Turner family. After my dad passed away he (a man from the Turner family he worked for) told me the story of how my mom and dad met. He told me, 'I can always remember your dad when he worked on the farm; he said, 'I will work on the farm for a year and then I will go and get a wife'. And that is exactly what he did.

For me, I met my husband at a barn dance. My husband, who now has dementia, is lost without me. I've been his only girlfriend. We met at a barn dance. I was working as a housekeeper for the Barnett's after she had a stroke. Down from the road from where they lived, and Icelandic family had 2 boys who played in a band. They would play in the big barn at the end of the road, on the right side of the Barnett family. One day, the Barnett's, who were both deaf, said, 'I'm going down to the dance thing tonight'. I went along. After walking a mile to the barn, I went in

and there he was, J. He went to these dances but never danced. Later, J was at the grocery store. He gave us a ride. That's how we met. The barn dances were filled with great fiddlers and reels. We went to the dance every Saturday night.

We went together for a couple of years. I had to go back to the farm to help my mother because she became ill shortly after J and I met. We were married in 1948. J had two brothers in Victoria so eventually we moved there. We had planned to have 4 children. We had one boy and one girl. They ate every 3 hours; I was so tired. I wondered if I would ever sleep all night again. I said to my husband, 'I think 2 is enough; if we raise these properly this is enough'.

Finding Work in Victoria

We moved here to Victoria with neither of us having a trade. This made finding work a challenge. One day, after several tries of finding work at shipyards on Discovery Street, some guy felt sorry for him and gave him work. Afterwards, after a few days the foreman said, 'I'm sorry; you have to join the union'. J said ok. He knew nothing about unions. The foreman said, 'You can't; there are guys who are not working'. J said, 'That's not my fault'. A green farmer... he ended up working as a laborer until he was laid off for a great amount of time.

Someone suggested that he could become a welder. He did the welding course for \$1 pay a month. When he graduated, he joined the union. The ships that came in all needed good welders and that was J. He gained a good reputation and worked as a result a long time on ships, tug boats.

R-6

Family Life

I am 1 of 10 children surviving the shelters. I had lovely parents and a lovely family. I used to work at the aerodrome. I lived in a village which was joined onto this big aerodrome, where the bombers were stored that flew from the UK to Germany. We were bombed but no one was hurt, mainly because of my dad and the other men in the village and the police. Our family lived beside the aerodrome.

As a young girl I thought the war was terrible. We lived where the bombing was occurring but the Germans missed our home. I remember everything. I was only a young girl. Here I am in my eighties and I remember everything. Then, I was only 14 years old. The bombs got the garden but they missed the house.

My father was with the police outside the house along with the soldiers guarding our house. I felt so sorry for my mother. She was indoors tending to our large family while my father and the other men too care of the outdoors. I and the others inside would help her out. The policeman's wife and daughter and us... all inside sitting and waiting. When the Germans came in my father would alert us and we would make the way to the shelter outside along the house. We had to run down into a big field but we were taught to run only by the edges, so the Germans could not see us. The men stayed guard and protected and guided us to the safety of the shelters.

As we ran alongside the walls and made it to the upper shelter, I can see vividly to this day the images that haunted me as a child. As we ran up the stairs, I could see below the remnants of bombed people. As I walked, tears ran down my face. Physically I felt sick. I knew that I must never look back and keep going forward and get to the shelter. I recall thinking, 'We will never get this back; how will we ever bounce back?' We were all in one way or another tortured by Hitler's and Goring's cruel stance. I knew from the first trek to the shelter that everything was different.

At the same time, the Air Force in a strange kind of way brought people together. No matter how brutal it all became, there were always people who would stop and say, 'How can I help you?' They would say, 'Don't look back; always look up'. Even the school-master would say from the Newton School, say to my father, 'Don't send your children to school today. Wait'. He never got angry at us for not going. People would say, somehow we are going to get through this. It was amazing to see what people would do... All will be lovely again for everyone! Even my mother, who was so busy inside, would drop everything and run outside to help someone if they fell. She also gave food to the poor.

Children's Games

As children we would pretend and play, singing 'It's over now' to a game of 'ring-a-rosy'. We all had a laugh about it. It certainly felt then that indeed we would make it. It helped us, these games, to not think about it. For me, as someone who could not sit still, this was a great distraction. This also helped the mothers' cope and gain some relief if only for the duration of the song.

Life in the Shelters

I was not one to sit down inside. Inside, all we could do was sit and wait in pure cold damp darkness. We could not make any noise, as to not alert the Germans. I wanted to move. My dad said no. I wanted to go and get a coat. He was a clever man. So, I stayed in the shelter. Thank goodness we were only in there for hours. If we stayed any longer I don't think I would have

made it through. I think I would have gone mad... no talking, no reading, no lights... hours felt like eternity.

We rejoiced when we could go back into the house. We had a huge kitchen with a fire-pit. We could enjoy music in the afternoons. It's amazing what you can take... you find a way to get by these things!

Working the Telegram Rides

Our village area had a town post office. This would lend me the opportunity to work as a telegram deliverer for the post office when the war was on. I used to take telegrams from the post office to the aerodrome.

At the post office a lady was on the switch-board almost all day. She would collect telegrams and put them in yellow sealed envelopes, and give them to me to take to the aerodrome offices. I would mount my bike and cycle to the aerodrome. There was always a man on guard. He would be sitting there with his bayonet. He recognized me, so I could go through and deliver the telegrams. This was a very trusted position. The lady at the post office was excellent. She put the telegram in the envelope, sealed it and put it into another case. Then off I went. In enjoyed that!

My Career as a Psychiatric Nurse

After the war, when I grew up I chose psychiatric nursing as my profession, I think mainly because I saw destruction; I wanted to make a new world. I saw women who lost their husband during the war, children that don't have much... things like that... I have seen it all. I have also seen that people with so little have done so much for so many people. I have seen the devastation, heartache and the unfairness. I have gone through a lot. I think that I can make a difference.

I loved being a psych nurse. I thought I am so lucky to be alive, that I want to do all that I can to help others. I feel very satisfied with how my life has turned out. I like to help people. When I see all that other people are going through, people who were younger than me... when I was a nurse I was able to do more than these poor people could. This was a time that really got to me.

I think I am still a helper. I look around here... wherever I am I see people and I say, 'Shall we sit down and have a coffee?' We talk and I make them laugh.

Courtship

My mother was too over-worked; I never wanted to marry. Besides, I worked long days; I never had time for long relationships. I preferred the independent life when I could so as I wished. I did have many friends; I resisted marriage. Many tried to convince me. I saw what life was like for many women, and was not interested.

Although I never married, I did have boyfriends. I was the only one out of 10 children that did not marry. I liked my life the way it was. I was free to travel. If I wanted to go off I could do so. I cherished my independence. We had fun but I saw too much – too many women tied to the house... and that put me off.

R-7

Upbringing

I was born in Bella Coola. I come from a fisherman's family. My father was a commercial fisherman. He had his own little boat, a gill-netter. He usually went out by himself but once in a while he took my older brother when he was very young. They loved the fishing. I myself loved the fish – not the fishing. The waves were often too huge for my liking so I stayed back.

I was more of an athlete. I played all the sports available to me. I especially loved running – long-distance, sprints, relays and all that. I won the Sportsman Cup. I have a picture of it. The competition with other schools... my whole family were quite athletic.

I was the oldest of 3 sisters and 2 brothers. I had a great family. My brother (older of the 2 brothers) and I were 3 years apart; my sister (youngest) was 15 years younger than me. We got along very well. I took care of my siblings to help my mother out. After a while, my father decided to move from Bella Coola to Sidney on the island where he continued to fish for salmon – spring, sockeye, Coho.

Work

After school I became a telephone operator for BC Tel. I loved the work; it was quite interesting. We worked at a huge wall of plugs. We had to know all, and the phone numbers and codes, police, hospitals. I did pretty good. It was great fun. It started as summer help; then I was put on payroll. 'Hello: Number please'!

Courtship & Marriage

In our community (Bella Coola) we had regular barn dances. He went to the same school and was also athletic. He competed in running and the high jump. We helped each other out. I had feelings for him right away. We had much in common.

I knew who he was; he knew who I was. His name was W.E.G. I knew he was for me! The dance was great fun – Western band music. At the dance he asked me out for a date and I said ‘sure’. We went to one dance and then another; then it escalated into more.

His mother loved me. He proposed to me and we married Aug. 14. We had a very happy marriage. I think one reason is that his mother loved me too. We had a close relationship with a lot of teasing. His mother was funny. She said, ‘I don’t know what you have done to my son. He won’t shut up now. He keeps talking!’ I said, ‘I’m sorry, but I happen to like your son’. ‘Oh, that’s good’, she said, ‘because he likes you too!’ We went together for about a year, then we married.

My husband grew up on a farm; he was a good helpful son, raised in a loving caring family, which made a good match because so was I. He was a farmer’s son and I a fisherman’s daughter. We made a great combination. He was a sweetheart and we got along tremendously. I liked a lot of the things he liked. As he said, he had a good eye for a good woman. His friends would tease him about getting married.

He was a wonderful husband. We had a good life. The secret to our happy marriage is that we and all the family got along. His mother loved my mother. My mother loved her. His mother loved me. She would do anything for me and me for her. We were eternally connected. His mother, a sweetheart, and I had the same birthday. My husband always said, ‘This is why I married you; if I forgot my mother’s birthday I will forget your birthday!’ He never forgot a birthday.

We moved from Bella Coola to Sidney with our children, 3 girls and 1 boy. We continued with farming but more a hobby farm than anything. I miss him now. He is in another care home.

My husband’s conips: My husband was known for his jokes (‘conips’) back and forth. He would always tease me. I would say, ‘oh sure, oh yes’. He always tried to put a prank on us. When I would conips (joke) with his mom he would say, ‘Why are you ganging up on me?’ I’d say, ‘We just love you, that’s all. We just want to see if you can take it.’

Current family: 4 children, 14 grandchildren, 14 great-grandchildren, & 3 great-great grandchildren. They are spread all over the country, between here and Toronto and Vancouver.

Other

Why not tell the story just as it was? Why not use my name as it is, my face too. It shows who I am and my story. Please do tell, for it is what matters most to me!

R-8

Growing Up

I grew up in Marpole, a part of Vancouver district. I was the youngest of 5 kids – 4 girls and 1 boy. Unfortunately they are all gone now. I'm the only one left. My father passed away when I was just 10 years old. My mother had to raise all of us on her own. She was lovely – strict, but lovely.

My mom did not have time to do things with us so we found our own entertainment. We went riding our bikes a lot. We took long excursions. Our bikes were strong, with wide tires, sturdy metal frames.

Work

When I grew up I worked as a telephone operator. I followed in my sister's footsteps. I had a good memory for numbers. I could therefore remember a lot of detail. We sat at a big wall of plugs. When a call came in, I had to know where the numbers were on the board. Time and days went fast. It paid well. It was a great job to have at the time.

How I Met My Husband

I went to my girlfriend's boyfriend's home, and there on the wall was a picture of a very striking man. I said to my friend, 'Who is that'? She said, 'That is Don's brother, David'. I immediately said, 'I am going to marry him' (and I did) – even though I had not met him yet. When I met him in March I said, 'You have to marry me', and married him in October.

He was a fine man – he was tall, good looking... what can I say? Nice big brown eyes... My mother said he was too good for me. That meant she liked him. I was lucky; a lot of mothers don't like their daughter's husband, but she said he was good for me. We married in 1950 and had 2 children – Bruce in 1952 and Jeanne in 1954. We made a good life together. Somehow I just knew inside that all would be well.

Our Wedding

We were married Oct. 7, 1950 at home. The minister came to the house and married us. It was not a big wedding; just our family was present. For our honeymoon we came to Victoria from Vancouver on the midnight boat. It was a Friday night trip for the weekend. We had a beautiful state-room, left at midnight and arrived for breakfast, enjoyed the meal on the boat, then explored Victoria. We visited with a friend who lived there. They went to a hockey game... I stayed home with her and we reminisced... it was really nice.

Friendship and Reminiscence

We talked about all the things we did together throughout our lives. We had worked together as telephone operators. That's how I met her. We talked about a lot of things. But now, I do not look back. I look forward to what we are going to do.

I have had many good friends. They listen to me... well, I don't know if they actually listen. I don't really have that much to say... I do have fun. I like people. I have some close friends and that is nice.

Travel to China

My husband and I went to China. I loved the country and the authentic food. It is nothing like what we call Chinese here in North America.

R-9

Growing Up in an Orphanage

I grew up in an orphanage, Orphan Homes of Scotland – Bridge of Weir, 50 to 50 miles from Glasgow. I did never know my mother or father. I was one of about 1200 children raised there, in approximately 43 cottages. I lived there until I was 14 years old. Then I was placed in another orphanage designed for 14 to 16 years and up at Paisley. I left at the age of 17 years. And you were 16 years old, you were shipped to Overbridge.

As a Young Child

At Bridge of Weir we had about 43 cottages for ages 4 years and up. Before that, I lived in one of the baby homes. As long as I behaved myself, life in the orphanage was pretty good. We had a lot of fun; mostly we played games with 2 to 3 people. The day would begin with a hearty breakfast, after which we would take in our school classes. Once a week we had the afternoons

to play sports. I played soccer, rounders, cricket and tennis. As we became older we had chores to complete. Mine were in the garden. I raked the garden to loosen the soil and pull the weeds. Each household had house-parents - some were terrific and others not so – with 20 to 40 children. I was the favorite.

Into the Teens

In Paisley our roles and dress changed somewhat. Our schooling was geared to our aptitude, to what we were good at. In addition, we also had job training to prepare us for the work force once we left the orphanage, usually between 14 to 16.

I played sports. I had a strong arm for cricket. I took training in gardening and in cooking. I loved working in the greenhouse and garden. I could choose what I wanted to grow. I selected daffodils and roses along with patches of vegetables, potatoes and grain. We would harvest the crops to feed the orphanage. You can imagine how many potatoes it would take to feed 1200 children. If I recall correctly, we used an average of 8 to 10 sacks of potatoes daily.

My main task was to put the appropriate vegetables into their carts. We grew about 30 to 40 feet in rows; this would be enough to feed the orphanage, enough for 6 months. My last 2 years I became the cook. My favorite meal to prepare was lentil soup. Lentils are very nutritious. I would add carrots, turnips, onions and potatoes. The potatoes thickened the soup. I stayed on there 2 more years because they had trouble finding a replacement, and then was transferred to a new place.

At Paisley we received a small pay to add to our bank accounts that the orphanage set up for us. This had been deposited regularly from the age of 12. Here, our average day included our jobs after breakfast and the classes. On the weekends we were able, we would head to town for activities there, to go to town to shop. This was also an opportunity to connect with people in the community, to establish ways to get work experience.

Later Teens

Here, at Overbridge, we had separate cottages for boys and girls. There were about 30 boys in these cottages – a father a mother in the boys' and I believe the girls had one lady and other female helpers. Never the two shall meet! We were not to mix, but I had a girlfriend. We could visit but never in each other's private rooms. That was out of the question; otherwise there may have been a whole line of little ones. The cottage parents would check on us at regular intervals to keep is in check.

Mostly we behaved, but if anyone got out of hand the father would check with the powers to be if there was any undue behavior. Then he would deal with it. These were the days of the belt on the bare bottom so the marks could not be seen... Here, though, we were almost adults so the belt wasn't needed.

We would go to the seaside for outings as groups - to Adrosson, sometimes to town to see the movies. At this time we were often paired with prospective employers in the towns for practice for future work once we left the orphanage.

I continued to farm on the Isle of Iona, a small island (15-20 miles long) on the West Coast of Scotland. It was a beautiful place, so much so that the isle drew tourists from May until September. Here I continued to farm and cook. I was also introduced to the world of business and trade. On the isle of Iona, people there spoke in Gaelic. I was proficient and could speak fluidly. I also came in handy as an interpreter for the tourists. I loved the language. I Iona I lived with about 6 to 10 others the same age as me.

The World of Finance

In the isle of Iona I learned the art of finance and investment. In school I was very gifted in math, language and the sciences. This prepared me well for the world of finance – how to deal with finances and investing. I made a rule: Whatever I learned I put a percentage into investments (stocks, bonds). For example, I put \$20 a week into a bond which built up over my youth. It increased in amount. Bonds make money as an investment, not so with banks. (I made 5-7%). As an adult, I hired a professional to manage my books. I have done well.

Courtship; To Canada

I did marry. I married the woman who worked at the orphanage. That was a long time ago... We had 2 children (4 children). They are adults now.

I came to Canada after our children grew up. (They are still in Scotland.) We settled in a house in Ontario for about 4 to 5 years. We raised a family there but I have lost touch. Travel and business (ran a gardening business, specializing in lawns) has taken its toll on my family and my marriage; neither lasted. That's my fault. I was too busy. I wish I could go back and make life better. I do miss my family. I do not see any of my children anymore.

R-10

Moving Out on My Own

I started out to work young. When I was 15 years old I moved away from home... I came out to Prince George in 1978. I came to find work, which I did quickly. I quit school in Grade 8. There seemed to be no future in school, so I figured I would move. Lots of guys were coming out here so I thought I'd join them. I was the oldest of 10 siblings and very independent, so this seemed only natural that I would move on.

I worked primarily as a Cat operator for many years. I was good at it. I loved it, so I kept at it most of my adulthood. I also worked as a tree-faller. It was dangerous work but I managed well; I worked on my own as did many others.

Falling Trees

I went into the woods through the logging roads; an average is of 4 to 5 roads. When we finished there, we moved on to the next area. I took down the large nice-sized trees. We didn't take the garbage; left it standing – sometimes we would fall it for building. That way it would not break the others. You are all alone out there. Therefore you cannot afford to make any mistakes.

To fall a tree you first make an under-cut, meaning you saw into the tree in the direction you wish it to fall. You can steer this with the power saw a lot. You can pull it one way or another. It's quite an art form to do this safely without hurting yourself or damaging the forest. After the tree had fallen, we would buck it up to a needed length, either 3 x 12 or 3 x 14 or 16. We never peeled a tree, not the good wood; only the pulp wood would be peeled. Pulp wood would generally be 4 feet long. When we bucked up the wood and cut out the good logs out of a single tree, then the rest would go for pulp. We would limb the top to 4 inches so it would be taken out. The trees were sawed on the landing. Everything was used up.

From Tree-Faller to Cat Operator

I learned tree-falling first in New Brunswick. I continued in Prince George, until a guy came up to me and said, "Have you ever run a Cat?" I said, "Oh, a little bit". So he said, "There is a piece of road we would like to get built right away because trucks are supposed to come in on Monday and start traveling". So he took me down to the road and showed me and I said, "No problem doing that". I worked 8 hours. As I was coming out of the road with the Cat, he met me and said, "Did you finish the road yet?" I proudly said, "Yes, it's all finished". He then said, "Can I drive back?" I said, "I think so". I didn't see any mud or anything. "Did you make a

nice turn-around?” I said that I did. He went back and said, “What a job! The workers will be glad to get in and out of there.”

I was on the cat pretty steady after that. He always had jobs coming up here and there... I was up in the Williston Lake area. Up north of McKenzie. That is a big area. It is a beautiful area, very nice. Lots of gravel. Lots of real good pushing, not much mud. Some water here and there and we would put in a culvert and cover it over and a way you would go. And trucks can come across and start hauling the next day. It was good ground up there.

Courtship

I met my wife in Prince George. There was an older guy that I worked with; I used to run the Cat for him. We were out on the road job. There were these women picking something. They asked me where the fiddleheads were. I told them of a good place and off they went. When they came back, they had a heavy pillowcase full. They were arranging it along the road. I put the pillowcase in the pickup truck (pun) and drove them home. After that, we dated for a couple of month. Then we married in New Brunswick.

We continued to go berry and fiddlehead picking and of course fishing on the Miramichi River. We traveled a little in Canada and the U.S. I had an uncle who talked about the great Canadian West. His stories made me want to come to the West.

The Great West: Flying on Beach-Craft

My uncle worked in a big logging camp up north in McKenzie. The company would fly them in to the camp – in 20 days, out for 5. We flew in on the beach-craft twin otters. These were used a lot. The pilot would take 15 to 16 people in a twin otter plane. There were 2 pilots. I learned to fly and loved it. Even though there was a good runway sometimes we could not land.

One day in a snowstorm we flew in but we could not see anything. Big snowflakes caused pure white-out conditions. With the help of radar we flew in. One time, the snow hitting so hard, the co-pilot said, “Guess where we are?” I said, “I don’t know, but you must be getting close to the airport”. He said, “We are right over it”, but it was snowing so hard that we had to circle a couple of times so we could land from the other end. So that is what we did; we made it. That’s where you find good pilots up there. They knew where to go regardless of the weather; bad weather didn’t bother them.

Favorite Memory: Making Maple Syrup

I loved hiking through the maple / birch forests. You could smell the sugar sap from the trees in the air. The air was pungent with the sweetness of honey and sugar. We would trek into the woods through the snow to drill holes into the trees with an ogre ½ bit. Then we would stick a spout in there to hand a bucket. It did not take long. Certain maples gave off a great amount of syrup. Often, it would pour out as soon as you drilled the hole. White maple was the finest! The red was harder.

The snow was down a bit so that you could walk through on top of the icy crust - about 2, 2½ feet of snow. It was usually still frozen hard. We would go back at night and still not sink. It was a strong, heavy-duty crust.

The Secret Recipe

Once we brought the syrup home, my family and I would prepare to manufacture it. We would give away the syrup to friends but not the secret recipe. Our family, as did others, had their own secret maple syrup recipe. It was always kept quiet. My family gave out recipes with the syrup but it was never the real one.

Summer Fun: The Fair

The summer was always filled with music, fun and laughter, games and a big fair. In the summer there was always the country fair. It lasted about 2 weeks. Families would bring items to the fair for the markets. My favorite was the horse-hauling contest. The work-horse of the area, the Clydesdale, would be attached to a large sled in the competition. The skill was in the ability to maneuver the horse, with sometimes 5300 pounds of weight between the logs and the sled itself. The trick was in being able to back the horse onto the sleigh and attach to it. People would line up to see who was the fastest.

They just kept on coming, one competition after the other, one team after another. The faster they pulled that sled the better. If they moved the sleigh they stayed in the race; if you didn't they were disqualified. Minimally, you had to pull the sleigh 18 inches straight ahead without knocking down the stakes on the ground.

Ice Fishing: Catching & Cooking Eel

I used to walk to school across the ice. There were logs across it to make it safe, about 300 or 500 feet. Sometimes I would go ice fishing alone, both in Prince George and New Brunswick. I went onto the ice, shoveled it off, drilled a hole and cast our line. We would catch rainbow trout

and eels. The eels were very delicious to eat. All you had to do was cut off the head, skin them, cut open the belly and fold the skin back over, get a hold of it and pull the head right off. We prepared the eel by cutting them into small pieces and frying them up. Sometimes we would steam them. The fresh-water eels had a mild flavor, especially if they were young.

R-11

Under the Bridge

Before here, I lived in Prague, under the museum. There was not too much of a chance to live in there. I liked life under the bridge. The window was so high. It was in the main square; it was named after the king. I had hope that if I left, life would be better. Before Prague, I lived in many other places – some nice, some... many, not so. In Prague, walking the historic walk is like walking the world... Our beautiful buildings are crumbling.

Crossing the Border

In the east part of Czechoslovakia it was the Polish rule first and then under Russia. As young kinds, maybe I was 17 years old, we thought about crossing the border. Too young to know better... at 17 I crossed the border to Russia. Before the Polish rule there was a border between Russia and Finland; it was about 20 meters from the border line, on the Russian side was cut off.

Betrayal

I worked close to the border. I had relations there... I helped people cross the border. My friend, the relative... but I didn't know he had connections with the secret police in Czechoslovakia.

Guards: Crossing the Line

One time the police came... at that time Czechoslovakia was already heavily guarded. For example, if you were seen near the border they, the guards, would say, "Stop... Who are you? What are you doing here?" Then you had to name the person you were going to visit: "Why are you coming here?" My friend was with me. The guards arrested him without even trying to cross the border; he was arrested for trying to cross. It was not easy to cross over. If you showed up and a guard was standing there, without warning they will take you. If you cross the mark, the consequences are far greater.

I Heard a Shot

I did not see that my friend crossed the line. Then I heard a shot. My friend, he got a bullet to the stomach. The guard said to me, “You will be the second one because you crossed the line. You know what the law is: You cross, we shoot!” I was a small boy; we only had grass to eat – lived and worked in the forest. This turned to be a good fortune. The guard felt sorry for me, not knowing I was much older than I looked... he did not shoot me! They called me ‘boy’ because I stopped growing. Just then, another guard on horseback came in to pick up my friend. I heard another shot. I don’t think he survived.

Life in the Camps

For crossing the border I got sentenced to 3 years in the camp in the west part of Ukraine. I was very young, 17 years old. This was the first of many camps...

The Same Clothes

In the camps, you live and sleep in the same clothes; then you go to work with the same clothes and sleep in the same – no cover, nothing – right out in the open forest. Sometimes the outside air would reach 40 below 0. Same clothes for a week... then we would wash them.

Showers

Once a month we had a shower with 20 to 25 people in a very small room. The water for me was nice and warm; not so for many others. Your treatment depends completely on who you are, and depends upon what you did. They called ‘hard’ or ‘light’ prisoners. I was the light prisoner.

I Thought it would be Fun in Poland

All for crossing the border... we were too young to truly understand. We thought when they took the Czech Republic that we were going to Poland, but it was not the same. We thought it would be fun to cross, but NO... instead, 3 years in camps... a harsh punishment for a simple thing.

After the Camp: Political Underpinnings

Stalin and Hitler had a historic meeting... They realized the prisoners, many were from Czechoslovakia, so they released the Polish who were in the camps. The Germans... they had a relation, but say probably, we don’t need a relation, we will take it over easy, and they did. All Ukraine was against Russia. In Kiev the German army was welcomed. I don’t blame them. The

Germans did not count that the Americans would become involved in the war, mainly because they started bombing England. The Germans thought they had taken over Poland and the Ukraine until the Americans changed all that.

Last Camp: Kallimar

As a result of the political outfall I ended up in a 'hard' camp (corner of Russia and Finland). For me it was not too bad as a young boy... They called me the 'youngster'... I looked younger than I was because I was small.

In a hard camp life was not easy. You were told how to sleep, eating was twice a day – in the morning... after 12 hours of work, eating... then another 12 hours of work – no noon lunch. I worked in the forest, one square meter. If you made it one day, the guard would sign a form so we could eat. I survived this camp. The war had begun already. I was released from the camp to the Czech army, stationed in Russia.

Life as a Soldier in Czech Army of Russia

As a soldier, clothes were hard to get. We usually had army dress from England. I was a paratrooper. I made about 6 to 7 jumps with the parachute. If I was older I would not have survived. The soldiers needed young and fit men like me, so they kept me alive. The Czech army had an arrangement with Russia, as they needed help as well. We had to find a compromise. So many had died.

After the War

After the war, I survived; don't understand how or why, but I did! I was just lucky, because not many survived the war. After the war, I lived on the German border but on the Czech side. There I worked for the forestry industry; a forester I was called. For me, I saw no future in that so I changed everything and got a chance to train as a cranes operator and I also learned welding.

Life had changed in so many ways. During the second invasion in Czechoslovakia the Russians would say, "What are you doing here and why?" I talked to them in Russian. We talked together quite a bit. Roles had reversed. They were afraid quite a bit. They did not understand why they themselves were there. Many Russians were scared at the time. Even the Russians were afraid of the power that was coming during the second invasion, for they knew how things worked. If you are on their side and go with them you get a better job and as a result everything else is better; but if you are against them they put you in a camp!

'Forget the last 40 years'; Freedom an Illusion

Russia's way was not the smart way; forget the past 40 years. I heard a message once on TV; its message told us to forget about the past 40 years and then we are free – everybody is free after 40 years. Whoever survived and continued to live there... life was not easy. Russia stopped democracy. The Ukraine for a long time wanted to be free, to be away from the Russian rule but the Russians would not allow it (this was all before the first war). Freedom was on paper only. True freedom did not exist, not under the Russian rule. We did not welcome the second invasion.

After the war I had learned welding and worked quite a bit, and with delivering and riding cranes. I also drove the cranes on the railway, not far from Prague. The country was not well organized. In my view they did not really need the railway. After a while, I had the chance to leave there.

A Passport to Canada

Leaving Czechoslovakia was easy for me because they gave me a passport, because the government believed that I would not leave the country! In addition I had a trade. So with passport in hand I left from Austria to Canada. I was offered, as were many others, to go to New Zealand. They wanted to know what I could do, what skills I had. I said, "I know welding". "Okay", he said. I had too many relatives in Europe and New Zealand was too far for me to go. I turned down the invitation for a free ride to New Zealand. The only problem was I could not take my son or wife.

Marriage: My Lady Did Not Want to Join Me

By this time I was married. My wife was married before and had an older son. My wife had survived difficult times and did not want to leave for a strange country. She wanted to stay with what she knew. So I came to Canada. I told my lady it was for a short holiday. She went to Austria to be with her son, who was at that time 6 years old but later, after I told her I would not move back, she decided to come to Canada and be with me for the good life... to see a different life.

My wife agreed to come directly to Victoria. There was a shipyard, the Yarrows, I could work at. Back in Prague I learned a trade because they told us it will help you to find work. This became true. I worked in Victoria shipyards on the ferries, not too far away from where I was living. We sold ships to Germany.

My wife did not like life here... but she had no choice but to be here staying with me. If you were over 40, life was hard... finding work was hard. I was fortunate enough to buy our home.

Meanwhile, Back Home

Rebuilding

My life here is good, yet I wonder from time to time about life in the Ukraine, in the Czech Republic. The people needed to rebuild after the war. I remember being in the Ukraine after the war. The Czechs were afraid to speak to me. People would shake my hand but in their eyes I would see fear. One even said to me, "I will keep an eye on you". My friends were afraid to be seen alone with me. I wondered what happened to my father during the war.

Going Back Home: Visiting My Sister

I went back to visit my sister because I had a passport. I could see that no one was really free. The aftermath of the war had taken a toll on the people of the country. Although the war was over people were still feeling the emotional effects. Nobody would believe this happened... in Canada, but over there people had changed.

When I visited my sister she told me what had happened. I visited where I was born, and nothing had changed. People were still poor. Many recognized me, but many feared me. I was surprised. My own people afraid of me, but my sister was not afraid.

My sister told me of my father's passing. He had no burial. Instead, he was cut into small pieces. Today, my daughter does not believe this story... It breaks my heart. I do not know how my father died. There was no grave; he was not buried – just tossed away! Soon after, I came back to Canada.

My Life Now

Poem: From Home to Home

*I have come from the camps
To here; I live here now
At Oak Bay Lodge
A good place for me
The ocean, my friend's house
And my private place by the sea
What more can I ask for?*

*Shelter, to sleep, food to eat
And the most beautiful beach in the world
That I now call home
I come here every day
I sit in peace
In my man-made hut on the shore
With waves
With fragrance
And flowers in the wind.*

A Reflective Walk Together to the Beach Place

(Resident's comments in italics.)

It is good here for me (at Oak Bay Lodge). I walk twice daily to the seaside with my walker. I used to bike but it is no longer safe for me... I have friends there who also lived through the war as a Czech. He has a beautiful house on the beach. I can come to his back yard anytime.

We walk together; he is determined and swift in his gander as if his purpose is intense. *I have no bread today for the ducks... Look around. Isn't it beautiful? Let's go right down.* He puts his walker gently in the open car garage so as not in the way of anyone who may decide to park there. He briskly walks to the cliff's edge. I fear that he may fall, and fight the urge to run to him and help him down – part fear if he falls and injures himself I am liable... I hold back and take a step back... and observe him in his glory. He stands at the edge – I think metaphorically and symbolically of all the times he has stood at the edge. Feet firmly planted in the ground, feet turned out like a ballerina, back straight, arms stretched out with hands open, facing the sky. He says, with great pride, *Who could want anything more?*

Then abruptly he turns to me and with a magnificent smile and sparkle in his eyes, he invites me to his beach place. *Ok, now let's go down to the ocean. Come... this is my bench.* I see it from the corner of my eye – a rustic, carved bench of driftwood in two rounds of wood; it is perfectly situated into the curve of the sea hillside, a dugout perfectly fit for him. Out of the blue, he quickly squats down on all fours to the ground, scurrying backwards very rapidly. He safely arrives at his beach and looks at me directly in the eyes and gently invites me to sit – with arms slow swoop of a medieval knight, poised elegant and charming – I forget for a moment that his is over 90 years old. I felt honored to be in his presence. He said, *Here is my bench. Come have a seat* (as if it were the Royal crown's throne). *This is my seat. You have a seat.* With this invitation I sat beside him and listen with the tape recorder on, to his story. I am mesmerized

and astonished at the juxtaposition of the horror at his war experiences and the ironic pristine scene we sit in at the beach.

He continues with his story of the Czech, Poland and the Ukraine past years gone by... Then he looks out to the sea and says, *That part over there is the sea marina; over there people go shopping. You can walk there.* He turns to me abruptly and says, *You will never convince me that Putin did not murder that journalist... Nothing has changed... Ok, now it's time to go back.* He scurries up the sea cliff faster than I can blink an eye; then he offers me his walker. We both chuckle, and saunter back.

He continues talking about Putin for a while: *They took Crimea; they took some part of the Ukraine now... He is quiet... But if this happened 10 years ago there would have been World War III. The Ukraine is a rich country, independent, with its own army. They work the land. Russia is mostly army. They take what they want. I saw the speech on TV, on Moscow on the Ukraine. They were completely free before; they were only free on the paper... History always repeats itself if we do not learn from it.* This is someone who knows the meaning of freedom and beauty.

Appendix F-4: Reminiscence Theatre Rodeo: Improvised Scene Transcript

First File

Divorce Scene - 0.31-4.20

Divorce... Why didn't you tell me my dad was alive?

There's something I need to talk to you about.

Alright.

It's about your dad. I don't know where to start.

Is it something we did?

What you have to know, is this between me and your father. I was pregnant with you, and he came home one night, and he smelled like somebody else's perfume. Deep down, I sort of knew that something was wrong, but I didn't want to believe it. So I sort of pretended it wasn't happening, and I mustered up my courage and finally asked him about it. And he told me, yes – there was somebody else. He told me that he couldn't be with me anymore... he couldn't see a future with me anymore. And I said, 'What about you guys?' He said he'd do his best, but I was too angry so I just told him to leave (*crying*).

It was my fault. I wish I hadn't been born. It was my fault. When I was born, my dad left my mom right after. It's so clear to me. I don't know why she hid it from me. I think she just felt bad, but I... I... I don't know what to do. I just don't know how I can make it up; I just know in some ways I just felt really mad. In other ways, I... I... I guess I understand.

I was... I just wish I was old enough to be more brave. If I was old enough, maybe I could have supported you.

I'm really angry now, not because... but just because... I can't see him... even if she shoved him out the door... he should have come back to us.

Delivering War Parcels - 5.03-7.00

It all happened at age 10, when the war started. I was riding my bike to deliver parcels to the airdrome.

Here's my basket. See you later, Mom.

Ok, sweetie, be safe.

Yeah, I will. Don't worry about me. I do it every day. I'll be fine.

It feels so nice to get outside. We're cooped up in our house all day because of the bombing. This is my one chance to get outside and breathe the air. I wonder what is in these parcels. (*She holds one letter to the sky, and reads – 'Two Young Boys Try to Cross the Polish/Czech Border' – one crossed the line and was shot, the other sent to camp*). (Pause) Here you go; that's it for today.

Ok. Do you want us to sign something?

No, you don't have to sign anything. Just make sure these get to the right people.

How old are you?

I'm 12. I just look big for my age.

Oh, you're doing a very good job.

Yeah. My mom says that one day, when the war is finished maybe I could do this for a full-time job. She said, 'When I might be able to do that... one day'.

I'm certain you will. Keep working hard.

Make sure those letters get delivered safely, because I really like this.

Ok. I will. Have a good day... When I was 12, and it was during the war in London and the bombs were going off every day, the only time I got to go outside was when I delivered letters. There was something about the air that I could smell and breathe in while I was outside; there was something about the air during the war that kept us going. My mom's baking in the house was... the smell... it gave us hope. As soon as I got outside again and I could smell the fresh air. It gave me a sense of hope for my future.

Build the Tarmac/Fiddleheads - 8.00-10.54

Howard [can't use real names; select a different one] was very proud, as he left New Brunswick all on his own. He was also very proud of everything he built across Canada.

Wow... that was a really great airport tarmac you built.

Thank you, Sir; Thank you, Sir.

And you know what? While it's still wet, you should initial your name on the tarmac so that everyone knows.

Oh no. That's alright, you know.

Keep it in your memory because I think it's gonna be good.

Thank you, Sir; Thank you, Sir. It means a great deal to me that you are happy with me, Sir. Thank you, thank you.

Come on; let's go to the airport. Quick! We're late, we're late! Can you put this in your phone so we don't forget? I think it's called the Howard something airport? Something... tarmac.... I don't know. I don't know where it is. We're late. We might miss our flight! Our flight is leaving in 2 minutes. Look it up on the map.

I'm trying to find it.

(Airport announcement) New Brunswick... boarding now... 686 to New Brunswick.

I used to run the Cat and make roads for them... stuff like that. We were out on a road job... and Joan came along there. She was picking fiddleheads or something. They asked me where... if there were any fiddleheads there and I told them where there's a good place for fiddleheads. So off they went. And they came back with a pillowcase. It was full and really heavy. They were dragging it on the ground. Joan is my wife's name... They put it in the pickup and then I drove them home. It was quite a job, picking those fiddleheads. It has to be damp out. They grow with a curl on them, and you trim them off about 3 inches from the curl. And you clean them up and put them in cold water. And then all this stuff comes out of them... the fuzz, and then you roll them around and all that stuff comes off. And then you put them in a pot and steam them. Everything is in there. Nothing is wasted. They're very good... very tasty. We like them... We used to go berry picking, fiddlehead picking, fishing for salmon. The Miramichi River is a really good river for fishing.

Working on the Farm - 11.30-14.08

(Petting cow) Alright; you're doing good today.

It always felt good to milk the cows outside... to know that the milk came from somewhere good. Everyone at home knows they have fresh, velvety milk for dinner... It was tough working in the orphanage... seeing the boys, looking at them through their eyes and knowing what they've been through, without really having to talk about it but... we made a family out of it... very young, but they had hopes.

Yes... I had money in the bank already. It had been put away; I think there was money put away every year, for all the years I was in the orphanage, at least from the time I was 12 or 13. I had been some heavy work. To start with, I was in the greenhouse, gardening. I had the choice of what to grow – like daffodils, roses and... there would be a patch for vegetables, potatoes... and the potatoes would be used for the orphanage. There could be as many as 8 to 10 bags of potatoes.

They sent me to Iona. It was a small island on the west coast. It's a beautiful place. We had tourists coming in for the summertime, May to September. I would be counting the stock, for instance, so many raisins, so many vegetables, so many potatoes... turnips, cabbage. I was also a cook. I can still cook. I love to cook soup for one thing. My favorite soup has lentils in it, carrots, turnips, onions and potatoes. Potatoes help to thicken it. I was a cook right from the word go, from the time I left school to the time I reached the age of 16; that would have been about 2 years. After the 2 years, they sent me to Overbridge, the boys' home near Glasgow, and I got a job in Glasgow. Anyway, after the 2 years I was allowed to go wherever I wanted to go. I went to Iona, to get my footing. Isle of Iona – a lot of tourists like to go there in the summertime. Also involved farming – I learned how to farm, how to plant different vegetables like oats... and I had a garden where I planted carrots, turnips, potatoes... and I had to decide how many potatoes to plant that would last for 6 months. I had boxes... we put them in boxes.

Cutting Wood and Fixing Clocks - 15.20-end

Cutting the wood warms you before you put it in the fire. Hammer, ax... everything has got a handle on it.

Well, if it wasn't for a man like me, you know, uh... we wouldn't have much over the winter time. You've gotta have something on the go at all times, you know. You know what I mean – you need those family things in the home figured out, but then you're also gonna make your place in society. You gotta have those functional skills... because what makes a good man is a functional man... So I always had many options... I always had my mechanics... I was a very good mechanic. I knew how to take a car apart in a day, and I'd put that back together and I'd always say, 'Sir, you owe me \$50'.

Second File

Cutting Wood and Fixing Clocks - beginning-0.59

(*Knock knock knock*) Hello. I hear you fix things. I just live down the street. I'm just wondering if you fix this clock.

Absolutely, well, I... I don't have a lot of experience with clocks but... Let's see what we have here.

It's just a clock that's really important to me and I've had it in my family for a long time, so I was just wondering... maybe, maybe can I pay you to fix it, or...

No, that's ok, I'll... I'll, I'll fix this up for you and get it back to you as soon as it's done. Whose watch was this, may I ask?

It was my grandmother's. She, she gave it to me. She, she got it from her first love.

Has she passed?

(*Nods yes*)

I'll do what I can with this, thank you.

What kind of pie do you like? What's your favorite type of pie? Can I bake you something to say thank you?

Sure. My favorite's blueberry.

Maple Syrup and the Neighbours - 1.00-3.20

He was about 15 when he quit school. New Brunswick. He was there for quite a few years. Came out to Prince George in 1978. There wasn't much back then. Wages were small. It was tough to find steady work. It was seasonal. He quit school in Grade 8. There didn't seem to be any future back there. So he figured he'd move. And they were coming out there; lots of guys were coming out there.

And the smell. The maple and birch, the sap... It was a very nice smell, sweet, like sugar, lots of honey. Yes. We used to drill a hole with an ogre, 1/2-inch bit, right there into the tree. And then

stick a spout in there and then hang a bucket... It wouldn't take long. Certain maples give off a lot of syrup. It would start pouring right out when you drilled the hole.

Yes, yes. It would just start pouring... White maple and rock maple. The rock maple was the hardier, sturdier tree. We used to do it when the snow was down a bit, and you could walk on the crust of the snow. Maybe 2, 2½ feet of snow. And it would be frozen hard. Pretty well you could go back there at night, and still not sink. It was very strong, heavy-duty crust.

Just rubbers was okay. When it started to melt you could have to put on some gumboots. You brought it home and then they would get it ready for manufacture it. They would give it away to the neighbors. We had lots of it. Anybody that came there, they always got some. They had a recipe that they kept quiet. The secret recipe. They had other recipes that they gave out.

(Neighbors come in) Hi. We need the maple syrup recipe. *(Bombarded by neighbors, bartering for maple syrup and the secret family recipe)*

So Many Potatoes - 6.20-7.05

The farmer grew so many potatoes.

God... there's so many of them. *(Talking over top of each other; chaos in the potato patch)*

There's so many of these potatoes – potato sacks, and they're heavy grown.

Look at them all. What are we gonna do with them?

Look at all of these! We're swimming in potatoes!

There are so many potatoes; they're everywhere! What are we going to do?

Well, you know what? Let's just be grateful that we have potatoes because... there could be nothing.

Exactly.

Enough to feed the orphanage.

So, boys – let's get to work and chop these up and by tomorrow we'll have a thousand shepherd pies, ready to go around the house.

Western Dance and Mother in Law - 7.56-9.05

Yes. Basically western music. We went to the dance. Then he asked me out for a date and I said, 'sure'... I knew who he was. Walter Edward Gummer. We went to the one dance and then a dance after that. And then it escalated into more.

No, he proposed to me. But his mother was funny. She said, 'I don't know what you have done to my son. He won't shut up now; he keeps talking'. I said, 'I'm sorry, but I happen to like your son'. 'Oh that is good, because he likes you too'. We went together for a year or so before we got married. We had a pretty good life.

He was a farmer's son... Animals, yes. He was a good son. He had a mother and father, and brother and two sisters. They were a good family.

Oh yes, they were great. His mother was a sweetheart. We both had the same birthdate, August 14th. He always said, 'That is why I married you. If I forget my mother's birthday, I will forget your birthday'. He never forgot our birthday.

West Coast Trail - 14.07 – end

(Doing the West Coast Trail with my sons)

Come on, sons.

Do we have everything we need? Do we have enough food? How long will we be gone for?

Do they have toilets there, or do we have to poo on the ground?

The West Coast Trail is one of the hardest trails of any trail in Canada.

And away...

The first time I ever did it was with my son and my son-in-law. Well, that was definitely an experience because if you want to bond with your son and you want to bond with your son-in-law, by doing it together...

The difficult thing about the West Coast Trail is that it's in a rainforest. You don't just walk on a trail as if it's like a road. You have to walk through knee-deep muck.

And, you have to spend a lot of money before you go, getting all the proper equipment that you need, to do the West Coast Trail.

Can we just go skiing?

(Groaning) Ah, come on...

You're not carrying a lot, so... you know, you gotta a 2-person tent if you're lucky for the 3 of you... 3 guys, all in one tent, cuddling up in the middle.

Do I have to cuddle?

You don't have to, but it gets cold and rainy.

This is like the worst I've ever smelled.

And there's your son-in-law sleeping and... they're having nightmares and thrashing and...

But in the morning, when they wake up out of the tent, there is this beautiful mist in the trees but you could never, ever try to fabricate (imagine) in your own mind. It's something that you'll never, ever see again, except when you're on the West Coast Trail.

Third File

Ice Fishing - 0.10-1.20

I did it in Prince George and New Brunswick too. I went out on the ice, shoveled off a place, drilled a hole. It was so thick, you knew it. It was thick to drill down through. Lots of ice... Rainbow trout... and eels. Big eels, about that long and that big around.

Yes, they are good to eat. You would skin them. You just cut off the head, and then you cut the belly, and you fold the skin back over. Get a hold of it, and then pull it right off... You would cut it up in pieces and fry them, or steam them, however you wanted to prepare it. They are good. They have a very mild flavor, any that I caught. Maybe the older ones might have different smell or different taste... Fresh water eels.

Pictured Husband/ Victoria Midnight Boat - 1.20-3.18

With my girlfriend, I went with her, to her boyfriends' home. And there was a picture on the wall and I said to her, 'Who is that?' She said, 'That is Don's brother, David'. I said, 'I'm going to marry him'. And I did. I hadn't even met him yet.

I don't know. I just looked at the photograph and thought, 'I'm going to marry him'. I hadn't even met him yet. But I said I am going to marry him. I met him in March and married him in October. I had already decided that I was going to marry him when I saw the picture.

He was tall... and good looking. What can I say? Nice big brown eyes. My mother said he was too good for me. So she liked him. Yes. A lot of mothers don't like their daughter's husband. But she said he was too good for me.

We lived in Vancouver, so we came over to Victoria. We got the midnight boat to Victoria. It was a Friday night and the boat left at midnight to go to Victoria for people who would go for the weekend. So that's what we did. It was nice.

They don't have that anymore... We had a stateroom. We left at midnight, or close to midnight and arrived for breakfast. We had breakfast on the boat and got off. Stateroom. Had breakfast on the boat. Got off, and took in Victoria. It was really nice. I had a friend who lived there and we visited. They had tickets to a hockey game. So my husband went with her husband to the hockey game, and I stayed home with her and we reminisced. It was really nice.

First Time on a Plane - 3.50-6.43

From England to Canada. Traveled by boat and got seasick. Her brother never thought she would leave and make it.

The bathroom – where's the bathroom, Sir?

Isabelle was proud that she traveled on a plane by herself. After being so sick on the boat from England, she swore she would never go back. However, her husband promised his mother-in-law that Isabelle would go to visit her. He bought Isabelle a plane ticket and said, 'You are going; I made a promise; You can do it'. So she did. She was very happy about it that she did it. She never thought she would.

Let's see your ticket... Alright, just down the aisle there and you'll see H... Are you traveling alone for the first time on a plane?

Yes, I am... This is better than the boat, right?

So, listen to our speech and our announcements, and you'll be fine... Just like I said, H – down the isle there. Looks like you'll be sitting by that lady there.

Have you fastened your seat belt?

(Person behind the two of them) Oh my god... I think I'm gonna die.

Um...

So... Have you ever been on a plane before?

Of course I've been on a plane.

(Person behind the two of them) Oh god, oh god, oh god. We're going down; we're gonna die.

No way; we're gonna be just fine. Stare straight ahead, and think about what you're coming here for, and don't forget.

(Background)

(Big sigh) Oh, god. This airline is the worst airline. What is up with this plane?

(Announcer)

Hello. My name is Sarah. On behalf of the Captain I will now announce the safety procedures. There are the safety masks... This airline has 6 emergency exits – 2 at the front, 2 in the middle, 2 at the back... there's actually 8. Alright. So, if the cabin air pressure ever does drop, the mask will drop - make sure the mask covers your nose and mouth. You've got your mask on, make sure you're safe; put your mask on first before your children.

Do you have any children?

Yes. I'm visiting my mother.

Oh, that's amazing. *(Undecipherable...)* (Maybe, 'How long ago since you've seen her?')

A long time ago.

(Sierra steps out and speaks)

Hi, Mom.

And I got to England, I finally got to see my mother, and my brother for the very first time, in a very long time. And, they made fun of me that I couldn't get back on a boat ever again... but, they were really happy to see me and I was really excited... (Indecipherable)... She was really proud of me.

CBC Host and Canada - 11.20-13.20

You are the host. I happen to have covered 10 or 12 Olympics as just a part of the thing. Everything you can think of. I had to decide how many cameras we would have, how many people we were going to have, how many does it take to do this. I learned well, because I got a chance to do it. Getting ready for the Commonwealth Games was a 3-year project.

It is watching Canadians. You get a feeling of Canadiana, it really means something to me to be Canadian. Singing O Canada. The one thing I will always remember, it wasn't with the Commonwealth Games, but it was Nancy Greene was still skiing.

Nancy Greene was being recognized for her gold medals. We were doing a hockey game and Nancy Greene was going to get a medal there. After the hockey game ended, Nancy came down to get this medal, and the whole team was sitting with their uniforms on in the dressing room and they all filed out. And then they played the Canadian National Anthem.

I never thought anything of the National Anthem before that moment but, seeing Nancy Greene sitting there, standing there, was a whole team, a whole fleet of hockey players – was one of the most amazing things I've ever experienced in my life. It reinforces me in being a Canadian is maybe a better way. Even now, I can't not stand for O Canada when it comes on the TV.

Fourth File

Garden Club - 13.50-15.50

I'm a lifetime member of the garden club.

So, you were the first lifetime member of the garden club.

It took a lot of work but in particular, I'm very very good at spacing the flowers and... petunias are my favorite – they just... they have a color that, that I can never forget but... I remember this

one meeting. I was supposed to be planning this big garden and, everybody was there. They were all talking and they had no idea what to do.

(People in gardening group talking over each other, wondering what to do... Indecipherable; students passionately engaged as they were coming up with ideas but could not be understood, and the end result was they couldn't agree on what to do.)

We can argue and argue for forever... *(Indecipherable, people talking over each other)*

I walk through the meeting, and I run outside and I just started making the garden. The people at the meeting couldn't believe it.

(After a passage of time)

Hello, madam. I think your garden is rather beautiful. If you're not busy right now, I'd love to marry you.

Well, I don't know...

Levi's Parents - 2.40-4.25

My parents were my inspiration. When I did something wrong they sat me down and said, 'that was wrong'." My parents were always a bit open-minded. There was a lot of talk; they would always talk about something, they would make very clear from a very young age, was that if you had a problem, you just deal with it yourself. You didn't take it out on anyone else.

Dad would come in and say, 'Son: We have to have a meeting.' And it's sort of like, a safety meeting – to make sure that nothing was going wrong. And he'd ask me how the day was, and I'd pout and say something like, 'it's goin'. And then he'd ask me again: 'Son, how was your day?' And then finally I'd say, '[name?] has kicked me in the shin'. And I'd hear him say, 'Well, did you deserve to be kicked in the shin, son?' And I'd say, 'Well, yeah... I sprayed some candy onto his locker so he couldn't open it'. And he says, 'Well, son: You did deserve to be kicked in the shin'. 'Yeah, but it hurt!' And he said: "Well, son, I can't say I have to do anything but disagree with your stance...'

And that was the way my dad was... He always put the perspective in the face of the other person. He said, 'What would they think of what you did to receive that or, why is he kicking your shin? Is he sad? What's wrong with his life that makes you his target? Maybe he really

likes you. He just doesn't know how to say it.' My dad was a pretty good guy. I really liked my parents.

Appendix G

'The Artist and her Daughter' – Final Script

(By Matthew Gusul (playwright) and the reminiscence theatre company)

(Glen Miller music is playing as residents are brought into the audience area. While residents are trickling in, the Artist sets up her easel and begins painting. Once all the residents have arrived, the acting company will come into the playing space through the audience space. As they make their way through the audience, they will introduce themselves to as many members as they can and especially the ones worked with through the devising process. Music Cue.

Cast sings Cabaret.)

What good is sitting alone in your room?

Come hear the music play

Life is a Cabaret, old chum,

Come to the Cabaret

Come taste the wine,

Come hear the band,

Come blow your horn,

Start celebrating

Right this way

Your table's waiting

Start by admitting from cradle to tomb

It isn't that long a stay!

Life is Cabaret, old chum

It's only a Cabaret, old chum

Life is a Cabaret, old chum

And I Love A Cabaret!

Actor: Ladies and Gentlemen, welcome to tonight's event.

Actor: We are a group of students from the University of Victoria.

Actor: Over the last few months, a group of you have been meeting with us telling us stories and sharing wisdom with us.

Actor: We have taken some of those stories – and most of the wisdom – to create a fictional play.

Actor: The title of the play is ‘The Artist and her Daughter’. (A sign is held up with the play’s title.)

Actor: Please everyone, sit back and enjoy the show.

(Acting company exit to reveal the Artist who is still working at her easel. Music cue.)

Artist: I sit here and I paint. This is what I do and this is what I have done. I have been sitting here painting for so long I can’t even remember when I started. But I do remember why I started. One day, I looked out my window at the people moving around to their jobs, to pick up their children, to drop off their children, on an on...but what I saw on that day changed me. As the people were moving, I stopped seeing what they were doing and I started to see what it was they were really proud of. That little bit of their life that really helped them become what they are...the person they are. It was amazing. A man would walk by and I could see the pride he carried in his ability to build boats, or the pride a woman had in her life long quest to build a large family, or a couple’s pride in love for adventure. Seeing the stories was not enough. I decided to start painting these stories. I needed to paint what I was seeing out my window. I lost control. I had to paint. I had to find my way of capturing these stories of pride. I have painted thousands of these pictures over the years and I just keep painting them. I won’t stop. (Pause.) Let me show you the painting I was just working on.

(An actor walks across the stage holding a sign with the scene’s name. Announces scene.)

A Tarmac Built but the Better Find Wasn’t Made of Cement

Bernard: I am proud of many things in my life. I moved here, out West, on my own all the way from the East Coast of Canada. I built many things on my way across Canada but the best part wasn’t what I built but what I came across or better put maybe what came across me.

Boss: Wow...the airport runway you laid at the airport. Nice work.

Bernard: Thank you, Sir; Thank you, Sir.

Boss: And you know what? While it's still wet, you should initial your name on the tarmac so that everyone knows.

Bernard: Oh no. That's alright, you know. (Turns to audience.) It wasn't my style to sign my name. I am proud of the runway but I don't need the attention.

Boss: Keep it in your memory because I think it's gonna be good.

Bernard: Thank you, Sir. ((Turning to audience.)) To today it is still known as the Bernard Tarmac.

Actor: Come on; let's go to the airport. Quick! We're late, we're late! Can you put this in your phone so we don't forget? I think it's called the Bernard runway? I don't know. I don't know where it is. We're late.

Actor: I'm trying to find it.

Actor: (Airport announcement) Moncton, New Brunswick...boarding now...686 to Moncton, New Brunswick.

Bernard: I was proud working on that tarmac but the best part of that job was when I came across her or she came across me. I was running the Cat to help with the tarmac build and that is when Jane came along there. She was picking fiddleheads or something. Her and her friend asked me,

Jane: Where is the good fiddlehead picking?

Bernard: There's a good place over there.

Jane: Thanks.

Bernard: So off they went. After a couple hours, they came back with a pillowcase. It was full and really heavy. They were dragging it on the ground.

Janes' Friend: Can you help?

Bernard: They put the pillowcase in the pickup and then I drove them home. (Bernard describes as Jane and her friend prepare the fiddleheads.) It was quite a job, picking those fiddleheads. It has to be damp out. They grow with a curl on them, and you trim them off about 3 inches from the curl. And you clean them up and put them in cold water. And then all this stuff comes out of them...the fuzz, and

then you roll them around and all that stuff comes off. And then you put them in a pot and steam them. Everything is in there. Very tasty. We like them...

Jane: (Brings plate to Bernard. She eats one and then gives one to him.) Here you go.

Bernard: Thank you.

Bernard: We were married soon after the runway job was complete. After we married, we had a chance to go back out East and visit home. One day I got to go ice fishing. I went out on the ice, shoveled off a place, drilled a hole. It was so thick. It was thick to drill down through. Lots of ice...Rainbow trout...and eels. Big eels, about that long and that big around. Yes, they are good to eat. (Jane prepared the fish.) You would skin them. You just cut off the head, and then you cut the belly, and you fold the skin back over. Get a hold of it, and then pull it right off... You would cut it up in pieces and fry them, or steam them, however you wanted to prepare it. They are good. They have a very mild flavour, any that I caught.

Jane: (Brings plate to Bernard. She eats one and then gives one to him.) Here you go.

Bernard: Jane was a great wife. We used to go berry picking, fiddlehead picking, fishing for salmon. We had fun. As great as it was to build that tarmac, it was what came across me that day I am most proud of.

(Music cue. Stage clears to again reveal the Artist.)

Artist: It is amazing how people can take an event that only lasts a moment and spin a life's worth of pride out of it. Each person who walks by my window, I see that moment. That brief little space in time that helps you when you need that little extra bit of bravery orchutzpah to move on. That is what I sit here and paint. Weeks ago, I painted a woman, Angie. Angie is proud of her career. She never married, had boyfriends, but just never wanted to marry. Her gusto, her spark, her extra bit of bravery came from her experience during the war in Europe.

(An actor walks across the stage holding a sign with the scene's name. Announces scene.)

Delivering Parcels on a Bike

Angie: It all happened at age 12, when the war started. I was riding my bike to deliver parcels to the airdrome. Here's my basket. See you later, Mom.

Mom: Ok, sweetie, be safe.

Angie: Yeah, I will. Don't worry about me. I do it every day. I'll be fine. It felt so nice to get outside. We're cooped up in our house all day because of the bombing. This was my chance to get outside and breathe the air. (Pause) Here you go; that's it for today.

Lady: Ok. Do you want us to sign something?

Angie: No, you don't have to sign anything. Just make sure these get to the right people.

Lady: How old are you?

Angie: I'm 12. I just look big for my age.

Lady: Oh, you're doing a very good job.

Angie: Yeah. My mom says that one day, when the war is finished maybe I could do this for a full-time job. She said, 'When women might be able to do that... one day'.

Lady: I'm certain you will. Keep working hard.

Angie: Make sure those letters get delivered safely, because I really like this job.

Lady: Ok. I will. Have a good day...

Angie: The bombs were going off every day. The only time I got to go outside was when I delivered letters. As much as I liked going out it was nice returning to the house. I was always greeted by my mom's baking in the house... the smell... it gave us hope. As soon as I got outside again and I could smell the fresh air; it gave me a sense of hope for my future. Fresh air and Mom's baking...those are what I think of.

(Music cue. *Cast sings White Cliffs of Dover*. Stage clears to again reveal the Artist.)

There'll be bluebirds over
The white cliffs of Dover
Tomorrow just you wait and see
There'll be love and laughter
And peace ever after

Tomorrow when the world is free

Artist: Some types of connections exist around us that we don't really get to understand. There are parts of our world that we simply cannot explain. We can't ...

Daughter: Hey...

Artist: Hello... (Looks back to painting and picks up brush.)

Daughter: You look busy. (Looks down to phone. Pause.) Are you painting, again? (Looks at phone again.)

Artist: Well, what does it look like? (Continues painting.)

Daughter: (Still looking at phone. Pause.) Do you want me to leave you to it?

Artist: It is up to you. Stay...leave... you decide. (Continues painting.)

Daughter: (Still looking at phone.) I guess I'll go. (Pause.) Bye... (Exits)

Artist: It is almost as if I sensed her coming. (Pauses) Anyways, as I was saying, some types of connection exist around us that we don't really get to understand. There are parts of our world that we simply cannot explain. Sometimes, people can even perhaps see into the future. About a month ago, I painted Mary. She surprised her friend with a bold prediction of the future that came true.

(An actor walks across the stage holding a sign with the scene's name. Announces scene.)

A Bold Prediction and a Midnight Boat

Mary: This was a Sunday afternoon in fall. I had a great summer and was feeling good about life. With my girlfriend, I went with her to her boyfriend's home. And there was a picture on the wall and I said to her, 'Who is that?'

Friend: That is Rob's brother, Michael.

Mary: I'm going to marry him.

Friend: (Laughs) You haven't even met him yet.

Mary: I just looked at the photograph and thought, 'I'm going to marry him'. I met him in March and married him in October. He was tall... and good looking. What can I say? Nice big brown eyes. My mother said

Mary's Mom: He's too good for you.

Mary: So, I guess that means she liked him. Yes. A lot of mothers don't like their daughter's husband. But she said,

Mary's Mom: He's too good for you.

Mary: We lived in Vancouver, so we came over to Victoria. We got the midnight boat to Victoria. It was a Friday night and the boat left at midnight to go to Victoria for people who would go for the weekend. So that's what we did. It was nice. We had a stateroom. We left at midnight, or close to midnight and arrived for breakfast. I will never forget the stars while we were on the boat. There were so many of them and it felt like you could reach out and touch them. (Takes a breath. Sighs.) We had breakfast on the boat and got off. We took in Victoria.

Friend: Hello. (They embrace.) (Two husbands go off together.)

Mary: I had a friend who lived there and we visited. They had tickets to a hockey game. So my husband went with her husband to the hockey game, and I stayed home with her and we reminisced. It was really nice. We had a happy marriage. Seeing that photo I just knew. I just knew he was the man I was going to marry.

(Music cue. *Cast sings Catch a Falling Star.* Stage clears to again reveal the Artist.)

Catch a falling star and put it in your pocket
Never let it fade away
Catch a falling star and put it in your pocket
Save it for a rainy day

Artist: Some people have such pride in our country. Canada. Here we live – here we are. I see people who have pride since they fought in a war, or were athletes in the Olympics or other competitions but Helen – last week, I painted where her pride comes from. It is as Canadian as anything I can think of.

(An actor walks across the stage holding a sign with the scene's name. Announces scene.)

My Parents' Maple Syrup

Helen: From my childhood, I remember the smell. The maple and birch, the sap... It was a very nice smell, sweet, like sugar, lots of honey. Yes. My mom and dad used to drill a hole with an auger, ½-inch bit, right there into the tree. And then stick a spout in there and then hang a bucket... It wouldn't take long. Certain maples give off a lot of syrup. It would start pouring right out when you drilled the hole.

Dad: This will be great.

Mom: Yes.

Helen: It would just start pouring... white maple and rock maple. The rock maple was the hardier, sturdier tree. We used to do it when the snow was down a bit, and you could walk on the crust of the snow – maybe 2, 2½ feet of snow. And it would be frozen hard. Pretty well you could go back there at night, and still not sink. It was very strong, heavy-duty crust. In the cold winter just rubbers was okay. You brought it home and then they would get it ready to manufacture it. My mom and dad would give it away to the neighbours. We had lots of it. Anybody that came there, they always got some. They had a recipe that they kept quiet – the secret recipe. They had other recipes that they gave out.

Neighbour: Hi. We need the maple syrup recipe.

Neighbour: Ya, that syrup is the best in the whole area.

Mom: Hold it. Wait a second.

Dad: We're keeping that recipe a secret. How else will you all keep coming back?

Helen: I still have that recipe and use it today. My friends all come to get syrup when the season is in swing. I will never tell them the recipe. I will teach it to my children though.

(Music cue. Stage clears to again reveal the Artist.)

Artist: I have another one I have to show you. Oh, this is one of my favourites from years ago. When I first saw this woman, her hands were filthy. You can always tell a gardener by their hands. The dirt gets so deep in their pores. The callouses

they have are strong – a signal to hours of hard work. Clara takes such pride in her gardening. And she should; look at her work. Gardening can be backbreaking labour whether it be while planting or while weeding; so much of that time is spent on one's hands and knees., Here is Clara and her beautifully filthy hands.

(An actor walks across the stage holding a sign with the scene's name. Announces scene.)

The Garden Club

Clara: I'm a lifetime member of the garden club. It took a lot of work but in particular, I'm very very good at spacing the flowers and...petunias are my favourite – they just... they have a colour that...that I can never forget but... I remember this one meeting of the club. (Loud club meeting starts.)

We were supposed to be planning this big garden and, everybody was there. They were all talking and they had no idea what to do.

(People in gardening group talking over each other, wondering what to do... Indecipherable; passionately engaged as they were coming up with ideas but could not be understood, and the end result was they couldn't agree on what to do.)

Clara: We can argue and argue forever... (Indecipherable, people talking over each other).

Clara: I walked through the meeting, and ran outside and I just started making the garden. The people at the meeting couldn't believe it.

(Exit Garden Club. Clara continues working in the garden. Time passes. People walk by while Clara keeps working.)

Clara: Hello.

Actor: Hello. What are you planting there?

Clara: Petunias.

Actor: They're beautiful.

Actor: Are you a gardener?

Clara: I try to be.

Actor: What type of plant is that?

Clara: They're called petunias. They're my favourite flower.

Actor: Can I plant one?

Clara: Here, ya, please.

Actor: I've never planted anything before.

Clara: It's easy. All you have to do is just try – just start. You just dig a hole. Yes, now put your flower in. Well, don't bend it. Just, oh, there you go. You did it.

Actor: When can I come back and see it bigger?

Clara: Whenever.

Actor: I'll come see it every day. Watch it get bigger.

Clara: As a life-long member of the garden club I have to spread the message that gardening isn't really that hard. Just care for it. Water it. Weed it, fertilize it. The Earth knows what to do.

(Music cue. Stage clears to again reveal the Artist.)

Artist: Here is a woman who overcame a fear. But she didn't do it alone. When I looked at her out my window, the first part of her that jumped out at me was a broche she had pinned to her jacket. She used that broche to give her enough courage to overcome her fear. Just look at her - the beauty, the grace. Who knew any fear would fit into her life? Carol really was fun to paint.

(An actor walks across the stage holding a sign with the scene's name. Announces scene.)

First Time on a Plane

Carol: From England to Canada. I traveled by boat and got seasick. It was terrible. I spent hours and hours feeling sick. My stomach hurt so bad I didn't even enjoy a second of that boat trip. When I finally got onto dry land I vowed I would never get on a boat in my life. And I haven't. (Pause.) I am proud that I finally traveled on a plane by myself. After being so sick on the boat from England, I swore I would never go back. However, my husband promised his mother I would go to visit her. He bought me a plane ticket and said,

Husband: You are going; I made a promise; you can do it.

Carol: No, I don't think I can. I am scared.

Husband: Here, I have something for you. (Pulls out broche and gives it to her.) This broche will help. It is a small silver wreath which brings the wearer luck and bravery.

Carol: Thank you.

Husband: Now get packed. You have to visit my mother.

Carol: So I did it. I flew. I was very happy that I did it. I never thought I would.

Actor: Let's see your ticket... Alright, just down the aisle there and you'll see H... Are you traveling alone for the first time on a plane?

Carol: Yes, I am... This is better than the boat, right?

Actor: So, listen to our speech and our announcements, and you'll be fine... Just like I said, H – down the aisle there. Looks like you'll be sitting by that lady there.

Actor: Have you fastened your seat belt?

Carol: Um...

Actor: So... Have you ever been on a plane before?

Carol: Of course, I've been on a plane. (To audience) I'm not sure why I lied.

Actor: Hello. My name is Sarah. On behalf of the Captain I will now announce the safety procedures. There are the safety masks...if the cabin air pressure ever does drop, the mask will drop – make sure the mask covers your nose and mouth. You've got your mask on, make sure you're safe; put your mask on first before your children.

Actor: Do you have any children?

Carol: Yes. I'm visiting my mother-in-law.

Actor: Oh, that's amazing. How long ago since you've seen her?

Carol: A long time ago. (Pause) After the flight, I went through the airport and found her. Hi, Mom.

Mom: Hello. (They embrace.)

Carol: And I got to England; I finally got to see my mother-in-law, and my brother for the very first time, in a very long time. And, they made fun of me that I couldn't get back on a boat ever again... but, they were really happy to see me and I was really excited... She was really proud of me.

(Music cue. *Cast sings Leaving on a Jet Plane.* Stage clears to again reveal the Artist.)

All my bags are packed, I'm ready to go
I'm standin' here outside your door
I hate to wake you up to say goodbye

But the dawn is breakin', it's early morn
The taxi's waitin', he's blowin' his horn
Already I'm so lonesome I could die

So kiss me and smile for me
Tell me that you'll wait for me
Hold me like you'll never let me go

'Cause I'm leaving on a jet plane
I don't know when I'll be back again
Oh, babe, I hate to go

Artist: This is the last painting I want to show you. I want to show it to you because...

Daughter: Hello...

Artist: Hey. (Pause) Thanks for coming back.

Daughter: You know I'll always come, Mom. No matter what, I'll always come. (Attention is grabbed from her phone. She pulls it out of her purse, looks to phone, and sets down her purse.)

Artist: You don't as much. (Pause. Looks to daughter and wait. After some time she looks away and grabs her paintbrush.)

Daughter: Well, sometimes I get busy...with work and all. (Still looking at phone.)

Artist: Yes. (Pause) I was just going to start painting. Would you want to...

Daughter: You're busy again, Mom. I should probably get going. (Still looking at phone)

Artist: But you just got here. We could do something else...

Daughter: I know. I just... I should go. (Looks up from phone) You can keep painting. It's what you do. (Looks back to phone)

Artist: (Pause) OK. (Beat) Bye.

Daughter: I love you, Mom. (She quickly and impersonally embraces her mother while still looking at phone.) Bye. (She exits.)

Artist: (Pause) She used to watch me. I mean, she used to watch me paint. When she was younger I would tell her the stories of all the people in the paintings. She loved hearing them. Now, it is hard for us to be on the page or in the same time frame or together. We used to be such good friends. (Pause) The last painting I wanted to show you is a self-portrait. What happens when I turn the gaze to myself...what happens when I look in the mirror? Well, it turns out I am proud of my father, considering our history. It almost feels like a cruel joke that this is what the powers of observation have given me.

Mom: There's something I need to talk to you about.
(Artist's

Mom)

Artist &
her sisters Alright.

Mom: It's about your dad. I don't know where to start.

Sister: Is it something we did?

Mom: What you have to know, this is between me and your father. For years, I've been telling you he's dead and... he isn't. (Pause) I was pregnant with you, and he came home one night. Deep down, I sort of knew that something was wrong, but I didn't want to believe it. So I sort of pretended it wasn't happening, and I mustered up my courage and finally asked him. He told me that he couldn't be with me anymore... he couldn't see a future with me anymore. And I said, 'What about our children?' He said he'd do his best, but I was too angry so I just told him to leave. (Pause) He isn't dead. I don't know anything about where he is. (Pause)

Artist: And that was that. All those years we thought our father had died and our mom told us all those years later. My sisters had mixed reactions. One was angry. The other really didn't care but I really wanted to know. I asked them if they wanted to join me but neither did. I searched all over. All I had was my father's name and eventually I found out he moved to Eastern Canada. The Maritimes, New Brunswick. It was a really small village. All the town had was a small pub. I walked in.

Pub Owner: Hello, what can I do for you?

Artist: I am looking for my father.

Pub Owner: What's his name? (She hands him a piece of paper. He looks at it and then writes on it.) Here. That's the address.

Artist: Thank you. I walked out of the pub and went straight for the address she had given me. I walked a few miles and then I came upon the address. It was a cemetery. I thought, this couldn't be right. Am I in the right place?

Actor: Yes, actually I can take you right there.

Artist: He walked me over to a gravestone with the name on it – my father’s name. I took a moment to mourn. There really wasn’t much to that. The trip was mostly out of interest and intrigue. He was my father but I never knew him after all. (Pause) I returned to the pub, thinking I would get some food and a beer.

Pub Owner: What can I get for you?

Artist: Fish n’chips and a pint of lager.

Pub Owner: (Exits and then returns) Did you find your father?

Artist: Yes, I did.

Pub Owner: Were you close to your dad?

Artist: No, I never met him.

Pub Owner: Oh, I knew him. He was in here all the time. He owned a landscaping company. He did well for himself. Had money in the bank. He was generous though. Would buy beers for folks when they were low on cash.

Artist: Really. (Laughing) Maybe it’s where I get my generous nature from.

Pub Owner: Ya, he always said it was his sworn duty to make sure the beer wasn’t poisoned or bad and that he needed all the help he could get.

Artist: That is funny.

Pub Owner: Ya, your dad was one of the best horseshoe players around. He always had a beer in one hand, usually Moosehead lager, and threw the shoes with his other hand. Ringer after ringer. He was well respected, a good guy. You should be proud.

Artist: I was proud. I am proud. He wasn’t like an astronaut or something. He worked hard. He was liked by at the very least the local bartender. It felt great to know about him. I know it might seem funny to say this now... but I can feel him in me. I can’t say whether it is in my bones or my blood or in my soul but I feel his generosity, his prudence, and his sense of humour. I have a picture of him. I hold this picture and when I look at it, I see him as being an important part of my life, even though we never met.

Daughter: (Enters holding phone) I didn't know all that. (Shoves phone into her pocket)

Artist: What are you doing here? I didn't know you were listening.

Daughter: I came back to grab my purse.

Artist: Oh... (Pause) I thought I told you about my trip.

Daughter: I knew that you found Grandpa's grave but I didn't know all the details of what happened.

Artist: Oh, I thought I would have told you.

Daughter: Maybe you did; I just don't remember.

Artist: (Breaths) Well, I...

Daughter: It sounds like Grandpa and I had a lot in common.

Artist: Ya, I would guess that too. (Pause. They share a look and slightly laugh.)

Daughter: Why don't you show me some of your paintings...or better yet, paint something?

Artist: Can I paint you?

Daughter: That sounds great. Where should I sit?

Artist: Why don't you sit over here?

Daughter: Sure.

(Artist starts painting as the daughter finds a comfortable position. Glen Miller music starts. Rest of company comes onstage dancing with each other. Then they ask some of the residents if they would like to dance.)

Appendix H

'The Artist and her Daughter' – Program

Welcome to the
Oak Bay Lodge: Reminiscence Theatre Performance of
'The Artist and her Daughter'
Program



December 4, 2015

Principal Investigator / Producer: Trudy Pauluth-Penner



Trudy Pauluth-Penner is currently a doctoral candidate in UVIC's interdisciplinary Social Dimensions of Health program combining narrative gerontology and applied theatre. Her current focus is on arts as health, specifically the effects of reminiscence theatre on the lives of older adults in care. In 2006 Trudy received the Blair L. Sadler International Healing Arts Award through the Society for the Arts in Health Care.

Welcome to the Oak Bay Lodge reminiscence theatre production of *The Painter and Her Daughter*. This play you are about to see is part of this inter-disciplinary Social Dimensions of Health program Ph.D. study. 'Reminiscence Theatre' is created from the essence of our older adults' stories and memories. These are reshaped collaboratively with the expertise and talents of our University of Victoria theatre company.

Our Process: Over a year ago, individual interviews were conducted by Trudy with 11 Oak Bay Lodge residents on their life experiences. These were audio-recorded, transcribed verbatim and reviewed with the residents. The residents selected which aspects of their stories to share with the company. These verbatim interviews were further edited into short stories which were then reviewed and analyzed to highlight themes and ideas for play development.

Next, we formed a Reminiscence Theatre Devising Company of actors. These actors, from UVic's Applied Theatre Program came to the Oak Bay Lodge to present a series of drama / storytelling workshops with the residents. Following the workshops, the devising team explored the themes. The devising workshops were video-recorded and transcribed. Our playwright, Gus, then scripted the play from these sessions.

Creating Theatre from Memories: There are many ways to create Reminiscence Theatre. For example, some companies choose to create verbatim re-enactments of the collected stories using the language of the participants as spoken. Others choose to create oral histories where the company aims to accurately depict the participants' life histories. This approach sometimes requires archival historical research to verify the real, lived experiences of participants.

In our Reminiscence Theatre piece, we chose to work with fictionalized narratives. We fictionalized the real, meaning we worked with ideas, themes and the essences of the residents' stories and memories, to create a new story with imaginary locations, people and characters. Everyone's contributions are woven together to create an imagined world.

In Appreciation: It has been an absolute privilege to come into the Oak Bay Lodge community to share memories and create stories with these older adults. Story after story I am reminded just how remarkable the Oak Bay Lodge residents are. Each participant will be quick to say, 'Oh, I

don't have a story; I have not done anything important'. I would like to remind them of the contrary... These individuals have in their lifetime faced and overcame many obstacles in this journey called living. Each and every story has touched me deeply. I am reminded that the OBL residents are truly our 'living history'. I am impressed by their resilience, by their positive and playful attitude... in later life. Each has inspired me in many profound ways. Above all, what stands out from everyone is their immense love and respect for their families and the intense sense of pride they exude!

Thank you to the residents, families and staff of Oak Bay Lodge. Thank you to our remarkable devising company actors who have wholeheartedly given freely to the residents and our artistic journey. In addition, I wish to thank my Ph.D. Committee for their guidance and support along the way: Dr. Warwick Dobson & Dr. Holly Tuokko, co-supervisors, and Dr. Michael Hayes; and previous mentors (Juliana Saxton, Harvey Miller, Carole Miller). Thank you as well to May Sauder - Oak Bay Lodge administrator, Carolyn Hoekstra – OBL Coordinator of Therapeutic Services, and Lori Ovestrud – OBL: 2 Dogwood for their support and the opportunity to partake in this study at this Island Health complex care facility. Enjoy the evening!

Playwright / Director: Gus Gusul



Matthew Gusul is a PhD Candidate in Theatre at the University of Victoria and has a history of working both as a theatre artist and as a development worker.

As a theatre artist, he has mainly focused on helping marginalized communities create theatre based upon the community's stories. He has worked with seniors, inmates in prisons, various groups of Canada's Indigenous populations, young people, GLBT communities, and religious groups. His PhD research is focused on the creation of an Intergenerational Theatre Company in rural Tamil Nadu, India between HelpAge India's Tamaraiikulam Elders' Village and the Isha Foundation's Vidhya School. Here in Victoria, he was the Director/Playwright for the Living History - Reminiscence Theatre Company, which took the stories of seniors and turned them into fictional plays, which were performed for the lodge residents during 2012/13. From 2005-2010, he was the Assistant Director of the GeriActors & Friends, an intergenerational theatre company in Edmonton, Alberta, Canada that brings together University of Alberta students and seniors from the Edmonton community to create theatre based upon stories from their lives. In 2009/10, he was the director of the Under One Sky: Multicultural Seniors' Storytelling Project, which brought together Filipino, Korean, Latin American, and Canadian seniors to showcase their stories of diversity at various events throughout Edmonton.

He has also taught workshops at conferences and by request in Tuktoyaktuk, Northwest Territories, throughout Canada, rural Mexico, and India.

As a development worker, he has been a fundraiser, executive board member, project coordinator, and founder of a non-profit organization. In 2010/11, he was a Corporate Team Specialist for the Ride to Conquer Cancer. This event raised over \$8.5 million, making it the largest single fundraising event in Alberta's history. He was Co-founder of Pedal 4 Pasos, a non-profit that fundraised for a free children's clinic in rural Guatemala. He was one of four cyclists that traveled from Edmonton, Alberta to Guatemala in summer 2009, cycling over 6000 KM and fundraising over \$20,000 for the clinic. He also sat as a member of the Board of Directors at Change for Children Association from 2007-2010, serving on the fundraising committee and one term as Vice-President. He has worked as coordinator for various projects with several Canadian non-profit organizations, including Asokan Project, Taking IT Global, Canada World Youth, and Alberta Council for Global Cooperation.

Devising Company / Actors

Sierra Coyle-Furdyk



Sierra is a fourth-year student looking to specialize in applied theatre. She is absolutely thrilled to be able to be a part of this project! Working with the residents of Oak Bay Lodge has been completely different from every other project she has gotten to do, and would like to thank Trudy and Gus for this amazing experience!

Fran Gebhard



Fran is an assistant teaching professor at the University of Victoria. She teaches acting for the stage and for film and television. She also directs for the Phoenix. Last year her *A Midsummer Night's Dream* was a favorite amongst audiences. Fran says she was devoted to acting, for many years performing at theatres across the country, but now embraces her work at UVic. She loves working with her students who keep her current. She is delighted to be part of this exciting project

Chelsea Graham: Designer



Chelsea Graham is a UVIC Phoenix Theatre alumnus with a specialization in Design. She is a lover of all things ART and, for this reason, thoroughly enjoys the collaborative nature of theatre. She hopes you enjoy the devised efforts of this creative team in bringing these stories to life.

Anita Hallewas



Anita is visiting Victoria to undertake her Masters in Applied Theatre and is loving meeting new and inspiring people who also love the theatre arts. Playing is one of her most favourite things so she is very pleased to be involved in the final stages of this wonderful project.

Cailey Harris



Cailey is currently finishing her final term in the Applied Theatre program at the University of Victoria and will graduate with a Bachelor of Fine Arts (BFA) in December 2015. During her studies at UVic, Cailey has found a passion for using applied theatre to educate and empower the community. While working with issues around mental health, cultural awareness, history, inequality, and societal misconceptions, Cailey has designed and performed many notable workshops and projects. Cailey is extremely thrilled to be a part of this reminiscence theatre project and is so grateful that you were willing to share your amazing memories with her. She hopes that with this piece we can all learn, laugh, and reminisce together.

Levi Hildebrand



Levi graduated with a Diploma in Acting from Capilano University and has returned to school to study Geography at UVic. He is excited to be back on stage in a project that is vastly different than anything he's ever done before. His passion for acting and evoking social change have come together and he cannot wait to share this performance with the seniors he has personally worked with.

James Walker

Lauren Jerke



Lauren is a PhD student at UVic in Applied Theatre. She has performed in several past Oak Bay Lodge Reminiscence theatre plays. She loves to hear the Oak Bay Lodge residents' stories, and she thinks she has become a little bit wiser as a result!

Aisling Kennedy



Aisling Kennedy is a recent MA Graduate in Applied Theatre from the University of Victoria. During her studies, Aisling had the opportunity to participate in the creation of an Intergenerational Theatre Company between elders and children in Tamil Nadu, India. Participating in the project was a wonderful opportunity for advancing Aisling's knowledge of reminiscence and intergenerational theatre. Aisling is now very excited to be a participant of the Oak Bay Lodge Reminiscence Theatre Devising Company at home in Victoria, British Columbia. The experience of working with the Oak Bay Lodge residents, listening to their stories and helping stage the stories of their lives has been an absolute pleasure for Aisling. She hopes to have more opportunities to engage in further reminiscence and intergenerational theatre projects in the future.

Leah Tidey



Leah is in her third year at UVic studying Applied Theatre. As a part of her program, Leah went to India last fall and participated in an Intergenerational Theatre project where she lived in an elders home for two months and had the time of her life. She is excited to be working with seniors again in her own community and hopes to continue this type of theatre work after she graduates.

Emily Yarnold



Em is so proud to be a part of such a wonderful project! Her time with Trudy, Gus and the Oak Bay Lodge Reminiscence Theatre Group has been an incredible learning experience in so many ways and she is honoured to have been a part of it. Thank you to Trudy and Gus for all their amazing work, to the company for their love and support and to the Oak Bay Lodge team for their fantastic stories and timeless wisdom. Enjoy the show!

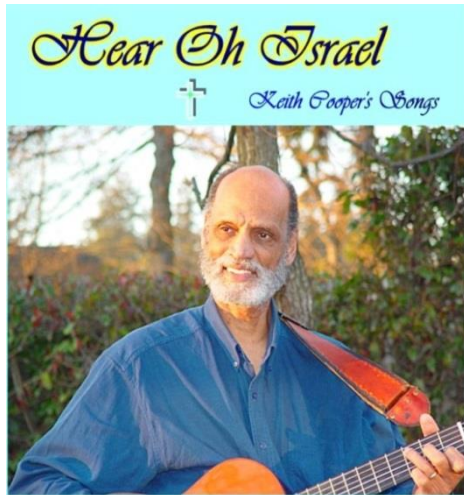
Post-Performance Social

Contour Artist: Cam Culham



Cam Culham is a local actor, singer and educator who has a Masters in Theatre Education. He works in the field of ESL (English as a Second Language) and Applied Theatre, and regularly performs in plays around Victoria.

Musician: Keith Cooper



I was born in Castries, St. Lucia, West Indies on January 11, 1939. I attended Betylia School as a young child. After my first communion at age 6, I went to the RC Boys School until 1951. I continued my education thereafter at St. Mary's College, finishing in 1957. I have always loved music. While in Malta I had some experience singing and playing guitar in restaurants and such. Later, I continued singing as my main occupation in Paddington London for about 2 years. I now sing and play regularly at seniors' homes and private gigs upon invitation.

Volunteers

Volunteer Coordinator: Ruth McCowan



Ruth McCowan, Coordinator of Volunteers and Chaplain at Oak Bay Lodge, began her journey in life on the east coast, did her Christian education training in Toronto, and found her way to Victoria in 1980. She worked as a Director of youth ministry in a large downtown congregation, met her husband Bruce, and helped raise their three children (Christa, Jesse, Andrew). Later she helped start a new congregation in the Western Communities and completed her theological training at Vancouver School of Theology in 2006.

Ruth came to the Lodge in 2001 as chaplain and began as coordinator of volunteers in 2005. Ruth likes the blending of the two positions at the Lodge as it keeps her connected with the residents through the Chaplain Corner sessions and doing services. Working with the volunteers has always been great as we have been fortunate to have many terrific volunteers. We are truly blessed at Oak Bay Lodge in many ways.

Staff Volunteers: Ruth McCowan, Lori Ovestrud, Mieke Scheper, Dalton Burt.

Community Volunteers: Shoko Akita, Pat Bell, Krista Boehnert, Daphne Field, Brigitte Gilmour, Sharron Maxymyshyn, Bruce McCowan.

You are invited to our post-performance social in the conservatory:

- **Refreshments**
- **Music: Keith Cooper**
- **Personalized Contour Drawings: Cam Culham**



Photos by Trudy Pauluth-Penner: Hanover & Lubeck, Germany – July 2015

Appendix I
Video Teaser

Performance Video Teaser

<https://vimeo.com/269139723>

Password: Trudy

Appendix J
Participant Story Booklet

(Hard copy)

Appendix K

Post-Performance Survey Form

Reminiscence Theatre Post-Performance Survey: It would be much appreciated if you take a few moments to complete this survey. Doing so will help to inform the development of future Reminiscence Theatre programs for older adults in care. Please rate your overall perception of the performance of *The Artist and her Daughter*, by circling your rating from 1 to 5 for each question (with general comments on the other side).

	Very much		Somewhat		Not at all
1. <i>Did this performance demonstrate aesthetic, artistic quality?</i>	1	2	3	4	5
2. <i>Were you drawn into the performance at the beginning?</i>	1	2	3	4	5
3. <i>Did the performance keep your attention throughout?</i>	1	2	3	4	5
4. <i>Were the performance themes, topics &/or stories clear and understandable?</i>	1	2	3	4	5
5. <i>Was the length of the performance appropriate for this older adult population?</i>	1	2	3	4	5
6. <i>Was the performance audible? (Could performers be heard?)</i>	1	2	3	4	5
7. <i>Did the set-up of the environment foster social interaction among residents, family and invited guests?</i>	1	2	3	4	5
8. <i>Was the performance visually inviting/appealing?</i>	1	2	3	4	5
9. <i>Were you emotionally or psychologically connected to the play's characters?</i>	1	2	3	4	5
10. <i>From what you experienced this evening, would you say engagement in Reminiscence Theatre affects quality of life for older adults in care?</i>	1	2	3	4	5
11. <i>To the best of your knowledge, did this production reflect the essence of participants' lived experiences?</i>	1	2	3	4	5
12. <i>Did this production honor & pay tribute to the OBL resident participants?</i>	1	2	3	4	5

Please check which of the following relates to you?

_____ Invited audience guest

_____ Oak Bay Lodge resident

_____ Oak Bay Lodge resident's family member (Please specify: _____)

_____ Oak Bay Lodge staff

_____ Oak Bay Lodge volunteer

_____ Theatre company

General Comments

Thank you for your feedback. Feel free to take more time to reflect on this evening's performance and festivities. You can forward your comments via email:

.

Trudy Pauluth-Penner
Ph.D. Candidate
Social Dimensions of Health Program
University of Victoria

Appendix L

Post-Production Interview: Matthew Gusul

‘The Artist and her Daughter’

Post-Production Interview with Playwright / Director: Matthew (Gus) Gusul

January 2016

Interviewer: Trudy Pauluth-Penner (TP)

Interviewee: Gus Gusul (G)

G: Most of my work is done in communities. Throughout my career I have worked with the variety of communities that exist in an effort to get their stories up on a stage and performed for either themselves as an audience, or their community as an audience, or just for other audiences to raise advocacy. I think in my practice, it is almost advocacy and activism is such an integral part of it. One of the core concepts that is fundamental to my practice is the idea that story and connection between humans are something that we often rely on outside sources for. We look to media. I often make the joke, ‘what would we do if the power went off, how would we talk to each other, and tell stories to each other?’ That legitimately is a skill that we are becoming less and less skilled at, or we have less and less aptitude for, as we go on and on throughout the years. Such an important part of my practice is looking at that simple quest, when it comes to human connection what actually happens between us. And finding really natural forms to build that about. Another cord of my practice is the idea of playfulness. Playfulness and playing are some of the most natural things that we do as humans. The very first pedagogy that we have inside of our life, the very first way that we learn in our lives is by playing. We play to learn how to fit into society. We play to learn how to do nearly everything, how to understand colours, etc. There are so many different things built into play, recognition of shapes, recognition of singing, recognition of beats and rhythms, all of these different things. So much of the time that I spent working with communities or actors, those are the two really core fundamental things at my practice as a theatre artist.

My spectrum goes right from getting people who are non-actors up on stage telling their story; to working with professional artists to put up stories of perhaps more marginalized communities or something like that. The breadth of my work is everywhere, across that spectrum.

TP: We have had the great privilege of working together on a reminiscence theatre project. Tell me a little bit about how you came to do reminiscence theatre? Some of the influences along the way, and what that means to you, personally, professionally as an artist?

G: For me reminiscence theatre is something that I feel that I came to quite late in the game, in the early stages of the development of my career. When I first started working, I was hired quite regularly by international development organizations. So much of the advocacy work that is done for those organizations, is more based in getting fundamental resources to people, it is

more of a youth voiced kind of thing that is what it is really about. Early on I worked for a place that had the word 'youth' in the title, at the same time I was working with two other organizations that both had the word 'children' in the title. That was the first 2 to 3 years of my work. I was working for these different organizations, jumping around from contract to contract, earning whatever dollars I was, my bosses all had Masters and PhD degrees. So I decided to go and get myself a degree. I went to the University of Alberta and went to the head of their graduate studies department and told them about my background and told them what I had done. He said, 'you have to work with David Barnett.' I did not know who David Barnett was. Then I got to know David, and David had been working with a group of senior actors, in a company, called the Geriactors and Friends. At that time, he was about to start a new course in intergenerational theatre, which for lack of a better term, that course itself was almost like an experiment to see if intergenerational theatre would work. David, like any good academic would, when he started working with the senior's company, he searched the globe to see what sort of senior's work was being done, and he found Pam Schweitzer's work, the Reminiscence Theatre book, that she published. And he also found Arthur Strimling's work, out of New York.

David had set up his own professional practice in Edmonton, for years. He started in the late '60s doing a lot of work with rape victims, with prisoners, with homeless populations, with indigenous people, and it was a lot of story based work. He based a lot of those early days on what was known as, Jen Selman articulates it quite well in Popular Theatre, the book that she co-wrote with Tim Prentki, there is a theatre for, with and by. David's goal was always to get theatre by. To making it so that the participants who were working, were getting up on stage. That was his end goal that he wanted. He developed the means for doing this, having conversations with groups and doing activities with groups and always making sure that it was always recorded, using some verbatim, but punching up the text as well. It turned into an almost Brechtian style of presenting theatre, in that actors were doing storytelling and whether it was 'the story of my life,' or 'this was the story of her life' who was in the audience. Those are the different ways of looking at it. So he was transferring this Canadian, or Albertan, or David Barnett kind of style of doing theatre to join in with what Pam was doing with Reminiscence theatre and with what Arthur was doing with the intergenerational theatre.

The Geriactors for the three years, before I walked into David's office, had been sitting around, talking and creating plays from their conversations. They did really well. They had one particular member in the group that really shot high. David said that she would start talking and end up talking for 15 minutes, and it would be a chapter for a novel. After she finished talking, David would ask, 'where was that from?' 'Oh I was just making that up darling.' A natural story teller. I think she was in her late '70s. I never got to meet her, because she passed away. And that is part of the reason why David thought about this opportunity of doing the intergenerational theatre. That is when I walked in. I was part of the class that was the first experimental kind of thing. We ended up having an instant connection, the group of us. We were a fantastic group of students. I think there were about 6 or 7 of us, quite a broad range of age and quite a broad range of experience in the theatre. Some were pure actors, others had no acting experience. And I was coming from this background that I had learned at Augustana University from Paul Johnson, who is of the tradition of the Viola (?) playfulness. I have been using playfulness in my practice as a way to get people to tell their stories. That is what we really noticed as soon as we got this intergenerational theatre started, was that we were playing

together. Young and old, we got together and we played and then we decided that we needed to foster this playfulness. The stories and all the work becomes of a higher quality. It is almost like playfulness has become a catch all in that company, and then throughout the practice that I have developed over the last while. That was my first in to it all.

And to answer the second part of the question, about why the work is meaningful for me, is kind of two-fold. I started off this whole conversation that you and I are having, saying that we need this ability to be able to tell stories. It really amps up in importance when you are talking about dealing with elder populations. There is a tendency to shove elders off, onto the side and to not listen to them, and to do more the check list kind of visiting with them. 'I have got to visit my mom at least once a week. I have to call my mom at least once a week.' Or dad. That is a shame. There is a knowledge and a life well lived that is really important for us to maintain as a society. And people are living longer. The unbelievable knowledge that a 90 year old has is unparalleled. Whether they have been someone who worked at Woolworth in the 1960 simply doesn't matter. There is knowledge inside of that. For me it is almost a personal, evangelical mission to keep these intergenerational connections important. Arthur Strimling talks about it a bit in his book. He references that with how society is changing, we will often move away from our grandparents. I know for a fact that a lot of people who are in care facilities, their families are gone. Or like me and my mom. I'm here and my mom is in Alberta, 1600 kms away. And that is just a reality of our family. I had to come here for work. We are getting further and further apart from each other. That intergenerational connection needs to be found in different ways. There needs to be these resources and places, and a theatre is an awesome place for that to happen.

I have had great relationships with elders in my life. They have been some of the most important people that have been around. I just love spreading the wealth of that. Through my early years in the Geriatrics and Friends and through just growing up in Camrose, is a town where the intersections of young and old are constant. You can't avoid it. When I sang in choir in my first year at University, we sang a concert in Bethany, and the people who we sang a concert for, taught us how to make (indecipherable) so that we could use it as a fundraiser for our tour. That is something that happened first year. Those types of things. One of the very first roles I played in theatre was Santa Claus, at age 5. And I performed for Bethany, the same place, the same old folk's home. It is a part of the town in a way. It has been a kind of a natural progression for my life. It is something I simply enjoy.

TP: In terms of reminiscence theatre per se and how we come from hearing and collecting stories and creating a quality of theatre, as you know there are many different ways in how one can approach this work. I would just like to hear from you, on what your process is? At this point in time, after the wealth of experience that you have had, both educationally and practically speaking, I would say that, Gus, your work has a statement. It has a flavor of its own. It is your own work. What is your process? Again, feel free to talk about what you feel too, verbatim, oral history, fictionalizing the real, how do you bring it all together?

G: You and I have worked together in a very particular circumstance. I can talk to that process a lot better than my process per se. I really think that the key bits to my process are #1, intergenerational. There needs to be some sort of intergenerational connection in my mind to

really make the process my process. At some point in time there will be young people and old people coming together and sharing that playful communion of something. It takes very little effort. You stick a 20 year old next to a 70 year old, and their first interaction is going to be playing. They come to it naturally. That is part of the practice that I really struggled with, to be honest, ‘who cares?’ That is of key importance.

Within that playfulness there is a spontaneity. When you ask someone, ‘tell me your life story’ we almost have a built in answer for that question. Like I can tell you my life story. There are pin points in my life story that I really hit on because those are the things that I think are important. But what is really unique and cool about the playfulness, there is that spontaneity that occurs inside of that intergenerational connection. When you are playing it is spontaneous, you are inventing in the moment, and people will say things that may surprise themselves. There is something that is of key importance of that spontaneous nature of what happens when you bring people together for that intergenerational playful communion. What that first intergenerational playful moment comes down to, are those little kernels of spontaneity that happen for people. And my job as a facilitator for that process is finding those absolute kernels, either of a story, or an image, or a picture and capturing as many of those as we can throughout that beginning process.

TP: How do you know that you have got those? Intuition partly.

G: Well you just have to capture all of them as best you can, because you don’t know what it is. That is part of the mysteries of the theatre. There is a certain magic in what we do inside the theatre that I really love, that is magical and exists in that sort of way. There is no other way to describe it. It does, or it doesn’t do it. I jokingly talk about myself; there is a little man inside of me that knows yes or no. He has a switch. It is yes or no. He gets confused from time to time. When it comes to theatrical matters he is very rarely confused, it is yes or no. It works or doesn’t work.

Early in the process when we are talking about the kernels of this, I really don’t know, everything works at that stage. There are so many activities and different ways of doing this. I have notebooks full of what I think are kernels for scenes. With the process that we just did, we got the students to write down everything that they remembered, while we were also recording the sessions. It was more so for us, at that stage, getting those little kernels and writing them down on the pages. To me that is the concept of what should happen first, that capturing first the kernels that come out of the spontaneous playfulness. Part 2 is the check in to see what works theatrically. In our case, we did that through a reminiscence rodeo. We got all of our actors and some new actors that hadn’t been with us up until that time, to play a game in which we tried to make scenes out of those little kernels. The seniors that we were reminiscing with us, we weren’t trying to tell their life stories, we were trying to fictionalize it. What better way to fictionalize something than to use the kernels to create fictions. What was beautiful about the reminiscence rodeo activity that we did, my little man gets his switch and we also get to have the conversation after with all the actors. It is very rare that what I feel and what the actors feel are widely different. There is very rarely gaps. We can usually sense immediately what is working theatrically, which is also part of the magic that is tricky to define. That is part of that lovely connection that we get to have when we are story telling with each other. Part one, this

intergenerational playfulness and grabbing the spontaneity, and Part two checking in with the kernels that we are pulling out of Part one, to see which work theatrically. And Part three is the creation of some sort of a script to work from. I do think that for western theatrical purposes, when we have a room full of actors or even just people who work in a western theatrical tradition, a script is very important. To have that anchor for everyone to work from.

TP: I agree.

G: Whenever you are lost, that anchor will come to serve you well. You can rip apart the anchor, and change the anchor. That is part of the negotiation process that goes through the rehearsal devising process. I would say that what I have really discovered over the last couple of years in my practice, getting that script down and having that to work from is essential. That is the third step, sitting down and writing the script. You know that process very well now. A one hour reminiscence rodeo is exhausting. That is the longest we have done, and it was a little much. I think we could have cut 10 minutes out of that. I go and re-watch that film and say 'from this point to this point is useful.' Etc. And then it is transcribing it. Also with this last process, you had all of the verbatim texts and the incorporating of those two things is how the script was invented.

TP: Which I think is quite unique in the scheme of things. I don't think it has been done before?

G: That is right. If we were to do it again, I am not sure if it would happen the same way again. I just don't know. I do think that those kind of fundamental pillars wouldn't change. The idea of the intergenerational playfulness and finding those spontaneous kernels and finding out what works theatrically with those kernels and getting a script together and rehearse a show together. Those are the four steps of the process that I think are fundamental to doing it. Especially when we are in the west. If I was working interculturally, and definitely the work that we did in India for instance, we stepped away from the necessity of having a script. I don't know if that is necessarily a good thing. I think there is potential, if I were to do other projects, I would ask, 'do you want to have a script?' It is dynamic in nature, those things. Certainly I like the idea of working towards performance always, and performance of an aesthetic quality and performance, more importantly, of a dramaturgically appropriate quality, starting from the intergenerational playfulness.

TP: What would you say are the key elements that really bring a production to an aesthetic quality?

G: I'm really confused as to what that is. For me, the part that I am comfortable saying that I know works, is that there will be recognizability for the audience and also that there is pretty pictures, almost like moments and statues. Pretty isn't quite the word, but more like those moments where the universality of human experiences is exposed. And we all know those moments. What constructs a moment like that? I'm really not sure. I wish I could say it was something as simple as, 'if you dress up the stage in this sort of a way that is what happens.' But that isn't how it works.

I haven't mentioned much about the Brechtian style that David taught me. David has been solidifying his practice since the mid-60s and I have learned how to work like David does. That is essential to my practice. David and I were lamenting it, while we were working together constructing scripts, 'it would be so nice if we could put together a full play?' And we struggled with that when I was working with him. When him and I separated, I think both of us really made that a task that we really wanted to conquer in a way. I think he has found his way of doing it, through bringing in already well established stories that work well. He has been working with a version of King Lear and zeroing in on the moment in King Lear when he is questioning his madness and whether he is still fit to lead the armies. It is a very well done play, one act. That was his way of doing it. He is well versed, he teaches Shakespeare courses. He is a Shakespearean actor from the beginning of his career. That was his way of answering that challenge.

Whereas for me, I was a bit of a free agent coming into it. How do you answer that challenge? In the past project that we worked on is where I found that. That was through the creation of the painter character and the daughter. The only reason that I came up with the idea of the painter, was I had actually watched Tony Kushner, 'Angels in America' and had a copy of the play script of that in front of me, for most of the time I was watching it. I was fascinated with this idea that there can be this God-like influence on humanity that controls everything. I find that so fascinating. I even think about that with the songs I have been writing recently. 'The Gods they must be laughing.' Those kinds of ideas. That is where the painter came from. In Tony Kushner's work, he has this interjection of the angels coming down and them wanting this man to be the savior, and essentially the human says, 'no. I don't want to be the savior.'

I thought initially when I brought the painter character in that that would be the idea of it. Eventually one of the characters that were in the picture frames would revolt back against the painter. But as I was writing it, I ended up bringing in the character of the daughter. And this is to do with your process, because I know initially with what you were doing, the family members were hoped to be a very important part of it. I know you just told me about those struggles and it really wasn't a part of our process at any moment in time. But when I sat down and I was trying to write this, put together this storyline for the painter who was telling these stories and was this puppeteer essentially, it was really interesting if that painter character had her God-like nature challenge. That is what the daughter does. The daughter challenges that nature. All of a sudden the painter isn't this all powerful being that is putting together stories of different people. She is just like everybody else. She has emotions and feelings. In reality the emotions and feelings that she were having, are what I think were coming out in a lot of the interviews that you were doing. 'I'm trapped in this institutional kind of place and I'm looking for something to let me out. Please let me out. Please let me out.'

TP: See me, hear me.

G: That is right. And the painter she found her out was the telling of stories. But whenever that daughter character would come back, it would chop away at that a little bit, chop away at her power. Finally, in the last scene the daughter actually came on board with her, the idea of the reunion. I thought it would be a completely different nature. The reunion story just seemed like a nice way to close it. What the painter was expressing throughout that story was that she

wanted to have more conversations with her daughter. She wanted to have a bigger connection with her daughter, but it just didn't happen. But in the end it happened through her painting.

For me activism is such an important part for me. If I was to break down that play that we did, I would call it an activist piece of theatre and what the message that I would want an audience to walk away with of sorts would be that intergenerational connection is key and important. In some of these institutional settings we are losing it. And it is just important that we continue it.

TP: Many older adults, are living longer, healthy lives, functioning well in the community and those that are in care now, the demographic more and more are dealing with chronic health conditions, are dealing with forms of cognitive decline, forms of dementia, and Alzheimer's and the older adults that we dealt with, or work with or shared with, were that population. How was it for you as an artist, a playwright, creating this theatre piece, with and for that population? Was it different?

G: Interesting. I don't know how much of an impact it had on me. I actually don't think it does. I think that that is intentional.

TP: And that is one of the reasons it was effective I think.

G: Yes. That is very intentional that the illness doesn't.

TP: We are not looking at it as a dementia project. We are looking at it as these are real live human beings with an interesting story.

G: Yes. I grew up in rural Alberta which is a place that is not particularly well known for its welcoming nature to diversity. When you get to the most racist kind of xenophobic areas of where I grew up, which is a culture that I know very well. There are literally men and women that walk around with shirts that 'fit in or fuck off.' And it is in the shape of the Alberta province. Or overlaid on the Alberta flag, which is so far away from my understanding of how it is. For me, I go on the complete other side of the spectrum which would be 'come as you are.' I'm not going to meet you in any way that presupposes what you are. I just want you to come as you are, come as you are. That is throughout my practice. If you are a homosexual 16 year old, come as you are, don't bother putting on what society wants you to overlay. If you are an indigenous person struggling through your first years of your professional career, come as you are, let's talk about that. If you are suffering from dementia, come as you are. The only purpose of what we did, was just to play and to talk about things. What was our theme? Did we even have a theme?

TP: It emerged, it evolved. The main purpose was to honour them as they are. Exactly as you are talking about and I have had discussions with others, 'why theatre with this population?' What do we do as theatre artists? We try to understand the human condition in its place and time, in its context, historically, current, future and really we are just greeting the dementia, Alzheimer's person, as you say, as they are. And what is very magical and I certainly witnessed that, time and time again, was the essence of who they are shone through, in the moments that we were interacting, and there were moments, whether they be workshop,

interviews, playful times, or observing the performance. Who they were emerged. And it reminds us, 'hey you are still here.'

G: That is right.

TP: And that is the goal.

G: And who they were was reflected in the play as well. That is the magic. I don't get that. I don't understand how that little thread, when we have those spontaneous moments shared, how it gets its way back to the performance. That glorious to watch process, is what keeps me coming back. I would love one day to be able to write a book that somebody else could read and be able to do this 200 years from now, because what I have learned to do from watching David work and reading other people's work in this world, I know we are doing it, I know what is happening in Edmonton, David has told me that Arthur Strimling gets the same thing going on in New York. It happened in Tamil Nadu, I can confirm that. But it is glorious. I would love to be able to pin down, what is that magic little bit that brings it through. I asked you to watch that CBC thing last night, because of this kind of question. It is something that I have spoken about with other academics and they were very apprehensive immediately. One of the things that I feel, as an activist, when I think about someone suffering from Alzheimer's, I see an absolute tragedy in the fact that their family is so uncomfortable around them. There is a discomfort when you hear the word, 'my dad has Alzheimer's.' It affects how you treat them. It affects how individuals treat them, and they treat also the stereotype of the disease at the same time they are dealing with their person, their kin. My dream would be that you could just treat the person as they are, not have the old expectations of the relationship that developed over many years, now you are treating them where they are. As I know, with my mom, I struggled with her for years to push back. 'Treat me how I am, I'm not a 3 year old anymore.' I just visited her for 3 weeks. And there are moments where she reminded me and treated me like I was 12 again. No. None of that. But then we do the same thing, a younger generation to an older generation. There is a real tragedy in there. So the activist part of me, really wants that if someone was a son or daughter of someone going through Alzheimer's or dementia, to really, to really work on that relationship of not just what it means for you to have your parent having that disease, but what it means for your parent to have that disease, or to be in that sport of space. The capability of the people that we worked with are still alive and well. They can still contribute. They can still offer leadership in categories in the world.

TP: Absolutely. Absolutely.

G: They just loved the process of making this play and it was a damn fine play. They were the leaders.

TP: And those elements were there and the artist and her daughter, what that all reflected, they were mirrors of many of the relationships there. And not to get into the academic world but that is a movement that we are moving towards, in terms of this kind of care. Yes, we need our biomedical models, they are essential. Yes, we need our care facilities in some cases. But I really believe that we can develop our environments into much more compassionate, caring relationship, built type stuff of interactions.

G: The cultural shift is a difficult one. It is always the power brokers that need to change. When someone has a diagnosis of dementia or Alzheimer's they are losing a lot of power. So someone else becomes the power broker in their family and that power broker culturally needs to shift. That is where the cultural shift needs to happen. There can't really be a 'wo is me' in my mind. I think that they are victims in a way of the scary disease, but at the same time, their role shifts in the life of the person who now has that disease. In the work that we have been doing, it is an eye opener when we get those young people in. One of the biggest for me, was that the Alzheimer's patients, a lot of them remember me by name. I have been working with them for 4 years now, how can they do that? Some of the caregivers they don't know, but they know me. What am I doing differently? I'm not qualified to answer that question, but I do think that question, 'why theatre?' Theatre let's people come as they are. That is why. Theatre has the capability to allow for that spontaneity and that is why theatre.

TP: In the moment. Recognizing them, interacting with them, as they are.

G: It is not a film. So many times in the arts, I feel that people are trying to drive us towards the more technological kind of art forms. 'You should get this on U-tube, get it there.' But at the same time, we are talking about the tragedy of younger generations having all their screen time, and how screen time has contributed to obesity and all these different things. Let's get away from that screen time. When we are working artistically let's get back to something that is a little bit more spontaneous and about relationships.

TP: Absolutely. That is a beautiful segway into the overall concept here as well, we have a biomedical model for health and care and wellbeing and quality of life and people are doing their best. But the arts are often over looked as an acceptable component of the holistic health care package. This I hope will begin to move us in a direction where we see that there is value in incorporating them in. On that note, having gone through the devising, playwriting, rehearsing process, the ultimate, the final, talk to me about your experience, what you observed, on the day of the performance? Of the artist and the daughter in the care facility?

G: That was an overwhelming evening. I have a ton of memories from that night, but I have no artifacts. I didn't take a single photograph. I always have my phone with me taking picture. I throw stuff up on Instagram and Facebook all the time. I didn't even grab a copy of the program. I have a copy now, because my boss at the writing center gave me her copy. I took nothing away from that day, as far as an artifact was concerned.

TP: I have one I can give you. I put one together for the seniors which has a few photos, has the play, has the drawings. The one story that they wrote together in one of the drama workshop, so I'll make copies for you and others as well.

G: For me, this is one of those experiences that I will forever cherish. I remember it as being a wonderful evening. This is kind of a string in a long line of wonderful evenings. There are a couple of moments that I'm taken by as far as having very positive memories that I took. Watching the young people that we recruited to act in the show and seeing how damn important it was to them. For some of them it was their first time doing applied theatre. And also for our

experience actor Fran, she had only done a project like this once before. Watching how important it was for her. I have worked with a number of other professional actors and brought them into situations like this, they don't forget this. This is really important work. I always am captivated by this. I take my moments and wonder, 'what are we doing in theatre, what is theatre for, what are we doing?' To me, this is what theatre is for. This true relationship building, communion that you get to have between people, between humans and it is the reason why theatre still exists. It just reaffirmed my faith in theatre. That is the main message of it. While simultaneously reaffirming my faith in the reasons why generations should come together and all of that.

Also I was just really honoured to be on stage and have that performed. It is one thing to write a character in a play and put that effort in, it is another thing to have it done for an audience. We had so many colleagues come to it, and also for the community. It is overwhelming really. It feels like it went by in the blink of an eye, but I have all of these little tidbits of moments, watching the actors on stage with having Chelsea gotten them to do nice costumes. And the lovely nature of what Fran was doing with the painter and how Chelsea designed her corner. And also the opportunity to sing in that space for myself, just grabbing the guitar and playing it. I loved singing in that place, it has such a high ceiling that I can actually sing as loud as I can. It is so fun and awesome.

TP: And to add, the piece that you choose was profoundly significantly, but also hearing and seeing you sing your heart out like that was very very moving to us as a company, but also to the residents. I think it also reinforces the point that if you are in a care facility, you have this almost robot like cycle of entertainers coming in, singing the same old songs, singing the same old stories, all the war pieces, which are meaningful, but the residents themselves even came out and said it was 'so refreshing to hear a tune that I had never heard before. Yet, I felt something from it.' Many commented, but one in particular came absolutely in tears at the end of it, touched by one thing. She couldn't remember being in any of the groups or how this all came to be, but she knew that this was for her, and about her, and important to her, and important to us. She was brought to tears by the fact that we would do something like that to her. So you question about, 'what is it that the theatre does?' One of the things as you talked about, in the playful open space, we connected on a meaningful level that has meaning, and I don't like to use the word universal, but has meaning for each of us. If your instinct when you are choosing that bit or choosing the line for the play, if that man in your body is saying, 'yes' it is probably saying yes to others as well. That resonates. There comes a point at the end of it somehow, where that connection is made, unspokenly, but it is known and it is felt, as Bruner talks about – intuitive knowing, sense of knowing. You just know it to be true.

G: I have a memory from that night that is going to really stick with me. It is what I would consider, probably a negative memory.

TP: There is no such thing as negative.

G: No, I would put it this way. It is what fuels my fire. At the end of everything, I am an activist. This is what makes me continue in a way. As I was sitting watching the performance, there is a bit in the play where the painter tells her story and the daughter is in the background

watching the story. And then the daughter breaks in, 'I didn't know all of that.' And in the front row there was one of the people that we worked with. And her daughter I am guessing. At the exact moment when the daughter kind of broke the convention of the painter telling the story, cracked that convention, 'well I didn't know all of that' the daughter had her phone go off and looked at her watch and realized she had to leave. This was the scene of reunion that was happening between the painter and her daughter, simultaneously as that was happening, I was watching the exact inverse happen of having this woman's cell phone going off, going 'oh shit I have to go now.' And she was saying goodbye to her mom and she left. And her mom was left there sitting by herself watching the play and they both had missed the climax of the play because of a cell phone going off. Obviously she could have been leaving to pick up kids, a million different things, but I was watching this, the activist.

TP: The juxtaposition.

G: The juxtaposition between the two. One of the people that we built the piece for, she is probably quite emotionally mature the woman and fine with it, but for me watching it, this is the exact tragedy that I really pitting the work against. I won't ever forget. I won't forget watching this. It was just a realization that that is why we do the work.

TP: And one of those key moments that really articulated what the whole purpose of our work is theatrically, but as health care providers and as a researcher, that moment, I agree, I observed it too from the same angle, the moment epitomized exactly what we are talking about. The distance of family.

G: The separation.

TP: And the sense of loss.

G: The reunion was happening on stage, while simultaneously the opposite was happening in real life. We do on stage what we want in real life in a lot of cases. The reunion on stage is what we want.

TP: A moment after that too, when the play finished, that particular lady, the next day I spoke with her, and her comment was disturbing, in a sense that it revealed to me, 'I don't think you understood the intent here.' She just calmly looked at me and said, 'so when will I see my mother's story?' Wanting verbatim, wanting realism, wanting the stage production, like an oral history, an archival piece. That is the set expectation of what it should be. I very calmly looked at her and said, 'it was woven in.' This line was about her. This was about her. As an interesting following up when I have gone back now, and re-interviewed and redone some assessments, it is very interesting to me, in terms of memory and this population, and the effect of the theatre that their same stories were repeated almost verbatim. This particular individual that you are talking about came out and said, 'I'm a lifelong member of the garden club. How are you today?' It is very interesting, in terms of memory, what we recall and why we recall it.

Bringing it back to theatre, and we can conclude soon, but I think there is an element there, something that occurs in that interaction theatrically, that is just that. Impossible to articulate

cognitively maybe, but there is that pure sense of knowing and connectedness that human beings need, and our institutions, in the aim of providing care, get set aside. Not intentionally I don't believe in all cases. Were there some challenges in this process for you, either as director or playwright, or artist?

G: Artistically there were very few challenges, outside of the ongoing challenges that I have already referenced about, how do you go from making scene work to making a full play. I overcame that. But I think there is more work to be done there. There could have been deeper broadening of the story of the daughter for instance. That is something that someone who I spoke with afterwards pointed out to me. It would be interesting to have seen more of the daughter's story. This is fine, but that to me is the next chapter that was unwritten.

TP: That is what we talked about Gus, and is sort of an underlying challenge within this line of work, reminiscence theatre, where the ultimate aim is to honour and pay tribute to the senior, so there is always that struggle of how do we really accurately fairly represent the story, enough of it, so that it is recognizable for the individual, especially dementia, because they need concrete specifics. And yet, again, you did a magnificent job of integrating all of the essences of their story into it. But it is an ongoing challenge of how do we represent their stories and still meet that aesthetic quality?

G: I would say that to me, representing a story is a trap that you cannot do. I have a friend of a friend that I have known for a while, he is a writer. He has an ad in a journal, 'if you have a family member who is aging and would like to have their story written down, contact me.' That is more so what those people are looking for. They are not looking for what we are doing. And that is a better avenue for it. I think there is a lot of value to that. Theatre offers a different opportunity.

TP: That goes back to the beginning, there are very many different ways in which one can do this work and it always come down to being very clear about what your intentions are. There is oral histories, archival museum work, there is many ways to approach it. It is capturing the story verbatimly to be able to pass on to family as a history. There is all those different forms and different intentions. But I don't think they have the same resonance of what was created in this piece, the artist and daughter. There was emotional intelligence to it, there was a sensitivity to it, and your activism was there. As I did express earlier, at times I was a bit concerned about how far we go with this, without tipping over that boundary, and I'm very deeply touched with how it came out. The advocacy was clearly felt, but not in a way that wouldn't prevent it from being heard. It needs to be heard. Ultimately, at least for me and my perspective for this project, hopefully this will help to begin to influence policy and procedures in our world. To honour people better.

What do you think, in closing, unless there is more you would like to add that we haven't talked about, what would you see as some potential growth or future in this intergenerational field? What would you like to see? I know it is a vague, broad question. Having worked in the field for a while, you have seen quite an evolution over time, what direction?

G: I'm really not sure. I think both David and I, as he puts it, we are 'evangelical of our playfulness.' I think that is appropriate. The idea of the widespread, 'come as you are' that the play has to it, is something that I think is needed across all aspects of the culture, and is not specific to intergenerational theatre. It is so damn important. I think that the continuation of this is so important. When we were working in India, one of the students asked Michael Etherton, what would be the best thing as young people to start getting into as far as theatre for development and what not? And his answer was projects like this. This project is ahead of its time. I think that is an appropriate answer for what we are doing as well. We are ahead of ourselves. Reminiscence theatre is not necessarily ahead of itself. I think that maybe it is the capturing of life story and honour a life story is something that is written and can be done and has a process to it. What we are attempting to do with this intergenerational and adding a playfulness and doing it with dementia patients, and all of these different aspects and elements that are involved in this work, that is why I am here, it is exciting. It really hasn't been done. When we were having beers afterwards, the question came, 'can we do this again?' My immediate answer is 'no, we can't.' And we actually can't. It is impossible.

TP: No, it can't be reproduced.

G: That was a one night only event.

TP: That is right. It cannot be replicated.

G: No, there is no way.

TP: Because it is about the in the moment interconnection between people and what the art form brings out.

G: It is about the process and the completion of the process.

TP: For myself and this may not be of interest to artists per se, but we often have the discussion in applied theatre, the fine line between therapeutic work and the inherent therapeutic value of the work that we do. In essence what we are addressing here or demonstrating here, is immense therapeutic value. It is in the conversations that occur between people. It is in their self-esteem. You can just see even in their body language, they go from sitting, curled up in a corner, to sitting forward in their chair, listening, joking, laughing, talking with each other, developing a social network that isn't necessarily viable. I could really see a future if this kind of work was ongoing within institutional frameworks, on an ongoing basis. Yes, we have the artistic theatrical component of it. In addition to that beyond the aesthetics, the value, it opens people up and there is avenue for discussion with, and amongst, the health care professionals and families and others which does not occur. Most of these individuals, once they are in care, we are really talking about end of life. They are not coming out. There is no counselling in place. Without I being overtly heavy duty therapeutically, there is a natural playful, subtle way that these individuals can be reminded of who they are, and what they can still do, and think and feel.

G: That is interesting. Part of what I saw in India, which I was quite inspired by, the community that we worked with in India also had as a big part of its programming, palliative care. A part of the indoctrination, or part of the message that they delivered when talking about palliative care, is that it is the community's job. As of right now in our country, it is not the community's job, it is the government's job, which is different. The health service provider should provide palliative care.

TP: Palliative care is more than the biomedical. It is the whole person, it is addressing the spiritual, the emotional, the wellbeing.

G: Yes. For me, to think about this in terms of palliative care is intriguing for me. I know at the University of Alberta hospital, I was never part of the program, I knew a lot of people that were, they have artists on the ward program. I think they did amazing things. There was a woman who had both her legs amputated because of cancer and it was just a matter of days. She had been a tap dancer her whole life, so they had a tap dancer come in and perform. I knew a woman that was a singer/songwriter and she would go in and speak with people for a little while, who were in the same ward, and write a song about their life. Different things like that, as part of a palliative care process. I'm really interested about the potentiality of that. That is quite interesting. Even with the Geriatrics and Friends, I am certain that we did this a couple of times, if one of our members was sick, we would go and have a small component of our rehearsal inside of where they were sick. We had an idea, we had an elder member that was no unable to come to rehearsals any longer, and it was like, 'maybe we should just go and do a performance for her.' An intentional performance, just for her. That is interesting. Like you say, me especially, I really hesitate, the idea of theatre as therapy really concerns me, it scares me.

TP: It is a very different field unto itself.

G: I'm okay with it when a counsellor is doing it, but as an artist, I can't claim any work over something like that.

TP: Nor should we, or I. That was my masters distinguishing between those two and being really clear on that. With therapy, you are licensed, trained, you have therapeutic goals, it is a whole other ball game. But nevertheless there still is this very subtle therapeutic benefit, let's call it wellness, not use the word therapy.

G: I would go as far as saying that theatre is part of a healthy life. That is more so where we are at. We are talking about how theatre assists in the creation of connection between people, which can also be translated into how theatre creates healthy communities, how is that happening. I think that is more so what our role is. We contribute to a healthy community. It doesn't matter how, what kind of label you want to put on that, but that is where I am at. Where my thinking is.

TP: That is what we can truly do as well and achieve. If you look at the theoretical underpinnings, Butler's work and others, where the theory is that reminiscence and life review are essential components to later life because you come to terms with your end of life. My experience, I'm questioning that for the dementia population. From what I have seen, they are

not recalling their whole life. The majority, and I shouldn't generalize, because this is one population, one study, but these individuals, they are living in the moment. And that is what matters. That is the quality of life, even if it is just for the moment. It is not about needed to recall your whole life history to come to terms with things. It is about feeling healthy or happy, joyful, playful.

G: There were former members of the Geriactors and friends that quit because of reminiscence work. They explicitly said that they were not interested in sitting around and talking about their past.

TP: That happened to me when I was artistic director for Target Theatre and brought up the idea of intergenerational reminiscence? 'No. They wanted to work with young people, and secondly, I don't like them, and three, I don't need to reminisce, I know what my life was. I just want to live here. I just want to make the best of my life as it is.' It is interesting that way.

In closing Gus, anything you would like to say, is there a moment that stands out for you, from your India, Tamil Nadu project?

G: Not really. I think I would like to overall express a gratitude for everything that occurred inside of this. It was just nice. It was just a nice project to be involved in. I felt like a passenger in it, even though I had a key role. As my practice goes on, I'm learning more and more about how to distance oneself from things and also I'm not leading the project. Sometimes we have this quest to know who the boss is, or who is the director. What was kind of neat about where my practice was heading and I think this project is a good example of it, is the community was the leader. All of us lead it. We all had a stake in the leadership of it.

TP: Precisely. We played to our strengths. We let go at times, particularly myself, let go of things for the betterment of the whole and turned out to be accurate decisions. Yes. Parallel leadership, the give and the take, stepping back, coming in.

G: I do think it is quite a large thing in our field. I think we struggle, when we don the hat of being artist/researcher/health provider. I'm artist/researcher/activist/educator maybe. For us when we are donning that role, I have shifted that the community is the leader. There is no individual. Even when we watch individuals get rewards, if someone wins an Academy award, it took a whole community of people to set that up. That is why they have that thank you speech. That thank you speech, it is actually those people that made it happen. That is our world. My name goes on the writing of the script. My name goes on it, but there is a reason why the 'and reminiscent theatre company' because that is so important. That part of it.

TP: Exactly.

G: And I think any facilitator that takes away the limelight of the project and puts it on themselves,

TP: is doing a disservice. I think what worked beautifully with us, you naturally fell into it, but the different roles and responsibilities that we do have, because they do exist, we came in and

out of them at times when needed. There were times when points needed to be asserted and heard and times that things needed to be let go. And you step back and trust in this amazing team of people that have come together to do our utmost.

G: Afterwards I had a conversation with Fran. She was asking me a bit about my direction about how I was as a director? I'm transitioning when I am working in applied theatre, versus working in more of a traditional theatric environment. In applied theatre, you simply have to let go, because it is the community that is leading it. Everyone needs to take responsibility over the direction of a project. I think that is what Fran found trickiest

TP: The traditional system set up.

G: Yes. Really, it is more or less the same as a traditional set up, it is just the roles have more gray.

TP: There is a skill set that people who do this kind of work need to have. They need to have that sense of understanding, they need to be able to work in that way. Collaboration. There is always a leader but it comes and goes, it is in and out. Everybody is contributing to their best ability for the larger whole. And not everybody can do that. So I think you also need to be really commended, yes as an actor/playwright, song writer, but as a play writer, the ability to do what you did was phenomenal, to take all this in, let it in, and a great deal of flexibility within that, 'no this is the way it needs to be, trust me, I know. I just know that this is what needs to be.' Yet, my sense is that all that was really offered to you on many levels is evident in the work. There were many moments where I went, 'wow it is right there.' And there was something very different about seeing it in performance than hearing about it, writing about it, talking about it. 'It is right there. Absolutely, it is right there.'

G: A mystery, it really is.

TP: Magical.

G: There is magic. I don't know how else to describe it. I'm most intrigued. It is so funny. We have so many problems in our society, and really what we need are magical solutions, but nobody wants to believe in magic.

TP: The number one thing they teach you in applied theatre, 'no magic solutions.'

G: There are no magical solutions. There is a magic inside of human connection. Sometimes I feel that if I was to say something more broad about the applied theatre community, would be that we rely too much on what we have read and rely too much on what we think and don't listen. And aren't attentive at the moment.

TP: Which is ironic isn't it, when what we are basically saying is that is what our field is all about. Being in the moment, being in tune, being present.

G: It is hard to do that. It is way more difficult than having a plan and sticking to it.

TP: That is what I mean when I say this really takes a particular breed of person and I'm not sure that it can be really trained. I think there is an element of that psyche of that person that gets that. It can be honed I believe.

G: I don't think anyone has tried to teach other people how to do this.

TP: It is like empathy. Can you teach empathy?

G: Yes.

TP: Yes, you can, exactly.

G: Monica and Carole have set up inside of their recent research is proof and point enough to me, you need to have more artistic work inside of schools. I did not empathize with indigenous people when I was young. I did not. But I worked in theatre and I did art and I learned how to see empathy and see the plight of the other people. And then when I was exposed to it properly later in life, I empathized with the Indigenous people.

TP: And about seeing things from different or multiple perspectives, other than your own. Being able to step out of it. You are not giving yourself up. You are still there. You still exist. You are still Gus, I'm still Trudy, but we are just going to step out of that for a brief moment.

G: Yes.

TP: Fantastic. I will make you a copy of that. That was very lovely. It looked from this end.

End of transcript