CREATIVE ENGAGEMENT THROUGH THE ARTS
AS HEALTH CARE FOR OLDER PEOPLE:
POTENTIAL AND PROBLEMS PROVOKED

by

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A thesis submitted in conformity with the requirements
for the degree of Master of Arts
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Ontario Institute for Studies in Education
University of Toronto

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Abstract

Programs that use the arts to engage older people promote health, foster community, and give voice and legacy to participants. Creative practice in health care settings facilitates emotional, mental, and physical wellness for participants and staff, while improving the culture of care.

Yet there is resistance to arts-in-medicine as a legitimate tool of health care. The predominant biomedical paradigm privileges quantitative assessment methods over qualitative studies which may accept anecdotal, arts-informed, or “common sense” evidence.

Successful creative programs face challenges translating their benefits when evaluated inappropriately.

This arts-informed inquiry uses creative writing to address multiple dimensions of knowing, integrating autoethnographical insights from work as a caregiver, artist, educator, and administrator of collaborative art. Serendipity and imagination in research were employed to explore how collaborating artists can facilitate creative engagement for elders, embodying preventative, community-based medicine to successfully address and transform myriad challenges and opportunities as the population continues to age.
Acknowledgments

I thank my teachers, all along the road.
OISE professors especially, who fostered an academic environment enriched with many qualities that nourished this work from incubation to birth:
Illuminated appreciation with Jean-Paul Restoule, Miigwitch.
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Courage in artistic rigour with Maura McIntyre. And so much more, once upon a time.
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For these qualities, individuals, and more I am indebted to OISE and the Adult Education and Community Development faculty from 2007-2011.

Hearty thanks to many wonderful circles of peers along the way, especially colleagues in seminar with Kiran, Angela, and Gary, the spheres encompassing the Institute for Life Course and Aging and the Centre for Arts-Informed Research…and all conspirators for knowledge I have been privileged to meet.

J. Herman Blake is cited / does a cameo in these pages, so respectful thanks / a shout out are most certainly due. Thank you, and may the lilac blossoms ever smell so sweetly.
And going way back brings me to Phyllis Boanes, who I am ever grateful to for her scholarly toughness at Earlham College, anchoring African/African-American Studies firmly in place.
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I can barely begin to address the artists and collaborators who have been so stalwart right through, from SwizzleStick to SAFMOD and everyone in between. My heroes, my friends!

My brother, ever challenging and all-too often right, empowering with vision that cuts through to the chase, makes the difficult seem easy, and is of great use.
My brother from my wife’s mother, quite truly one of the best men I know.
When we are old men may our camels yet caravan together.

My mother, the best teacher — of love and how to be good — I know. (And English.)
My papa the sceptic, whose thoughts clearly mingle with the ages, and whose gentle strength I feel every day as I search for ways to be as good a father to my son.
Thank you, my parents, for the great gift of endless hope and joy in life.
Xavier, my boy, you bring me hope even beyond my own limits. Just keep shining.
(I may not have counted to a million, but I finally finished my thesis.)
And Young, your steady support has earned you foot massages for life. I love you.

I love you all, each in your own way.
But most of all this is because of, and for, Eilene…and the Area… I love you all too…
## Table of Contents

Abstract ................................................................................................................................................................. ii

Acknowledgments .................................................................................................................................................... iii

List of Tables ......................................................................................................................................................... viii

List of Figures ........................................................................................................................................................ ix

List of Appendices ................................................................................................................................................ x

Prologue.................................................................................................................................................................. 1

Exordium ................................................................................................................................................................. 6

*Holistic Inquiry* ..................................................................................................................................................... 8

Elders and Forbears: Paying Respects ................................................................................................................... 9

*Process Art Methods* .......................................................................................................................................... 10

Invoking Artistic Knowing .................................................................................................................................... 12

*an odd ode* .......................................................................................................................................................... 14

Self-Informed Rigour .............................................................................................................................................. 15

*The Human Arts* .................................................................................................................................................. 16

Creative Writing as Source Material .................................................................................................................... 17

*What Choices Shall I Make?* ................................................................................................................................ 23

Arts-Informed Integration ....................................................................................................................................... 24

Rationalizing Rationale .......................................................................................................................................... 26

Institutional Illness .................................................................................................................................................. 27

*Evocative Motivation: Fond Wish* ......................................................................................................................... 28

Magic Bullet meets Immovable Object .................................................................................................................. 30

*Personal Witness* .................................................................................................................................................. 32

*Compare Youth with Age* ...................................................................................................................................... 33

Grounding .................................................................................................................................................................. 35

Locating Privilege .................................................................................................................................................... 36

Frame Work ............................................................................................................................................................ 37

*Frame Quest* ........................................................................................................................................................ 39

Unlevel Playing Field .............................................................................................................................................. 40

*Trust the Process: Trust the People* .......................................................................................................................... 41

Potential in Later Life............................................................................................................................................... 42
Debunking Myth-Truths................................................................................................................... 42
Old People can Learn....................................................................................................................... 44
Brain Plasticity ................................................................................................................................. 46
Creativity can Improve with Age ..................................................................................................... 47
Lessons from Dementia and Palliative Care..................................................................................... 49
A Caregiver is Born.......................................................................................................................... 54
Soul Matters ...................................................................................................................................... 56
The Research Journey .......................................................................................................................... 58
The Rigour of Serendipity .................................................................................................................... 59
Creativity ............................................................................................................................................. 62
Why / So What? ................................................................................................................................. 65
  Nation-States Recognize the Urgency .............................................................................................. 66
  Canada Specific.................................................................................................................................. 68
  “Policy Notes” 1: Older Adults and the Health Care system — Can we Afford It? ....................... 68
  “Policy Notes” 2: Caregiving for Older Adults — What can we Do? ............................................ 71
  “Policy Notes” 3: Health and Aging — Dementia ........................................................................... 74
Objectivity Objections .......................................................................................................................... 77
Fishing for Research ............................................................................................................................ 79
Intentional Schizophrenia.................................................................................................................... 80
Creativity Promotes Health .................................................................................................................. 81
To Subdivide or to Generalize? ............................................................................................................ 85
Biological Evidence ............................................................................................................................ 86
Researcher Voices ............................................................................................................................... 88
Qualitative Evidence ............................................................................................................................ 91
Quantitative Evidence .......................................................................................................................... 93
Participant Voices ............................................................................................................................... 97
Burden of Proof versus Burden of Doubt ............................................................................................ 98
Scope of Current Programs ................................................................................................................. 100
  Case Study 1: An Art Cart Increases Treatment Compliance ....................................................... 102
  Case Study 2: Creative Expression Brings Meaning to Dementia .................................................... 108
  Case Study 3: Writing Inquiry into Spirit Body Healing ................................................................. 113
  Case Study 4: Show, don’t Tell, Medical Students how to Care ....................................................... 117
This is how we Find Meaning in Life .................................................................................................. 121
Evaluation Problems .......................................................................................................................... 122
<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Defies Gravity</td>
<td>124</td>
</tr>
<tr>
<td>Round Peg, Square Hole: Incompatible Ways of Knowing and Measuring</td>
<td>125</td>
</tr>
<tr>
<td>Appropriate Approach</td>
<td>129</td>
</tr>
<tr>
<td>Authority Worth Respecting</td>
<td>132</td>
</tr>
<tr>
<td>Ultimate Doom</td>
<td>134</td>
</tr>
<tr>
<td>Creativity versus Innovation</td>
<td>135</td>
</tr>
<tr>
<td>Business Pressures on the Health Care Delivery System</td>
<td>138</td>
</tr>
<tr>
<td>For One Eye to Open</td>
<td>141</td>
</tr>
<tr>
<td>Art as Education: Lifelong Learning</td>
<td>142</td>
</tr>
<tr>
<td>Interdisciplinarity</td>
<td>142</td>
</tr>
<tr>
<td>A Teacher is Born</td>
<td>146</td>
</tr>
<tr>
<td>Collaboration: Diversity of Expertise as the Key to Success</td>
<td>149</td>
</tr>
<tr>
<td>Are there Answers?</td>
<td>152</td>
</tr>
<tr>
<td>Skilful Facilitation: Getting In and Out of Creativity</td>
<td>153</td>
</tr>
<tr>
<td>Sensitive Calibration</td>
<td>156</td>
</tr>
<tr>
<td>Deromanticizing Artists</td>
<td>157</td>
</tr>
<tr>
<td>Free Choice through Tiers of Exposure</td>
<td>158</td>
</tr>
<tr>
<td>Creating “Patient-Centred”</td>
<td>160</td>
</tr>
<tr>
<td>Theory Theory</td>
<td>164</td>
</tr>
<tr>
<td>What Happens in the Circle</td>
<td>164</td>
</tr>
<tr>
<td>Process-Structures</td>
<td>166</td>
</tr>
<tr>
<td>Practice-Based Epistemology</td>
<td>172</td>
</tr>
<tr>
<td>A/r/tography</td>
<td>173</td>
</tr>
<tr>
<td>AIYOW! — Assessment in Your Own Words</td>
<td>175</td>
</tr>
<tr>
<td>On Inclusion</td>
<td>176</td>
</tr>
<tr>
<td>The Meaning of Time</td>
<td>177</td>
</tr>
<tr>
<td>Paradigm Shifts — Transformative Changes</td>
<td>179</td>
</tr>
<tr>
<td>Lessons from the Evolution of Related Fields</td>
<td>180</td>
</tr>
<tr>
<td>Gerontology</td>
<td>180</td>
</tr>
<tr>
<td>Medical</td>
<td>181</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>182</td>
</tr>
<tr>
<td>Art Therapy</td>
<td>184</td>
</tr>
<tr>
<td>WHY NOT?</td>
<td>187</td>
</tr>
<tr>
<td>Radical Respect: People Matter</td>
<td>188</td>
</tr>
<tr>
<td>Facilitating People ~ Art Works</td>
<td>191</td>
</tr>
</tbody>
</table>
Libation ................................................................................................................................................ 192
Admit Uncertainty in Planning ........................................................................................................... 193
Vision Questing .................................................................................................................................. 193
Closing Movement ............................................................................................................................. 200
Conclusion: Moving On ..................................................................................................................... 204
References .......................................................................................................................................... 209
Appendix A ........................................................................................................................................ 216
Life Story: Impetus to Research ......................................................................................................... 216
An Artist is Born ............................................................................................................................... 216
Deep Dementia Wisdom .................................................................................................................... 219
Art ~ Work and Learning .................................................................................................................. 223
Current Context ............................................................................................................................. 226
Creative Rant ................................................................................................................................. 227
List of Tables

Table 1. Qualities of Engagement................................................................. 166
List of Figures

Figure 1. Sun ............................................................................................................................. 2
Figure 2. Horse and Harness ..................................................................................................... 3
Figure 3. Farm Scene ................................................................................................................ 4
Figure 4. Barn and Silo ............................................................................................................. 4
Figure 5. Grounded in Relation .............................................................................................. 35
Figure 6. Weaving Research Experience ................................................................................ 35
Figure 7. Circular Change (Lederach, 2003) ......................................................................... 168
Figure 8. Process-Structure (Lederach, 2003) ...................................................................... 169
Figure 9. Transformational Platform (Lederach, 2003) ........................................................ 170
List of Appendices

APPENDIX A — Life Story / Impetus to Research..................................................216
Prologue

July of 2011 saw the final changes being made to this research document. I had been living and breathing issues surrounding the use of the arts to promote well-being for older people off and on for more than four years, and was as focused and deeply immersed in the subject area as I had ever been.

My wife, four year old son Xavier and I travelled to my parents’ home in Indiana for our annual summer visit. I largely holed up in my father’s study, and kept working as steadily as I could. For the fourth of July though, we all drove to a family reunion at my uncle’s house, a couple hours away. I was especially happy to see my still cogent and lucid ninety-seven year old grandmother, frail of body but spritely of spirit and lively of mind as ever. Here was a real live old person…and one I had close access to and a lifelong relationship with. I wondered what Grandma Houser would think of my research.

I decided it would be a small sacrifice to give up a day or two of writing if my son and I could arrange another, quieter visit with Grandma. She said it sounded fine with her, so we set up another trip later in the week.

Now, Xavier is an avid and prolific artist for such a little boy; his cubby at pre-school is always spilling over with stacks of fresh drawings and colourings. I thought that an intergenerational colouring session would be the perfect setting for our visit. Some interesting conversations about making art might emerge as we engaged in making art — or perhaps unexpected results. I tried to imagine how to keep myself as out of the picture as possible, so the very young and very old voices could both be heard.

When we got to Grandma’s little apartment we settled in around her kitchen table. Xavier knew that we were there to colour, and quickly busied himself with the markers and sheets of paper I provided, making pictures of this and that and proudly writing his name on
everything. After chatting a bit, and watching a while, I slipped some paper in front of Grandma and took some myself, saying we might as well all give it a go. She surprised me by searching carefully for a yellow marker, then drawing a nice sun, adding a fun face with black eyes and red lips:

![Figure 1. Sun](image)

For some reason, I decided to try and draw a horse.

That’s when things got really interesting.

Peeking over at my page, she asked if it was supposed to be a mule. I said no, a horse. She smiled and told me that I’d got the nose too long. Offering her the picture and marker, she fixed the proportion for me. Then, something about the contours and lines of the horse’s body must have been close enough to true to speak to something in her memory, because she started adding something to the horse’s back…at first I thought maybe a saddle.

Grandma Viola Houser was born in 1914. She spent most of her life living on farms, and many of her early years were well before the advent of tractors. What she added to my horse was in fact the harness that connected the old-fashioned plows they used to use to do all the farming:
Later that night, my father and uncle and I had a fun time talking about the implications of what had happened. We realized it had likely been ages since Grandma had had occasion to try her hand at drawing anything. None of us knew she could still do it so well. Even more fascinating was how interacting in a visual medium had given her access to a storehouse of memories, and an appropriate way to share her knowledge with us. There is no way a conversation in words could ever have elicited a description of the harness and plow that flowed so naturally once she could see it and respond with her drawing.

For me, though, the best part of the colouring visit was an exchange between Xavier and his great-grandma. Picking up on the farm theme we were talking about, Xavier plumbed his imagination and boldly plunged into a busy composition, fearless as usual to try representing this and that. Grandma, equally fearless, asked him what he’d drawn, and he pointed in turn to a horse, rabbit, carrot, and a chicken sitting on a barn:
Grandma said she liked it, and had figured it was a rooster from the way it was sitting up there. But she corrected him too, saying his barn looked more like a silo than a barn. He tried to insist it was a barn, so Grandma got out a fresh sheet and proceeded to sketch for him what a barn *really* looked like. She explained that there could be a silo attached, like the one he’d drawn, that lots of times that’s how people used to build them:

![Figure 3. Farm Scene](image)

Xavier, probably used to pre-school, where I’m guessing teachers these days don’t tell the toddlers when they get their drawings wrong, got pretty quiet. He added some birds to the sky in his picture, and when Grandma approved of them they were good friends again.

![Figure 4. Barn and Silo](image)
I didn’t formally interview Grandma Viola and Xavier, though I did videotape our session for posterity. But just by sitting down for one hour and sharing some time playing around with art together, we found a new way to communicate, discovered some really interesting things that Grandma could teach us, and created a shared experience that will be a lasting memory of a peaceful, happy, loving time together.

Making meaning of experience is a hard job. It takes time, resources, effort and dedication. I admire and applaud the wide array of scholars, scientists, policy-makers, artists, and people of all kinds striving to study and show how we can use the arts to introduce programs of activity for older people, and providing different reasons how and why it works and is a good idea.

I just want to add that we should be careful not to run out of time. It is tempting to wait until all the correct justifications and reasons are lined up before we devote resources and act creating more opportunities to engage. If I had worried about organizing the best approach to conducting my visit with my grandmother, and held off until I had devised a strategic plan to gather meaningful and useful evidence from the process, then I probably would not have gone at all.

For all the older people whose journeys on earth are coming closer and closer to an end, don’t wait for all the right reasons to offer opportunities to do creative things together. Find a way to make them happen. Today.
Exordium

Creativity and arts-based activities can enhance personal health and community well-being, but there are conflicting opinions whether programs designed to creatively engage through the arts are legitimate tools of health care. This research explores the roots of these divided views in order to better understand how creative approaches to integrate the arts into health care can be facilitated…or impeded. The focus is specifically on the potential of creative programs that engage Canada’s aging population. However, many facets of the study transcend particularities of age group, nationality, or discipline / medium of engagement, so implications for related programs or studies may well exist.

This project did not select and study any particular creative programs for elders in depth, nor did it plan, pilot and deliver such programs. My experiences as a direct service provider directly engaged in various “trenches” have taught me that the time and energy required to honourably work on projects with actual people are significant. Valuing and facilitating mutual respect and understanding, person to person, can become an all-consuming process that forces attention off pre-set agendas and onto individuals and their potentially unexpected experiences. I did not want to pull my focus from broader perspectives and ways of thinking about related issues.

Instead, this research perspective investigates and examines what potentially affects direct participants in creative programs for aging participants, while also keeping a keen eye on issues and interests that operate at policy and administrative levels. Of particular interest is how the impact of programs succeeds — or fails — to spread ripples of change from the trenches outwards, or in turn how decisions and policies at the administrative levels spread ripples of consequence on down to those affected.

---

1 “Exordium — A beginning or introduction esp. to a discourse or composition” (Merriam-Webster Inc., 1984).
As a theoretical investigation, the following pages explore the frequent incompatibility between how creative programs for elders are reviewed and assessed by outside experts, contrasted with how they are perceived by the participants and communities they directly serve. As patterns emerged and tentative conclusions were reached, a goal coalesced: to problematize and examine systemic impediments to fruitful, effective, and appropriate ways of evaluating, valuing, and supporting creative programs as an essential good for sustainably providing vital wellness for elders.

I deliberately say “problematize” out of due consideration for the various sub-altern fields\(^2\) which have identified how systemic oppressions often require overt confrontation, interrogation, and challenge in order to disrupt various hegemonies of authority. I have little compunction about neglecting to remain decorous, meek, and subservient in the face of the respectable status quo because of what I consider to be the dire moral implications this line of inquiry reveals: the decisions and policies in question have direct consequences on the time left to human beings concluding their lives on Earth.

Theoretical positions which argue for restrictive principles that limit the kinds of evidence considered permissible in evaluating the worth of creative engagement in a health / wellness context can uphold a system which denies older people countless opportunities to participate in potentially profound, satisfying experiences. In some circumstances, demanding clinical proof before approving funding for a creative intervention will certainly condemn many elders to suffer, live, and die in more isolated, unsupported, and unhappy environments than could otherwise be the case.

What emerges from a study of related scholarly literature is that the biomedical paradigm, which tends to dominate the health care sector, can be overly exclusionary of all

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\(^2\) Women’s studies, race studies, queer studies, cultural studies…
but quantitative statistical data. Qualitative studies, which tend to admit more diverse evidence including anecdotes and various forms of “common sense,” often struggle to attain sufficient rigour to satisfy clinical scientists and funding agencies. Various forms of arts-informed inquiry and representation are emerging and increasingly recognized as relevant and essential for making appropriate and accurate meaning in an artistic context.

There is more to good health care than current principles of medical provision, funding, and organizational structures allow for. Integrating lessons and learning from the arts and culture sector will greatly humanize and enhance health and well-being for aging citizens, the workers and families tasked to care for them, and society at large.

Holistic Inquiry

delve deep into delving
then deepen the delving

seek to know how I know
so I know how to help know

enter cyclical, spiralling paths
 evolving guidance
 found a dance
 of peace
 eternal

3 Ezra Houser, 2010
Elders and Forbears: Paying Respects

To speak of “elders”\(^4\) risks creating the perception that there is a category of individuals frozen in time, much like to call a thing a tree neglects to acknowledge its essential seed, sapling, and decomposing natures. Every person is always in the process of becoming an elder…from newborn babe, to wise old one, no matter what. A certain numerical age is not the critical prerequisite, but rather an ordered and acknowledged place of respect in a social system of relationships.

To conceive of all of humanity as potential elders, each on their journey to old age and on out the other side (death), illuminates the worth of principles of respect that accommodate a strong value of non-interference. Whatever forces come into a person’s life, hopefully they are not ones that disrupt or disrespect their learning and growing journey, or that interfere with them successfully coming to embody the revered elder they have the potential to be.

When it comes to affording honest respect, if not sincere reverence, to older individuals and generations, there is generally consensus in human cultural traditions and the continuity of teachings that used to seamlessly flow within the turning wheels of human communities: respecting your elders is a virtue.

\(\text{Respect your elders.}\)

\(\text{It’s not that hard people.}\)

\(\text{But you still have to actually DO it.}\)

\(^4\) I generally refer to elders as “older people” to avoid unintentional connotations that may imply I am speaking specifically about First Nations or other traditional societies. But elders is a good term, and I won’t fully eradicate it from these pages. Though in some contexts “elders” can be non-age specific, I use it to mean older people.
Process Art Methods

What if I let my experience mounting artistic productions inform the process of creating my written research? And what if I embraced the idea of simply and truly telling the story of my research journey in order to devise and provide the core structure upon which to string the meaty content of my inquiry?

It becomes obvious to me, then, what to do: use different voices, tones, and rhythms to provide sections of analysis, pieces of information, and poems and vignettes in an intentionally non-linear formation — rather congruent with the process by which I obtained, considered, and developed them.

Would this defy academic rigour, or illuminate authentic knowledge? Would it abdicate the responsibility of mastering the conventions of father-tongue prose, or challenge convention, and demonstrate a reasonable alternative? Am I self-obsessed to explicitly frame understanding based on my personal experience, or am I drawing on the authority of my unique expertise to consider the results and implications of my inquiry in light of professional and personal experiences that I perceive as relevant?

---

5 Throughout this work an italicized section generally indicates the use of a more personal, evocative voice. The demarcation does not convey explicit intentions, but the slanted text visually signals a shift in tone, inviting a “looser” reading more open to feeling and impressions and less preoccupied with linear, rational rules.

6 Mounting a full-length performance always felt like building an invisible train to me; first, a far-away destination is visualized, and then imaginary tracks are laid that start from the present and stretch through to the beyond. Success is guaranteed when a critical mass of participants buy in to the idea that there really is a train. From then on, from the tracks on up all the necessary components are dreamed of and put into place, and the mutual coherence of group endeavour striving to make it all come true at some point transforms the idea into reality, and you find yourself part of an actual rehearsal process sailing through the home stretch towards that once fantasized destination…opening night is really here.
At times it seemed like the best approach for this project would be to translate my questions and findings as fully as possible into modes of discourse and analysis amenable to the power structures I perceived as controlling access to changes in health care policy: a concerted effort to broker as much knowledge as could be found crammed into statistical, quantified, evidence-based argument and case studies.

However, that approach would have undermined the very premise of this thesis: that alternative ways of knowing and representing knowledge are available, applicable, and often times more appropriate than ones currently in vogue. Space has already been carved and claimed to justify creative inquiry as valid. The efforts to establish and explicate scholarly artistry⁷ as a method and means of conducting and conveying research have encouraged me to proceed trusting not only my own creative motivations, but also my instincts for how to accumulate, analyze, synthesize, evaluate, and represent knowledge.

---

⁷ Sometimes called scholartistry.
Invoking Artistic Knowing

This work is the result of a process of arts-informed inquiry\(^8\), initiated in pursuit of a dream. The dream is a robust infusion of artists, educators, and other creative cultural workers into the lives of aging people, making for happier, healthier human lives all around. The inquiry largely focuses on the potential for the collaborative facilitation of creative practices within the setting of the health care sector because:

- There is infrastructure in place to program activity through;
- The current health care system’s priority on biomedical needs can leave aspects of patient/participants’ non-biomedical needs underserved, which can be effectively addressed through educational arts sessions with sensitive creative facilitators;
- Contemporary workers in the creative classes are underemployed professional practitioners trained in a wide range of potentially suitable creative disciplines;
- Creating green creative service jobs may help sustainably stimulate the economy by providing increased income to be spent by a struggling lower/middle class; and
- Engaging and stimulating opportunities for older people represent real preventative medicine that can delay or eliminate the onset of myriad ailments and illnesses that are projected to increase, costing enormous sums of money without significant changes to the current systems of health care prevention, promotion, provision and delivery.

\(^8\)“Arts-informed research is a mode and form of qualitative research in the social sciences that is influenced by, but not based in, the arts broadly conceived. The central purposes of arts-informed research are to enhance understanding of the human condition through alternative (to conventional) processes and representational forms of inquiry, and to reach multiple audiences by making scholarship more accessible” (Cole & Knowles, 2008, p. 59). See more in Knowles and Cole’s *Handbook of the Arts in Qualitative Research*. 
Discerning a path of inquiry to provoke the possibilities and problems surrounding this dream to enhance the lives of elders, artists, and society led to many crossroads and revealed many angles. There are a myriad of voices to speak with, to speak in, and to consider. Facts and dynamics; relationships and opportunities; whole ways of tracking data, making meaning, claiming understanding, expecting outcomes…sharing results.

Working in education and the arts has taught me to beware privileging product over process. More specifically: watch out for assumptions that intangibles which may manifest in the process of doing something are insignificant simply because they are hard to name, pin down, and count. And so this careful compilation of writing does not presume to offer conclusive prescriptions, though guidelines, procedures, and goals are imagined and sought after.

As the culmination of phases of inquiry spent in dedicated pursuit of knowledge, the ideas and explorations contained herein are meant as grist for the mill for colleagues, conspirators, and critics to take up and move on with.
an odd ode

an odd ode to McIntyre / Cole — *Context Matters*

Start with FRAMING QUESTIONS*
- technique
Depict the AREA of Inquiry

Demonstrate layers, wavelengths, discrepancies
Relation and inter-relation-ships
Describe Define Subtract Exact Extract Compact Compress Impress Express Repress
press on push on through

do it with sentences and words
do it by defiance and with dirt
smear force
& sheer art

Side step               by stand interrogate irrigate
Regulate    irrespect de story the destroyer of wor(l)ds

* Claim an ethical intention
  Direct my work

---
9 Ezra Houser, 2010
Self-Informed Rigour

For years I’ve studied the lives of other teachers always knowing, inherently, that biography shapes professional practice. (Knowles, 2001, p. 95)

This quote by J. Gary Knowles helps to explain why my approach to this research is so coloured by my experiences of the last ten years, outside of academia. In some ways I have been over-saturated and hyper-sensitized to interdisciplinary creative collaboration and arts-based ways of knowing. These are methods that I came to embrace as a participant and eventual co-leader of a multimedia performance ensemble dedicated to collaboration across cultural and disciplinary difference, while cultivating an improvisational component for professional performance. The company was, not insignificantly, named “Sub-Atomic Frequency Modulation OverDose” (SAFMOD).

I have chosen to implement a professional practice as a researcher deeply tied to the perspectives and beliefs that I cultivated and cherished as an artist and arts advocate. My practice is one where musing on and dwelling in realms, seeking meaning and lingering while searching for ways to share expressions, can constitute sufficient dedication in bringing respectable rigour to an endeavour as to be commendable, acceptable, and worthy — not just of my time but also my audience’s (Burns, 2004).

My life experience has shaped a practice of practice where my ego as creator is both bold enough to embrace with confidence my chosen means of pursuit and humble enough to believe that my work can emerge as good only when forged in a crucible of dedicated effort and earnest will. The trust that rigourously preparing and then sincerely trying is good enough, because it is the best anyone can really do — this, boiled down, is the gift of the artist.
The Human Arts

The Human Arts
Tai-Chi, Kung Fu,
Meditation, Chicken Soup
Playing Music, Singing Songs,
Shooting Baskets, Banging Gongs,
Reading Books & Dancing Cooks
Deep Massage Equine Dressage
Loving Cats, Needing Dogs
Telling Stories, Burning Logs
Any Passion You Will See
Must Be Good Enough For Me
To Do it is to Love it
To Choose it is to Do it
Choose Love
Live Long
GONG!

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Ezra Houser, 2011. It should be noted that the focus of this research should not imply any exclusion of related and connected manifestations of the same principles. Many arts-based benefits are not age specific, and many therapeutic principles of holistic engagement could be equally experienced through a wide range of practices, especially including holistic healing practices such as chi-gong, tai-chi, yoga, meditation, or any other flow-inducing therapeutic activities.
Creative Writing as Source Material

This inquiry has been the catalyst to reclaim my own written work as potentially rich source material for examining experiences and questions. I chose to bring forth a body of creative writings written over the last ten years in order to examine my understanding of the role of art for artists, in life, and for society. By repeatedly dipping into the well of self-generated source material for orientation and re-framing, I had a cluster of core concerns to serve as compass and touchstone as I made numerous attempts to sketch out the areas of inquiry and consider the appropriate scope and scale of the project.

Fields such as life history research, autoethnography, and other forms of qualitative research recognize and expect reflexive self-accounting as relevant and necessary (Cole & Knowles, 2001; Luciani, 2004; Scott-Hoy & Ellis, 2008). Scholars who have worked to establish the rigour of arts-informed inquiry have created the space that allowed me to focus less on “meta-work” justifying my approach, and more on the process and content of my work itself.

If, as Cole and Knowles posit, life history research “seeks to understand the complex relationships between individuals’ lives and the contexts within which their lives are shaped and expressed” (2001, p. 214), then I admit a heavy autobiographical bias, as it is largely my own individual life and experiences that I have grappled with to fathom where this inquiry has carried me and why. In trying to make sense of my journey I have repeatedly sought to ground and locate myself as a scholar, artist, and professional through textual evidence I have created. In seeking to use my personal writing to contextualize my exploration of how our culture delimits the immense possibilities where arts and culture, the health care sector, and our aging population intersect, I have come to employ the “multiple layers of consciousness”
that Carolyn Ellis once included as part of the definition of autoethnography (Scott-Hoy & Ellis, 2008, p. 130).

As most creative writers (or obsessive scribblers) can probably attest, the sheer volume and diversity of text that I have journaled and typed has often overwhelmed me, not knowing how or where to begin processing to pull out the worthy material and leave fallen the chaff (Neilsen, 2001). Systematically revisiting a large body of my own creative writing led me through a process with meaningful, if unexpected, results: the production of six distinct “zines,”12 printed booklets compiled by theme that have been very useful for me to read, share, and re-read.

I was surprised to attain such tangible results while engaged in a process of making conceptualizations and imagining future phases. However, I was paradoxically not surprised to be surprised. Art making and meaning making are not cold hard sciences, fully scripted and mapped from start to finish; serendipity and emergent phenomena are part of the package. When contemplating how to express oneself leads to testing and trying a variety of approaches, some will be dead ends, some stepping stones, and some become complete in themselves.

Distilling the chaos of over ten years of free, personal writing into targeted zines useful as source material for framing a research endeavour was a vivid reinvigoration. It inspired a sense of fresh artistic license to create new poems and experiment with the written form in three dimensions (mobiles, collage on sculpted cardboard, overlapping posters), borrowing inspiration and methods of investigative inquiry from colleagues and other sources…all while bringing to bear a willingness to seriously play at seeking understanding.

12 A self-published informal magazine containing a related series of articles, images, or collages.
I have at times been overwhelmed by the magnitude of interests I sought to address. Often I felt something akin to rueful chagrin, at every one of my many failures to condense, focus, re-conceptualize, and encapsulate a more discernable, manageable line of inquiry. But I am wary of the oppressive power of the status quo to squash hopeful, creative, idealistic notions, and refused to abandon ship on the voyage to broadly examine how and why the arts can simultaneously succeed impressively (for participants) and fail dismally (providing proof for planners) in a health care context.

It surely helped that I am more temperamentally suited and professionally experienced as an artist than as an academic. I have experienced the anxious fear that “the production” will never meaningfully coalesce countless times over. Much like the fictionalized producer Mr. Henslowe in Shakespeare in Love,\textsuperscript{13} I developed an abiding faith that temporary blindness and painful disorientation are part of the creative process and journey forward. Worrying that the end result is doomed to be meaningless or bad is paralyzing. There is no template of next steps for actual creative work anymore than there is a step-by-step instruction manual for living a good human life. For most of us, there is nothing to do except take each next step, and don’t give up.

For all of the critical suggestions to find better focus that I received (which were correct and helpful), there were also many encouragements from people urging me to carry on, conspiratorially murmuring or stoutly issuing resonant comments like “it sounds important,” “I hope you will keep at it and find a way to make it work,” “I think it’s a great

\textsuperscript{13} Philip Henslowe: Mr. Fennyman, allow me to explain about the theatre business. The natural condition is one of insurmountable obstacles on the road to imminent disaster. Hugh Fennyman: So what do we do? Philip Henslowe: Nothing. Strangely enough, it all turns out well. Hugh Fennyman: How? Philip Henslowe: I don't know. It's a mystery. (Norman & Stoppard, 1998)
idea.” I took those on faith and did not discount them. And so I did not give up trying to keep my focus on broad, theoretical issues of a somewhat philosophical bent.

Why does art help people?

If something works so well, how can it be so hard to prove?

Who decides how to provide care for older people?

In designing a method well-suited to explore these core questions at the heart of my inquiry, I sought an approach with reasonable coherence between form of inquiry and form of representative expression. I am informed by various perspectives as an artist, a researcher, and an educator. My thoughts and my words are my palette and tools, and like Suzanne Thomas I hoped to “create and mold a research methodology that allows me to think creatively, to analyze artistically, and to represent imaginatively” (2001, p. 273).

In order to authentically represent the process that emerged as I sought knowledge and understanding, I accepted my inclination to use diverse approaches to think and write about the same thing many different ways. While this has advantages such as promoting communicability by simple virtue of exploring the same ideas using different “broadcast frequencies,” it can be complicated to describe, pin down, justify, and defend. By offering diverse types of evidence to show that there are many ways to get at the same idea, the possibility of mutually contradictory — yet simultaneously true — evidence is considered.

The more creative expressions have some inherent ambiguity, which allows (and requires) meaning making to take place within each reader / audience member, promoting generative knowledge advancement. When room is expressly left for interpretation the more
cutthroat rules of logical engagement tend not to apply. Creating space for a gentleness of consideration to dissolve such exclusionary tendencies is an important value for me.

In trying to make peace with my attachment to my own work and related “navel gazing,” I see that my process of establishing authentic presence as an academic researcher parallels and is consistent with my philosophy of art making. From experiences both collaborating creatively with diverse interdisciplinary professional artists, as well as teaching with interdisciplinary arts education teams to learners of all ages, I have come to believe that creative work in the arts requires stages of development, including:

1. Personal processing and purposeful playing with discipline specific tools.

2. Local investigations and experiments using the art form in question to practice crafting and sharing expressive works.

3. Macro / global level work of potentially broad / universal application / significance. If the artist perseveres to this point, then they are confident enough with the medium to claim their own voice and create work designed to manifest their aesthetic sensibilities or other ideas.

My ultimate intentions are focused on ways to develop our individual and collective capacities to comprehend different ways arts can impact lives and culture, especially for the benefit of aging human beings. The potential I hope to contribute is solidly rooted in the desire to understand ways we can make the world a better place, a moral purpose aligned with my highest value: love.

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14 A term used to describe researchers’ inclination to self-reflexively process and present their own life and experiences as relevant to their inquiry; it can imply negative connotations of self-indulgence / narcissism.
I wonder: how do the arts connect our ability to think about right and wrong with our ability to feel what is right and wrong? What modes of knowing are relevant when it comes to morality: intellectual, or embodied? Life ideally balances thinking with doing, and deeds done in the heat of action are premised far differently than abstract considerations. If we don’t pass through cathartic sensations of consequence, such as when touched by art, then the moral lessons we have learned in our heads might not be available to us in our guts when we need them.
What Choices Shall I Make?\textsuperscript{15}

A freeing up and heartfelt imagining made public,
Dancing with text for form and texture,
Rhythm and rhyme to spit sexy verse and clever convolutions
To dazzle and impress?

A more staid and considered approach,
Limited to informed inquiry,
More concerned with due form than flow?

Why do we write,
For ourselves or each other?
Am I sharing my passions
To purge demons like red ants brushed from my seat pants?

Or to access the domain of the makers of rules:
Rulers of schools
To undo the stilted pedagogies thrust on our children?
Captains of fools
Sailing ships full of old folks into dusty horizons?

It seems not for the money,
But problematically the money validates so much,
Enables and insures.

If words are not published,
Are they invisible?
Are they worthless?

It takes time to stop it,
The freight trains of inertia

But if we come together
To reason and discern
We may come to recognize what is working well for us
And what forces us to work in outdated ways.

Our conversations,
Our lives,
Are precious beads.

The necklace,
Or woven mat,
Our spiralling world.

\textsuperscript{15} Ezra Houser, 2004
**Arts-Informed Integration**

I’m tempted to look for quotes and I peruse the pages looking for marginalia and underlines. I hesitate. It’s all too easy to quote the apparent experts. I thumb some more. All too easy to defer, to lose my voice. Academe overflows with minds unwilling to venture forth without the power of authority invested from others and I remind myself of this fact and of the primacy of experience. “Let the experience flow over you first,” I hear myself say to graduate students and teachers “before anything else, make sense of the context-phenomenon, event, circumstance — first through the power of your analysis of experience.” So easy to forget my own advice. So I write. And I ask questions. (Knowles, 2001, p. 99)

An arts-informed approach and mode of discourse and presentation allows me to integrate the use of evocative, creative text to investigate and share significant findings in a manner that aims to address multiple dimensions of knowing, feeling, and believing. In this way I construct this multi-layered document to embody what it posits, namely that one frequency of understanding and communication is not enough. Having the capacity to acknowledge and respect competing and multiple paradigms that define, investigate, and measure different categories of data and evidence is a crucial prerequisite for a more holistic, sustainable and effective approach to health care in the future.

Arts-informed research has proved an effective mode of inquiry to autoethnographically explore my own experiences working with an elder, as an artist, an arts manager, and teaching through the arts\(^\text{16}\). The multifaceted research process of finding facts, analyses, critiques, and exploring my past and present instincts and feelings has led me to uncover various evidences that taken as a whole seem to point to the failure of economic logic and rational determinism to account for vital criteria that I believe should be prioritized when it comes to organizing social systems to care for human lives. How people feel needs

\(^{16}\) See Appendix A for autoethnographical explorations of these experiences.
to at some point be considered valid, vital data and incorporated into planning and decision making. Arts-informed research usefully permits and enables this.

I am informed by work as a scholar, and my background as a performer, arts educator, caretaker of the elderly, and creative writer. While much of the content herein is rational, logical, and grounded in relatively academic prose, I will not duly excise all poetic moments or artistic flourishes. I intentionally employ different types of (hopefully) evocative original writing. The different dialects and tones in different sections of writing are employed to juxtapose many accents that I speak in, listen to, think about, and feel.

I choose to proceed in this fashion because I admit and respect my own tendency to shift the lilt and accent of my spoken speech to mesh with the rhythms and sound of my partners in conversation. This just happens, naturally, as I strive to facilitate ease of communication. I happen to believe it is useful, and so integrate it as a habit into this document, taking as support Cole and Knowles’ (2001) point that “Artful representations often emerge from intuitive responses to complex interpretations” (p. 212).

If ever you, the reader, feel the work is disjointed or inconclusive, I hope you will bear with the discomfort of uncertainty long enough to proceed forward through the text (or, by all means, to jump around as you see fit). The cumulative impressions on your consciousness are intended to in some ways approximate the lines of inquiry I have pursued, and to allow and encourage you to draw your own insights and conclusions as your thoughts are stimulated to traverse various plateaus of understanding.

Arts-informed research is a legitimate form of qualitative research, and one specific method I employed was a rigorous clustering by theme and content of various original writings drafted over the last twelve years, for use in determining questions to focus on while researching such a broad area of inquiry as aging, health, and creativity. As some of these
original writings still serve to creatively illuminate my points of concern, or to depict problems or broad conceptions, they are judiciously interspersed throughout and may hopefully prompt you to participate in your own intuitive analysis.

Maybe your thoughts will align with or disagree with my statements. Perhaps they will proceed wholly independent somehow. The point of including a bit of an artistic pastiche of ideas is to facilitate you drawing your own insights and conclusions, while simultaneously demonstrating the method and evidence I used to find my own conclusions.

**Rationalizing Rationale**

I am not trained as a nurse, or a doctor, or a medical professional. I did work as a personal care worker, but my formal training lasted but one half-day. But my literature searches on creativity, health and aging kept turning up fascinating articles in fields such as nursing, occupational therapy, art therapy — areas either part of or closely allied with the medical and therapeutic sciences. Though I don’t have this formal background, I plunged in, and spent a good long while trying to get a handle on the landscape.

I looked at the evidences being gathered, considered, and reflected upon. I noticed the apologetic disclaimers, the recurring requests by researchers for more, deeper, better information. I tried to understand the immense pressure on medical providers to avoid unnecessary risk, the mortal peril of making the wrong choices when it comes to the care of other bodies and lives. And I kept feeling there was a vivid disconnect, a sense of artificial objectivity that often disembodied writers from their own apparent instincts and suppressed opinions. What compelled these superhuman efforts to maintain a façade of inviolability and

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17 Which did manage to convey an incredibly useful notion of how unwanted physical contact can escalate an upset person along a spectrum of agitation. This factoid was important when working with people with dementia. These days it often informs my parenting. It explains why the lobster-pincher elbow-grab from a displeased parent in the supermarket rarely works to get an unruly child back in line.
aloof distance from unseemly passions? Why such obeisant compliance to compromise deeply felt intuitions or cherished beliefs in favour or stark and exclusive standards of logical discourse? Even as I understood what I read, it sometimes still didn’t seem to make sense.

**Institutional Illness**

Fortunately, I became a peer to real medical professionals along the way as well, who were also engaged in scholarly work at the university. These were actual occupational therapists, nurses, administrators, volunteers...people who lived and breathed the medical system from the inside. And they confirmed that they were stymied, hamstrung, frustrated and unhappy with many of the procedural protocols they were ruled by. Many expressed the same kind of forced disconnect between what they wanted to say and what they were allowed to say that I inferred from the published research accounts.

They were fed up that it was so hard to have relevant or personal information on a patient’s chart. They were frustrated with how complicated it was to introduce modification to programmes, never mind piloting new, innovative ones. They lamented the difficulty of communicating with different professionals involved in a patient’s life, the impossibility of finding out or sharing details of personal significance to that individual. They tempered their despair and disappointment with the resigned commitment to nevertheless endure. Hardly inspiring.

It takes complex systems and mechanisms to operate an institution, and they have to serve different sets of needs, and bind staff and stakeholders to different responsibilities and limitations. In institutions responsible for the care of others, it appears litigious risk dominates as a prevailing concern far more than practical concern for the happiness and well-being of the people supposedly being directly served. Why is this necessarily so?
The voices of Canadian health sector workers I’ve met help me understand that many aspects of the health care system have indeed gotten so big and cumbersome that more energy is spent reinforcing inefficient legacies and serving different masters than is invested into devising and implementing more useful methods and practices.

**Evocative Motivation: Fond Wish**

As I have explored the potential for research using alternative methods in age / health studies, more than anything, learning from other researchers has changed me. Seeing the thirst for approaches that allow felt and sensed understandings to be not only acknowledged and respected, but deliberately cultivated and sought as valid ways to know and explain.

The time is somehow right to pursue and push these practices. People need to be emboldened and bolstered to believe that the status quo is changing, that we are changing it, that each from our own points of view can make a difference. Then more and more of us will commit to care deeply enough about the communities we live and work in to advocate methods for organizing, providing and evaluating services that account for multiple human dimensions of need, and that reject economic models of decision making that quantify criteria removed and remote from lived experience, thus denying populations of participants so many possibilities. Those are the legacies of a corrupt patriarchy, bereft of the loving care of father kindness and grandfather wisdom, isolated too from the best matriarchal aspects by a self-imposed rejection of openness to diverse human truths.

Our oh-so developed world has reached such a state...hyper organized, clinically sterile and cruelly selective with what, when and where it cares. These systems and cages which can seem immutable are really just experimental results, they are not our fated destiny...if only we choose to recognize that we truly craft these lab rat life conditions for
our own kind to live in and be ruled by. But to be able to recognize such complex webs, we need to learn to look creatively at multiple dimensions. Different ways of thinking are essential to this task; absolute expertise from one point of view won’t cut it.

The longing and urges to make transcendental connections get squelched, dampened and deadened, but are never eradicated, and the sparks of insight and passion that motivate us to embrace the mysterious rumblings deep within that our lives should mean more and we should do better with each other can be fanned into widespread flames in the blink of a generation.

Each step to revere the qualities of insight and understanding so tentative to establish and troublesome to prove is a commitment to hope for a brighter future, that the scientific method can be revamped to become holy and true by extending inquiry into realms where fact is not always king, and uncertainty principles reveal that qualitative conditions determine even while never fully defining human worth.

The dominance of “objectivity” has led to a world rife with material exploits and achievements and sometimes sadly depleted of compassion, intuition and feelings of solidarity, generosity and sacrifice. But fellowship with colleagues has reaffirmed to me that we are all in the same boat, and that as a people we collectively protest the notion that each other’s lives are not the most important thing worth caring about.

As we extend our care and concern to heretofore unheralded and unrecognized aspects of health, aging and illness, we renew our bonds of love with each other as human beings, and also our connection to all life on earth, for this is our renaissance and resurging effort to claim our role as stewards for health and happiness. Human success will come with global peace, perhaps even at the price of economic progress as we have known it. May that cancer of excess riches be cured in our lifetime.
Magic Bullet meets Immovable Object

For four years I have been mulling over this idea that arts programs for senior citizens could represent some kind of panacea. They answer so many vital needs that like a magic bullet it seems they could accelerate the arrival of a happier, healthier society. As I have engaged with various perspectives on adult education, arts-informed research methods, alternative ways to research health care and medicine, health in an aging population, and different approaches to community development, I have continued to turn this area of inquiry over and over, to read about it, think about it, talk about it, and write about it.

Such an interdisciplinary focus can be overwhelming, because so many distinct disciplines have created vast literatures investigating from within their particular frames of reference. Upon dipping my fingers, brain, and toes into the work of various scholars and researchers, I recognize issues being discussed and how they relate to my interests and concerns. But it can take a serious investment of time to immerse oneself in the literature of a specific field deeply enough to begin to understand their core assumptions and priorities (Erichsen & Goldenstein, 2011). And yet, this commitment to understand distinct frames of reference is important if one is to be able to evaluate how the positioning of research and writing inevitably affects the nature of the understandings that are reached and shared.

I have been frustrated when voices of professionals apparently striving for disciplinary coherence, nuance, significance, or mastery present as confounding and impenetrable. It makes the authors, intelligent as they obviously are, seem obtuse to simpler, more practical realities such as: communicating effectively about the basic implications of their work, or grounding the implications of their work in the human experiences of the participants affected. Perhaps some of this frustration is latent protest carried over from upset emotions I
experienced at how some doctors treated my companion with Alzheimer’s disease, a story recounted in “Deep Dementia Wisdom” in Appendix A.

If I learned anything working with my old friend it was how to take things in stride without missing a beat while “on the job” in a professional capacity. As her personal caretaker and solid tether to reality it was my solemn duty to not let agitation or negative judgment show when confronted with potentially distasteful attitudes or individuals. By modelling a healthy respect for the authority of professional practitioners we encountered I could at least prevent adding any extra cognitive dissonance to unpleasant experiences. A balance must be struck between being a respectful and compliant patient and a critical and questioning advocate. I brought this same sensibility to bear in reading elaborate studies that may have felt (to me) at times to neglect basic common sense.

I understand that there are constraints on what any one profession or professional can do, or is there to do — whether medical practitioner, research scientist, or other. I try to give the benefit of the doubt whenever possible and trust that discourse shared is offered earnestly with the intention of advancing conversations and truth. Hopefully refocusing my reading through this lens of the golden rule\(^\text{18}\) is not hopelessly naïve when it comes to engaging with academic communities pursuing knowledge and higher learning.

I proposed and offer this work with the humble ambition of evoking some meaningful context to encourage understanding for — and expanding the human imaginative capacity to conceive of — the arts and sciences of health care as interrelated practices and mutually inclusive spheres of study, and to re-root researcher and practitioner’s motivations and concerns soundly back into the fertile soil of human concern, compassion, care, and love.

\(^{18}\) Do unto others as you would have others do unto you. In this case: read diligently and generously.
**Personal Witness**

Two years into my degree I had the unhappy opportunity to experience the medical system from the inside again. This time I accompanied a different loved one — my wife — as she suffered from Hyperemesis Gravidarum, or *extreme* nausea and vomiting during pregnancy. Our very much-wanted second child eventually miscarried, but not until my spouse had navigated five trips to Emergency Rooms (ERs), been admitted to hospital three times, been assigned home visits from a nurse to administer intravenous hydration and medication, and been prescribed copious amounts of all the heaviest hitting anti-emetic drugs that the various ER staff could (independently of each other) think to pump her full of, to try and get her bloody retching and horrifying dry heaving to stop.

The medical professionals who were toeing their various lines of procedure and protocol were perhaps not permitted nor supposed to do any more than they did, but the fractured and depersonalized approach left so much to be desired that it made a bad situation much, much worse. I was astounded that it was not until I invented my own 24 hour chart to monitor her food / water / sleep / throwing up / medicine that we started to have any kind of comprehensive information about what she was experiencing. Not that any of the doctors we saw were interested or willing to examine the chart for clues about her condition. But it at least helped me feel better to think that we were trying to make sense of her despairing journey, to distil some potentially useful information out of the miserable chaos of her abjectly infirm existence.

So while I respect the authority and expertise of the medical profession, I am not about to say that the health care system is perfect. There is plenty of room for changes and improvement.
Compare Youth with Age¹⁹

compare youth with age
on the same page
neither’s the other
but one will discover
what the other’s uncovered
already
so help me
this is all we mean
when we say
RESPECT
your elders
are you

an if you try
an turn de page
script up de flipped way
where what youth got’s where it at
and old farts are just slow and fat
then you’re missing the point
so badly

why under the sun
would you want to be the one
looked up to
for being younger, stronger, leaner, meaner,

or to diss the strengths of age
patient caring, sharing and sage

teachings and wisdom allow you too
that revered future so dear
to look forward to

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¹⁹ Ezra Houser, 2011
not shattered illusion
romance turned brutal, despairing

when the next brash young warrior
knocks you, too, off the throne
of community
respect

we are all entitled to our share

old people and children come first

manners make the man
the man is the woman
woman makes the manners
woman is the man

ask your mother tongue,
she’ll tell you.

Respect the Old People.
Grounding

It was important to me to work on grounding and locating myself. I prepared a simple painting to iconically symbolize my place in connection to communities of human beings, and my desire to let a moral compass guided by love filter my interests and pursuits. Accompanying it, a weaving of interests that proposed a spiraling pathway whereby I could ground my research inquiry through the lenses of my own lived experiences:

![Figure 5. Grounded in Relation](image1)

![Figure 6. Weaving Research Experience](image2)

Besides the painting to locate my identity, I used posters, painted summaries, and other text-bearing structures as sign posts and cues to considerations as I filtered through layers of meaning, art, art in meaning, and meaning in art making. I considered artifacts and stories, and one by one put to the side the specific content of many of my experiences that didn’t resonate as vitally relevant.
Locating Privilege

As a healthy, fit, and able middle class North American white male in university I occupy a place of categorical privilege, and can sometimes be insulated from discriminatory legacies of old patriarchal norms, which would be more likely to support me than anything. So my share of the collective responsibility to attend to the politics of identity is heightened, to prevent oblivious participation in a status quo I would not intentionally condone.

I need a correct and appropriate pause to recognize that my experiences (like everyone’s) are skewed by the particulars of my identity. As someone who in Canada is rarely in a position to experience bodily discrimination, I have indeed found myself at times capable of forgetting about the dehumanizing limitations that can be induced when identity clashes with systemic oppressions. But I don’t doubt that it can, and does happen.

Whether because of or in spite of my privilege, my ideals as a thinker position me as eager to move on from post-colonial realities and the various bifurcations of East / West, 1st / 3rd, North / South that emerge and keep people separated as belonging to their own group or the “other.” This means not only that I reject the legacies of hegemonic racism and active underdevelopment that have shaped so much of the modern political economy and social reality, but also that I yearn for a social evolution that will accelerate a transcending of the various assorted pendulum reaction swings against oppression.

Even movements and identity politics that have been helpful and necessary as counterweight and antidote to entrenched dominant forms may have a lifespan of appropriate applicability, after which they may begin to coopt the very opportunities for equality that were part of the motivation for their conception.

This can be tough stuff to talk about. If I were amongst colleagues who knew me, I might dare to provide more concrete examples to ground my grounding. But I do not wish to
distract overmuch from the research project at hand, and I am not sure if it would be more progressive, patronizing, or foolhardy to assume anything about common ground amongst the potential readership of this work, or to presume where people collectively are or should be in their current views on identity politics. Suffice to say that as I present myself, I hope to acknowledge the categorizing forces that affect who I am.

**Frame Work**

In my inquiry I have relied on my experience with creativity, my confidence in the need to at times transgress standards and norms, and a willingness to risk considering intuitive flashes of understanding as composed of potentially equal parts genius and folly. This has been borne of my privileged place in society, the ease with which I have moved not just because of race, class, and gender, but also by virtue of my outgoing and friendly personality, a feature that has paved my way through interpersonal relationships and interactions with the world. As I earnestly insinuate myself as an equal and comrade, rather regardless of whose circle I tread into, I inevitably find that by offering sincere respect, one can generally find mutual receptivity, most places where you go looking for it with other people.

This led me to consider the merits of sharing my most original (as opposed to most conforming) voice, and my best efforts as a creator and provider of artistry. So I am willing to “go there”…to do differently and believe it will not only be all right, but will be good. I seek to serve and be useful in that I may be more able to take the chance of doing it this way than others not so equipped because of different life histories, and I therefore feel a (self) projected sense of responsibility to endeavour to do so. I hope to offer the results of this research inquiry as a compendium of writings of sorts; though it may stretch things out a bit,
I believe that to tap the merits of this pastiche approach require some length…rather like the viscera need coiled yards of intestinal length to slowly process the nutrients out of the food that passes through a body.

It is also consistent with what I consider to be the whole point of my art: my creative expression, when encountered by you, puts us in a human relationship of ideas somehow — across space and time. Connected, as if by a bridge of some sort. This is a healthy, necessary, and natural place to be in a peaceful society. Making and encountering art allows for this human connection, when we allow it for ourselves. Since I believe in it I have to try and do it.

In the context of this inquiry, I do not regret that this work was conceived and created outside the bounds of scholarship formerly known as “normal.” Yet I have also felt compelled to attend to the more traditional endeavours of research and scholarship: to try and competently explore the paradigm of knowledge production and dissemination generally agreed upon and institutionally required. Even though I am not wired for or at ease with the excessive sacrifice to hide-bound methods that I viscerally and intellectually reject as devoid of significant holistic worth, I did indeed attempt to bring the voices and dialects of scientists and scholars of all stripes into my world in order to consider, respect, and integrate their methods and meanings as possible and appropriate.
Can we attempt to define creativity?

Describing such a concept by identifying parts and aspects of the whole is an exercise in dissection, and even as the insights brought from compartmentalization further certain discussions and understandings, they eradicate connections and possibilities inherent in a state of unarticulated gestalt.

This is not to say that ignorance is bliss, or that faith is a prerequisite for a more mystical reality, this is just to borrow Heisenberg’s principle to account for the uncertainties that link people engaged with creativity as they move matter through processes designed to shape forms and leave impressions.

The most profound acumen in the world could never hope to delineate all the cavities and shadows informing a creative process or artistic form; there are potentially infinite levels of meaning and communication at work, and the relationship between each beholder with the work particularizes what it signifies for that moment.

The gift of the arts is free license to drift amidst viewpoints, shifting scope and scales of focus to move among modes of knowing, learning the shape of various paths through the forest even while pausing to climb particular trees, feeling the hardness and texture of different barks, high in the canopy, ear pressed to trunks listening for the cardiac rush of flowing sap.
Unlevel Playing Field

Cultural studies, feminist theory, anti-racist / anti-colonial research, and other subaltern fields alert us to the widespread and insidious manifestations of and legacies of discriminatory and oppressive practices widely implemented in support of capitalism’s profit motive, often at the expense of moral, ethical, and compassionate considerations. It is not irrelevant to consider how current biases in society create an atmosphere and environment where it is easy to belittle a simple idea like paying artists and educators to spend time working with our elders in order to make for a happier, healthier, more secure and respectful society. Some of the active biases to consider are: ageist; against arts and culture; and for fiscal “responsibility” over human cost.

It appears that certain prevailing economic concerns may prove to be somewhat artificially constructed, serving primarily to reinforce and re-propagate established channels of resource dissemination. How to gauge what real quality of life for older people is, or how to improve it, is already a challenging topic. Then how money factors in — what it facilitates, provides for, needs to do, should do — it complexifies arriving at a worthwhile definition of good quality by introducing shades of rationalizing and justification that can lose sight of moral considerations out of respect for organizational authority. It is after all no secret that people will do things for money that they would otherwise never do. And corporations aren’t even people. Hence the extremely unlevel playing field.

The conversation has to admit the possibility that the lenses through which these issues are customarily viewed may be blurred against permitting certain conclusions\(^\text{20}\) to come into crisply effective focus.

\(^{20}\) Like ones that would call for radical restructuring of how resources are allocated and flow.
Trust the Process: Trust the People

If you start with the people, then you won’t go too wrong.

I speak from experience, having done four years co-helming a multimedia performance ensemble dedicated to principles of multidisciplinary creative collaboration across cultures.

You assemble the pieces of the project, including — especially — the people, and then in the process of practicing your craft using the various artistic tools available, you learn what each other can do. The next steps inevitably present themselves.

You can, and should, have an idea what you are trying to accomplish, but the structure has to be flexible, not rigid, to accommodate serendipity and new ideas.

In terms of proposing to integrate creative facilitators into the lives of aging people, especially in the context of health care settings, what the people are bringing will be culture. Culture like what grows in a petri dish. Hopefully a contaminated one, which can lead to the discovery of a new penicillin. Art-making is not an antiseptic procedure.

Somewhere between a good and service, a product and process...the creative professionals bridging the arts into care giving settings offer lifelong learning opportunities, and provide expressive mediums for citizens to engage in and reflect on their lives.

They have to decide what their work is, how to do it, and do so responsively in partnership with the people they are doing it with. And then it will work.

Bringing the work to the older people, for them to do their own work.

That’s the point, no one else can do it for them...for “you.”

Either you get a little sweaty, maybe your hands dirty, and try to really engage with some activity at hand, or you risk ossifying from stagnant spine syndrome.

Far better to find some good work to play around with, to keep up in general.
Potential in Later Life

There was a time when aging was generally seen as the onset of irreversible, ever-worsening decrepitude, and when older people were considered incapable of learning (Cohen, 2006). That view of aging unfortunately continues to dominate and inform far too many institutions and individuals. Current research into brain plasticity and aging, however, clearly shows it is a myth that older people cannot learn and refutes the notion that deterioration and decay are inevitably the dominant conditions human beings will experience towards the natural end of their lives. On the contrary, there are remarkable studies now showing how brains of all ages can continually “rewire” themselves to create new neural pathways to creatively tackle thinking.

Furthermore, various types of evidence continue to mount demonstrating that vibrant and vital engagement throughout the life course can result in healthy, vibrant human beings even at the ripest old age (Healthy Aging and Wellness Working Group, 2006, p. 23). It is important to directly debunk the notion that elders cannot learn new things or engage in new activities and to challenge the stereotype that old people are doomed to lives of increasing desperation, misery, illness, and frailty.

Debunking Myth-Truths

Various authorities have contributed to the foundation of the faulty knowledge-base that has entrenched many false assumptions about aging. At age forty-nine, Sigmund Freud (1905) claimed that “About the age of 50, the elasticity of the mental processes on which treatment depends, is, as a rule, lacking. Old people are no longer educable” (quoted in Cohen, 2009, p. 426). In defiance of his own assertion, Freud proceeded to write and publish some of his most brilliant and well-known works over the next twenty-five years of his life.
Yet the words of the doctor stuck, and squashed most scientific interest in the science of human aging, which was considered a rather dead end with no interesting potential for significant discovery (Cohen, 2009). The belief that the creative development of the mind ended in the first quarter of the life-cycle dominated for almost one hundred years.

Similarly, Jean Piaget’s theories characterized young adulthood as the final stage of intellectual development. Cohen (2009) explains that Piaget’s students eventually discovered that Piaget’s “final” stage of analytical “Formal Thought” was followed by another type of thinking in later life. Known as “Postformal Thought,” this mature way of knowing is more synthetic and admits the possibility of contradiction and multiple truths. Nevertheless, lifelong learning as a genuine human possibility was long doubted, and Cohen (2009) maintains that investigations were neglected and underdeveloped in part due to the seminal (and incorrect) claims of such a towering figure as Piaget.

Perhaps the most astonishing legacy based on a false assumption is that Cohen (2009) describes as belonging to Nobel Laureate Santiago Ramon y Cajal, who in 1913 wrote that brain regeneration was impossible in the adult brain. Most everyone came to trust and believe that after a few years of growth a human toddler’s brain contained all the neurons that it would ever possess. This was such an enduring and deeply ingrained idea that it became conventional wisdom. I certainly remember accepting it as received fact while growing up.21 When stem cells in the hippocampus were definitively shown in 1998 to generate new neurons (brain cells), this unexpected source of later-life brain growth and development finally disproved Ramon y Cajal’s theory, and launched a new awareness of the potential for lifelong brain plasticity (Cohen, 2006, p. 426).

21 It even coloured my instinct to feed my own young son as much omega-rich avocado as possible once he could eat solid food, in order to ensure healthy brain development while it was ‘still possible.’
As people age they may, and inevitably will, suffer losses of various types. That is true for younger as well as older people. What is important to note is that there is no cut-off age at which decline is irreversible, or when the loss of any particular ability or capacity signals the beginning of “the end.” On the contrary, loss can actually “be a powerful motivator for positive change” (Cohen, 2006, p. 427). Even the oldest old people can surmount challenges, changes, and transitions in life…especially if they have support from people around them who are not astonished to see them “keep their ghost intact,” instead of giving it up.

My own great-grandfather planted corn into his nineties, and defied many people’s expectations when at ninety-four he had all his remaining teeth pulled to be fitted for dentures…so he would look better. Older human beings are as educable and treatable as any demographic, and it would be a moral — not scientific — claim to deny the allocation of resources intended to engage them in caring for, learning about, and improving their lives.

**Old People can Learn**

*It verges on self-evident to baldly state “Old people can learn.” There is little difference from the basic “All people can learn.” There is perhaps just a shade more meaning than the tautology: “All learners can learn.” Nevertheless, it is important to say: old people can learn.*

*Pause, and contemplate some of the various ways “other” people have been denied the capacity to learn. People with dementia: can they learn? Or are they too demented? People institutionalized with mental illnesses…think of still-living survivors of the One Flew Over the Cuckoo’s Nest*\(^{22}\) *generation. Thankfully attitudes have changed since then, but it is hard to imagine there are no hold-outs with substantial prejudice carried over, who view all* 

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\(^{22}\) *A 1975 film directed by Miloš Forman based on the 1962 novel by Ken Kesey about life in an abusive psychiatric ward.*
significantly challenged folk as “vegetables,” unredeemable and not worth the effort to engage.

Black people, Mexican, Chinese, Latino and Latina, Asian, Indian, First Nations, African...people of colour, immigrants...women of all races through much of modern history — all in some ways, at some time, denied the capacity to learn to their fullest potential. Denied the opportunity to develop their natural and latent talents, to find their own voices, claim their own work, take up their own ideas and causes and make commentary on society, family, jobs, and life.

Human beings called slaves have been beaten and killed for learning. First Nations children in residential schools were violently traumatized to deny them their birthright of cultural learnings, affecting in turn the learning of today’s younger First Nations people, whose elders’ capacities to teach cultural lessons have been brutally compromised by the forced disruption, destruction, and denial of their natural relationship with their place on Earth.

Poor people and old people slip into cracks in the system, “burdening” hospitals and care facilities with the responsibility of “salvaging” their physical lives. Disconnected from meaningful inclusion and ties to community, disengaged individuals lose motivation to activate their own creative powers. This, not biological predestination, is more likely the root cause of decremental aging that leads to ailment through decay into death.

It takes a reinvigorated tether, an umbilical cord of culture — which includes real other people who give a damn — to truly save a life. A body can be preserved, but a mind and a soul thrive best in relationship with other people...especially people who care deeply to bear witness and share in the wonders of the workings of that other one’s mind, soul, and
life, grappling together with making meaning and submitting to the social realities of life on this planet, in this place, at this time.

And then the wilting can cease, and the spinal stalk of life straightens like a drooped plant suddenly turgid with torrents of fresh rain, straining with vigour to thrive while it may, unashamed and confident in its own natural born right to space, resources, life, and happiness.

**Brain Plasticity**

There is an explosion of new evidence about how the very core structures of the brain change throughout life. Thornton (2003) describes life-span learning as a developmental perspective which characterizes the human being as capable of — and requiring — the stimulation and challenge of learning over the entire life span in order to maximize potential and health (p. 55).

Research from diverse fields including evolutionary biology, psychology, cognitive sciences, aging research, and adult development and learning studies supports the increasingly accepted relationship between increased brain use and retained or improved brain plasticity. Not only can people of all ages keep functioning and learning when appropriately challenged by their environment and stimulated by learning interventions, but insufficient challenge and stimulation will reduce plasticity and resiliency.

Brain plasticity involves the increased growth of neurons (brain cells), dendrites (branchlike extensions that connect neurons), and synapses (the contact points between neuron and dendrite that allow brain activity), and is necessary for the healthy growth of cognitive structures that in turn lead to greater plasticity, in turn allowing even more capacity to learn more complex new behaviour (Cohen, 2006; Thornton, 2003).
Enhancing plasticity and resiliency throughout the aging process requires significant challenges to the organism. Thornton (2003) uses the term “body-mind-brain nexus” to signify the dynamic interactions between body, brain, and mind that involve complex embedded and embodied mechanisms and are responsible for aspects of aging and development including “exquisite body motion, activities of daily living, or neural networks learning the arts” (p. 62).

Creative tasks present non-threatening mechanisms whereby people can be challenged and helpfully stimulated, keeping them fit and toned for other types of life challenges to come. It is logical to conclude that since later-life events may typically include serious challenges to well-being such as stressful changes in living situations, loss of friends and loved ones, illness, financial pressure, and so on, elderly people who are in the practice of learning new things and engaging in creative activities that challenge their body-mind-brain nexus will likely be better able to modify old behaviours as necessary, and generally better equipped to cope with and overcome their challenges.

Older people may especially need the flexible mind-set and adaptive skills that arts practices can cultivate, and they are certainly as suitable for creative practice or learning as anyone. The point bears repeated repeating in order to counter the insidious force of widespread opinions based on false assumptions.

Creativity can Improve with Age

No longer is it the consensus that levels of creativity must decline as people age. The quality of creativity within an individual may certainly change, but life-span development and other fields show theories of decremental aging to be generally untrue, and specifically false regarding creativity (Reed, 2005; Thornton, 2003).
Not only does aging not result in the loss of creative abilities, it actually brings new potential for gains. Brain imaging studies show brain activity in older adults tends to be less lateralized than in younger people. There could be benefits to creating art using a more left-right integrated brain (Cohen, 2006). The existence of older artists clearly demonstrates that humans of all ages are viable as creative agents.

People’s creativity, pragmatic reasoning, and overall intelligence can increase with aging, and there are also psychological advantages attained in later life. Cohen (2006) builds on psychoanalytic research findings that the oldest people tend to be most in touch with their inner psychological life to posit that: “This awareness can be an asset in a creative and artistic sense by allowing people to draw upon new potential as they age” (p. 8). Cohen (2009) also describes the later-life psychological “liberation phase,” typically of the 50s and 60s, as characterized by amenable internal dialogues which offer such germane observations as: “‘Why not?’; ‘If not now, when?’, and very powerfully; ‘What can they do to me?’” (p. 427).

These are liberating notions indeed, that can synergistically feed off the self-confidence typically fostered in effective creative engagement programs, leading to startling insights of potentially significant value to individuals, families, institutions, communities, society, and the world. Reflecting on their lives and giving back through works of art, elders make meaning of their lives and share that meaning with others.

*Can people find the courage to face, promote, and rejoice in a world of active and engaged senior citizens? Currently it is considered amusing to cavalierly dismiss the more engaged aged among us as uppity or annoying. Can Madison Avenue’s stranglehold on compassionate happiness cease-fire and desist with denigrations of diverse, modest*
humanity? The projected images of vapid youth and superficial beauty as cultural values accrete and gain cultural currency, eventually serving to deny that humble little cultural expressions such as group gatherings or artistic sharings are actually more meaningful and important social phenomena than the glitz and glamour of celebrity.

Lessons from Dementia and Palliative Care

Palliative care can tend to be among the most person-centred types of health care. Once a patient qualifies as (officially) imminently dying, the quality of their subjective experience of life finally becomes (officially) the primary consideration in providing them with comfort and care. Similarly, dementia care, especially for advanced cases where the capacity to function “normally” has almost dwindled away, tends to be oriented towards maintaining comfort and moments of happiness. There is a long tradition of using the arts in both palliative and dementia care, and La Cour, Josephsson, Tishelman, and Nygard (2007) note it is on the rise: “In the United Kingdom, United States and Canada, the use of creative activities is increasingly recognized as a valuable therapeutic modality in palliative health care services…” (p. 242).

Zeltzer, Stanley, Melo, and LaPorte (2003) discuss ways in which creative arts therapy programs that involve older people with dementia and depression promote quality of life without pharmacological interventions. As research begins to unpack how and why these creative interventions can have such direct impact on the wellness of participant, Zeltzer et al. (2003) explain why the forging of group bonds that foster a sense of belonging is so important: “Elders with dementia and depression need to feel loved and connected” (p. 12).
Even for a sick person for whom allopathic\textsuperscript{23} medicine represents an avenue towards possible rehabilitation and cure, an over-emphasis on curative healing can risk neglecting holistic well-being. A simple eradication of illness cannot be the entire goal of medicine. Examples showing that providing good quality of life is important to patients with dementia or in palliative care offer useful insight for non-dying and non-impaired people as well.

What if good end-of-life care became recognized as applicable to all-of-life? By improving the scope and quality of creative arts collaborations more robust support systems could be put in place to assist the caregivers, communities, and institutions already caring for elders. Especially in light of stated goals of health care systems to reduce costs maximize informal and out-of-institution care, and clear increasing numbers of older people, obvious and effective solutions already available need to be thoroughly implemented. Giving relief and respite to older citizens, patients, caregivers, and health care staff is something arts leaders are uniquely well equipped to do by offering creative opportunities to engage in expressive practices.

Transcending the need for verbalization with alternative structures of interpersonal communication can be especially useful for patients with impaired cognition, or conceivably for any individual uncomfortable with relying on verbal dialogue as a treatment medium. While therapeutic talk may be viable and suitable for many people, cultural and class identities may make it difficult, inappropriate, or impossible for other people to engage in the kind of candid conversations with medical authorities that are necessary to equip practitioners to assess and treat them well.

A study by La Cour et al. (2007) in a Scandinavian palliative care facility interviewed sixteen patients who were regular participants in arts and crafts programs. The authors cited\textsuperscript{23} Conventional medicine that combats the symptoms of illness with medical intervention.
existing research that showed positive results from creative interventions in palliative care settings “include increased energy and enjoyment, alleviation from pain and negative emotions, the opportunity to express and better understand one’s feelings, and strengthened sense of self-identity” (p. 242).

Furthermore, they reported that the use of the arts was especially useful with patients in proximity to death because creative expressions are well suited to explore paradoxical situations, and can facilitate non-rational expressions of apparently conflicting emotions. Poetry, story-telling, painting, and other such forms can give vent to anxiety, frustration, grief, agony and despair, which can sometimes then be transformed through acceptance and relief into contentment, or even joy.

Finally, it was extremely significant that the patients developed positive identities as productive makers of meaning and creators. Through their expressive creations the caregivers and family members of these individuals were often able to better understand what they were going through, and also to find renewed respect for them as active agents in life, not just passive care recipients.

Consider the significance of the word “harmoniously” in the following: “Recreational therapies, such as dance movement, art and theatre (drama), can work harmoniously to restore, maintain and improve the mental and physical health of the elderly person with depression and dementia” (Zeltzer, Stanley, Melo, & LaPorte, 2003, p. 7). How a treatment or method for delivering care to people works can in some cases be more appropriate to consider than trying to establish definitive criteria to prove whether it works or not. Harmonious treatments operate quite differently than invasive ones or pharmacological ones, and quite possibly should be held to different standards of review.
To some it may seem a bit crazy to discount objective efficacy as the gold standard for prescribing therapeutic modalities and interventions. But then consider which of the following seems crazier: One, an expensive pharmaceutical is synthesized which can delay the progression of Alzheimer’s disease. The patient does not like having to take pills and is already on multiple medications. Nevertheless, the drug is deemed the best current option for treatment, so the pills are prescribed and the patient made to take them. Now they will likely survive in their various states of dementia even longer. Or two, a painter decides to take up residence at a drop-in day centre for Alzheimer’s sufferers, to teach them how to paint. She experiments with whether her lessons can be retained or not, explores colour, shape, texture, and encourages stress-free participation. The group becomes a happy place where the participants momentarily enjoy themselves.

From the evidence base, the pill is proven good medicine, and the arts program offers inconclusive benefits. But which intervention would you most want for your own aging parent or loved one? For yourself?

As group therapy programs become circles of hope, circles of warmth and circles of love, an increase in the level of activity among the aged is realized and walls of social isolation are lifted; depressed and negative thinking is pushed out; and positive peer identification, personal empowerment, and healthy living are encouraged. (Zeltzer, Stanley, Melo, & LaPorte, 2003, p. 12)

The design and implementation of effective creative programming respects and values participants as self-determined individuals. Putting this emphasis on respecting the unique identity and agency of each participant is a useful way to simultaneously recognize and value the authentic relationships between the participant, their families, and caregivers. Especially for older participants who may be experiencing functional decline or living with daily

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24 Potentially an understatement of gross magnitude, if it glosses over repeated episodes of tears, screams, pill throwing, spitting, hiding, and eventually induces physical coercion.
assistance, therapeutic arts programs which give them the tools for creative exploration and self-expression make it “possible for the staff and the family to see the client through the lens of their own life story and gain a glimpse into the core person, to see beyond their limitations to the strengths and beauty” (Johnson & Sullivan-Marx, 2006, p. 316).

Thus creative group programs for people with dementia are not only effective and therapeutic interventions for the afflicted. Mutual engagement of dementia sufferers along with their caregivers in a creative arts program represents an innovative yet potentially effective approach to providing a unique form of respite for the caregivers. In a way, spending time reinvigorating the possibilities for a cooperative relationship, bearing witness to unexpected creative flashes, and exploring one’s own inspiration and non-task based capacities, could be even more helpful over the long-term than the sheer respite of just getting away from each other for a while (not that that isn’t needed sometimes too).

What other types of interventions can propose to create conditions so conducive to supporting the foundation of love, concern, compassion, and admiration at the base of healthy relationships? Bringing caregivers and receivers together for shared activities in creative active respite provides an opportunity to assuage the stresses and strains on a relationship that accompany the erosion by attrition of customary functional competence. As the caregiver’s need to attend to mundane practicalities escalates, time, energy and attention available to experience other enriching dimensions of life diminish. Effective support for caregivers and dementia sufferers must help to remedy this.
**A Caregiver is Born**

Take a diabetic woman with Alzheimer’s Disease who really wants to eat a sweet juicy pear that she can’t remember she’s not supposed to. Now, try to take the pear away. Now, go wash up your face, because sweet juicy pear pulp has been smooshed and smeared all over it.

Eilene was never my research subject, or any other kind of object or subject to me. She was a human being and a profound woman to be reckoned with, especially as she was dragged through the ultimately dwindling throes of Alzheimer’s disease. I was lucky to get the job working with her. At age twenty-two a rather brash and impudent self-confidence facilitated a lot, like believing I was as suited as anybody else for the role.

She made the terms of our relationship perfectly clear from the moment I met her. There was this pudgy face surrounded by a remarkable shock of white hair, snuggled up under her covers. Her eyes blinked open and she gave me a baleful squinty glare, a gruff “watch it buster!” and we were on square footing from day one.

Square footing, square dancing, dance steps, polka hopscotch jigsaw puzzle contraptions, run with the territory, descend the area, area the area, ascent, descent, drifting through layers and veils, serene tearing terrible torrents, one moment together, the next you are here in Alzheimer’s land, lucid dreaming amidst debris and detritus that is rock stone and foundation of who we are, how we know, where and when we live.

Every moment is infinitely mutable; there are no limits to the number of valid viewpoints and perspectives on a situation...never mind throwing in the incongruous, incorrigible, and insane options. The curse of Alzheimer’s is a gift, in that it magnifies this mysterious nature of dimensionality, disproving somehow the supremacy of
convention, or sometimes even that comprehension is requisite for human life to carry on, to have meaning.

Eilene and I instantly bonded as friends by grace of circumstance, cultural compatibility, and our shared delight in curious living. If I had ever taken the tone with her, talked down, lord forbid condescended, I’d have been dead meat. She bore no truck with nonsense, especially from white men. I got a bit of extra leeway because of my dreadlocks...it was obvious her heart was allied with any “other” typically discriminated against in North American professional life. She always had extra patience and consideration for women, children, old people, people of colour — and her hardwiring was so nakedly revealed so much of the time that she clearly wasn’t faking any of her due consideration. She really was an ally of the people, and I respected her immensely for that.

She was no joke, old school where it counted in matters of loyalty, courage, compassion and the heart, fierce to defend, proud to her friends, conspiratorial while always keeping her own council. So long as I respected her, and was mindfully deferential, I was blessed with a powerful ally.

Don’t get me wrong. Sometimes I had to cross her, and beware! We locked horns and worse in clashes, rages and battles. The pear incident is a good example. Or consider the intriguing implications of trying to get someone to remove her dentures for cleaning, who does not consider herself to be a denture wearer. Efforts to mime the action quickly invite rude Italian gestures that also involve the teeth.

But there were serene, bone deep silences of shared peace as well. Long slow walks, or gentle rides with her sitting up front in a bicycle powered wheelchair, with the scenery rolling steadily by in a potent and soothing manner. Sometimes as we rode I
would for no particular reason count slowly out loud to ten, as a comforting way of keeping her oriented to something familiar, dependable, simple to follow. I could tell that sometimes it brought her a deep satisfaction to communicate successfully with another person, especially if she didn’t have to worry that the meaning was going to get too complicated to follow. Maybe just a basic observation to drop gentle ripples into a pregnant silence: “The sky is blue.” My task was to facilitate her daily living by improvising deftly enough to try and keep a fond taste in her mouth.

And between it all we had a comradeship based on needing each other on a somewhat equal basis. I needed her to do my job (in a way she was my job), and she needed me to navigate the world. We devised a seamless interactive pattern based on common courtesy and erudite manners, where piquantly poised suggestions invited investment enough for Eilene to acquiesce to cooperate with me. We were both just people working in the Area. Like the rest of us.

Soul Matters

There is a problematic consideration to put forward at this point, which is that one of the things creative engagement does is to nourish the soul, or spirit. No wonder it is hard to identify and quantify what exactly is being addressed and how it is being affected. Can you imagine if a religious institution was asked to quantify how it healed and helped its members? In this secular reporting time it is important to look at ways to acknowledge and accept mysterious dimensions to life and wellness that relate more to metaphysical states than physical ones.

I owe a great deal of my understanding about this to the elder with Alzheimer’s who I used to work with. As her abilities of daily life retreated towards a child-like state our shared
purpose as a team was to simply navigate through each day keeping peace, comfort, happiness, communication and understanding as present as possible, whenever possible. This bizarre experience of living through a process that could sometimes fairly be called un-learning convinced me that there is more to life than what goes on in our heads. It is all connected, and when we are connected to all of it we can do mysterious and amazing things. With patience and love, I could peer through the drifting veils of Alzheimer’s-induced fog and sometimes find my old friend inside, peering back out at me. It was not something I could think my way through, I had to feel it. That, to me, is the spirit working, as it can throughout all educational and healing encounters, even when intellectual and other sundry chatters might threaten to distract.

Allen (1995) gracefully explains the deep soul matters with a poetic eloquence worth considering:

Art making is my way of bringing soul back into my life. Soul is the place where the messiness of life is tolerated, where feelings animate the narration of life, where story exists. Soul is the place where I am replenished and can experience both gardens and graveyards. Art is my way of knowing who I am...

I don’t believe that art cures or fixes; rather it restores the connection to soul, which is always waiting to be reclaimed. (p. ix)
The Research Journey

Like many researchers, now that I’m almost finished I have a much better idea what I was trying to do, and many better ideas for what I should have or could have done. But I am at peace with my efforts. This work represents an authentic engagement with an area of inquiry that was made honestly, rigourously, and in accord with the values and methods that I claim to explore. This coherence is vital, because more than anything, I hope that this document may in some small way serve to remind people to pause and reconsider the as-yet vastly untapped potential for creative and arts-based approaches to provide meaningful, responsible, and effective care for elders.

Myth: the role of the arts for children, adults, and elders is different.
Truth: We all need the arts to expose us to our true inner selves, and for permission to be fantastically, horribly real with each other.25

When I reflected on what I most wanted to study, it occurred to me that arts enrichment activities have come to be societally accepted, if not expected, for children, but not so much for older people. I wondered why this is so, especially since the most retired population would logically seem to be most available and equally or more ripe for visits and workshops from guest artists and educators as any other demographic.

The more I thought about it, the more excited I became. I hypothesized that since creative thinking and activities stimulate mental activity, and, depending on the medium of engagement, can also address emotional, spiritual, and even physical needs, they could therefore be of use to promote mental and all-around health for participants of all ages.

Besides the direct wellness benefits of providing an avenue of engaged activity for older people, there are potentially other indirect yet significant benefits to society, in that

25 Ezra Houser, 2011
more artists and people from the community might have opportunities to engage with communities of older people, interesting / educational works might emerge as legacies preserving and communicating life experiences of passing generations, and resources can be marshalled in support of green jobs developing the collaborative potential of creative classes such as artists, educators, and care giving professionals.

I have been working on the issues of concern from any and all available angles. This is at once the story of the journey, and the results of the research.

The Rigour of Serendipity

After my tenure as a personal care worker I became a professional performing artist, and for the next ten years collaborated with artists from diverse disciplines, often taking part in making elaborate dance theatre productions. I have integrated some of the sensibilities of artistic creation into my outlook on meaning-making processes. These artistic sensibilities resonated strongly with the principles of arts-informed inquiry (as I have come to know them), and strongly informed my approach to the research that underpins this work.

For example, in artistic creation there is a capacity to genuinely respect the virtue of serendipity as a courageous and potentially legitimate source of not only inspiration, but also of content. Inhabit a space, hold questions or intentions in mind, heart, and body, and be receptive to intuitions, insights, and answers that are revealed once embarked on a quest for meaningful options. This can make dances, or theatre, or writing, or more…namely, research.

When there are full libraries stacked with shelves of books surrounding a topic, who is expert enough to navigate precisely which sections of which volumes must be consumed for maximum efficiency and best results? Add to the mix the e-libraries now available with
endless pdf articles ripe and ready for instant download. The choices of what to read and review are ultimately somewhat arbitrary, even if they are educated or informed choices.

I maintain there is rigour in serendipity. When authentic attention to task and engagement with endeavour is applied, then although the approach may appear more random than premeditated, an improvisational presence to respond thoughtfully to what is encountered can successfully direct next steps throughout the process, so the logic is revealed to be sound in hindsight. Just because a result could never have been exactly anticipated ahead of time does not mean it is insignificant or inferior. Epimethius is, perhaps, the underrated brother.²⁶

Serendipitously generated research can be coherent, informative, and meaningful. The courage to take a risk and try something because of a conviction that it is better to try and do something than to avoid all risk by doing nothing is a prerequisite for most meaningful change. The courage to enter this liminal space of uncertain potential is a core value that I hope to impart, and hope attitudes towards care will shift to keep embracing more and more.

How to research how creativity / arts-based programming impacts health / wellness, with implications for an aging society? I conducted iterative search blitzes many times, each of which led to dozens of decent looking articles, which I then worked my way through, filtering the content for closer scrutiny or not.

It was strategic, but relied on a system largely fuelled by serendipity. Live improvisation. What else is there really? Engaging in scholarly pursuit and then responding in the moment...just like in a dance studio, when you’re warmed up and sweating and so are

²⁶ Prometheus, the brother of forethought who stole the fire of the gods, tends to be put on a pedestal as the Titan deserving human admiration and thanks. Due consideration and respect for the gifts and potential genius of Epimetheus, the brother of afterthought, appears generally lacking.
the musicians and they move the music just so and it’s your time on stage so you have to move too and it’s on! ...you respond, then, to what you find.

I set out to make sense of the scholarship so I cast repeated wide nets into the ocean of electronic databases, search engines, and online pdf journals. In an effort to focus and deepen my search topic I explored multiple lines of possible inquiry, searching different scholarly databases using keywords, usually in Boolean combinations to generate lists of references. Boolean searches included keywords such as: art*, creat*, culture*, brain, health, care, medic*, collaborat*, elder, senior, old*, creative arts, creative arts therapy, performing arts, arts medicine, creativity test...

Although these details are perhaps boring, if not downright mind-numbing to recount, I endeavour to note them as a saxophonist might strive to describe lip exercises to cultivate an embouchure. After perusing the titles, reading abstracts, scanning downloads, I followed up pursuing parallel research lines by checking descriptor tags attached to the most relevant and interesting articles and cross-checking for related articles. I would then select which pdf files to save to virtual folders on my hard drive.

What happened with the articles I saved became another series of cycles of research: reading enough on screen to organize and prioritize which ones to print and subsequently more fully engage with by making marginal notes and eventually, later on, electronically typed notes, developing ideas and referencing support.

Journals searched included:

Education Resources Information Center (ERIC), TRIP Database (Evidence-Based Medicine), SCOPUS, Psycinfo, Sociological Abstracts, The Cumulative Index to Nursing & Allied Health (CINAHL), and Medline.

27 Using the truncations to search for multiple possible endings, such as art* = artist, artistic, arts, artistry, etc.
Also, visits to the stacks in the University of Toronto’s Robarts and Gerstein Libraries, as well as the one housed at the Ontario Institute for Studies in Education (OISE) led to many useful texts found through online searches. Then lingering and browsing the relevant areas of in the stacks of bookshelves uncovered many more helpful sources.

Far more relevant and useful published work remains untouched than I managed to access and integrate. Some of it is still piled on my desk. But the strategy for uncovering textual evidence as detailed provided plenty of source material to inform the aspects of this research study that needed support from relevant literature.

Creativity

I always liked Socrates’ advice to define terms at the outset of a discourse. There are multiple definitions of creativity in relation to health-care related programming. Some specifically refer to the traditional fine arts (music, dance, visual art, poetry, drama) as inherently and essential creative modes. Other definitions could be extended to apply to programs which don’t involve the arts specifically, and might not be labeled or even recognized as “creative” (Flood & Phillips, 2007).

A U.S. based28 National Institute on Aging study found creativity in the workplace to be a significant determinant of health. The authors Mirowsky and Ross defined creative work as “varied, challenging, nonroutine, and engaging activity directed toward the production or accomplishment of something” (2007, p. 385), which is broad enough to imply that the findings could be theoretically relevant to other types of activities meeting the same

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28 Differences between the Canadian system of health-care and those in the U.S. or other countries do not preclude many opportunities to compare and consider implications revealed through various U.S. or internationally based research reports studying health, creativity, and aging.
criteria. Involvement in arts-based programming or related forms of facilitated engagement happens to fit that definition of creative work very well.

As occupational therapists Perruzza and Kinsella define occupation rather broadly as anything and everything people do, especially groups of activities that organize behaviour and contribute to structuring social identity (Perruzza & Kinsella, 2010, p. 261). They equally expansively claim creative occupation as “a major feature of human beings” (Ibid., p. 262).

It is therefore important to preserve universal human access to creativity as a non-privileged, non-exclusive human right due even to populations of people who may require concerted facilitation in order to gain access to participate. Facilitating creative engagement opportunities for hard to reach populations, or the sick, or the aging, may be more vitally important than it appears. Especially when illness or life changes diminish one’s involvement with customary occupations, “creativity can be a valuable tool in the healing process (Hasselkus 2002, quoted in Perruzza & Kinsella, 2010, p. 262)” and can help people adjust and cope.

Any one complete definition of creativity can be hard to pin down. How to measure or assess it and its impacts on people can be even harder. What emerges consistently is that activities designed to engage participants in learning about and experimenting with an artistic process, discipline, or practice involving creativity tends to benefit participants by “fostering…hope, creating a sense of meaning and purpose, developing new coping mechanisms and rebuilding identities” (Spandler, Secker, Kent, Hacking, & Shenton, 2007, p. 791). Because these positive benefits are difficult to assess quantitatively, they can be in effect “disappeared” when programs are viewed through incompatible evaluation lenses.
Health, like creativity, can have potentially broad and far-ranging definitions that may encompass physical health, emotional health, holistic wellness, and the quality of life experience. If health is indeed more than physical functionality\textsuperscript{29} then it becomes increasingly perilous to discount benefits such as emotional satisfaction, enthusiastic excitement, camaraderie, community, and mutual and self-expression. These lived experiences and ongoing processes and tricky to articulate, atomize, and count, but they are nevertheless vital to health and well-being, and an important part of the landscape in effective creative programs for the elderly.

Thompson and Blair are occupational therapists (OTs) who explain how fellow OT Creek — a specialist in creativity as a treatment medium — draws a distinction between everyday creativity, which can imbue virtually any human activity with variety and originality, and arts based creativity which typically involves invention and imagination to specifically facilitate creative expression (1998, p. 48). It may be useful to start thinking broadly of creative engagement as a significant type of activity. Focusing on figuring out how to review whether (and how) programs that propose to provide creative arts-based engagement meet criteria to be legitimately included in that broader category would in some ways reduce the need to scrutinize and prove the merits of all the specific details and manifestations of individual creative programs.

There will be cases where particular arts-based activities offer special potential value as targeted interventions matched to address specific needs, but overemphasizing the need to discern and prove clinical treatment correlations feeds the very biomedical treatment paradigm of symptom control (and, potentially, benign patient neglect) that an effective

\textsuperscript{29} The World Health Organization defines health as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Schmid 2005, p6, quoted in Perruzza & Kinsella, 2010, p. 262).
creative engagement delivery culture is a specific antidote to...it would take emphasis away from the significant holistic benefits consistently attributable to engaged participation in any group program activity that successfully stimulates creativity.

**Why / So What?**

At its sometimes most dramatized extreme, the “greying” of the population is sometimes represented as a crisis in health care: “Eldergeddon,” if you will. The Baby Boom bulge is giving a unique demographic composition to society.³⁰ Health care does account for a major chunk of the budget, and projections indicate it will continue to cost more and more. But is disaster necessarily imminent? Does it have to be inevitable? Or could scare reports on the unsustainability of government provided health care be part of a tactic to stoke fear to incite resistance to redirecting institutional change? In the recent American economic crisis, the managers of Wall Street repeatedly insist that the financial problems are too complex to trust to anyone else and thereby retain control of the purse strings.

One good question is: how useful are the dollars that are going to be spent on health care in terms of contributing to networks of sustainable jobs within the Canadian economy? Is there a way to maximize health care spending so it affords multiple positive returns? Funding work for creative collaborators and service workers may prove more sustainable than giving the lion’s share to sector-specific medical projects where substantial funding loops accrue profits to private for-profit corporations. It is worth noting that the creative and other working middle classes typically represent sectors where earned income is quickly injected back into the local economy, since these practitioners have to spend their earnings to raise families and survive.

³⁰ “The aging of the population will accelerate over the next two decades, particularly as baby boomers begin turning 65. Between 2006 and 2026, the number of seniors is projected to increase from 4.3 million to 8.0 million. Their share of the population is expected to increase from 13.2% to 21.2%” (Statistics Canada, 2007)
The argument that quality health care cannot be sustained and improved as society ages is largely based on certain premises about how resources are to be concentrated and allocated, and is a biggest problem for parties who would profit less if more was shared to caretake the lives of senior citizens in ways that empowered them to explore and define their own agendas for living out healthy, engaged lives, instead of just receiving the prescriptions and procedures experts assign to them.

**Nation-States Recognize the Urgency.**

Policy investigations in a number of developed nations broadly examine the relationships between creativity, the arts, aging populations, and health care. One report by Hanna (2006) summarizes the evolution of creativity and aging in the United States as a field recognized by federal policies and promoted by related agencies, and provides a useful snapshot of recent history and current policy agenda, and makes a vital point:

> Although the use of the arts in healthcare has been growing over the past forty years, most people, including healthcare professionals, are unaware that the arts have a significant positive impact on patients and older adults. (p. 48)

Unfortunately, the conditions responsible for this disconnect do not differ substantially in Canada. Hanna (2006) identifies the core problems as: limited tools to evaluate arts in healthcare programs, lack of funding to share best practices, insufficient public education and knowledge transfer about the benefits of using the arts in healthcare, and a lack of infrastructure that could support worthwhile programs (p. 48).

Documents from England and Ireland are worth considering as well. Government policy directives increasingly recognize the value of creativity, even going so far as to promote creative processes as a vital part of a strategy to retool the health and care sector for
success throughout the 21st century (Brodzinski & Munt, 2009). Indeed, in a study by Brodzinski and Munt (2009), England’s Department of Health is quoted making a 2007 public commitment to a policy that explicitly values the arts:

   The Department’s policy is that the arts have a major contribution to make to wellbeing, health, healthcare provision and healthcare environments, to the benefit of patience, service users, carers, visitors and staff, as well as to communities and the NHS as a whole. (p. 278)

   The arts-based therapeutic approaches that are recommended are supposed to operate differently than the previous approaches. By promoting an actively patient-centred approach that respects health care users as primary agents of change in their own healing journeys, arts-based modalities depend on achieving engaged participation. This gives patient / participants a valuable opportunity to experience benefits on multiple levels (physical, psychological, social…), and to provide direct feedback for assessment and evaluation of what is working for them and what is not.

   If arts-in-medicine approaches are supposed to work differently that non-arts-informed approaches, then the same planning and reporting standards used with other medical procedures and approaches may not so aptly apply. Nevertheless, even as policy a progress, the rate of rolling out new programs and fostering actual change is slowed because appropriate tools to describe and measure the programs are unfamiliar or unavailable. And so progress is tempered and slowed by the habitual call for more comprehensive and theoretically robust means to implement and evaluate the innovative initiatives so accountability and effectiveness can be measured. Before we get deeper into issues of appropriate evaluation of available evidence, let us review some of the data that might typically be objective enough to inform aspects of policy development and management.
Canada Specific.

Demographically speaking, the aging population as a whole can be conceived of as a cohort that does or will require increasing care management. More in-hospital or in-facility care costs too much and does not address the preferences of aging patients to remain in community as long as possible (Thomas, Gassoumis, & Wilber, 2010, p. 333). Any interventions that can strengthen networks of community care amplify the impact of volunteer caregivers. Strengthening the resiliency and effectiveness of collaborative ventures partnering creative collaborators into health and wellness delivery systems can alleviate some of the burden of care from existing infrastructure and networks, while providing opportunities to create jobs that have a meaningful impact on people and society.

As a counterweight to any political and sensational spin which makes believe that significantly increasing numbers of old people precludes continued and increased spending on quality public health care, below are three explorations of policy offered as an experiment in assuming the voice of objectivity favoured in policy discourse. I recognize, however, that my subjective beliefs may colour my analysis and conclusion that there is nothing forcing Canada to steer resources away from innovative, basic programs that can deeply root health and security in citizens’ lives by providing more opportunities for active engagement in their homes and communities, spreading vital energy through society and outward towards the rest of the world.

“Policy Notes” 1: Older Adults and the Health Care system — Can we Afford It?

The Canadian health care system, as a universal provider of Medicare, can and will remain sustainable and affordable in light of the aging of the population. There will be
changes over the coming decades in policies and methods of provision, but the essential character of the health care system can and will survive.

Turcotte and Schellenberg (2007), writing for Statistics Canada, report that “the aging of the population will accelerate over the next three decades, particularly as individuals from the Baby Boom years of 1946 to 1965 begin turning age 65,” with the population balloon of the Baby Boom cohort more than doubling the number of seniors from 4.2 million (13.2% of the population) to 9.8 million (24.5% of the population) between 2005 and 2036 (p. 12). These demographics present a situational challenge to come because of a proportional decrease in wage-earners / tax-payers in the labour market along with a proportional increase in the oldest populations which can require higher health care expenditures. However, there is no call for alarmist defeat that this is a wholly untenable situation.

One important prediction by Fries (2005) is that as life expectancy rises, there is a compression of morbidity, meaning that the young-old population is likely to be healthier longer, and increased costs caring for the old-old will be largely offset by decreased costs caring for the healthier young-old. This tends to refute the concept that we will be faced with the need to “salvage” an exponential number of frail Baby Boomers who will linger in sickness for longer periods than we’ve previously seen.

The Canadian health care system needs to adapt and be reorganized to survive and thrive, but the political will of the citizens to make necessary changes should prevail over the private interests of companies or wealthy individuals opposed to necessary reforms. What follow are a few areas of emphasis where I believe attention must be focused.

One, maximize use of the most efficient technologies and levels of in-patient care. Preventative medicine, consultants / teams for primary care providers and community-based care can keep hospitalization levels and costs down. It is hopeful that Robson (2001) notes
“the idea that efficient management is a legitimate goal in health care is probably more widely accepted now than in the past” (p. 18), especially if a definition of efficiency includes what works well for patient participants, not just for administrators, managers, and current white-collar professionals.

Two, support creative alternatives to traditional acute care and long term care (LTC). By promoting community initiatives and finding ways to subsidize the efforts of family caregivers, some of the most expensive aspects of caring for the elderly might be defrayed, as explained by MacKnight et al. (2003): “…acute care costs do not increase much as a population ages, but home and long-term care costs increase dramatically” (p. 12). In these efforts the aging population can present as a resource contributing to caregiving, not just a liability receiving care. Community-based care can be designed to involve able seniors in cooperative programs that will enable their peers to live more independently with assistance for longer, reducing the burden on LTC facilities.

Three, invest in appropriate training and recruitment so there will be sufficient professionals ready and able to implement new methods of geriatric care at all levels throughout society. MacKnight et al. (2003) clearly state that “The creation of primary care practices aimed at seniors, including multidisciplinary teams, should be a priority for government” (p. 13) If these professionals are in place and getting practical experience sooner, they will be able to assist in the modification and refinement of efficient policies and procedures for the well-being of elders and society as a whole. Pilot programs experimenting with integrating creative arts facilitators into health care environments can lead to the development of train-the-trainer approaches in anticipation of the need to seed the sector with more outreach sites to come.
Lastly, make a commitment to adapting the health care system to provide for our elders and our collective future. Anticipating that resources will be required, and planning ahead will help ensure real economic costs are minimized. This point was made clear at the 2nd World Assembly on Aging held in Madrid in 2002, as quoted in MacKnight et al. (2003): “The growing need for care and treatment of an ageing population requires adequate policies. The absence of such policies can cause major cost increases…” (p. 12).

Overall, there are realistic ways to improve efficiency and adapt delivery methods that can accommodate the projected burden from the aging of Canadian society. We need to act ahead of time to reduce waste, but predictions of collapse are inaccurate.

“Policy Notes” 2: Caregiving for Older Adults — What can we Do?

The short answer to “what can we do” about elder care in Canada is to “better support what we are already doing.” As adults age there are many situations in which they might need assistance, ranging from temporary help during acute illness or injury to long-term care due to chronic conditions. Canadian statistics reported by Lafrenière, Carrière, Martel, and Bélanger in 2003, as quoted in Pyper (2006), note that “almost three-quarters of the hours spent assisting [seniors] are provided by a network of family and friends” (p. 5). Demand will keep increasing as the population ages. What’s more, the Baby Boom cohorts have proportionally fewer children than before. Since spouses and children are commonly relied on caregivers, Grunfeld, Glossop, McDowell, and Danbrook (1997) report “elderly people will have fewer children on whom they can depend for care” (p. 1101). The gap will likely be filled from somewhere else in the family.

Caregivers are usually part of an extended network of helpers involved with an elder in the family or community, and Sims-Gould and Martin-Matthews (2007) explain that
“…many caregivers and helpers provide simultaneous care to more than one older person” (p. 28). Try to factor in the participation of all of these caregivers and helpers, their involvement in the labour force, the many medical and social needs that they are addressing, and the multiple multi-dimensional relationships involved; it becomes clear that policy needs to be broad, generous, non-intrusive and flexible.

The family and friends who attend to the elderly, who value the human being and ultimately witness the passing of a generation, are the safety net when it comes to care. According to the Canadian Caregiver Coalition (2007), “Family caregivers are the invisible backbone of the health and long term care system in Canada” (Background section, para. 1). Health Canada’s Report on Family Caregivers (2002) claims that “because [family care in the home] is informally provided…there are limited supports available to ease this burden” (p. 1). Perhaps this explanation has the cause and effect reversed. It could be that a lack of support for chronic health problems or disabilities leads to family care in the home as the only option left. “Informal provision” seems to be code for individuals and families stepping up to address real needs that are not provided for elsewhere in the social system.

Definition of “formal” home care can be broadened to respect and acknowledge the very real contributions of family members, whose support networks must be enhanced and improved. The types of help available can be expanded from “expert” help (primarily medical and social services), to outside help from diverse professions including educators, artists, entertainers, librarians, parents, children, businesspeople, and more. Grunfeld et al. (1997) explain “there is both a humane and an economic incentive for assisting caregivers in the care of their seniors” (p. 1102), and to make the infrastructure for healthy elderly robust, and to provide for the unwell elderly to be well attended and nurtured would be a social investment that could save money in the long run (Clark, 2005, p. 53).
The national research survey conducted for a 2002 Health Canada Report on Family Caregivers focused on “who does what” type questions. While statistics of this order provide data that policy makers consider useful, it must be asked if it is possible the conclusions from such data will not be as useful as if they had been informed by the more revealing “why and how do they do it” type questions. When you are a caregiver, the actual person someone else is counting on for an aspect of their survival, then abstract theoretical dimensions disappear, and the very real responsibility of attending to someone’s life and well-being consumes you. While the questions of a survey may help statisticians parse data and determine categorical imperatives, Sims-Gould and Martin-Matthews (2007) remind us that “Open-ended questions… illuminate the breadth and variety in caregiving contributions beyond responses to predetermined lists of questions on provision of tasks” (p. 43).

As Health Canada’s Report on Family Caregivers (2002) points out, although “many caregivers express a desire for various forms of help, no particular form of assistance emerges as predominant” (p. 7). But the survey questions on “areas where they could use help” mostly focused on instrumental activities typically considered burdensome. Absent were value-adding experiences such as educational or recreational opportunities, or imaginative chances for caregivers and their charges to participate in “extra-curricular” activities, the inclusion of which may have led to different answers.

*Any parent knows how important play-dates are to break day-in day-out caregiving responsibilities. Might not elder visits of various types be equally useful? Creative programs can offer tired caregivers a little fun with their old folks. How many would have checked “doing arts activity” if it had been offered as an option? Then again, if voices of authority don ’t offer it, then there is an implicit value judgment that it is not a vital priority.*
Maybe many caregivers would hesitate to choose creative arts play, even if presented, out of ingrained feelings of sheepishness or guilt to contemplate that some relaxing and invigorating quality time together could be an important priority in a regimen of care.

It is possible to broadly envision more holistic social support. Include subsidized visits to healers of all types, medical, traditional and alternative, and other organized visits. What about a one-year paid internship opportunity leading to entry positions into any branch of health / social services, so high-school or college graduates can gain work experience, contribute to the volunteer pool available for relief visits, and learn about the good work to be done that will be personally rewarding and hopefully increasingly stable career-wise? Ultimately an international movement could even see cooperating nations committing to the elderly, promoting senior exchanges, particularly to assist in satisfying end of life dreams.

There is clearly a surfeit of goodwill and effort being put forth by the Canadian population to care for our senior citizens. It would behoove the government to capitalize on this by investing in innovative ways to recharge the batteries of those involved, complement their efforts, and otherwise directly and indirectly support the networks of care that keep our older people happy, healthy, and alive.

“Policy Notes” 3: Health and Aging — Dementia.

A major health issue for older adults in Canada — and the health care system that will be increasingly tasked with caring for them — is cognitive impairment through dementia. The Canadian Institutes of Health Research’s Institute of Aging (2007) notes that “The most recent estimates indicate Alzheimer’s Diseases and other dementias cost the Canadian health system $5.5 billion annually or $15 million a day” (Section I, para. 5). As the numbers increase, significant investment to cope with Canada’s growing dementia issue is inevitable.
Proactive funding to develop systems that will reliably and sustainably improve quality of life for those millions of Canadians who will be involved as patients, caregivers, health care workers, and family would be not just humane, but a wise choice.

The Canadian Study of Health and Aging Working Group (2000) estimated that 8% of individuals 65 years and older are affected by dementia, with the rate at 2.4% for those aged 65 to 74, but 34.5% for those 85 and older (p. 67). With older age cohorts seeing such higher percentages with dementia, as the Baby Boom generations enter young-old age and progress to old-old age, Canadian society will have unprecedented numbers of participants with Alzheimer’s disease and dementia.

Dementia sufferers ultimately cannot cope and survive independently, so there will need to also be unprecedented resources dedicated to caring for those with dementia. In a policy lens written on promoting seniors’ well-being, MacCourt (2004) explains that spouses and daughters account for 66% of primary caregivers for community-dwelling people with dementia (p. 21). For the old-old dementia sufferers especially, spouses or children could be elderly themselves, possibly dealing with their own age-related health concerns, so MacCourt (2004) points out that there may even be new dimensions to the situation: “as the population continues to age, it is conceivable that non-cognitively impaired old-old parents will be faced with providing care to cognitively impaired young-old children” (p. 22).

Caregivers for individuals with dementia are at greater risk for loneliness, decreased social support, and depression, so especially robust support for the caregivers is needed. A chapter by Hermann in The National Advisory Council on Aging’s (NACA) Writings on Gerontology (1991) cited a need for “respite care or intermittent admission programs,

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31 The cutoff point varies depending on whose definition is used, but young-old is more or less aged 55-74, and old-old aged 75 and up.
admitting the demented person for several weeks to temporarily relieve the caregiver” (p.
43). Pyper’s Statistics Canada report (2006) on balancing work needs and caregiving duties
states that forms of support for those caring for dementia sufferers at home should include
not only occasional relief from family and “paid formal help, or government-arranged home
care,” but also flexible work arrangements, financial compensation, and information (p. 11).

Attention to caregivers’ needs, viable treatment programs including long-term and
palliative care, and correct, early diagnosis are all important. Hermann’s NACA chapter
(1991) reports that some dementias “are potentially reversible (curable) if the underlying
problem is corrected” (p. 35), but that requires diagnosis through a thorough “physical,
neurological and psychological assessment” (p. 39), including investigation of life history
and lab tests. The availability of multidisciplinary teams of experts will facilitate correct
diagnosis and early treatment, and training and education will help health care workers better
assess and work with the cognitively impaired.

It is important to remember that these patients may not be equipped to answer
questions correctly and quickly, and Hermann (1991) shows the possibility for misdiagnosis
is real: “Some psychiatric disorders, most notably depression, also can cause symptoms that
are difficult to distinguish from dementia” (p. 39). Having creative engagement specialists
available to take the time to cultivate a more unique personal relationship with the patient
would be a more reasonable and accurate way to gauge their condition than to force a
medical professional to conduct the assessment by rote protocol in a clinical office.

A very difficult issue for those afflicted with dementia and their families to address will
be how to decide on appropriate treatment plans. Extension of life while afflicted with
symptoms of dementia is not a choice about which every individual or family will feel the
same. Increased discussion throughout society is necessary to help elders and their families
understand their choices when faced with the onset of dementia. If discussions are limited to rational verbal discourse, they may very well remain uninteresting, under-accessed, and possibly even misleading for many. The ramifications of living with and dying with dementia are intensely emotional, and artistic creations that explore and convey some of the feelings involved while filtering in useful information, could really help some people face the issues with beneficial light shed by others’ journeys.32

**Objectivity Objections**

There are critical dangers inherent in trying to be overly objective. To truly care about someone in a meaningful human way requires a healthy element of subjectivity. A human being is not a theoretical entity after all, but an actual individual, flesh, blood, bone...unique frailties and strengths and all.

One might theoretically care about other people in objective fashion, but the depth and rigour of that commitment to caring is prone to compromise, suspect to delegitimation, and tends not to sustain ways of valuing and measuring well-being that meaningfully challenge other more objective criteria.

To see beyond the borders and boundaries of an individual’s categorical criteria, their statistical location in a particular system of constructed groups, fields, and relationships, requires a mortal, fragile, compromising, yet unyielding commitment to love, which includes trust as a vital component...even faith, that any flawed and worthless wretch of a being bears the same life blood, potential for greatness, and right for redemption as the most shining.

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32 Cole and McIntyre (2008) toured *Putting Care on the Map*, a “mixed media installation based on our program of research on caregiving and Alzheimer’s disease” that successfully conveyed emotional and intellectual impact to those who attended about “what it means to care for a loved one with Alzheimer’s disease” (Section: The Exhibit).
brilliant and bold among us, and is equally deserving of our compassion, camaraderie, and confidence.

When budgetary concerns are determined solely by objective criteria then we have eviscerated our society of access to subjective human resources that would allocate and provide for an ethos of abundant care and concern, weaving the stable fabric of shared lives together, bringing peace, security, and prosperity into being in a more deep and profound way than can be cared about objectively.

Human lives are human stories, and as the authors of these lives, stories, and cultural communities, we not only get to decide what the narrative explaining it all is...we have to decide what it is, or else someone else will do it for us. The current narrative seems to pit us against one another, and therefore against ourselves, playing out an age-old warring mindset unto oblivion, requiring a dismissive lack of empathetic concern for the worries, point-of-view, and lives of those different from ourselves.

Not until the suspicious mindset that encourages distrust and hate switches off can the stranglehold of white-knuckled commitment relax that presumes to position efficiency and economic organization over caring deeply about the fate of human lives.
Fishing for Research

Fishing for research
In the frozen tundra of my mind

Pursuing idea slush chunks
thickening sluice
the brain squirts juice

as crystal
ice forms
liminal space
appears
fluid

liquid suspended
as solid

illusion
so convincing
it is real

and the temporary surface
of the gelling ice
is the frozen pathway

My thoughts skate along
A little further

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33 Ezra Houser, 2011
I cultivate an intentional schizophrenia
self-prescribed as diagnosis and my cure
embattled and embittered by academic impotence
infatuated and infiltrated by artistic tempered fever lust

the path forward is forked as a serpent’s tongue
lateralized hemispheres forced to reconcile convergently
a steady voice of reason attuned and attending
well thought lines of well wrought words

my voice, sure, but garbed in garments of propriety,
dignified, sanitized, public
a face to make proud and palatable

Yet garbled, really, in its very clarity,
to the lurching, searching surges
torrid tales and futile ramblings
the stories and voices
heinous and screeching
puzzling, head scratching, triumphant,
perverted, pathetic and muted,
bruised, glorious and pleading

together this juxtapose
may reveal just what I suppose
this thesis is really about

all, (about) none, (about) I, me, he, she, We

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Ezra Houser, 2011
Creativity Promotes Health

Existing literature on creativity as it relates to health in aging adults positively correlates programs which use the arts or other creative methods with benefits and improved health. People know it works. Key areas where seniors consistently benefit from programming involving creative activities will be briefly reviewed below, and include, but are not limited to: hope for the future, a sense of purpose and meaning, peer fostering and social support, rebuilding identities, a sense of freedom and control, confidence and self-worth, and adaptable coping skills. While many of these areas improve participants’ health and quality of life, Spandler, Secker, Kent, Hacking and Shenton (2007) point out that they “are particularly hard to standardize, define and measure” (p. 797). Arts programs and other creative activities are shown to promote successful aging by addressing health needs while enhancing quality of life and enjoyment for seniors and caregivers. Older adults want the opportunity to participate in these types of programs, and they are good for them (Flood & Phillips, 2007).

Think through the act of becoming stimulated and engaged with a creative activity: the participants use their own powers of cognition to consider possibilities and make choices, they may search their feelings for insights and cues, discover their own original motivations, opinions, values, preferences, and eventually create an original piece of work that may express some of the meaning they have processed. All of this vital processing effectively acts as preventative, life-giving medicine for living, human organisms.


35 Or, put another way: creative arts help people get better.
claiming that they “can be used as a means to facilitate problem-solving or enhance learning, both of which may contribute to a person’s sense of control in life” (p. 50).

Thompson and Blair (1998) suppose that “Creative arts activities also provide possibilities for ‘ego-support’, by allowing a safe, non-judgmental environment” (p. 53). A safe space can help to draw out and make manifest any human tendencies a person might possess to explore their self-awareness, and thereby gain insight into their own condition and possible choices for change. The cultivation of a safe space to process potentially painful feelings where they are not the explicit focus of the activity or conversation can provide a suitable outlet for stress to be shared, admitted, and released. Especially for participants involved in regular ongoing sessions, having a safe space for “light-touch” relaxed encounters in a group context can provide a healthy outlet for issues to be aired before they become problems.

If delivered by a sensitive and reliable facilitator, creative activities can build a relationship of trust between the participant and facilitator. Thompson and Blair (1998) explore various ways that rapport can lead to therapeutic processing in the psychoanalytic tradition (p. 52). Other therapeutic benefits can include: mental and emotional relaxation (getting absorbed in creative projects can provide relief from preoccupying worries), physical relaxation, increased self-esteem, an enhanced sense of control, improved social supports, and an overall increase in activity levels and energy.

Griffiths (2008) echoes many of these benefits of creative activity, and notes that having structured activities to engage in and look forward to provides a healthy opportunity to practice positive time management (p. 51). Griffiths (2008) further provides research anecdotes to illuminate how for some participants successfully finishing a course of social
activity is intrinsically meaningful, and can build self-esteem and confidence to remain or get more active (pp. 51, 60).

Cohen et al. (2006) argue that almost all participants in group art programs automatically experience enhanced levels of social engagement, because interpersonal interaction with others is part and parcel of the process (p. 728). Perruzza and Kinsella (2010) reviewed work published between 2000 and 2008 on perceived outcomes from using creative arts occupations in therapeutic practice and found positive themes emerged including: enhancing perceived control, building a sense of self, expression, transforming the illness experience, gaining a sense of purpose, and building social support (p. 264).

A significant feature of many art programs is that their process and resulting products are often imbued with some sort of intrinsic beauty, a quality which attracts participants who Cohen et al. (2006) say may “seek involvement for the natural appeal of the art; secondary positive health benefits are an added bonus” (p. 728). Cohen et al. (2006) explain that “this highly engaging and sustaining quality” fosters sustained involvement as people are drawn to continue their experiences in such a positive aesthetic environment, which helps to prevent participant attrition, which can be a serious impediment to effective therapeutic treatments in group activity sessions that lack core appeal (p. 728). As a result of consistent attendance, positive effects of creative art programs are compounded and can deliver enduring effects.

Though the intangible benefits that accrue during the process of participating are correctly recognized as significant, there are also positive gains identified when tangible products are made. For example, Griffiths (2008) notes that making things for other people can be a source of satisfaction and pride, as is simply bearing witness to self-created artifacts that are displayed (p. 60).
Partnering artists and educators into health care environments as creative collaborators is a natural solution that will change the lives of patients, the culture of health care, the resources available for wellness in society, and attitudes towards the aged. By looking to develop partnerships within existing health care institutions or tied into the sector’s infrastructure, creative collaborations can amplify the benefits already being provided by various communities of care and improve the effectiveness and longevity of health care workers and providers. Researchers such as Cohen et al. (2006, p. 733) and Zeltzer (2003, p. 12) indicate that creative interventions even have the potential to control health costs and spending because of the low-cost nature of programs of service delivery, and their effectiveness promoting health by averting the depression and illness often associated with under-supported aging.

There is clearly an abundance of evidence arrayed in support of many ways creative engagement can provide considerable benefits for the well-being of older people, but what about the other side of the story? It turns out that there are also abundant concerns about using the existence of potential (and real) benefits to justify policies that would transform and redesign systems of delivery of care so as to implement more creative activities. These concerns will be explored more in-depth in the section “Evaluation Problems,” but for now Peter Hewitt, the Chief Executive of the Arts Council of England, succinctly explains why:

Artists have long been aware of the benefits of their work in healthcare settings and we know from evaluation reports that the arts can have a positive impact on health. What we have lacked thus far is systematic evidence of some of the clinical and other outcomes of the arts that is sufficiently robust to carry weight with those responsible for delivering health care. (quoted in Staricoff, 2004, p. 2)
To Subdivide or to Generalize?

Although different artistic disciplines offer different specific modes of engagement and methods for creating and expressing, it is possible to speak of “the creative arts” as a whole because of common features underlying their engagement and use (Thompson & Blair, 1998). Learning what tools and means of expression are available within any particular discipline, experimenting with them, making decisions about how to undertake and complete a project, and creating something new are common features that contribute to the therapeutic properties of creative expression through the arts. Doing so in a safe, supported, failure-free group setting is no small part of the package and process that induces trust, confidence, vigour, engagement, and well-being.

To create a comprehensive list itemizing all the different arts-based interventions or programs that have been or could be used to engage and stimulate older participants, however, would be unwieldy or quite possibly impossible. A significant effort to compile just such a listing was undertaken by Staricoff (2004) on behalf of the Arts Council of England, who commissioned a sixty-five page review of medical literature published from 1990 to 2004 in order to “strengthen existing anecdotal and qualitative information demonstrating the impact that the arts can have on health” (p. 4).

It is useful to have a growing evidence base, but the task of “robustly” proving each and every particular instance of therapeutic applicability is certainly Sisyphean. And perhaps it is unnecessary, if some essential common qualities driving the success and relevance of arts-based types of interventions as therapeutic modalities can be shown to potentially apply that don’t depend on controlling and assessing each different discipline or specific details of the various procedures followed.
Zeltzer et al. (2003) maintain that although different artistic modalities engage participants using distinct exercises and activities, they all “…emphasize the multidimensionality of the person while validating and integrating the emotional, spiritual, mental, creative and social aspects of the individual and communal experience” (p. 7). Such claims provoke deep notions of human affectedness, but would be practically impossible to clinically prove to the satisfaction of those “responsible for delivering health care” (as referred to by Hewitt quoted in Staricoff, 2004, p. 2).

**Biological Evidence**

While I think it is a bit of a red herring to focus exclusively on readily quantifiable, “provable” phenomena, it is important to acknowledge the large body of accumulating biological evidence that supports and explains the benefits of creativity on health across the life course. To better understand how creativity affects the mechanisms of biological health it will help to consider the effects of the mind on the body. In order to better understand the mind-brain-body connection creative gerontologist Gene Cohen (2006) refers to the field of psychoneuroimmunology (PNI), which studies how states of mind, manifested as brain / nervous system activity, influence the body and immune system (p. 9).

For example, a positive emotion such as feeling a sense of control seems to positively affect the immune system because the brain is triggered to produce more T cells and NK cells, which are white blood cells and lymphocytes that are important immune system cells. Since gaining a sense of control is an acknowledged outcome of participating in creative expression through the arts, it logically follows that participation in creative arts exercises can lead to an improved immune system, as explained by PNI.
Similar biology at work in the brain is postulated by Mirowsky and Ross (2007) to explain that “creative work may improve regulation of the hypothalamus-pituitary-adrenal (HPA) axis” (p. 399). The HPA axis is an important part of the neuroendocrine system that can affect mood and produces hormones that interact and influence physiological responses to stress ("hypothalamo-pituitary-adrenal axis", 2011). A wide variety of disorders are affected by the HPA axis including: insomnia, burnout, chronic fatigue syndrome, fibromyalgia, alcoholism, ADHA, anxiety, bipolar, post-traumatic stress and depressive disorders. Many of these are often treated through the use of antidepressant drugs to try and regulate the HPA axis’s function.

Remarkably, creative engagement seems to provide a non-pharmacological alternative that produces much the same result. Mirowsky and Ross (2007) explain that the hormones expressed and activated by the HPA axis during creative work are transformed “from stressful and destructive to invigorating and constructive,” with health improved through mechanisms such as the productive use of glucose that could otherwise circulate at excessive levels (p. 399).

Basically, this appears to describe the potential for the brain’s own neurochemistry to transform stress into vitality when challenged with creative tasks. As a phenomenon this makes intuitive sense to anyone who has experienced the invigorating process of getting “in the zone” while wholly consumed with a creative activity. Csikszentmihalyi has produced seminal works investigating these optimal, “in the zone,” or “flow” experiences, which Thompson and Blair (1998) describe as those “where individuals experience complete absorption and concentration in an activity so that time seems to flow effortlessly” (p. 58). Self-consciousness dissipates, anxiety and fear of failing alleviate, and the holistic presence of sheer, immersed being reinforces self-esteem, self-confidence, and self-worth. The human
participant’s competent agency to operate as an independent, reasoning, expressive organism is positively reinforced.

There is further biological evidence compiled in Flood and Phillips (2007) literature review on creativity in older adults, which aptly delivered on its eponymous “plethora of possibilities.” Besides corroborating a summary of the contributions Cohen mentions, additional positive biological effects were indicated:

When the brain engages in creative work, it alerts the parasympathetic nervous system; heart rate and breathing slow, blood pressure decreases, blood circulation to the intestines increases, and the body shifts into relaxation. Creative activities also stimulate the hypothalamus to activate the autonomic nervous system, stabilizing and maintaining blood flow, heart rate, and hormone levels. Furthermore, [they] can stimulate the release of endorphins…affecting brain cells and the immune system and improving their function. (p. 407)

The implications for health and well-being of being able to reduce stress levels and induce positive chemical changes within the brain and body without introducing medication are potentially enormous.

**Researcher Voices**

A clue that something may be amiss comes from studies where researchers complain that they lack the appropriate evaluation tools to fairly demonstrate how useful and important creative arts engagement programs really are. Thompson and Blair (1998) quote Warne (1993):

> Despite the interest and strong theoretical and anecdotal support for practice, it continues to prove extremely difficult to obtain quantitative research support for the psychodynamic / humanistic application of creative arts. (p. 49)

And are in turn quoted by Perruzza and Kinsella (2010):
Despite the proposed link between creativity and health and wellbeing, it continues to prove difficult to obtain research support for the application of creative occupations in therapeutic practice. (p. 262)

What are the consequences of discounting and ignoring the voices of people directly involved in the endeavours being evaluated and discussed? What kind of democratic society is maintained when hierarchies of decision-makers can operate in virtual vacuums, divorced from the input and concerns of those affected by their funding and policy decisions?

Agencies which finance health-care services “often demand rational scientific and quantitative evidence of the benefits of therapies,” which can hamstring the therapeutic use of creative arts modalities explicitly concerned with the “subjective experience of individuals” (Thompson & Blair, 1998, p. 49). Quantitative research techniques are sometimes not well-suited to illuminate subjective experience more essentially characterized by quality than amount.

Many research reports dealing with creative approaches to providing therapeutic benefits include a comment or section on the need for more research and stronger evidence to better prove a causal link. Odell-Miller, Hughes and Westacott (2006), however, indicate that the practitioners directly responsible for using the methods in question may often be convinced without such proof: “Anecdotal evidence from single-case studies is often seen by therapists as convincing in terms of the efficacy of the treatment…” (p. 124).

Relatively few research studies manage to successfully incorporate quantitative assessment. The rather strictly limited and delineated parameters of quantitative investigation tend not to provide particularly fruitful results when trying to understand the nature of creative interventions. When employed, they often feel forced and frequently provide inconclusive results, as discovered by Odell-Miller et al. (2006) when they tried to
integrate a randomized controlled trial (RCT) into a study on the effectiveness of arts therapies: “In summary, in hindsight, it was not possible to achieve sufficient statistical power to prove results using the RCT design” (p. 133).

So the question becomes not how to give practitioners innovative tools that work to help them care for people, but how to change the systems that practitioners are beholden to, so that the useful tools already at their disposal can be considered legitimate, and more appropriately evaluated to be improved and disseminated for greater impact and benefit.

Shaun McNiff (1998) maintains that art-based research\(^{36}\) will expand the methods used to investigate and explain creative arts therapy to include procedures and processes used in actually conducting creative arts therapy. In doing so, McNiff (1998) posits that researchers and practitioners can better come to see “how science and art can work together within the process of disciplined inquiry” (p. 5). He goes on to elucidate his personal system of evaluating in this area based on many years of exposure and experience:

> Whenever I review writings and research projects dealing with the creative arts therapy experience, I instinctively apply an innate personal test of truthfulness to determine whether or not the study corresponds to my sense of practice. Does the study appear real? Does it touch and illuminate qualities that I experience in creative arts therapy? The quantitative-qualitative framework for viewing research has little connection to the realities that I encounter in the creative arts therapy relationship because there is no place for artistic inquiry within the duality. Art is by no means purely ‘qualitative’ because it is a thoroughly empirical activity. (pp. 12-13)

McNiff (1998) feels that the tension between qualitative and quantitative research methods represents a dichotomy firmly rooted in the traditions and worldview of behavioural science (p. 52), which overprivilege various forms of empirical data at the expense of

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\(^{36}\) McNiff (1998) defines art-based research as “a method of inquiry which uses the elements of the creative arts therapy experience, including the making of art by the researcher, as ways of understanding the significance of what we do within our practice” (p. 13). The idea of using any means, including creative/artistic ones, to understand the significance of engaged practice can apply to many types of creative interventions for well-being, not just creative arts therapy per se.
introspective reasoning, which in turn is supported and integrated into meaning-making efforts by art-based research. However, because qualitative and quantitative evidences explicitly figure so largely in current relevant research, it makes sense to examine examples of both types of studies to try and get a feel for what they do and do not do well.

**Qualitative Evidence**

In a qualitative analysis of a U.K. research study assessing the impact of participatory arts programs for people with mental health needs, Spandler et al. (2007) indicate that research tends to focus on “clinical or ‘hard’ outcomes rather than more on these nebulous and elusive concepts which are highly subjective and do not in themselves have to relate to specific outcomes in order to be extremely important and beneficial to the individual” (p. 797). They make the case that viewing health through the “recovery approach” puts the emphasis on mental health as an ongoing process, not a specific outcome, making qualitative evidence aptly suited to review and evaluate the quality of the process. It is plausible to extrapolate this view to general health care for Canadian seniors, encouraging individual service users to define their own projected outcomes, with project impact at least partly evaluated by measuring “various aspects of ‘distance travelled’” towards those goals (Spandler et al., 2007, p. 797).

In another qualitative research study Woods (2002) uses Grounded Theory’s review, coding, and mining of data to explore the notes she made in twenty-four case studies over seven years of work as an arts therapist in hospice for HIV positive people prone to AIDS related dementia. A brief literature review summarizes various acknowledged benefits of art therapy, focusing on the researcher’s area of particular concern: the relatively under-explored patient-therapist relationship.
It is significant to note that the term “therapeutic encounter” was chosen over “art therapy sessions” to describe the interactions with patients. This term was felt to better convey the unpredictable nature of meetings where flexibility and accommodation of the patient defined the nature of each encounter. Using more open-ended definitions helpfully accommodates work that relates creativity and the arts to health-care.

In this case, the therapist needed to be flexible and introspective about their own emotional journey in working with terminally ill patients. Woods (2002) concludes that “establishing a connection between patient and therapist was the thrust of the therapeutic encounters, and that creating conditions which maximise this connection was an essential part of my practice” (p. 218). Flexibility and a capacity for introspection are vital criteria that indicate a propensity not just for successful facilitation in delivering creative encounters, but also for conducting qualitative studies to evaluate them. At times the article almost feels like a therapeutic processing of the author’s own experiences. That may very well be exactly why it was written. It is also a legitimate method for drawing conclusions about direct human connection as central to the work that was reviewed.

In an attempt to assess changes in creativity over the life-span, Reed (2005) conducted interviews with twenty-one older adult artists, coded the results qualitatively and reported her findings. Consistent with other articles, she finds shortcomings with many standard instruments used to measure creativity. Problems include: measurement of only one specific component of creativity, measurement by simply counting the number of works produced, or comparison of intergenerational cohorts whose differing cultural contexts preclude direct comparison on identical tests (Reed, 2005, pp. 1-3).

The artists studied unanimously report self-perceived increases in creativity, but common themes from the interviews indicate that many of them relied on their experience
and craftsmanship to create in a more streamlined manner, with less experimentation than in their youth. This seems to contradict their self-reported findings, but it appears impossible to objectively discern the “truth.” The difficulties inherent in trying to assess a quality like creativity quantitatively were grasped by one older research subject who, when told of past research that showed creativity declined with age, comments “‘Maybe they ought to change those tests!’” (Reed, 2005, p. 16).

Quantitative Evidence

There is a relative shortage of quantitative research on determinants of good health (Martel, Belanger, & Berthelot, 2002). To untangle the “intertwined mechanisms” of creative activity as a therapeutic tool to promote health is especially challenging (La Cour, Josephsson, Tishelman, & Nygard, 2007). One promising effort to make headway is the Creativity and Aging Study, which principal investigator Cohen (2006) summarizes as “the first formal study, using an experimental design with a control group, examining the influence of professionally conducted, participatory art programs on the general health, mental health, and social activities of older people” (p. 10). The study shows that social supports and a sense of agency or control over life go hand-in-hand with good health, and can actually promote improved health outcomes (which some might think of as synonymous with healing37): “Clearly the community-based art programs, tapping into potential, were having a real effect on health promotion and disease prevention” (Cohen, 2009, p. 428). Cohen et al. (2006) report that through “through sustained involvement in a high-quality participatory art program” the Creativity and Aging Study delivers very clear results:

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37 Although it may not be politically or academically correct to use such a powerful word as “healing.”
In conclusion, in examining the positive impact of participatory art programs for older adults in this study on overall health, doctor visits, medication use, falls, loneliness, morale, and the total number of activities one is engaged in, we have witnessed true health promotion and prevention effects. (p. 733)

Effective health promotion and prevention of disease keep individuals living healthier, independent lives in their community, reducing risk factors that often lead to taking up residency in long-term care facilities (Cohen, 2009). Thus creative arts programs for older people can change the landscape of care for the aging for the better.

A U.K. pilot research study attempts to address the relative lack of empirical data on psychosocial aspects of dementia compared to pathological and genetic causes and treatments. Wilkinson, Srikumar, Shaw and Orrell (1998) chose to use drama and movement therapy in a group of elderly people with dementia because “creative arts therapies (drama, movement, dance, art and music) aim to help preserve and maximise the dementia patient’s eroding sense of self” (p. 195), in contrast to psychological therapies, which tend to focus on cognition and psychiatric symptoms “rather than the patient’s subjective experience of dementia” (p. 195).

The test group was small (sixteen) with six assessment instruments used to mixed results. Some insights into methodology to improve future studies are shared. Wilkinson et al. cite limitations to “the quantitative approach with its emphasis on statistical significant and deductive reasoning” (p. 200). While they acknowledge that some features of the quantitative evaluations provide a useful context, they argue that “the study has also emphasized the meaning and validity derived from more descriptive and qualitative methods” (p. 200). For example, the fact that every group sessions was filled with meaningful contact, laughter and friendliness is not easily quantifiable. Yet such outcomes can reasonably be seen to enhance social skills, self-esteem and self-belief, which the authors
propose may improve the quality of life for dementia sufferers. So to address health needs that include quality of life and well-being appears to require the use of non-quantitative data in making appropriately informed decisions about good programs of care.

Yet another pilot research study, by Flood and Scharer (2006), attempts to identify and address a gap in existing research by generating empirical data on “how to promote successful aging in older adults” (p. 940). The researchers exposed study participants to creative activities in an attempt to show that “If people are able to adequately adapt their functional performance mechanisms and achieve greater levels of creativity, then they may be more likely to age successfully” (p. 941). In an effort to quantify their results, Flood and Sharer (2006) postulate that: “levels of creativity and the extent of functional performance mechanism adaptation are empirically accessible constructs” (p. 942). Use of an assessment instrument designed to measure levels of creativity, however, does not necessarily make creativity quantifiable.

The Similes Preferences Inventory (SPI) — a tool designed in 1966 — was used pre and post-intervention to assess the creativity level of each participant. There are no significant differences reported between the control and intervention groups. There are, however, some unexpected results: African-American participants appear more creative than White ones. Since the SPI is based on comparing exercises involving verbal similes, it seems plausible that in this case it proves as prone to measure different cultural literacies as it is able to measure different levels of creativity. This example highlights the challenge of devising and using an instrument to measure creativity and of conducting quantitative research related to the issue in general.

It is worth noting that outside the formal parameters of the study “The participants gave positive feedback about the creativity interventions and two of the sites decided to adopt
some of the creative activities as part of their programs” (Flood & Scharer, 2006, p. 954). What are the implications when a program is valuable enough to be integrated into a community of care by the program directors and participants yet can deliver no hard evidence which would prove to policy makers that it is worth reproducing and funding?

Bohlmeijer, Valenkamp, Westerhof and Cuijpers (2005), a team of researchers in the Netherlands, recognize that reminiscence work\textsuperscript{38} with the elderly has stimulated cognitive functioning in older people with dementia, improved quality of life, and been helpful “as a method for early intervention among elderly with depressive symptoms or major depressions” (p. 302). They designed a pilot research study to modify the life-review intervention method with enhancement through “creative expression of memories in stories, poems or drawings,” in order to encourage and value the discovery and creation of metaphors and symbols representing meaning in participants’ lives.

Quantitative results were assessed through pre and post-testing with two assessment questionnaires. Results indicate a positive correlation between intervention and reduction of depressive symptoms, but Bohlmeijer et al.’s focus is primarily on “getting some direct experience with the new intervention and not on evaluating its effectiveness” (p. 303). In their concluding discussion the authors point out that: “many participants mentioned during the program that they couldn’t see the relationship between the program and depression” (p. 304). Time constraints precluded discussion with the participants about the experiences and thoughts evoked by reminiscing. Bohlmeijer et al. theorize that evaluation and discussion with the participants could boost the effectiveness of the intervention and increase results.

\textsuperscript{38} Including formats such as life-review, integrative reminiscence therapy, and guided autobiography.
Participant Voices

When human subjects are being researched, it is commendable to recognize that a qualitative / interview component allows patient / participants to “tell us what aspects of the outcome were important to them” as well as other supplementary information (Odell-Miller, Hughes, & Westacott, 2006). McIntyre (2004) makes an eloquent argument for the importance of bringing due consideration to bear on the agency of research participants (subjects) as thinking, reasoning entities capable of independent critical thought, and not simply repositories of resource-rich data that researchers can seek to extract. Inclusion of participants in setting the goals and intentions of creative programming as well as conducting evaluations and reviews is important: it respects them, and their contributions may improve effectiveness.

For example, if a randomized controlled trial study was designed which asked participants to have various facilitated experiences and then to submit to repeated batteries of evaluations, surveys, or other forms of administered data collection, without having any opportunity to process their experiences or feel as if their input was even being considered — well, that would certainly reinforce the negative stereotype of the ivory tower as a place where artificial expertise is imposed by authoritarian researchers either unable or unwilling to share their thinking with people outside their field of expertise, and uninterested in the knowledge and wisdom of people who are not their disciplinary peers.

Especially if any kind of holistic engagement through the creative arts features as a quality of a research study, then consistency and coherence with this approach from participation right through evaluation is a reasonable and smart approach. It could be counterproductive and disruptive to extract evidence divorced from the participants’ voices
and experiences after engagement activities designed to empower them to have agency, self-confidence, and the capacity to communicate expressively.

The relationship between facilitator and patient is important to monitor as it often cultivates the trust and confidence necessary to achieve therapeutic goals (or not). Also, without involving the patient in evaluation and assessment, the researcher team would be solely responsible for characterizing the nature and results of the study and their voices may not manage to represent any diversity of perspectives that may co-exist.

**Burden of Proof versus Burden of Doubt**

*Many studies claim there are broad-reaching health benefits when creativity is applied therapeutically to engage aging participants. However, these statements tend to fade away like background music played during closing credits, leaving little impact on the landscape of health and care. They lack the striking cadence of a statistical claim, the perceived irrefutability of data leveraged into numerical forms subject to mathematical manipulation.*

*The authors who variously itemize long lists of extremely significant benefits are not at fault. The ears and eyes of various readerships need to reattune to frequencies that can appreciate the enormous implications of simple strings of words like these, by Lane (2005):*

The process of art in healing is elegant and complex. In the darkness, something moves the person to make art. A creative process is born. Then, there is an extraction of pain from the self. The person seeks healing by making art. In the process of making art, there is movement with rhythm, intensity, and life. There is volume and texture in this lived process. Within the process, suddenly life appears. Something breathes life into it. A presence is suddenly with it, a “breathing into.” It is a person’s own life force. It becomes art. The art has life. It becomes alive. The artwork has its own life. The person who makes art has a transformative experience. The individuals become healers, teachers, they cure themselves, they become advocates for other patients, they become inspirational people — people who help many others on an intimate level. (p. 291)
Which is needed more:

Proof that the arts work? Or proof that they don’t?

The thing is…proof itself won’t do much for people either way.

But seniors and artists working together in the creative arts: they will do a lot.

For a lot of people.

Prove me wrong.
Scope of Current Programs

It almost goes without saying that there are far more programs actually using creativity to promote health with seniors than there are research studies on the same topic. They range literally and metaphorically all over the map, from professionally conducted under controlled conditions, to experimental attempts to try something new, to ad hoc encounters that may or may not lead to reflection on what happened and refined reproduction based on lessons learned (praxis).

The fact that “art and creativity often feature in anecdotal and individual recovery journeys” (Spandler et al., 2007, p. 792) shows they can and do work to help people heal. But subjective knowledge and insight is often eliminated from clinical studies and journals reporting in the dialects of academics, scientists, or administrators tasked with operating “objectively.” It is questionable how accurate it is to present and review as legitimate evidence that has been distorted by compressing and reducing multilayered information into sheer numbers. As a complement and counterpoint to the point of view of clinical research reports, it makes sense to turn to summaries, descriptions, and anecdotal accounts to get a better feel for how popular and effective diverse strategies to use arts in eldercare already are.

The Institute on Aging’s Center for Elders and Youth in the Arts (CEYA) in San Francisco (Chapline, 2006) is one of the three programs participating in the longitudinal Creativity and Aging study designed by Gene Cohen. CEYA uses a simple but highly effective formula for great success, bringing elders, youth, and professional artists together within structured guidelines with clear, modest goals: “Since 1996, CEYA has provided comprehensive visual and performing arts programs to senior residential housing communities, adult day health centers, PACE (patient all-inclusive care) sites, and other institutions that serve older people in San Francisco” (Chapline, 2006, p. 59). Having
received an Award for Excellence in Aging Programs from the UN in 1999, it shows that best practice models already exist that program arts opportunities for seniors.

Another proven program brings an art therapist to a Program of All-Inclusive Care for the Elderly in an urban African-American community. Blending therapy with the creative process through art therapy is a non-medical, non-pharmacological, low-cost way to address emotional needs of aging residents (Johnson & Sullivan-Marx, 2006). One woman with Alzheimer’s disease, for example, experienced reduced agitation and the pride of completion by painting an entire sheet filled with colored dots.

Social contact between peers is facilitated through the art sessions, and the opportunity to “make decisions, take responsibility, and have control” (Johnson & Sullivan-Marx, 2006, p. 311) is empowering and confidence-building for residents who can become accustomed to passivity. Stories and art works offer the chance to reflect on their own lives or to grieve for lost loved ones, providing vital outlets of intense emotions. Some challenges to implementation are noted as well: careful attention must be paid to a participant’s strengths and ability to function with or without structure and guidance. For some participants, having choices is invigorating; for others it is immobilizing.

One of the challenges of tackling this area of inquiry broadly is that the effects are not experienced theoretically or objectively — they are very specific and very individual. The consequences of participation relate intimately to the particular people involved in the actual rooms and spaces where the activities unfold. Below are four additional case studies based on rich and illuminating research accounts. Each case study represents its own closed-loop of factors and contingencies, and by looking at each of them in turn, hopefully they will come somewhat to life and point effectively to general concepts of significance.
Case Study 1: An Art Cart Increases Treatment Compliance

Ross, Hollen, and Fitzgerald (2006) describe the Arts-in-Medicine (AIM) Program at the University of Florida university hospital as having a successful twenty-year track record, with “widely recognized and published success” involving over 200 artists and fifteen patient care units (p. 462). Nevertheless, a common refrain echoes when Ross et al. (2006) confess how challenging it is to assess the benefits of the AIM Program “because of difficulties quantifying results” (p. 463).

Dramatic results and significant improvements in the lives of patients with various medical and mental health issues are described anecdotally by AIM proponents and practitioners through personal testimonies, at conferences, and in papers. This accumulated subjective evidence has provided sufficient leverage for dedicated participants to foster the national growth of AIM programs so as to reproduce and expand opportunities to deliver programs where more people can experience the benefits and real impacts. A challenge remains to devise supplementary means to “not only capture these subjective impressions…but also quantify the impact of the arts program on standardized health-related QOL\(^{39}\) instruments and objective dialysis parameters” (Ross et al., 2006, p. 463).

A research study was set up to try and capture such quantified data on impact, using experienced AIM personnel as collaborators to design artistic interventions and provide hands-on expertise in a long-term kidney dialysis unit for at least one shift per week. Arts activities were customized to allow full and appropriate levels of participation during dialysis treatment, including modifications such as having instruments like lap-xylophones that even blind patients could use.

\(^{39}\) Quality of life.
Efficiency of arts interventions can require versatility in implementation and the capacity to accommodate unexpected or unplanned for modes of participation. Creative processes do not always submit to preconceived roadmaps. If patient and / or staff participation is the primary goal (since genuine engagement is often the vital criteria for success), then planners and managers have to demonstrate a capacity for flexibility in giving ownership over so the program can potentially mutate and transform at the behest of those involved — even if that sometimes means going in different directions than originally planned or expected.

A wide variety of specific arts activities was provided to be potentially engaged in, such as visual artwork, crafts and decorations, music / instrument playing, creative writing / poetry, and shared journaling. Patient participants, staff in the unit, and volunteers quickly took advantage of the art materials and opportunities to participate. An art cart was stocked and available even when arts staff was not on hand. Regular use of the art cart with a minimum of supervision deeply integrated the practice of engaging with arts activities during treatments as part of the culture of care in the unit.

Some potential obstacles were anticipated, such as the fact that patients are connected by needles and tubes in a hectic unit of care. Some staff at first feared the artists and art supplies would get in the way. This valid concern was not a problem in the end, as the presence of the art cart as a source of materials to creatively engage patients was so clearly beneficial to the mood of everyone impacted by the artistic tools of implementation that any inconvenience they caused paled in significance to the benefits they provided. As such, the art cart in implementation was accommodated with willing compliance by staff involved.

Indeed, staff warmed to the program quickly, and many supplemented the artistic work of the patients and facilitators with their own volunteer participation in creative activities.
Most significantly, patients who formerly dreaded and sometimes avoided their treatments now actually looked forward to coming to dialysis treatment, and made frequent comments about how the AIM Program helped them tolerate and cope with their stressful treatment plans.

End-stage renal disease can require long-term dialysis therapy, and as such is a condition where “depression or noncompliance can initiate a vicious cycle of more symptoms and an additional decline in QOL [quality of life]” (Ross et al., 2006, p. 462). The mental health and other challenges of surviving and maintaining diligence with the intensive dialysis treatment plans are traditionally treated by “optimizing dialysis dosage, treating concurrent diseases, alleviating anemia, and pharmacological therapy for depression” (Ross et al., 2006, p. 462). These methods of addressing the condition being experienced by the patient make sense according to the biomedical paradigm of prescriptive medicine. But what does common sense say? What about a more basic treatment approach that relates to the human experience of the suffering patient, and that respects and addresses their different human dimensions, including feelings, desires, and preferences?

There are times when medical expertise is appropriate to supersede common sense.40 There are, however, also times when medical expertise should accommodate, respect, or even defer to forms of knowledge informed by the intuitive points-of-view of non-medical experts — people more preoccupied with patients as people, and not in any way, shape, or form prone to considering them as walking bags of bones and symptoms.

The success of this AIM program was “self-evident” to the organizers and participants. In this case, the research team was gratified to also arrive with some objective conclusions as

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40 Such as when setting a broken bone, treating an infection, performing a surgical procedure…whenever the need to consider the ramifications and impacts on social, emotional, and other spheres is not as pressing as an acute physical malady that needs fixing.
well, including: improved QOL scores for Social Function, Bodily Pain, Role-Physical, and Depression. Biological results with statistical significance included “lower interdialytic fluid weight gains and improved predialysis carbon dioxide contents” (Ross et al., 2006, p. 467).

While improvements to QOL and treatment experiences promoting increased compliance were significant results, exposure to and participation in the program also illuminated the intrinsic value of engaging in creative art-making: “many artists and participants shared the philosophy that there can be healing from the art experience per se” (Ross et al., 2006, p. 463). Many experienced AIM participants attest to the important role that the arts play in an active healing process.

So who does it benefit to demand research scientists achieve the capacity to dissect the implications of this knowledge, by reverse engineering suitable experimental or quasi-experimental trials to corroborate, confirm, or deny the truth and validity of those insights and self-claimed assertions? Who benefits by refusing to consider participants’ own insight into their personal life quality until someone manages to secure funding and ethical approval to conduct a study to reproduce those findings with other individuals under controlled circumstances? If that theoretical study is conducted, and appears to refute what other participants reported, does that mean that they know less about the quality of their own lives than do the research scientists in charge of the report? What about understanding and accepting what was originally clearly conveyed: the arts work to help us heal? Is it reasonable to start by respecting the voices of those people directly involved, by acknowledging something along the lines of: “You have been heard. Your claims have been understood.”

Ross et al. recognize that “there have been frequent calls for new approaches to improve the QOL of dialysis patients,” and conclude, based on the results of this research
study, that the arts appear to represent just such a new approach to meet this need (p. 463).
The cost for setting up and maintaining this program, with myriad benefits that were profoundly transformative for the patients, staff, and culture of care in the unit involved, was between $350 and $650 per month. This is a remarkable price for the extensive benefits to all involved.

So when does prudent caution in drawing conclusions from reported evidence become timid impotence? How to transcend the fear to boldly champion interventions and programs such as AIM which have been “reported to benefit individuals with a range wide (sic) of physical and mental health problems, such as depression, cancer (including hospice care), dementia, vascular diseases (ie (sic) after acute myocardial infarction), perioperative and periprocedural pain and anxiety, and peripartum mood disorders” (Ross et al., 2006, p. 466).

It is worth considering that the size and scope of large clinical studies to provide more conclusive hard evidence would typically require lead researchers more skilled and active as administrators of personnel than as direct providers of service or care. If the lead researchers and authors of reports are therefore less engaged and involved on a personal level with individual patients and people on whom their results report, that may be a possible reason why such reports tend to undervalue and underreport on the personal level of affect experienced by participants.

For example, this AIM art-cart intervention was not designed to statistically evaluate staff reactions. And yet various evidence exists, in the form of the unexpected rates of staff participation as volunteers doing creative activities and their anecdotal testimonies, that led the research team to assert that “we believe the AIM Program resulted in an improved work environment and greater employee satisfaction” (Ross et al., 2006, p. 467).
Are there merits in allowing the implications of this circumstantial evidence to be considered? To be acted upon? Or are the risks too great to open the door to allowing non-corroborated evidence to shed meaningful light on the potential reach of programs to impact health care initiatives, participants, and institutions?

When conclusions are rejected as inconclusive, it is important to consider who or what is being protected, instead of accepting status quo measures that may actually serve interests at odds with what is best for the people affected by the issue in question. Believing what participants report about their involvement in arts programs poses different risks than, say, those which exist when creating and prescribing a synthetic pharmaceutical that will operate on a cellular level within the biochemistry of a patient’s body.

In that case, excessive caution should be diligently exercised, since the profit motive of pharmaceutical corporations is potentially at odds with the health interests of user/consumers. But the risks of contamination or harm from exposure to artistic interventions are readily survivable, and the profit motive of the creative class of workers willing and able to engage in therapeutic arts programming is not ethically suspect to the same degree of concern because the profits in question are relatively modest by comparison.

Overall, this art cart intervention represents a viable best-practice showing how low-cost, non-pharmacological arts-based interventions can be practical, feasible, and successful in application. As usual, there were some perceived and anticipated benefits that were not proven, but which the research teams wished could be studied further and longitudinally in anticipation of reinforcing the positive results which they perceived but could not prove. The refrain echoes: we know it works — we just can’t quite prove it.
Case Study 2: Creative Expression Brings Meaning to Dementia

There are some “best practice” examples of not just effective programs, but also robust and rigorous methods for investigating and trying to report on them. Fritsch et al. (2009) report on TimeSlips, a creative expression program designed to bring groups of people with dementia together for guided group storytelling sessions led by a trained facilitator. The emphasis is on creating a failure-free environment where participants can contribute to a collaborative creative endeavour, producing something original and new as part of a team that may not be possible on their own due to the impaired capacities of people with dementia. As their website proclaims: “Forget Memory - Try Imagination! The TimeSlips creative storytelling method opens storytelling to everyone by replacing the pressure to remember with encouragement to imagine” (The Timeslips Project).

TimeSlips’ approach to facilitate creative storytelling is particularly appropriate for its intended audience in that it “taps preserved abilities (e.g., residents’ creativity), rather than focusing on participants’ diminishing capacities” (The Timeslips Project). Research using TimeSlips as a model intervention has been done in an effort to address the relative dearth of empirical evidence showing how creative expression programs can affect the quality of life and quality of care experienced by people with dementia, especially in long-term care (LTC) settings (Fritsch et al., 2009).

Fritsch et al. (2009) devised an experimental study, noting that there is growing interest in establishing the apparent utility of creative expression programs on the part of researchers, practitioners, and policy makers. Some studies have generated evidence supporting how and why the programs work, but there are significant methodological challenges to obtaining empirically conclusive data, largely because of the nature of many of these studies: case
studies, qualitative investigation including the use of narrative, or research involving small sample sizes, without a control group, or lacking a formal experimental design.

All of these challenges relate to a larger issue, which is “the absence of a theoretical framework to organize findings and guide research” related to the use of creative expression in LTC settings (Fritsch et al., 2009, p. 118). In an effort to address this by conducting a robust and extensive experimental research study the research team devised an original preliminary theoretical framework. One aspect that was carefully detailed was the anticipated cycle of reciprocating effects that a program intervention can have on the staff and residents who both participate directly in and are simply part of the same larger community where a program takes place. Of special interest is the concept of “spillover,” where effects are transmitted more broadly through an institution than just to direct participants (Fritsch et al., 2009, p. 119).

The idea is that as participants’ behaviour changes others note and respond to these changes. If residents are more engaged and alert it can promote greater staff interaction, which in turn generates a positive feedback loop with re-accruing benefits. The concept of changing the culture of an institution by introducing learning through the arts is not new. I am intimately familiar with it from professional experience bringing teams of artists as partners into schools with the goal of transforming the culture of the school to embrace arts-based ways of knowing and learning in support of curricular goals. Once initial resistance to giving it a try was overcome it was always remarkably easy to facilitate success.

The framework developed for the TimeSlips study contains a discussion of proximal and distal outcomes that is interesting, if slightly obscuring to the casual reader. Proximal outcomes refer to the ways that participant residents who engage in a non-stressful / failure-free community of peers and individuals sensitized to their condition and issues can gain
access to a new social network in which to interact and be positively stimulated. That this positive stimulation can have health impacts can be explained in various ways: medical correlations between mood and health are mentioned. For example, risk for cognitive decline has been reported to increase with lack of social involvement. Also, good moods combat depression, which can lead to a variety of negative syndromes. So increased social involvement and the concomitant good moods it can bring can prevent certain health declines.

Staff can demonstrate proximal outcomes as well. Creative expression programs embody person-centred care, a recognized and increasingly valued approach to health care. The hypothesis of the experiment was that as staff participate and see residents engage in activities tailored to accommodate their capacities, they will get to know and appreciate aspects of the people with dementia’s personalities as individuals in ways they may not be able to when the relationship is limited to the paid caretaker / resident patient identity roles. Furthermore, the shift in relationship was expected to extend and lead to increased interaction between staff and residents, even outside the parameters of the program. Distal outcomes were projected as longer-term impacts on staff, who were expected to experience greater job satisfaction and reduced burnout because of improved attitudes and person-centred appreciation for the people with dementia they care for.

The authors created their theoretical framework as a preliminary model to specifically guide their project and in anticipation of grander models to be established as research in the area continues. In particular, they had a variety of claims to make about the “possible effects of CE [creative expression] in LTC settings,” and they used their framework to devise appropriate criteria so as to measure and evaluate outcomes in comparison to their expected results. Fristch et al. proposed to measure the predicted impact of their program in these
areas: residents would be more frequently engaged and have more positive moods and affect (demeanour); and staff would interact more frequently with residents, have better attitudes towards them, and be more satisfied in their jobs with less burnout. How such broad effects can be tracked and measured is the challenge.

Twenty research sites were used: ten as control sites and ten with TimeSlips interventions. The programs were run one hour a week for ten weeks after nine weeks of extensive manualized training of the staff who were to implement the program. The results were recorded by research assistants who as pairs logged 2,088 ten-minute time-sample observation and coding sessions watching residents and staff to track visible levels of engagement and interaction. There were also surveys distributed to involved staff to glean data regarding job satisfaction and attitudes.

The experiment produced a significant mass of quantified observational data that was analyzed to give statistical evidence regarding the impact of the program versus control sites without the arts intervention. This rigourous approach allowed the authors to claim better outcomes for the staff and residents in facilities which had received the program intervention, with a primary noted difference being increased social contact and engagement by residents with staff in non-control facilities.

Because of an increased number of recorded staff-resident interactions, and an increased amount of eye contact and physical contact between staff and residents when interacting, the researchers concluded that staff attitudes towards the residents appear to have improved, with more value placed on the patients as people. Another outcome noted in intervention sites was an increased level of some challenging behaviour. More research was

41 Training by manual to insure consistency of content and structure of delivery.
called for to illuminate whether this would be a consistent result due to increasing patient participants’ range of cognitive and emotional responses and states of being.

While the findings of the study are interesting, conclusive to some degree, and significant as some empirical evidence about the benefit of creative expression interventions for people with dementia living in care facilities, the limitations of time and resources constrained the capacity to implement a randomized control trial design using individual residents as the subjects of analysis, and also did not allow for a pre-assessment of observational coding collected to compare within each site for patterns of change (Fritsch et al., 2009, p. 126).

It is illuminating to note that TimeSlips trains facilitators internationally and is in use in a great number of institutions. Thus the number of outreach sites where the TimeSlips methodology is in use is high, affecting a great many individuals. The resources required to reproduce or conduct another research study are significant compared to the resources required to set up and implement delivery in additional intervention sites. Which is a more vital need: more research to better and further prove and understand the efficacy of the TimeSlips program? Or more sites where people with dementia are afforded the opportunity to creatively engage through TimeSlips-type interventions? The responsibility to conduct more research to prove that programs working to help people are working rests with whom?
Case Study 3: Writing Inquiry into Spirit Body Healing

I shall never forget the rapture of fever patients over a bunch of bright colored flowers. People say the effect is only on the mind. It is no such thing. The effect is on the body, too. (Florence Nightingale, quoted in Lane, 2005, p. 285)

There is a surge of activity integrating creative arts into health care settings including hospitals in support of traditional clinical medicine. Lane (2005) explains that leading university medical centres are increasingly “creating programs that invite artists to work with patients and literally change the hospital environment” (p. 286). Research reports cover the gamut from general surveys of the process of healing through creative activity to specific inquiry into physiological outcomes. Diverse modes of artistic intervention have been studied, including “dance, drama, music, poetry / writing, storytelling, visual arts…art in environments…healing gardens, palliative stay, and art and spirituality” (Lane, 2005, p. 286).

The University of Florida Arts in Medicine (AIM) program introduced in the first case study has grown for over twenty years, from a pilot program to investigate the potential for using artistic materials and activities as a low-cost intervention to help bone marrow transplant recipients recover and heal, to one where artists from all modalities enter the hospital setting to perform in general atrium spaces, or to visit individual rooms or care units to work with patients — whether co-creating with them, facilitating the patients’ own work, or creating at their behest. The AIM program embodies a readily reproducible model that shows how a small experimental foothold can lead to widespread impacts in a system. The implication is that advocates should find some way to start — any way to start — and that implementation and practice may just lead to acceptance and expansion.

This case study considers a phenomenological hermeneutic research study that was conducted within the same Florida AIM program to help nurses understand and appreciate
the power of art as a process that can facilitate healing. The scholar / nurse / painter author feels that artist-led creative arts interventions can readily become nurse-led and help nurses advocate and promote holistic healing. Concrete health outcomes such as “compliance, empowerment, self-care, symptom control, and pain management” appeal to the clinically trained side of nurses, and are achievable using creative expression to promote self-awareness (Lane, 2005, p. 286).

Potentially more significant and profound to consider are non-concrete outcomes. Some of these can be conceived of as belonging to the spiritual realm, an area increasingly mentioned as a component of care by hospital mission statements that seek to address the body, mind, and spirit of patients. Lane’s long tenure of exposure to the AIM program led her to devise an evaluation methodology well-suited to explore these often difficult to assess realms of impact.

The phenomenological hermeneutic process relies on a researcher to interpret and re-describe the experienced phenomena that a participant describes or otherwise attempts to convey. What makes this approach potentially more appropriate than other methods such as statistical analysis is that the raw data used includes the self-described lived experience of the participants. Neglecting to include the thoughts, feelings, and sensations a person experienced during an activity deprives a research study of potentially vital and relevant insight.

By conducting descriptive phenomenological inquiry into a person’s life and world, and then hermeneutically analyzing the essential phenomena that emerge, a researcher can derive informed knowledge about the lived experience of patients unavailable to expert researchers who position themselves as the authorities and sources of insight into a subject area. Indeed, this phenomenological approach “is one of a perpetual beginner, which means
the researcher takes nothing for granted...An open mind is essential to understanding what actually happened, and exploring how this experience was described as healing” (Lane, 2005, p. 286).

Lane’s research study’s methodology can be legitimately described as patient-centred, in that the patient and their lived experience is at the centre of knowledge discovery, creation, analysis, and preservation. The researcher rewrote stories heard in confidence from patients, sometimes rewriting multiple times using “intuition and analysis to illuminate images and themes. In this way, participants’ experiences of healing could be felt and seen deeply by others who might read the stories and have their understanding of healing enriched” (Lane, 2005, p. 287).

The themes that evolve as the patients’ stories are re-written by the researcher immersed and saturated in considering their meaning can be esoteric and almost spiritual in nature:

The researcher illuminates details that are transcendent in a routine situation, listening for the moment of the shift that describes the essence of this process...that moment in a patient’s story where he or she moves from an experience that is frightening and challenging to a creative shift towards beauty. (Lane, 2005, p. 286)

It is difficult to conceive of a quantitative assessment mechanism that could hope to as sensitively account for such a phenomenon. One story Lane shares reveals the moment when a woman “transcended her fear—she became more than the sum of her circumstances” (p. 286). Participant data contains a repeated theme of people going “to a place inside themselves where they actually experienced a shift of consciousness. This allowed them to see their entire lives in a new way. When this shift in point of view occurred, the life healing began” (Lane, 2005, p. 288). It takes time and creativity to devise investigation approaches that look at not only the symptomatic and biological mechanisms of a patient’s body and
health, but also their holistic relationship with the experience of being ill and undergoing treatment towards recovery.

Repeated themes generally describe a non-linear / spiraling progression from a place of psychic and physical pain so severe that patients were driven to experiment with art for relief and release, through a turning point of self-recognition where they reconnected with themselves during the process of undertaking an immersive creative process, on to embodied sensations of spirit healing and transformation where by making art “they experienced changed body sensations of energy, feelings of compassion, and deepening attention” (Lane, 2005, p. 288). Emerging as transformed beings the “participants became different, powerful, full of energy, and intensely alive. They healed themselves and became motivated to heal others, even the earth” (Lane, 2005, p. 289).

Through the process of engaged art-making, patients participate in creative work and examine what is going on in their own lives. This is a qualitatively different experience than the type of encounter likely facilitated by clinical medical staff whose primary concerns remain rooted in the biological and physical spheres of what is going on in patients’ bodies. But a patient’s body is not the whole patient. Since various aspects of life are interrelated and mutually interdependent any approach to health care, healing, and wellness that negates or denies the validity of one aspect of life is going to be a partial approach that leaves dimensions of human need and vital care unattended to.

Nurses can use their first interview to find out how that person has been involved in creative activities, or would be willing to consider creative expression / art in their healing journey. Patients and their families can be encouraged to look at making art as if their lives depended on it, to “reach deep inside and free your healing spirit,” while healthcare professionals need to understand that “Art is a simple, cost-effective intervention that
mobilizes self-care and facilitates the experience of healing energy. It heals in the physiological, the emotional, and the spiritual dimensions” (Lane, 2005, p. 291).

All of a sudden, I realized I could see out of the eyes of the artist. I could see the forest illuminated alive and glimmering in a way I had never seen before, until I started drawing. That experience was a heightened sense of being, a way of being able to experience life as an artist. (Anonymous, quoted in Lane, 2005, p. 289)

**Case Study 4: Show, don’t Tell, Medical Students how to Care**

This “three-part educational intervention” reported on by LoFaso, Breckman, Capello, Demopoulos, and Adelman (2010) uses an arts-informed methodology to deepen medical students’ insights and understandings of chronic illness and humanistic care. First, the students receive medical background to contextualize actual human encounters they proceed to have during home visits with chronic illness patients. Then professional arts facilitators guide them to make original creative expression processing what they experienced and learned. Finally, a collective sharing of the artistic results with each other and the interdisciplinary faculty who facilitated the project provokes greater collective and individual understanding, and inoculates against burn-out by invigorating and inspiring both seasoned and new participants.

By designing a module where medical students are asked to make art as an academic submission, future medical professionals learn to infuse their work with creative content fueled by their personal and emotional reactions and insights. Because the subject matter is a human being with whom they have established a relationship through a personal home visit, they are forced to frame their work in the context of a humanistic model. That the results are shared with interest with other learners places value and honours the capacity of each potential doctor to generate their own useful insights into patient care out of their intrinsic capacities to relate to patients as people.
It is not insignificant to note that the students generally “put intense, passionate effort and time into developing and pressing their projects” (LoFaso et al., 2010, p. 349). This is a hallmark of active learning and productive adult education, where the authority of the learner to bring their own intelligence to bear making meaning that relates to their emotional or other ways of knowing results in authentic, original knowledge. This is the beauty and power of arts-informed methods of inquiry and knowledge formation and recognition, empowering each individual to form their own opinions and evaluate meaning critically based on their own beliefs and values.

The reputation for this learning module has spread within the program as a special and exciting learning opportunity, with enthusiasm having “snowballed” from one class cohort so each next one is eager for their chance to participate. Snowball as a term is reminiscent of the “spillover” referred to in the second case study, and leads me to wonder how many similar notions of virtuous cycles exist depict the contagious phenomenon of effective, authentic learning empowering and inspiring people to treat each-other better.

The release of intense emotion through designated outlets well-suited to process the kind of “human tragedies and comic absurdities” that doctors are often exposed to appears to be remarkably rare in medical students curriculum: “Students often mentioned that this is the only opportunity during their medical training during which they can incorporate their talents, insights, and emotions into truthful revelations” (LoFaso et al., 2010, p. 349). Splitting a bit of pedagogical focus away from the predominant “diagnosis and treatment” model of medicine may round out the capacity for future doctors to “address the complex chronic health problems of older adults living in the community,” in no small part because they are getting equipped to be more caring as well as more competent (LoFaso et al., 2010, p. 346). Benbassat et al. are quoted explaining that:
Models of care that focus only on the biomedical aspects of disease may erode physicians’ humanistic attitudes; awareness of social, cultural and environmental determinants of health; and ability to discriminate between technically possible and morally permissible interventions. (quoted in LoFaso et al., 2010, p. 346)

This educational intervention teaching model implies that creative arts programs can provide substantial health and wellness benefits for older patients even without involving them at all as direct participants. Simply addressing caregivers and physicians through well-designed arts-based learning encounters and expressive experiences gives voice to untold dimensions of perceiving, knowing, and levels of concern that are too often not justifiable when lodged in the time constraints and reporting mechanisms of traditional modern medicine: “The creative arts can be a vehicle to help conceptualize the lives of patients and tackle complex human experiences with an immediacy and range of responses often lacking in medicine” (LoFaso et al., 2010, p. 346).

Because of the wide range of student creations and the variety of individual patients dealt with, the group art sharing actually facilitated a more intensive exposure to and deeper potential to learn from and about the diverse situations of different chronic illness sufferers and their care. This shows how arts-informed inquiry and methods of presentation can actually encompass and summarize broad types of knowledge incredibly effectively, with deep, significant content retained and conveyed, and audience interest and engagement far more likely than with other, drier modes of academic discourse and didactic presentation.

Although in this instance “creative projects, group reflection, and faculty guidance enrich the understanding of chronic illness,” the process is readily transferable as an apt teaching model that can address a much wider range of patients and conditions, and indeed “the setting could just as easily be a nursing home, rehabilitation facility, or even a geriatrics practice” (LoFaso et al., 2010, p. 350).
Faculty who repeatedly engage in the process do not burn out and tire of the experience. On the contrary, they are invigorated and energized by the fresh insights of each new cohort of students, making this type of experience a useful tool to provide active respite, counter burn-out, and give medical workers “an opportunity to revisit the reasons they chose this work and, in doing so, reaffirm their commitment to it” (LoFaso et al., 2010, p. 350).

The common sense clarion call for more such efforts to ignite “students’ engagement in a deep and abiding manner throughout their medical school training” is tempered with respectful acquiescence to the status-quo’s insatiable appetite for more research — in this case to prove how these transformative learning experiences affect participants “attitudes, knowledge, and skills” (LoFaso et al., 2010, p. 350). But while we may want to know more about how and why they affect us, we already know that they are useful and important.

Good writers know the maxim “show, not tell” like the back of their hand. You can tell medical students all you want about caring for patients as people, but if you don’t give them the time and space to meet patients as people and then to process their reactions as human beings, while valuing the endeavour of collectively making meaning at that level, then you are just telling them what to do, and not showing them that it really is important. Ninety-seven point three percent of the student participants involved felt the “module positively affected their attitudes toward the care of chronically ill older adults,” a statistic that is qualified by some more insightful data that was conveyed in an open-ended survey response:

I really thought the experience was great, integrating and focusing on the humanistic aspect of disease and aging. I know it comes up in the discussions over and over, but seeing the older patient as more than a disease was something this project accomplished. (LoFaso et al., 2010, p. 348)
This is how we Find Meaning in Life

respect our elders
find the way
heal ourselves

song and story
movie and rhyme
glimpse simple glory
moments in time

celebrity status diminished
grocery newsstands depleted
ordinary lives celebrated
the norm elevated

we all even out

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42 Ezra Houser, 2010
Evaluation Problems

Fundamentally, the array of functions required to produce art may be so co-operative as to prevent measurability. (Spring, 2007, p. 8)

Is it possible to measure the unquantifiable? The answer depends on how flexible an interpretation of “measure” can be permitted. Sometimes evidence exists which is not easily reduced to numbers. This is inadmissible by some standards where measuring implies distilling a quantified representation of content. A compromise, truce, or détente needs to be brokered between the “hard” physical sciences where numbers accurately rule, and the softer or more “supple” social sciences where numbers at best approximate representations of interrelated, irreducible dynamics and multidimensional processes. No unilateral system of evaluation can presume control of parameters and the capacity to manipulate discrete variables in a complex social context.

Take physics, which demonstrates and deals with absolute truth, to a degree. This can be proved by creating a solid foundation for a building so that the premise of the edifice above can be constructed on the reliable assumption of a flat, stable base that will allow applicable equations to account for and describe the essential forces at work above it. But such a convenient, completely accurate depiction based on mathematical formulas is probably impossible outside the hard sciences. There is no foundation that can be built and installed to eliminate or reduce the myriad impossible-to-account-for variables at play in a human or social dynamic. Failure to achieve dominant knowledge mastery over the interactions and relationships between human beings doesn’t have to be a failure, however — it is just reality. There are ways to accept and use relevant data that there is access to using various measurable scientific methods including some non-traditional techniques.
Arts-informed knowledge can describe and explore the relationships between and significance of experiential, emotional, and empathic issues that are less accessible to dialects and depictions not enriched by the cultural insights and capabilities of information conveyed through the application, expression, and use of the arts. U.K. researcher Kaye (1997) explains brokering the tension between evaluation approaches when studying the use of arts in health care:

We now accept, even if by force majeure, the need to analyse rather than assume and to justify rather than assert. Yet that proper discipline does not reduce everything to measurables: fortunately humans still have right and left brain activity. The intuitive and instinctive cohabit with the rational. They inform each other rather than deny their complementary strengths… we can and should use the quantifiable (objective) and the perceived (subjective). …the justification for the investment stands buttressed by both the scientific and the humane, equally valid. (pp. 14-15)

There is a red flag that something may be amiss when policy statements or evaluation criteria require ironclad statistical proof that creative programs work and why. Enumerating and quantifying exactly what the benefits are is in some ways akin to asking for anticipated returns on investments, as if stimulating elders to reminisce, listen to music, paint, dance, or talk were conceptually and practically similar to the trade of commodity goods or other business transactions. The inputs and outputs in a human social equation are not as usefully reducible to units the way they are in the physical sciences. Nevertheless, units of one sort or another are often craved as the most neat and tidy form of evidence. This creates a translation quandary, particularly when it comes to funding issues where, as Spandler et al. (2007) put it: “the evidence-based practice agenda clearly poses a number of challenges for arts initiatives” (p. 797)

There is conflict between effective creativity-based programming, which is generally more suited to qualitative review, and responsible policy making / fiscal planning, which
tends to reject qualitative results as less reliable and convincing than quantitative data. Even creative approaches which deliver results well aligned with health care goals can be rejected if inflexible terms of evaluation are in place which create a translation gap making positive impacts technically ineligible for consideration because they do not provide the right kind of evidence-based data.

*Life Defies Gravity* 43

Linear junctures are a fiction
A simplified diction
That inherent to their nature
Force nature into a box

No key exists to unlock
This container we’re in

We sold our imagination
By pretending our earthly rules
Rule the day

How about…

 Radiation based physics
 Paradigm of the sun
 Quantum interpenetration
 Incandescent energy

Rules not of reason, but of Love

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43 Ezra Houser, 2010
Round Peg, Square Hole: Incompatible Ways of Knowing and Measuring

Creative arts occupation is a challenging topic to study, because little research on this topic currently exists and finding the right research design appears to be a challenge. (Perruzza & Kinsella, 2010, p. 267)

Thompson and Blair (1998) give a good example of the classic juggle compelled by the current worldview and standards of epistemology. They note that there are many “generally positive anecdotal and qualitative accounts of the use of creative arts” in published occupational therapy (OT) journals, and highlight the value of such accounts for good detail and description, and because “carefully structured qualitative research is, rightly, gaining credibility” (p. 54). Nevertheless they then conclude that they cannot prove the efficacy of using creative arts nor the validity of related theories of use, because clinical proof requires an experimental research base.

Can a distinction be drawn between proof and clinical proof? Between credible evidence and proof? Why and when is clinical proof required, over and above other forms of proof? If clinical proof and other forms of evidence contradict, which wins? If a clinical situation is on hand, certainly clinical proof would be appropriate. But if it is not a hard science equation being measured and the intervention in question poses no invasive risk to modify and manipulate the biological organism, then the type of evidence reviewed to consider the ramifications of a cultural intervention should befit the supple social sciences accordingly.

The crux of the issue is nailed on the head when Thompson and Blair (1998) hold fellow OT Creek accountable for listing benefits of creative arts without providing enough research evidence or theoretical support for her claims: “This is clearly a deficit in her argument, as personal opinions, however intuitively appealing, are often not given much
Thompson and Blair proceed to try and bolster Creek’s claims with better-compiled evidence, but it becomes apparent that the claims being made do not deal with the kinds of phenomena readily amenable to clinical testing. The “better” evidence consists largely of theoretical works published over the previous four decades that support claims about how and why the creative arts facilitate experiences that benefit participants. Scouring literature for corroborating evidence, positioning published authors as reliable sources of expertise, does not necessarily provide better evidence; intuitively appealing personal opinions may prove the right ones to trust after all.

Out of twenty-three original research articles published between 2000 and 2008 that were reviewed by Perruzza and Kinsella (2010) in a research article examining the critical literature on therapeutic or leisure based creative arts occupations affecting health and wellbeing outcomes, only one randomized controlled trial was featured. It did not show any significant results. However, the qualitative and other experimental research conveyed positive themes that emerged as significant outcomes, namely: enhancing perceived control, building a sense of self, expression, transforming the illness experience, gaining a sense of purpose, and building social support (Perruzza & Kinsella, 2010, p. 264). The authors found their results indicated a need for further research across broad ranges of ages, genders, and disabilities. They also raised a question “with respect to which research designs are best suited to the study of the therapeutic potential of creative arts occupations” (p. 262). Indeed, if randomized controlled trials worked well or were appropriately applicable, it is not unreasonable to assume they would be used much more, especially since, as the “gold standard” of evidence-based research, they provide such compelling evidence.
Unfortunately, the data randomized controlled trials achieves in the context of creative engagement as a therapeutic modality is compressed and stripped of multiple layers or dimensions of meaning, with concurrent aspects of reality thus denied. So if they are the gold standard, then they invite King Midas’ touch, robbing this vibrant sphere of social education, creative employment, healing care, and efficient compassion of the pulse and guts which give it meaning. Perruzza and Kinsella (2010) explain:

Creativity and healing are in many ways internal processes, yet many research designs focus on external processes and observable measurement. Although such experimental research is undeniably important, research designs that offer avenues for examining people’s perceptions and internal life world experiences also appear to be important for advancing knowledge about creative arts occupations in therapeutic practice. (p. 267)

A seasoned lead researcher and investigator in using arts for wellness, Odell-Miller, along with Hughes and Westacott (2006), intentionally designed a research project to try and allow a therapeutic process to unfold without interference from the process of collecting scientific data. A qualitative component was included in the form of patient interviews, which yielded useful results for the researchers.

Out of respect for the preferences of “medical colleagues,” the conditions of a funding grant, and in response to the prevalent need for more clinical evidence to base practice on, a randomized controlled trial design was also employed. The quantified data was inconclusive, and although the research team stated that a larger, longer, well-funded evaluation could be undertaken in the future, it was acknowledged to be unlikely. Mediating the implications of these results, Odell-Miller et al. (2006) helpfully proposed that “…future progress in quantitative arts therapies research may tend more toward designs that do not have the rigour of the RCT paradigm yet still show good quantitative evidence,” such as by collecting
information from patients in therapy, and comparing it with peers in similar living situations but not in therapy (p. 133).

The dual conclusions strike me as ironic: the study happened to include many participants with schizophrenic tendencies, and the findings themselves seem a bit of two minds. On the one hand, no conclusive quantitative results were achieved to demonstrate the clear efficacy of arts therapies for adults with mental health problems, although it was hypothesized that a larger study over longer time might be able to reach that conclusion. On the other hand, the qualitative results indicate that the patients “value and use the different arts therapies well and can articulate the added value compared with talking therapies, and that these impressions tally well with the therapist’s viewpoint” (Odell-Miller et al., 2006, p. 134).

Even though the authors are sceptical about whether a larger study could clinically prove that the treatments work, and recognize it would require such a huge resource commitment as to make it practically unfeasible, the implication remains that until such a study is conducted we still won’t know if the treatments really work or not. What would the ramifications be if the larger study is funded, conducted, and then the results are again inconclusive? Does that mean the utility of the arts programs have been disproven, the patients’ opinions overruled, and the treatment program should be abandoned?

In some ways it seems like there is a game afoot, of devising better and more appropriate methods to research the phenomena in question to achieve results that reflect the reality that participant stakeholders have already reached consensus on: the programs work. And so the search goes on, for better ways to measure and prove it. And when the methods don’t work, scrap them and try asking the questions a different way until the results align as needed? Spring (2007) indicates this may not be so far from the truth: “Clinical knowledge
often preceeds (sic) scientific proof as clinicians create paths for later investigation to prove observations are factual and can be validated” (p. 228).

**Appropriate Approach**

Art therapy is a field representative of the types of issues and concerns that relate to using art and creativity to promote healing. No codified system has evolved in art therapy whereby every application can be measured according to the same principles and criteria. There is too much potential diversity in implementation, since the mechanisms that operate in each therapeutic artistic intervention vary “according to the setting, structure, and particular orientation of the therapist” (Odell-Miller et al., 2006, p. 122). Odell-Miller et al. (2006), however, go on to state that the broad overarching goal of art therapy can be said to “provide a psychotherapeutic intervention that enables patients to effect change and growth using art materials to gain insight and promote the resolution of difficulties” (p. 122).

- Effect change and growth.
- Gain insight.
- Promote resolution.

As general as these goals are they can be identified as specific desired outcomes and evaluated -- if not statistically or mathematically then at least qualitatively. These are appropriate types of goals and results to design evaluation mechanisms to track and attempt to account for.

How to ask the right questions when designing research tools? In the evaluation and assessment of creative interventions it is impossible to separate the human beings undertaking the program from the artistic form, processes, and products that result from their participation. So evaluations should be tailored to review the expectations and experiences
of the populations of people directly involved. Subjective data are crucial to understanding the experience of the participants, and the experience of the participants is typically the objective goal of the interventions, so logically subjective data must typically apply to determine the effectiveness and worth of the program.

Administrators or other stakeholders potentially unaccustomed to rather open-ended criteria need to acclimate to generalized — but articulated — expected outcomes and collected evidence as credible. There is value in being able to collect and review answers to questions like:

“How does this program help you?”

“How does this program compare with other activities or treatments you have experienced?”

“How do you look forward to participating?”

Dominant evaluation methods that privilege mathematical logic or quantified statistical measuring can reject or fail to account for valid evidence that exists in alternative forms of information incompatible with the equations and formulae in use. Data regarding emotional impact, enjoyment levels, sensations of camaraderie, and other intangible phenomena can sometimes be derived through social science perspectives and methods of qualitative evaluation, including arts-informed inquiry. Any tendency to exclude such evaluation methodologies as inappropriate for providing an evidence-base for future practice should therefore be examined, questioned, problematized, and when necessary corrected.

If certain scientific ways of measuring the impact of creative programs on health render relevant dimensions of knowing / reality invisible, it does not make sense to rely exclusively on those methods to determine the worth of such programs. Other models should be
employed; they can be scientific without being overly clinical or relying strictly on quantified data. Evaluation methods that do not value the kinds of creative programs that are improving the lives of senior citizens need to be critically examined, modified and/or replaced.

A good example of an appropriate goal devised for a study in which residents with dementia in an assisted-living facility participated in art, drama and dance movement sessions was assigned by Zeltzer et al. (2003): “to promote an improved quality of life, while stimulating positive change in the resident’s physical and psychosocial being” (p. 11). The change sought is specific and meaningful, and the fact that it is not readily reducible to statistical analysis should not preclude its use as the official objective. The study did assign numerical values to various facets of lifestyle patterns in order to conduct and compile ongoing survey results to try and track the effects of the program. The numbers did end up indicating a positive result. But the quality of change is more significant than the quantity, which will be at best an approximation, especially since sample size is small, as tends to be the case in most research studies in this area.

In Zeltzer et al.’s (2003) study, even though the “success of creative arts therapies can be difficult to measure” objectively, the following indicators were positively affected: reduced use of psychotropic medication; decreased reports of unusual incidents; high attendance, and more…” (p.11). It is uncertain how to safeguard against giving false impressions of clinical certainty when data are reduced to numbers. Even though numbers may contribute to demonstrating effectiveness, caution must be exercised to remain open to other forms of representation and not hold numerical representations as superior and exclusively permissible. Just because someone figured out how to make a research study deliver survey results does not mean their intervention was actually more effective or
worthwhile than someone who did no survey questionnaires but maintained steady participant interest and enthusiasm.

*There is a saying that you shouldn’t judge a person until you walk a mile in their shoes.*

*I haven’t walked in their shoes, but I fear that accomplished medical professionals and eminent research scientists may become overly accustomed to designing and implementing sophisticated research projects in accordance with certain rigorous and narrow clinical standards. If they repeatedly earn reinforcement and reward from funding bodies and organizing entities for employing methods deemed appropriate and effective for investigating and reporting particular concerns, what incentive, then, to gain fresh perspective? How to test whether the values and concerns being promoted are not creating a closed loop, with the funding bodies and the practitioners mutually reinforcing each-others’ sense that they are being responsible, objective, and good researchers — potentially at the expense of alternate points of view or ways of thinking about the issues and people involved?*

*The danger seems entirely plausible that under these circumstances there could be a situation where this idea of walking a mile in someone’s shoes was logically examined, atomized, and reduced to component parts, so that the first stage of a multi-layered research agenda to investigate the phenomenon would begin with carefully taking the measurements of all participants’ shoes and feet. Walking a mile in someone’s shoes is, of course, not at all the same as measuring someone’s foot, or knowing their shoe size!*

*Authority Worth Respecting*

*In 1996 Professor J. Herman Blake was a member of the Board of Trustees of Earlham College, the small liberal arts Quaker institution on the Indiana / Ohio border that I*
attended. An accomplished educator with a generous capacity for patience and respect and an impressive personal history (anyone who met John Coltrane, worked with Septima Clark, helped Huey Newton write his autobiography by memorizing prison interviews, and interviewed Malcolm X on camera was afforded “revered elder status” in my book — which, for the record, feels very different from the respect due to an intimidating expert), Professor Blake planted some seeds that have taken deep root in my understanding.

Professor Blake drove two hours each way to teach an evening class once a week. He didn’t have to do this, but as a Trustee it was important to him to have the chance to interact with Earlham students personally. This “walking the walk” spoke volumes. He showed us it is possible to have administrative responsibilities at a high level of institutional authority, and yet also remain committed to investing in a grounded relationship with the common stakeholders, participants, or members of that institution.

Blake’s undergraduate course was like many graduate seminars I have since attended: conversational, spontaneous, thoughtful, and rich. It was remarkable the way he respected dialogue in class, treating every contribution with deference, and heeding every idea as potentially invaluable. His method included a weekly handout which included a personal reflection he wrote, sharing his own feelings, hopes, plans, and disappointments, and inevitably referencing and further examining ideas students raised in class. What a remarkable educational practice he modeled: completely humble and eager to co-learn with us students, his equals. He used to say “you can’t know somebody’s story, until they tell it to you.” That, to me, is essential to true human respect, and something it can be easy to forget in a culture quick to make assumptions. Fessa Blake’s style of facilitation would easily pass muster as exemplary for sensitively guiding creative interventions, or creating the safe space necessary to evoke artistic participation from even the most reluctant attendees.
Ultimate Doom

Professor Blake also introduced a profound theoretical concept that has stuck with me: “ultimate doom.” This came from his experience as a founding Provost of Oakes College in the San Francisco Bay Area, bringing traditionally non-college bound students into degree programs. After a year or two of excruciatingly difficult work to catch up to speed with the literacy and scholarship skills required to survive and achieve in an academic environment, many of the students, often the first in their families to attend university, would stabilize and start to thrive. Then in their final year, as graduation approached, many of them would suffer a melt-down, mysteriously sabotaging themselves through a sudden unwillingness or inability to keep up with their work.

The faculty eventually realized that these students had been so conditioned to see themselves as unlikely college graduates that it became easier to succumb to ultimate doom and fail at the last minute than to actually carry through and succeed, which would force them to completely recreate their identities. Professor Blake thus showed us how potent and real social conditioning is, and how debilitating the hegemonic power of oppressive systems can be when they promote negative self-conceptions with tenacious staying power.

The implications for communities of older people are relevant, for various sources of influence currently conspire to make it seem unlikely, inappropriate, or impossible for older people to learn, grow, change, and become active agents of change not just in their own lives, but also in their communities and the world. Even reluctance to accept or embrace programs delivering creative arts opportunities to older participants until statistical proof exists that it modifies their biological mechanisms poses an insidious threat, for it implies that the capacity of older people to engage in creative thinking, original expression, and to have a
good time sharing stories, feelings, and ideas, is irrelevant compared to the medical priorities that teams of doctors, researchers, and administrative planners deem relevant.

If the voices of authority undermine the worth of engaging in creative expression, it increases the likelihood that any adult who manages to experiment with artistic creation may find themselves confronting a phenomenon like ultimate doom. If people enter a liminal space of potential identity reconstruction, on the verge of embracing a transformation in later life into a new creative agent with voice and the confidence to create and share authentic, original work, what nagging doubts and echoing voices will they hear telling them they can’t, they shouldn’t, they won’t?

Hopefully many groups of older individuals and/or other program participants will indeed encounter something akin to ultimate doom. To balk at undertaking lasting identity transformation after engaging in and making good progress learning in and participating in the arts would show that stagnant identity constructs were being interrogated and problematized. Hopefully the tools and supports would be in place to promote the capacity for those individuals to transform and shed less useful aspects of their constructions of self, quite possibly in defiance of unyielding, unfeeling, or uncaring critics who doubt the worth of creative programs or the potential of simple people.

**Creativity versus Innovation**

The nature of creativity as an inherently risk-laden process can be at odds with the responsibilities of individuals and institutions in the health care sector. While creativity is increasingly heralded as a respected value in the health and care sector, it turns out that often times what policy makers or practitioners are after is not creativity itself, but rather the results of creativity — the innovations that emerge when creativity is employed as a
“strategic tactic.” There are qualitative differences between creativity and innovation, as explained by Brodzinski and Munt (2009): “…the use of aesthetics, emotion and empathic imagination in creativity (within a philosophical / psychological tradition) sets it apart from innovation” (p. 283). What the actual practice of doing creative work might look like, require, or lead to, are sometimes not anticipated, accounted for, or accepted.

One distinction that informs is the difference between personal versus organizational creativity. Personal creativity is rooted in the humanistic capacity for individual epiphany and transformation through participation in a process or activity. This is the engaging, flow-inducing phenomenon that delivers beneficial results to willing participants of all ages. Organizational creativity is more about how new ideas or decisions to modify operating systems and structures within organizations can drive change, or innovation. There can be a healthy tension between these different aspects of creative phenomena and processes. The individuals involved in a health care setting — whether patients, staff, administrators, families, or other members of the public — stand to benefit by engaging in creative work, and will be affected individually as human beings. But the staff and administrators in the health care sector are also bound to the constraints of effective business management, where more organizational approaches to creativity dominate (Brodzinski & Munt, 2009, p. 281).

Brodzinski and Munt (2009) designed a research project to examine “the nature of creativity within health and care,” which problematized the difference between the essentially unpredictable nature of creativity and the more superficially attractive sense of creativity when proclaimed a positive value by planners or institutions eager to, say, embrace and publicly display progressive missions.

An organization cannot become immersed in the flow of creative transformation the same way an individual can, but creative change within an organization does require
submitting to some uncertainty. The leaders and organizers who manage system operations can induce reform and culture change by willfully considering how to sensitively disrupt the status-quo if stagnation, inefficiency, or inappropriately prioritized efficiency characterize organizational structures. Although there are fiscal constraints and sober responsibilities to preserve continuity of care and smoothly managed functioning, disruptions are necessary to make changes by implementing organizational course corrections, initiating new programs, or shifting and/or re-emphasizing priorities as necessary. It is important to hopefully preserve for the health care sector the ultimate goal of providing not just stable, sustained functioning in accordance with strictly economically driven goals, but to also promote good health and well-being as a higher aim. The utility of creative processes as a way to consider, address, and subsequently reform a care-giving and receiving environment to better address human dimensions of need in is extremely significant (Brodzinski & Munt, 2009, p. 282).

In examining the possibility of “fast-tracking” creative interventions, Brodzinski and Munt (2009) usefully interrogate the notion of institutional and individual preparedness, or capacity to engage in authentic creative processes and the integrally connected transformations that can result. Their conclusion recommends starting not from where you want to be, but from where you actually are: “it may be useful to engage the health sector in discussions about creativity by asking ‘what does preparing for the times when you need to be creative’ look like” (p. 282)?

The implication is that “business as usual” in the health sector does not generally look very creative, and institutions are most likely not prepared to embrace and embody deeply creative ways of functioning. I would add that every creative intervention introducing an opportunity for various stakeholders within an institution tied to providing care to engage in personal creativity would contribute to “tilling the soil,” and better preparing the institution
as a whole to eventually proceed to engage in and be positively transformed by creative organizational change.

**Business Pressures on the Health Care Delivery System**

Before the turn of the millennium a task force of prominent American medical experts released a paper that critiqued ways in which the structure of the medical care system created inefficiencies and extra organizational challenges (Fries, Koop, Sokolov, Beadle, & Wright, 1998). Specifically, health reform measures were observed to typically allocate resources to manage the supply side of the health care system. By virtue of limited resources this was alleged to lead to a relative neglect of efforts to significantly decrease and manage demand, whether through preventative medicine or other initiatives that could defer, delay, or eliminate the need for further provision of care. Reducing the demand for health care, instead of better equipping suppliers’ capacity to deal with escalating burdens of care, was proposed as a more economical and humanitarian way to reform health care delivery systems. So the case has already been made to focus on getting and keeping patients well, instead of making bigger and better hospitals or resources to provide for ill patient care. Nonetheless, modifications to the more heavily-invested-in supply-side systems of health care remain the focus of many models of change and structural adjustments in the sector.

Business efficiency models have crept into many health care environments to try and address rising costs. Occupational therapists, like many other clinical therapists, have been pressured “to prove their cost-efficiency and to develop quantifiable, easily packaged and definable, time-limited interventions” (Thompson & Blair, 1998, p. 50). Especially for practitioners who aim to employ effective holistic healing, treating to these types of
performance indicators can be as problematic as teaching for student performance on standardized tests can be in public schools.

There are challenges to making interventions quantifiable, packaged, pre-defined, and time-delimited. While creative interventions are generally low-cost and useful, the nature of implementation is most effective when there is permission to employ more open-ended time parameters, decrease emphasis on quantified assessment in favour of qualitative review, and provide sensitive facilitators with the liberty to modify and improvise new aims and practice-based activities in response to the interests and abilities of the specific people and groups they are engaged with. There has to be a plan, but it ideally will function more as guidelines than a hard script.

It appears decisions have to be made about what to compromise: upholding traditional economic principles of business management, or respecting the concern for humanistic principles of effectively caring for human beings. True compromise of course requires some movement from the extreme on both ends, with neither position able to reserve inviolable status. If the health care sector is indeed supposed to address the emotional, psychological, spiritual, and other dimensions of human life besides the mean physical, it may not be logical to privilege principles designed to maximize the efficiency of exchange-based transactions of a fundamentally commodity-based nature, as capitalist economics is particularly well equipped and structurally aligned to do.

It can be a vicious cycle when decreased funding for effective creative programs leads to fewer venues for them, which leads to fewer programs leads to fewer practitioners using them, which leads to less evidence about their effectiveness, which leads to less justification and demand for funding. More insidiously, the programs which do then surface on a more or less ad hoc basis emerge in a less supported and appropriately structured environment. The
lack of informed and knowledgeable organizational support and the sporadic nature of the programs decrease the capacity to build a knowledge base of what types of circumstances are best suited for creative interventions. Ad hoc programs can then colour impressions of what creative therapeutic efforts look like and create false impressions of how or how well they work.

Mental health services are representative of the modern health care delivery system in that they are currently characterized largely by “cognitive-behavioural, functional-skills oriented paradigms” (Thompson & Blair, 1998, p. 51). As such, there is a practical strategic need to describe and prove the worth of mental health services in the context of how they affect participants’ capacity to perform tasks in controlled clinical settings (the typical criteria for satisfying funding bodies directly involved).

While a tightly focused and successful pilot project or research proposal that addresses the current needs in order to gain access to funding streams may have demonstrable impact in terms of quantified results, overall the benefits to the lives of the people involved may not be holistically maximized. There is an inherent danger in justifying an enterprise based on terms which may not be entirely appropriate. Programs of empowerment which treat participants as mere ciphers in other people’s equations are self-reflexively inconsistent and therapeutically schizophrenic.

I admit I privilege therapeutic creative encounters for their remarkable capacity to address multiple holistic dimensions of human health, awareness, and well-being. To focus on diligently devising evaluation measures to attempt to account for non-rational, non-behavioural, non-functional real needs that have to be significantly met for interventions to have full-bodied and potentially transformative impacts on participating humans’ lives is challenging. But to neglect such types of robust, potentially available evidence, and remain
rooted in place demanding proof translated strictly into the functional / instrumental paradigm essentially refutes that the holistic wellness which emerges through creative engagement to address multiple dimensions of patients’ lives even exists.

*For One Eye to Open* 44

Just for one eye to open
it’s worth whirling the world
taking such time
to see, to see

by the time we’ve undone
all the wrongs ready made
life’s blue day’ll have passed
Unseen

from the moment you breathe,
shake your wings, and fly free
you can choose how you see,
so choose free

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44 Ezra Houser 2004
Art as Education: Lifelong Learning

Arts interventions for older adults represent a form of lifelong education. I believe the purpose of adult education is to continue the journey of work and learning undertaken as children: growing in competence, understanding and discipline so as to be able to make more deeply informed personal life choices, and to engage more fully with the complex challenges of human society. Education, like art, provides a series of lenses and mirrors that can be used to reflect upon each other, oneself, and the world. Education is a tough, joyful adventure.45 It is the midwife of human consciousness. It is our hope, our past, and our future, and the only way we will learn to be civilized beings, in the best sense of the word.

Interdisciplinarity

Successful development of arts-based programs to stimulate creative engagement towards holistic therapeutic ends for aging individuals and communities of senior citizens can benefit from cross-disciplinary integration. Education is certainly a relevant field, for the participating adults will be engaged in adult learning.

At the same time program facilitators (who are likely to be artists) will be learning about the administrative and reporting responsibilities attached to the program, and depending on the site of engagement, possibly also about health care and medical concerns or principles of assistive living. Medical professionals such as occupational therapists, nurses, personal care workers, aides, and doctors, as well as support professionals such as social workers and activation aides will also need education to achieve the program buy-in necessary to have robust support for the initiative.

45 Ask any parent.
Any of the recent team-based care innovations such as integrated practice units or family care teams represent excellent points of potential interface, for a collaborative information sharing model will already be in place to allow complementary goals and purposes to be shared and somewhat understood. Because education has a strong tradition of being collaborative and interdisciplinary in developing theory and initiatives and putting them into practice, it is well suited as a field to frame, plan, evaluate, and refine creative engagement programs (Erichsen & Goldenstein, 2011, p. 1).

Erichsen and Goldenstein (2011) discuss the limits imposed by the fractured nature of disciplinary knowledge — sometimes depicted as independent silos of knowledge — when academic specialists create (and retain) sophisticated lines of particular inquiry that can be rather difficult to access and comprehend for peers not in the same field. The implicit question is: how beneficial is the nuanced sophistication allowed by such generally inaccessible discourse, compared to the cost of lost communication due to the failure to use plainer language or other representational methods that require less “translation?”

Aspirations for interdisciplinary progress have to contend with what Erichsen and Goldenstein (2011) call “the embedded disciplinary norm in higher education” (p. 2), where specialization cuts two ways, permitting a deep focus but also excluding non-insiders from participating in or even understanding debates within rigorous research communities. There is an inherent problem with restricting communication or collaboration to a limited circle of peers or sphere of understanding, which is connected to the fact that, as Erichsen and Goldenstein (2011) point out: “no single approach can provide a complete picture or understanding of a phenomenon or the world” (p. 2).
A holistic perspective illuminates the difference between healing and a cure. Even in the face of incurable illness healing is still possible, and can foster peace and a sense of wholeness. It seems that the modern lives of people in the West are often characterized by some degree of fragmentation of experience, with aspects of identity relating to work, family, leisure, and self potentially separated, and with physical, emotional, and spiritual pursuits possibly experienced at separate times in separate places. Dosamantes-Beaudry (2003) notes that this fragmentation can be compounded by the isolating or disorienting effects of illness, and a holistic healing process can help “to recover the sense of feeling well, integrated, and whole” (p. 5).

An interdisciplinary model for healing can use various art-making processes to cope with significant transitions, developmental difficulties, or other traumatic experiences or situations. The psychosocial sphere in which this healing work takes place can be in either intimate or public settings. By focusing on the practice of creative arts and the cultivation of imagination and expression in healing relationships, therapists or artists tasked with facilitating engagement for healing purposes tap into what Dosamantes-Beaudry (2003) calls the “regenerative potential” of creative processes “as capable of promoting self and communal transformation” (p. 5).

I certainly have grappled with the challenge of orienting to various disciplines’ approaches to the complex of issues and ideas surrounding social gerontological implications of arts based education, activation, and engagement of aging individuals, especially in health care settings when complex situations require sophisticated approaches to problem-solving.
There appears to be a need to imagine possibilities for collaboration that include more appropriate methods of knowledge translation. Keep in mind that more sophisticated approaches may actually be represented by more simple approaches, such as a plain-languaging of relevant science, and a de-mystification of the merits of artistic engagement. Speaking about program goals, hopes, fears, plans, and intended features in one’s own words can empower people to voice their own concerns in hopes of contributing to guiding and directing the interventions on their own terms.

Showing collaborating partners accustomed to formal dialects that different approaches to describing and valuing knowledge are acceptable and valid may be a profoundly empowering and democratizing approach. This will complement and promote movement within the local community of health care to accommodate and accept that some real, significant impacts and ramifications for healing may operate in ways that are invisible and not measurable by “traditional” medical means.

Researchers and decision-makers in general have recently been identified by Barwick, Butterill, Lockett, Buckley and Goering (2011) as tending to underuse the findings of academics and research reports in their decision-making processes (p. 7). This is why Knowledge Transfer is increasingly required by funding bodies such as the Canadian Institute of Health Research (CIHR), and expected to accompany original research: in order to connect stakeholder communities with access to relevant cutting-edge findings, and to foster a dynamic back-and-forth sharing and testing of findings by translating them into non-discipline specific terms which convey the significant import and implications for possible change.
It is interesting to note Barwick et al.’s (2011) observation that decision-making “users of information are either less motivated, or less able, to process written declarative information than information presented other ways” (p. 7). One of the core benefits of arts-informed inquiry and methods of representation is access to structures and processes of meaning making not rooted in rational verbal discourse. As Spring (2007) puts it: “Art-making stretches intelligence through creative process, and stimulates brain function to change the way information is processed. Art bypasses ethnocultural boundaries to skip over language barriers” (p. xiii).

Some studies into the impact and significance of artistic programs may be well positioned to convey their value by using the very forms they study, such as dramatic performance, poetic rendering, visual depiction, or creative words and gestures. Coming to trust and rely on artistic representations of knowledge when applicable instead of trying to translate all significant meaning into arguments constructed out of words would represent considerable progress towards what Spring (2007) calls “the acquisition of insight” (p. xiii).

_A Teacher is Born_

_The stinky, stuffy halls of Martin Luther King High School echoed vacantly over the summer of 1999, an uncertain calm that couldn’t fully erase the sense of clamour and commotion that regularly filled the space with a cacophonous din. The performing arts camp for middle school kids in Cleveland’s notorious Hough neighbourhood was going to be an experiment in possibilities._

_Our team of artist-teachers was used to working together, sharing improvisatory and collaborative approaches to interdisciplinary art-making. We took great pleasure and found creative treasure in our diversity: a Korean-American dancer / choreographer, a_
white percussionist/composer expert in Latin Jazz and electronic beat making, a Japanese-
African-American graffiti artist whose virtuosic pieces were sometimes paid for by
businesses wanting murals and sometimes shipped surreptitiously around the country on
freight trains, and myself, a white Canadian/American stilt-dancing poet and creative
writer.

The non-profit umbrella agency we worked for was growing to trust us as effective
arts educators who could connect with kids and deliver a comprehensive palette of exposure
to diverse artistic disciplines and empowering creative experiences. But the municipal
funding arm that was partnering with the non-profit to fund this experiment in providing
positive summer camp opportunities for African-American kids in “the ‘hood” had some
reservations about handing over the keys to a bunch of young artists. We were partnered
with a middle aged theatre clown who was designated camp director, and then let loose to
sort out all the details.

For us the recipe was not complicated, but it was profound: you give everyone a taste
of everything (creative writing, movement, visual art, music, and theatre) and then allow the
participants to choose which discipline they are most drawn to, so they can spend more time
developing work to contribute to a big multi-media performance showcasing everyone’s
efforts and talents. The kids are empowered to create, and usually the raw material they
provide has enough intrinsic greatness to it that for seasoned directors it is relatively easy
to help them put together a big show that includes all the components they’ve worked out,
and knocks the socks off everyone who comes out to see what they’ve accomplished.

Nevertheless, what proved most stressful was the sense of obligation to deliver not
only a valuable service for the participants, but to have them deliver an impressive
performance for the funders. The “process vs. product” argument was born and never went
away. Even though by trusting the process the result was often outstanding, we were leaned on by various organizers and stakeholders to really focus on making sure what the kids did in the show would not be embarrassing and would instead be satisfying and impressively justify the funds spent on the program. Of course the problem with that way of thinking is that while good process leads to authentic product, which hopefully will be good, focusing on a good product can lead to an artificial process, which most likely is NOT good for the participants, and undermines the holistic nature of creative investigation and expression that is at the heart of engaging in arts processes for the children.

I secured a classroom for my creative writing time with the kids and as usual was dumbfounded by how quickly and quietly they became absorbed in the task of free creative writing given a safe, supportive environment where it was encouraged and expected. I was surprised by how willing they were to do bizarre and foreign qi-gong exercises, and astounded when one of the more troublesome and disruptive kids got so quickly and deeply immersed in the mind-body energy work that he was startled — almost scared, really — to experience the profound tingling of energy sensitization coursing through his body after a few vocalization experiments and silent meditative practices.

To me that was a potentially transformative moment, imbued with significance and positive ramifications for the future, but there was no way to translate it into a report on progress, and no structure amenable to validating it as a worthwhile goal or result of our engagement. And thus I got a first inkling that there could sometimes be a profound disconnect between the good reasons why a program works for the participants, and the good reasons the organizers of the program point to in order to justify it to stakeholders higher up the food chain. The young idealist in me was mildly indignant that such a cool experience as a ghetto youth showing unexpected receptivity and sincere interest in an
Eastern-derived meditative experience could get lost in the shuffle and ignored, but the young arts administrator in me was quickly cottoning on to how to balance nurturing an authentic experience on the ground while still playing effective lip service to appeasing the criteria and concerns of the powers that be.

When I would sit on the front stoop of our live-in dance studio down the street and get fondly hailed by kids riding bikes past yelling “Hi Mr. E-Z!” I felt good about my minor involvement in their lives. And when we kept getting grants and funding, I knew I was finding a way to be successful depicting the story of our work in ways that were amenable to the worldview and criteria of the funding agencies we solicited support from.

Collaboration: Diversity of Expertise as the Key to Success

Interest in creativity in the health and care sectors parallels a generally increasing interest in creativity across other sectors of modern society, showing the time is right for sea-change in approaches to collaborative interdisciplinarity. In the introduction to a 2009 series of papers examining the role of creativity in health care in England, Brodzinski and Munt submit that their working collaboration is particularly effective because their history of interactions as both an academic and an artistic practitioner effectively encourages “a deeper theoretical interrogation based on active current practice…” (p. 278). Because of the time they spent immersed and saturated in the environment of partnered artistic ventures into health and care settings, the author team seems to have developed an increasingly sophisticated awareness of the landscape in which they operate.

They identify a misinformed prevailing stereotype which characterizes creative/arts-based interventions into health care settings as being primarily about the art forms involved or the artistic products being created. This is an important mischaracterization to address, for
if allowed to dominate the thinking about programming arts-based engagement opportunities, it would consistently narrow and reduce the scope and rationale of program goals and how they are evaluated and assessed.

It can be misplaced to focus just on what is done, what is made, and what is targeted and affected to the exclusion of how things are done, why they are made, and where impacts might be felt or looked for. With their years of exposure “in the trenches,” Brodzinski and Munt (2009) propose to examine “the notion of creative practice rather than the art object / event as the bedrock of arts in health practice” (p. 278). This puts the emphasis on the qualities of engagement fostered by an authentic creative process, as manifested and honoured by experienced creative professionals working sensitively with participants.

It is useful to note that although everyone is creative, and every profession will have creative workers, “the arts sector brings a special contribution to the health and care sector because it comprises professionals who train for and practice creativity” (Brodzinski & Munt, 2009, p. 278). Quality improvement collaboratives (QICs) represent a potential model for integrating the diverse expertise and insight of professional artists and experienced educators from the cultural sector into the medical sector. Strating and Nieboer (2010) explain that QICs are designed to help “close the gap between best practices and actual practices in health care” by assembling teams of individuals from different backgrounds together in hopes of addressing potential for positive change in a particular area of care (p. 275).

It is recognized that teamwork is increasingly part of the approach for implementing healthcare within organizations. The government of Ontario has already implemented a similar program to foster collaborative health care through the use of Family Health Teams. According to the Ontario Ministry of Health and Long-Term Care (2005), Family Health
Team members from different disciplinary backgrounds are assembled to “improve the quality of care, increase the range of services offered and lead to comprehensive care across the life span” (p. 3).

One of the criteria for successfully making use of the benefits of collaborative teamwork is receptivity to the innovations and possibilities for improvement / change identified by the teams. Research into how innovation and creativity affect change in the workplace indicates that “group climate, defined as a set of shared expectation, is key to a group’s scope of new ideas and working methods” (Strating & Nieboer, 2010, p. 276). The integration of artists and cultural workers into collaborative teams may provoke and promote the potential for positive “climate change” in opening up concerns and areas of consideration that health care workers may not be at liberty to focus on or address, but which may nonetheless be significant to patient and worker experience in the sector.

There is a recognized need for innovation and change within the systems and operation of the health-care sector, but workers from within that sector itself are not best positioned to champion their own creative ideas for changes. On the contrary, the culture of health-care work tends to be almost anti-innovation. For understandable reasons the climate is very risk-averse, with a low tolerance for the kinds of experimental approaches with unknown effects and risks that often accompany effective creative approaches to change. Strating and Nieboer (2010) propose that: “The challenge here is to find a balance between demands placed on professionals, such as responsibility for quality of care and patient safety, and the necessity of constant learning, improving and innovating” (p. 276).

Part of the work to promote openness to innovation and change includes shifting the social climate so that peers and formal evaluation and control systems can accept collaborative processes that include the opportunity to invite “mishaps, mistakes, errors or
failures” as part of a healthy, intelligent, and professional process of embarking on systemic changes (Strating & Nieboer, 2010, p. 281). The trick will be to make effective use of the creative tendencies of artists and cultural workers to embrace risk and exist in the liminal space of transitional uncertainty and generative responsiveness, while preserving vital safeguards within the health care system to minimize exposure of patients and participants at all levels to unreasonable and unwarranted danger or discomfort with no therapeutic upside. Discomfort in itself cannot and should not be shunned, as it is often part of any change process, including healing, strengthening, or learning.

What appears particularly perilous would be a form of unintentionally enforced status quo stagnation, by pretending that the current system in its specific incarnation is so effective and well-designed that it serves patients and staff as well as can be hoped for. There are many shortcomings to the current system, including the fact that it is too insular without sufficient collaboration with teams and professionals outside the medical field who can illuminate different realms of comfort, joy, and overall wellness, as well as distress, unhappiness, and pain not well accounted for by objective biomedical measures.

Inviting some risk and tolerance for messiness in procedure is not an abdication of responsibility to protect patients, but is actually a necessary process to mitigate the current risks imposed by a system that does not permit genuine creativity and collaborative insights into change possibilities to modify protocols and procedures.

Are there Answers?

How to create a more robust and flexible health care infrastructure, informed by the arts and empowering all participants with holistic education about well-being? The model of the spine and nervous systems could helpfully inform, using chiropractic and holistic
medicine principles to align institutions, offices, delivery units and teams of practitioners like vertebrae: interrelated and connected, stable and sustainable in themselves, yet flexible collectively, able to communicate instantaneously using a cyber-neural network.

The spinal fluid binding everyone’s work could come from mediating community facilitators, a lubricant of creatively disposed workers trained in the arts of effective sharing / brokering of knowledge along principles of non-violent communication, expressive and informative, able to translate both medical concerns of doctors and human needs of patients to better understand the whole picture of how providers of care can offer a palette of services suited to the needs and wants of the users, putting the pre-eminence of quality experiences back ahead of the sheer virtue of expert authority.

Small teams of dedicated facilitators could regularly interface with the clinical providers of care in their district, learning how to talk with the doctors and nurses — both to access and to share patient case information. A prerequisite to participation would be consensus on the equality of respect for diverse treatment methods, appropriately and respectively applied to either safely manipulate the biological organism and / or respectfully honour the social being and caretake the individual soul. Mutual explicating the use of arts-in-care principles could hopefully disavow medical professionals of any misapprehensions that the misapplication of hard scientific principles to review supple social phenomenon proves the supremacy of one and the inferiority of the other.

Skilful Facilitation: Getting In and Out of Creativity

Creativity can be conceived of as inducing a “liminal space,” characterized by the potential for transformation and change and metaphorically significant as a threshold or container for the rite of passage between changing phases or states of being (Brodzinski &
Munt, 2009). Growth, evolution, education, and change — all of these transformative processes involve making peace with letting go of what was in order to embrace what will be. Change is induced by a creative crisis, with new possibilities emerging when confronted with the discomfort of an unstable, insecure situation.

Most likely, the possibility for change was always there, but sometimes it takes the friction of creative agitation to impel transformation. If ever you have known people who lingered in an unhealthy relationship primarily because it was more convenient to keep going through familiar motions together rather than endure the upset and upheaval of a major breakup, then you know the propensity of human nature (as manifesting in our current social reality) to make the most of the worst, and to survive in relative misery rather than risk chaos. Attending a creative group is good medicine; it disrupts any stagnant habits of body, spirit, or mind, and forces a clear attention to task in the context of social relations that is nothing less than the very purpose and meaning of life.

Because of the charged and heightened states of possibility and vulnerability that accompany meaningful change, Schechner proposes that the creative process — as the container for navigating this liminal state — should be carefully facilitated and framed “in order to facilitate both movement into and out of it as well as holding an individual whilst they are within it” (quoted in Brodzinski & Munt, 2009, p. 279). Brodzinski and Munt (2009) echo this sentiment by asserting that “it is important to recognise that creativity is risky as well as rewarding and, in inviting people to enter into the liminal space of creativity, it is important to assure safety through holding structures (p. 279). Schechner illuminates tools to achieve this, maintaining that responsible creative facilitation of liminal inhabitation for transformation involves preparation (entering a charged and transformed stated of
engagement distinct from everyday life), performance (actual creative work or play), and a cool down (re-entering the normal or “everyday persona”).

To some it may seem esoteric to speak of preparing the personality for these phases of creative engagement. There is always a risk in theoretically articulating a multidimensional phenomenon that traverses intellect, emotion, spirit and more. It may not make perfect sense by a singular logic, and any set of sentences which propose to provoke or describe the process or phenomenon may be subject to having holes poked in them, or fraying edges tugged at to reveal inconsistencies or inadequacies. Although exceptions to Schechner’s stages of activation could certainly be created or found, my experience as a human being relates consistently enough to the concepts described that I feel I can “overstand” the profound truth of them by extending the power of my experiential imagination.

I am informed by my experience as a caregiver and daily companion to a woman with Alzheimer’s disease who lived on an island. I had to take a fifteen minute ferry ride going in to work with her, and again home at the end of each eight-hour day. I quickly realized that the boat ride was a kind of rite of passage, entering and leaving “Alzheimer’s land” each day.

It requires a specific set of creative tolerances and intuitive energies to successfully discern, navigate, and traverse a guided path through each day with a stubborn smart old lady who was partially losing her mind some or most of the time, and I can attest to the

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46 A reclaimed inversion of the word “understand,” as made common by Rastafarian culture in protest against a dominant worldview and cultural paradigm perceived as creating dichotomies of useless violence between “us” and “them.” (Rastas therefore also claim a different term for we: “I and I.”) Refusing to imagine knowledge as something separate and removed from holistic life, to be mastered and ruled, “overstand” implies a life force that permeates and surrounds, not a knowledge that is dominant and controls from above.
emotional and strategic significance of having a liminal phase to internally prepare myself before plunging in each morning, and to recover and recompose myself within for “normal” society coming home each day.

It may be a “guess you had to be there” kind of thing, but I believe that the concept behind stages of transition to enter and leave a creative endeavour is that a rite of passage induces focus, and serves as a refresher to regain direct exposure to one’s own intuitive, internal relationship with creative practice. Overstand?

Sensitive Calibration

Some important criteria to ensure a safe environment for participants include offering choice whether to participate and what to participate in. Both physical and emotional security need to be facilitated, which can be done by accepting diverse efforts, providing reasonable and achievable expectations, and sufficient clarity of purpose or predictability of endeavour so as to not induce excessive anxiety through disorientation. A relaxing, safe, and comfortable environment is ideal.

Csikszentmihalyi, in explicating his understanding of flow, noted the need to make things not too hard, and not too easy — just right (cited in Thompson & Blair, 1998). Sustained flow or immersed engagement typically requires self-made goals, and increasingly complex challenges that require increasingly complex skills, so repeated engagement can lead to a progression.

Emergent strategies to facilitate engagement identified by clients and therapists include: providing an introductory phase to get to know each other and try some simple activities to establish a safe space; taking the time to learn about the individual’s self-perceived skills and challenges; communicating clear expectations of individuals, the
activity, and the group; making sure the client is in control of their clearly set goals or achievable small tasks; having alternative activities ready including less demanding ones; and using encouragement not enforcement (Thompson & Blair, 1998, p. 60).

The need for appropriate and skilled facilitation is heightened because of the possibility for distressing and vulnerable experiences by participants. Occupational therapists using creative arts activities are advised to have knowledge and experience of group dynamics, and possibly even receive additional training “to use psychodynamic techniques appropriately” (Thompson & Blair, 1998, p. 53).

One benefit attributed to creative art activities is when they can offer “ego-support,” providing a safe environment to verbally or non-verbally vent feelings or concerns that may go unexpressed without an explicitly non-judgmental space in which to share. Cultural conditioning seems to impel resistance to properly valuing “the pleasure and playful release of tension” (Thompson & Blair, 1998, p. 53) that is characteristic of engagement in creative expression, but mental and holistic health principles reveal just how important such pleasure and play is. Reducing stress should not be underestimated or discounted as extraneous or a superficial gain.

The effective facilitator will find activities that are accepted and meaningful to the participant and that are safe enough to not provoke anxiety but challenging enough to stretch participants’ capacities to achieve. It is a sensitive balance that cannot always be maximized, and that will develop with greater nuance over time.

Deromanticizing Artists
Bringing self-proclaimed artists in as cultural workers will be no panacea; there has to be some kind of vetting. Being a good artist does not make one a good teacher. Being a lousy artist does not make one a lousy teacher. It’s kind of crazy, and a bit impossible.

Sorry to say there will be a great number of boorish, loutish, self-centred, self-obsessed, poorly qualified bad teachers who number in the ranks of candidates for jobs facilitating the arts in health care. However, what subset of humanity does not possess its knights templar as well as rotten apples?

The challenge at least is clear and open, to devise qualifying mechanisms flexible and accommodating enough to deal realistically and fairly with the potentially unorthodox or even rebellious spirits of the creative class, but yet stringent and rigorous enough to prevent disastrous misuse of funds, and worse life opportunities, by partnering in buffoons to inflict sorry work on recipient communities.

Word is bond is a good starting point, as far as I’m concerned. Artists who want to work with other people should be able to express why, what they hope to do, and how they plan to try and do it. A lot of license can be permitted in their approach to accomplishing that, but then a lot of b.s. detection needs to be in place too, preferably in the form of a few experienced people in direct communication with the candidates, who can freely question them, and if they’re given the chance to try their hand in community, hold them to task and in the end accountable to their own claims.

Free Choice through Tiers of Exposure

While creativity is a universal human ability, it appears that not everyone always has the capacity or drive to engage in creative processes. This is significant because without personal interest creative engagement is not likely, so prescribing participation in creative
activities is not necessarily as straightforward as telling someone to take a pill. People have
to be willing to show up and engage. It is crucial there are no impediments to successful
participation, so it is important that situations are set up which are characterized by
“psychological safety and freedom where external evaluations are absent” (Griffiths, 2008, p.
50). Rebeiro reinforces the “importance of choice in meaningful occupations as opposed to
the prescription of activities to meet someone else’s agenda” (cited in Griffiths, 2008, p. 57).

If resources are limited and there is only one artistic facilitator available for patients
to potentially interface with, then there is no use agonizing over whether it is the best fit for
everyone or not: those who resonate strongly will enjoy it and some may not even want to
participate. If resources do exist, however, to set up multiple engagement opportunities with
diverse practitioners, then the formula doesn’t have to be an extraordinary calculus in order
to accommodate the complexity of multiple components elegantly and efficiently.

First tier contact: expose participants to different practices and instructors that are
available so they can sample possible programs to engage with. Each subsequent session
with another artist and a different set of disciplinary tools to engage in creative expression in
a safe, supportive space reinforces the empowering mindset of the creative artist. By the
time they have tried different classes being offered, many participants may have found a
teacher or an art form they are curious about — or at least willing to — pursue a little further.

Second tier contact: deepen the practice through an ongoing program, maybe a
residency relationship devised according to whatever plan makes sense in the context of the
place and lives intimately involved. Creative work in a group is an intimate phenomenon,
not a clinical one. This permission and license to be non-sexually intimate as co-creators and
conspirators towards exploring, trying, and sharing a good time is a big part of why these
programs make such a difference in people’s lives — especially if these may be people with
dwindling social circles, and perhaps not the kinds of robust networks of family and friends that are often more accessible to younger people.

Third tier work: build in culminating episodes showing off the creative work that is produced. This becomes an automatic mechanism to invite a broader community to share in the benefits of the work and behold the artistry of participants, creating a sustainable, enriching culture for diverse stakeholders to be a part of. It can also lead to the emergence of profound talents and wisdoms that may otherwise have remained latent or dormant, by setting the stage (so to speak) for older artists to seize the day and share their voice.

This three tier model is just one example of one approach, but shows how the emphasis can be on basic structural organization (which groups meet where, when, with who), not micro-managing what is done at what point in what process by who exactly for what specific purpose. Once a model is found that seems to work, it can be used as a framework or starting template to program outward from. Customization should certainly be a feature so local strengths, interests, and determining factors direct the specific form of the program. Cohen et al. (2006) maintain that because art programs are generally available in all types of communities (including urban and rural), it is feasible and reasonable to set up replications of previously conducted arts programs or new ones similar in content and structure.

Creating “Patient-Centred”

One team of researchers and nurses used works of visual art as a bridge to facilitate communication with older people living with chronic illness. Hodges, Keely, and Grier (2001) recognized that while “the pathophysiology of chronic conditions is increasingly
understood, relatively little is known about the experience of living with chronicity from the perspective of the elderly” (p. 390).

First, nurses and nursing students were polled, who tended to assume despair and fear were the primary experiences of the chronically ill elderly. The sick older people themselves, however, reported not just such negative emotions, but consistently also included hope, courage and a positive commitment to living as part of their regular lived experience. The therapeutic conversations which revealed these insights were facilitated by using works of visual art as centrepieces for discussion. The conversations were not only therapeutic to the older participants, but also to the nurses, who experienced greater validation in their work as healers and caregivers through better direct communication with and understanding of their patients. Hodges et al. (2001) point out that validation in work might positively impact job satisfaction, which is an important consideration “when nurses are leaving nursing in unprecedented numbers” (p. 397).

A truly client-centred approach which respects the client’s autonomy cannot position medical professionals as experts in possession of privileged information more suitable for decision making purposes than what the patient has access to. Communicating data with understanding for the emotional and other consequences for decisions are tasks that would be more aptly explored in group support or via creative intervention than during a one-on-one chat with a doctor in a treatment room.

Who can get life-changing information explained and suddenly have the capacity to comprehend the implications and make informed decisions? But if people diagnosed with cancer can attend a reading and support group of survivors, or a performance, or somehow access and interface with others’ expressive works on the issue, they can perhaps be better
assisted to begin acquiescing to their new identity, and sooner reclaim their own empowered voice as the ultimate source of authentic expertise on their own life.

This is real democracy — it is a deeply creative enterprise, and risk-laden through and through. It is more habitually shunned and shied away from than embraced or manifested in institutional culture, but integrating creative arts professionals into the culture of institutions can imbue them with ameliorating humanized influences that can challenge and transform the alienating, authoritarian characteristics of administration and management, and pave the way for more democratic tendencies and possibilities to come.

Adding an arts component interjects a whole new mode of thinking, literally a different type of intelligence than verbal, whether it is visual, spatial, kinaesthetic, musical, or what. Odell-Miller et al. (2006) note that arts therapies can be “particularly useful for people who find meaningful verbal communication difficult or impossible” (p. 122), and give a good example in the words of an anonymous research participant who says “I find it easier to paint and chat rather than just chat and look into someone’s eyes I guess” (p.134).

For therapists already working hard to master and manage the linguistic and rational / deductive complexities in discussion with a patient, adding additional modes of communication may threaten to overwhelm or undermine their sensibilities or expertise. But while adding the arts medium certainly adds a level of complexity, it does have the benefit of providing access to different modes of intelligence for the patient, which may allow avenues of expression to unfold that are less convenient for the therapist but more resonant and meaningful for the patient. Whose interests come first, is an interesting question.

These notions of using the arts and creative experience to centre regimens of care on the patient are not new ideas; they are tried, proven, and well-implemented ones. But they do need broader and deeper recognition, acceptance, and celebration — even when their utility
challenges complex mechanisms of organization and useful systems of prioritization that facilitate bureaucratic infrastructure development and more. At stake are core responsibilities to attend to people’s needs. Allen (1995) shows how it can work:

Art is a way of knowing what it is we actually believe. Bernie Siegel (1986) is a medical doctor who deeply respects the power of the imagination in regard to physical healing. He asks his cancer patients to draw images of their treatment in order to discover their deeply held beliefs about the treatment options. He has learned that the belief of the patient, not the objective benefit of a particular therapy, is the greatest factor determining effective results. (p. 3)
Theory Theory

I have tried to explore and show how difficult it is for researchers to come up with effective ways to analyze and assess what happens to participants in creative groups. It is even harder to agree upon how such programs of activity may affect the health and well-being of those who take part. Because I have come to understand that health is not a static, quantifiable state of being, but rather a quality of the dynamic process of being alive, I have looked for theoretical models that serve to inform, explain, depict, and describe a changing process. I have also devised some of my own theoretical notions to help contextualize my area of inquiry.

What Happens in the Circle…

It can be difficult to itemize the crucial parts of the process of engaging, learning, and practicing work in the arts. In my experience, a big part of successfully engaging a new group to participate meaningfully in creative work is breaking down what they’ve learned in the past about what it means to be a participant in a group.

Authoritarian systems of learning tend to operate contrary to principles of creative participation, emphasizing mastery of facts and objective performance measures. There can be varying levels of mistrust, disbelief, or even disdain when some participants learn that instead of being tasked to master some set material, and demonstrate their capacity / prove their worth by memorizing or reproducing the example set by the instructor, they are being challenged to rise to the occasion of sharing some authentic, original creation they and they alone came up with. Thus the first useful learning may need to be unlearning, to get free of potentially constraining preconceptions about learning that have been assimilated.
For people not accustomed to the disorienting space of open-ended possibility it can be a slow process getting going. Some balk and stall completely when presented with the chance to do “whatever you want!” Although it sounds contradictory to the ultimate goal, having a template or model to follow at the outset is not a bad idea, as it may help to encourage first steps. Knowing their job is to follow along or imitate an example can get a person’s brush wet, pencil moving, hands drumming, feet tapping, or more.

Cultivating trust and establishing a willingness to participate is the priority at first, not necessarily authentic creative expression. Over time, as people buy in and recognize the genuine nature of the facilitator’s investment in cultivating an ongoing relationship with the group — and the individuals who make it up — the edges of discomfort can be approached more and in different ways. Some participants will be bold enough to soon make extreme gestures into unknown terrain; some will remain reticent and uncertain what it is safe or wise to attempt.

If the endeavours endure, the social context of people humbly trying in each other’s midst, bearing witness to glorious triumphs and miserable failures alike, and revealing their own honest efforts too — this will all lead to a community of mutual support where trust, care, and concern are genuinely present and act as powerful motivators. That is when recreation transforms into creation, and action leads to reaction, which inspires more action, and on and on.

We are what we habituate to. I submit that creative arts practices, especially in a facilitated group context, allow us to habituate to such a diversity of human needs that they can be thought of as a kind of holistic staple for healthy human survival.


The rice and beans of the body, mind, and soul, if you will.
Below is a chart I designed to depict some of the many areas of human capacity that are activated through the use of creative arts practices. There is a relationship between the type of engagement and the kind of action, although either can serve as impetus to or manifest as subsequent reaction to the other:

<table>
<thead>
<tr>
<th>Stimulation /</th>
<th>Action /</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Engagement</strong></td>
<td><strong>Comes from or Leads to</strong></td>
</tr>
<tr>
<td>Physical</td>
<td>Moving</td>
</tr>
<tr>
<td>Intellectual</td>
<td>Thinking</td>
</tr>
<tr>
<td>Emotional</td>
<td>Feeling</td>
</tr>
<tr>
<td>Social</td>
<td>Relating</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Imagining</td>
</tr>
<tr>
<td>Moral</td>
<td>Deciding</td>
</tr>
<tr>
<td>Aesthetic</td>
<td>Choosing</td>
</tr>
<tr>
<td>Cultural</td>
<td>Sharing</td>
</tr>
<tr>
<td>Economical</td>
<td>Valuing</td>
</tr>
</tbody>
</table>

Table 1. Qualities of Engagement

It all amounts to invigoration, on so many levels.

**Process-Structures**

John Paul Lederach (2003) is a scholar who has dedicated much of his life to exploring peace as a holistic phenomenon. After years of working on the theory and practice of conflict resolution, his views evolved to the point that he modified the terminology to better reflect his understanding of what he now calls conflict transformation (p. 3). In order
to accommodate the diversity of local specifics and broader goals potentially involved in conflict transformation processes around the world, Lederach (2003) devised a model with extraordinary flexibility as well as rigorous clarity, which addresses a key challenge:

...how to support and sustain a platform or strategic plan that has a capacity to adapt and generate ongoing desired change, while at the same time responding creatively to immediate needs. We can do this by thinking about platforms as process-structures. (p.40)

If one takes a broad conception, it is possible to view the phenomenon of human health as analogous to peace. Just as peace can be disrupted by conflict, so can health be disrupted by illness. And healing, as experienced by a human being, is in its multidimensional holistic nature not so much illness resolution as illness transformation.

While the allopathic, mechanistic model still prevails for many — especially in hospital care — practitioners who use creative, expressive modalities to engage patients therapeutically understand that addressing a symptom is not always a good or complete cure for what ails a person. Just like resolving a conflict without transforming the situation that led to it is not always effective.

A person who is sick, whether acutely or chronically — or perhaps just someone who is grappling with a shifting identity while aging into the categories we call “old” — may have a hard time taking the shortest, most logical path to the ideal condition potentially available. Not many of us are wired to be so efficient and straightforward in our lives as to modify our habits and behaviour based on available information to maximize health and wellbeing47; we generally meander, rather like rivers on a hillside, or insects hunting flowers, unwilling or unable to truly strive towards attaining ideal states of being, so mired

47 Consider smokers.
are we in reality of the journeys we undertake. This is not a frailty or shortcoming; this is the nature of organic life.

Lederach’s (2003) model is effectively portrayed visually, so in order to fully convey his concept of process-structures it will help to reproduce some diagrams. The first represents the circular nature of change from (and through) a state of difficult conflict:

![Figure 7. Circular Change (Lederach, 2003)](image)

The circular conception provides for and allows the kind of growing pains that are familiar in life. Positive change brings the sensation of experiencing some hopeful progress. But with continued engagement, one may often hit a wall of some kind and find forward momentum stop. Things may worsen, movement even reverse, and ultimately everything seems to collapse, bringing a kind of despair that all the initial gains and more have been lost. However, all is not lost! With sustained engagement, there will come again the next step, which is the first step again, the initial phase of making some positive gains forward — quite possibly a little further forward than the first time.
This circular process shows transformational change to be iterative, cyclical, and evolutionary, not an isolated, one-directional, or one-time phenomenon. Indeed, the beauty of Lederach’s model is that it makes the circle of change representative of a feedback-loop-based phase of engagement, which then becomes a building block to embody an ongoing series of phases as a process with a structure. Immediate or short-term engagement (such as creative sessions with arts facilitators) can be represented by the circle-shaped process of trying, doing, failing, falling, and starting over again. By linking these repeating cycles together overlapping circles visually form a series of loops that resemble a chain with some momentum in a linear direction. Depicting the process of repeated and sustained holistic engagement this way provides a mechanism that strategically tracks movement by revealing an emergent structure:

![A Simple Process Structure](image)

Figure 8. Process-Structure (Lederach, 2003)

What is the use of a model that can encompass a gesture towards linearity as well as repeated feedback loops of circularity? Imagine it this way: collaborating facilitators engage communities in process-based creative activities as a way of getting to know them and their issues. Maybe there are already prevailing issues on the table such as desired health outcomes, or challenging situations that need to be addressed. Maybe not, in which case the
initial group sessions can provide a space for any pertinent or pressing issues and concerns to be raised and reviewed. The point is that as the group generates its own identity by going through the circular process of engaging, creating, disbanding, and re-forming, they create an initial set of spiraling circles, which as they overlap begin to indicate a linear progression.

As the process of engagement begins to reveal the direction or movement of the process-structure, it can be mutually decided to stay on course if things appear to be moving along an acceptable platform towards desired long-term outcomes, or to try and shift directions so as to touch on issues or ideas that need more attention. This direction represents the transformational platform, which can either be allowed to coalesce organically or planned and tentatively established ahead of time:

![Transformational Platform](image)

**Figure 9. Transformational Platform (Lederach, 2003)**

Lederach (2003) maintains that “A conflict transformation platform must be short-term responsive and long-term strategic. It must have the capacity to generate and regenerate change processes responsive to both episodes and the context or epicenter” (p. 47). Goals
such as wellness can emerge and be achieved organically as part of the long-term strategy and rationale for ongoing interventions, even while the short-term goal of maintaining group participation and cohesion delivers many associated benefits that accrue simply by virtue of being socially engaged and stimulated through creative challenges.

The transformational platform of process-structures as a model provides space for participants to inhabit circles that represent repeated encounters, within which qualities of experience can prevail as measured criteria to assess appropriate effectiveness. The movement indicated by contextualizing each series of encounters and experiences against the previous ones provides an opportunity to gauge trajectory and/or distance travelled towards longer term goals.

The real benefit of the model, though, is that it resists any tendency to measure the entire worth of a program intervention through some few reduced indicators of criteria. The transformational platform for change through process-structures fosters a mindset that can appreciate the significant worth of participants simply co-inhabiting circles of activity together, whether some longer-term goals are ultimately achieved or not. A linear, quantified measure is not sufficient for evaluation, and Lederach (2003) demands more flexibility from his adaptive transformational platform, “for it understands that conflict and change are constant, but the specific solutions and the forms they take are ephemeral” (p. 47).

There is a potential to transform the nature of life in care, using this approach to conceive of creative engagement interventions as embodying process-structures. For it to work, diverse people need to be asked about how things are working, including not just medical professionals and creative facilitators, but all participants. When people are respected as authorities in their own lives and masters of their own fates, then the structures of the emerging processes they are engaged in are much more likely to adapt to suit their
needs and desires. Empowering citizens, whether patients or not, to examine their lives and conditions and to make commentary on and improvements to them, especially in conjunction with concerned workers tasked to understand and help them move towards greater health and well-being, is a step in the right direction.

**Practice-Based Epistemology**

A more participatory, democratic set of principles to guide and govern health care is not anti-scientific. Any perceived authority of science or the medical profession that may appear to be undermined by such an empowering course of action is not legitimate authority anyway — not if it was premised on logical positivists’ assumption that testable, mathematical, formulaic knowledge is objectively superior to other forms of knowledge (Raelin, 2007, p. 496). As Shaun McNiff (1998) neatly debunks it:

This is an old rhetorical trick through which you demand that the perspective of the adversary be proven within the framework of reality that you construct and which denies the essential premises of the other’s point of view. If the ‘outsider’ complains that this imposition of an external measure of reality distorts the position being presented, the weight of the contemporary bias toward scientific truth is then used in yet another rhetorical move, *reduction ad absurdum*, which likens the complaint to a condition of absurdity, because who after all can question the absolute veracity of ‘scientific evidence’? (p. 34)

So if not to honour the objective criteria set by planners and administrators, how will longer-term strategies for health in care be devised, set, revised, and reset? Raelin (2007) offers a useful contribution through his conception of an “epistemology of practice.” The positivist paradigm tends to separate theory from practice, and hold theoretically constructed knowledge on a pedestal for its capacity to manifest more purely objective depictions. Raelin proposes that for practitioners engaged in ongoing processes involving human beings, a way of devising theory in concert with and informed by practice on the ground is more useful than an artificially objectified theory divorced from input with practice. An
epistemology of practice does not have to take shape particularly differently from other constructions of theory, but when it takes shape is crucial: “The construction of theory in this setting might be more apt during or after rather than before the experience. Hence, theory is not preordained but constituted as a living construction to capture the useful ingredients of the performance” (Raelin, 2007, p. 500).

Taken together with Lederach’s platform based process-structure, we begin to see that the ideal theory for evaluating the worth and effectiveness of arts-based interventions for health does not exist as a template or general formula. It must emerge specifically out of the crucible of experiences shared by the practitioners and participants, and through their self-reflective efforts to translate some aspects of their experience into relevant terms that can be used to evaluate if the trajectory of experiences is likely to lead to and encompass desired and worthwhile ends or not.

There should not be a blanket theory applied to evaluate how any particular manifestation along the process-structure spectrum is doing. Once people become habituated to any system, Raelin (2007) warns to expect shortcuts to be taken: “A priori frameworks can lead to errors in judgment, as practitioners become shortsighted in interpreting patterns based more on past judgment than current being-in-situation developments” (p. 503). The question becomes how can we trust the participants involved to accurately and honestly evaluate the nature and worth of their experiences, even if they are doing it at the right time (as knowledge is created and emerges), instead of ahead of time?

A/r/tography

A/r/tography is a growing practice and theoretical position whereby artist / researcher / teachers engage in praxis-based reflection on their overlapping personal and professional
practices, embodying a version of process / practice-based epistemology compatible with Raelin’s notions. As a relational act of inquiry, a/r/tography problematizes or “troubles” reductive or simplifying ways of conceiving of or representing knowledge about the interactive spaces inhabited by various potentially overlapping participants: teachers, learners, researchers, artists, and audience.

Rather anathema to performance-indicator based systems of quantifying data for objective comparison and evaluation, Springgay, Irwin, and Kind (2008) claim “a/r/tography recognizes that meaning making can be disturbing, unexpected, and hesitant” (p. 84). This definitely includes making meaning about the worth of creative engagement programs. In fact, such programs could reasonably be imagined to be effectively staffed by practicing a/r/tographers as facilitators. These creative practitioners dedicate an enormous amount of time, energy, and intention to serving with others as teachers, artists, and guides through art-making processes. As professionals capable of delivering quality programs they would also be well positioned to devise their own tools for reflection and evaluation consistent and / or coherent with the form and content of the opportunities they provide. Their involved and integrationist approach to life, work, and learning would also make them predisposed towards, or at least competent in, fostering collaborative evaluation partnerships with the communities they are engaged with.

But beware — since meaning would be made using various creative tools employed in diverse artistic processes, the evaluation results may not fit neatly in any preconceivable box — much less spreadsheet:
Theory as a/r/tography creates an imaginative turn by theorizing or explaining phenomena through aesthetic experiences that integrate knowing, doing, and making: experiences that simultaneously value technique and content through acts of inquiry; experiences that value complexity and difference within a third space.

(Irwin, 2004, p. 31)

**AIYOW! — Assessment in Your Own Words**

*An integrated method for improvement from within.*

*Relying on principles of observation, reflection and communication.*

*Facilitated through the use of dialogue, creativity, art, schematics, surveys, honesty, interviews, conversations, shared results, and more honesty.*

*It is beyond the scope of this project to flesh out the concepts behind a model of integrative, empowering, self-generated evaluation that has been increasingly occupying my imagination.*

*Suffice to say that Assessment In Your Own Words (AIYOW!) represents an ideal of empowering communities of participants to be educated as to the aims and objectives of interfacing institutions, programs, and individuals, and while crossing different types of intelligence and means of representation, would aim to solicit honest opinions from the grassroots people directly involved.*

*This could act as an antidote to the excluding tendencies of authoritative expertise to assign value on behalf of people they have no contact with, and ameliorate the seductive notions of readily misrepresented flexible “truth” promoted by advertising / commercial culture. By reinvigorating a traditional sense of honour that “word is bond,” people themselves can come to be trusted to have the power and capacity to responsibly reflect on what works for them, and why. That is, if civilization can be extended to everyone, not just the latest incarnation of the philosopher kings.*
On Inclusion

This reminds me of an important point. Something that the increasingly recognized and supported field of community arts has to offer. It is the understanding that every human being should be equally valued. This is theoretically quite palatable. But what do you do when you go to engage in good work with a group in community, and you are paired with a stinky, annoying person with no social graces and an irritable temper? Less palatable, but still the ideal must prevail. Shouldn’t it? And yet, there seem to be allowances and exceptions regularly made in various circles, where certain negative judgments can be passed on certain individuals, or whole types of individuals.

It is a latent impulse towards superiority that I have no doubt is rooted in centuries of white supremacy, deeply embedded by globally dominant structures of patriarchy, and manifested now in an individualistic moment in social time on a much more equal-opportunity-to-discriminate basis, where any particular person might conceivably find another demographic category to disdain or denigrate. “They just deserve it, right? You know what I mean?” No. Stop. It has to stop. You never know who someone is until you get to know them, and by the time you really get to know anyone, it becomes clear that they are as entitled to their human life, interpretation of meaning, and pursuit of happiness as anyone else48.

It is all much easier to say than to do. Ruth Howard, the Artistic Director of Jumblies Theatre — one of Toronto’s most active community arts organizations, and one well known for walking the walk of full participatory inclusion — says with rueful humour: “Saying that ‘everyone is welcome’ and meaning it can be hazardous” (2010, p. 19). But the discriminatory impulse is not necessarily rooted in human DNA. And even if it is part and

48 Barring particularly wicked exceptions.
parcel of most current social constructions of reality that people have experienced or learned
about, the civilizing influence of socially evolving ideals informing simple, value-based
action can provide the tools and backbone to come together and strive to transcend it. The
ideal starts with universal inclusion. Live with it.

The Meaning of Time

In order to expand our capacity to conceive of different ways to measure the worth of
creative interventions in the lives of older individuals and communities, it will be liberating
to free ourselves from the strictures imposed by unilateral (read: Western) ontologies.

While coping with grief and loss at various times in my life, it has been personally
helpful to draw on African conceptions of being and time, particularly as I was exposed to
them through the writings of John Mbiti while undertaking a term of study abroad in Harare,
Zimbabwe. Briefly, Mbiti (1969) uses the Swahili terms Zamani and Sasa to help depict a
worldview which encompasses no infinite future, but rather a “backwards” looking
orientation to time which conceives of only events that have already occurred as reality (p.
17). Therefore the infinite dimension of time stretches only into the past that paradoxically
lies before us, and the Zamani, as the unlimited past, represents the “graveyard of time” into
which everything ultimately recedes and flows.

The “now-ness” of the present is conveyed by the concept of Sasa, a shorter-term
immediate phase with an experiential implication. Every entity and group manifests a life
force which can be thought of as their Sasa, as explained by Mbiti (1969): “The older a
person is, the longer is his Sasa period. The community also has its own Sasa, which is
greater than that of the individual” (p. 22). Even death does not deprive a being of its Sasa.
So long as other living beings remember and know the Sasa of the departed, that Sasa
remains part of the contemporary world and does not join the ancestors in the Zamani. Not until all memory of that person/entity and their deeds are lost to all living consciousness is the now-ness of that life-force extinguished, passing on into the great beyond that lays before us all (Mbiti, 1969, p. 26).

The act of convening groups where older people can get to know each other and share something of themselves is profoundly, potentially potent — especially if one can imagine that by doing so, the Sasa of those elders becomes known to a wider circle of participants and beings who can value them and their life even after they are dead…but not quite yet gone. By virtue of this model of reality, time, and being in the world, imbuing the world with the Sasa of more communities founded with the intention of valuing and supporting the life journeys of member-participants — and potentially even broader communities of receptive audiences or witnesses — is a deeply hopeful investment, and literally life-giving proposition. If each community-engaged creative arts group possesses its own life force to be shared and cherished by those who take part, and recognized and remembered by many more, how can one possibly measure the worth of giving birth to such new life forces on Earth?
Paradigm Shifts — Transformative Changes

Facilitated creative experiences that stimulate engagement offer opportunities for individual recipients and providers of health care to benefit, directly and indirectly. Creative thinking and organizational innovation offer opportunities to adjust and adapt the mission and goals of institutions and systems responsible for providing care, especially to expand or transform notions of how to measure impacts and assess success. Creativity alone, however, cannot accomplish these things; the possibilities and potential for positive change that are provoked by open-minded consideration of what needs to be done and how it can be done better are guided by pragmatic and reasoned review of what systems, protocols, and procedures currently exist.

Like Thompson and Blair (1998), I engage with a “broad spectrum of literature” because I too am motivated by the sense of urgency (p. 51). While they hope to “outline a framework that will help occupational therapists to recognize and justify the full eclectic extent of possibilities for creative arts with mentally ill adults” (p. 51), I hope to discern what frameworks will help or hinder the creative use of the arts with adults for health in general, especially as they age.

As a whole, this work is intended to contribute to catalyzing a moment of potential which could foster an increase in creative activities in health care settings. I have discerned no single voice or best approach effecting this change, so proceed from diverse evidence bases with hopes of appealing to intellect, intuition, and empathic imagination, while addressing some structural and other real constraints and possibilities for investing in and endowing examples of change that could significantly accrete.
Lessons from the Evolution of Related Fields

Any systemic change to be anticipated, whether it is called a paradigm shift, sea change, or quantum transformation, must be rooted in some understanding of what system / paradigm currently exists and operates. Some lessons of how change has, and therefore maybe can take again place, can be learned by reviewing paradigm shifts in related systems of human medicine and care that have evolved in recent history. A value-based vision of the future can then inspire and incite innovation and change towards the desired end through appropriate means.

Gerontology.

Aging science has evolved from a decremental model to one of modifiable and even successful aging. The first leap in the latter part of the 1900s is described by Cohen (2009) as “the transition from seeing progressive, unalterable negative changes with aging as being one’s destiny to a new view of modifiable age-associated problems [which] was an enormous leap in itself” (p. 425). But the next big leap, seeing aging as offering positive changes, or “potential beyond problems” was too much to do at once (Cohen, 2009, p. 425). Paradigm shifts take time, and sometimes have to roll out in phases.

By the turn of the century, the notion of potential-filled aging was emerging, as described in Cohen’s book The Creative Age where creativity as a quality exemplifies the new potential that aging brings. Successful aging is now all the rage. Changed minds now look to examples of robust and healthy senior citizens not as exceptions to the rule, but for clues as to how to sustain health. This is likely to also foreshadow accompanying changes of hearts that will find it less useful to deride, mock, and belittle old people, and easier to be endeared to and revere them.
Medical.

The roots of modern medicine’s preoccupation with the body as a treatable unit separate from the mind can be traced to Descartes, whose dualistic philosophy denied the holistic mind-body connection that many healing modalities rely on for their efficacy. Not only this, but McMahon and Sheikh (1984) point out that by creating a false belief in the authority of expert opinion as proved through objective measures, “When Cartesian dualism became a determining philosophical basis of medical theory, the role of imagination lost its premodern status” (p. 7).

The imposed and inherited sense of disconnect between body and mind has created a whole set of uncomfortable and unhealthy situations, and often undermined the capacity of the health care industry to effectively address wellness. Practitioners of all stripes have struggled both within and outside the system to revise and reform systems of care to accommodate holistic awareness and address the ailments caused by dichotomizing the self and treating separate aspects of it as if divorced from the rest.

Dosamantes-Beaudry (2003) explains that the dominant medical models of the twentieth century were largely characterized by “single disciplinary solutions, such as the psychopathological and psychopharmaceutical…” (p. 4). A transition began towards the end of the century that now continues into the twenty-first embracing interdisciplinary, holistic approaches that “view physical, emotional, cognitive, psychosocial, and spiritual aspects of a person’s well-being as interrelated and, therefore, important to consider as a whole” (Dosamantes-Beaudry, 2003, p. 4).

Supporting holistic wellness by developing and attending to these interrelated aspects of a person addresses more than just the physical problems of the patient, and shifts the focus
from the traditional Western medical model’s emphasis on alleviating symptoms or the
disease model’s mission to cure acute illness. It also shifts the role played by the care-giving
professional away from that of the authoritarian expert who knows “the single best diagnosis
and cure for the patient’s pathology,” and invites the patient to transcend the passive role of
recipient of care, becoming a more active agent collaborating with multiple consultants
towards “optimizing the quality of their own lives” (Dosamantes-Beaudry, 2003, p. 4).

It is worth quoting Dosamantes-Beaudry (2003) at length for the sensitive insight she
offers into precisely how the use of the arts to confront and consider the traumatic nature of
life can be liberating and health-giving, especially as an antidote to the silent strictures of
dominant cultural values which shun free expression of uncomfortable realities:

During contemporary times, those of us who lead Western modernist lifestyles in a
society that has compartmentalized and institutionalized so many critical aspects of
living are often ill prepared to deal with the emotional disruption that extreme
catastrophic and developmental changes generate. When confronting great
emotional pain, we fear losing control and being overwhelmed by chaos. As a
society that prizes autonomy and individuality greatly, we learn to suffer in silence,
alone. Our dread of emotional pain and emotional disruption is shared and
reinforced by the predominant Western medical model, which views intense
emotional disruption as something negative and symptomatic of an underlying
pathological process that must be promptly circumvented and suppressed through
the use of psychopharmacological drugs. This phobic view of emotional pain and
emotional disruption becomes magnified when we attempt to negotiate any of the
phases involved in a transition process, making the negotiation of any critical life
transition even more difficult. (p. 97)

Many medical professionals now cherish the reintegrative power of the creative arts
to bridge the body and mind, the symptoms and the experiences of the patient, and to address
different real needs than those given clinical credence and allowed by a Cartesian split.

**Occupational Therapy.**

The occupational therapy field has long used creative arts for occupational
engagement and therapeutic engagement. Perruzza and Kinsella (2010) note that as
occupational therapy is increasingly led towards biomedical approaches and orientations, as a field it moves away from historical roots which accepted and intuitively employed creative methods to occupy patients therapeutically (p. 267).

For more than fifteen years now there have been calls to better prove the worth of creative activities as a therapeutic modality. On one hand this is hopeful, for it indicates there is concerted effort to make supporting research results and claims to success relevant and believable. On the other hand, it is discouraging that a new emphasis on evidence-based practice could undermine approaches that have been useful in ways that are outside the scope of the evidence being measured. How to protect patients from harm, while at the same time protecting them from management-side interventions that would prohibit or disallow creative methods of engagement that may be helpful and effective?

There are both positive and warning signs in Roberts’ call to arms in a 1997 conference of the British Association of Occupational Therapists (OTs) in Mental Health: “It is imperative for the profession to do the rigourous research needed to validate creative activities as a therapeutic medium…then…the profession can cease this fragmentation and borrowing of treatment techniques…it can own the activity tradition in OT” (quoted in Thompson & Blair, 1998, p. 51).

While it is heartening to see OT professionals prepare to reclaim and own their own interpretation of what it means to use creative activities therapeutically, it would seem that borrowing and blending would be eminently appropriate skills and tools for cooperative, collaborative ventures like using creative processes. The mentality of isolating knowledge and technique in a silo of discipline-specific expertise runs counter to holistic principles of expansive, expressive communication.
When research currency gets minted and traded in specific delimited studies organized to support trending possibilities in practice, it seems that those who benefit are the researchers and possibly professional practitioners, but not primarily the stakeholders and end users of the therapeutic practices. How to ensure that rigorous research on creativity for therapeutic purposes is not itself another manifestation of fragmented knowledge “owned” and specific to a discipline or school? How to let the grassroots history of creative practice in occupational therapy inform a diverse and flourishing contemporary practice, without requiring every manifestation of effort to toe the line of scripts and protocols issued from on high?

**Art Therapy.**

Art therapy as a profession emerged from somewhat idiosyncratic roots, as independent practitioners with different backgrounds and no systematized training “invented or discovered ways to use art in the service of others” (Allen, 1995, p. xv). The original impulse of many practitioners may have been liberatory, to try and give voice to disempowered people such as institutionalized children, psychiatric inmates, or wards of hospitals. Times change, however, and so did art therapy.

For some, art therapy emerged as something like a nurturing alternative to the new world of professional art-making. By the 1970’s the social implications of art making and making meaning about art had become somewhat coopted by a capitalist system with a modern fetish for fragmentation and alienation. Allen (1995) observes that it was a new phenomenon to consider art such a commodity to be scrambled over by legions of curators, collectors, and supporting casts of bystander participants “while the artist stands mutely by, heroically isolated” (p. xvi).
Kaplan (2000) echoes and develops this idea, explaining how art historian Ellen Dissanayake views the arts in a modern context as having been inappropriately appropriated, or even coopted, by the moneyed classes:

She points out that ‘fine art,’ art made by and for an elite segment of society, is a relatively new phenomenon. Throughout the majority of human history, what we now call ‘the arts’ were not separate from daily life; anyone and everyone could participate in artistic behavior. Such behavior including singing, dancing, poetic storytelling, body painting and the decorating of possessions. (p. 58)

Similar ideas of what it means to be a modern professional began to creep into art therapy, de-emphasizing and diminishing many original creative impulses for communal participation. Now a full-fledged discipline of its own, Allen (1995) explains how some see art therapy as now often:

…being coopted as just another ‘treatment modality’ with prescribed goals and outcomes requiring predetermined meanings assigned to images. This sanitized, soulless version of art must be administered to others, interpreted by trained professionals. This sort of professionalism robs art of one of its most potent properties, the ability to dissolve boundaries and reveal our interconnectedness with one another, as well as reveal the dignity of our uniqueness. (p. xvi)

Tension must be brokered between increasing disciplinary recognition and acceptance of organized principles that value art-therapy, and the tendency and inclination for diverse practitioners to innovate and implement their own practice-informed approaches to using creative methods as they see fit. A homogenization of practice is unlikely to benefit anyone, except possibly the caretakers who administrate and manage the profession and their customers, who typically happen to work at managerial levels in institutions of care.

So there is movement in multiple directions: some progressive, some regressive. This is natural and healthy, and with attention, diligence, and care, movement can hopefully be generally directed towards the creation of transformational platforms characterized by
process-structures imbued with local, organic integrity to impel long-term, strategic, systemic change towards desirable ends that empower users as well as brokers of knowledge and practice.

The return of the integration of cultural tools into realms of medicine and care represents a powerful healing from a schism that has irritated, exacerbated, and made the mortal condition more miserable for too long.
These last few days before going under
These breaths that still fog
  Regrets surmounted
  Cheeky, sheepish grins admitted, embraced
Midst mingling onlookers, seizing fiercely to try…

Why not?
  Handstands on antiseptic linoleum,
  rheumy yellow fluorescent glow bounced down the halls
  A carefree moment in the old-folks home, to try…
  bring one last smile, elicit the shocking joy of surprise

WHY NOT?
  Finding a folded bill for the jingling cup or stinky palm
  of the alms-seeker…
  (is it really too much to give? more than your life can afford?)

WHY NOT?
  That first minute, sitting down with blank paper,
  a portal to ten minutes or more:
    a letter
    a poem
  those dreams and hopes bobbing away, ever-elusive

WHY NOT?
  Forget the stressed emotions clogging your moment
  Drop the mask, the concerns, the worries,
  When it’s time to check in with your loved ones
  can you dare to be there? Be There?
  Hearing, listening, feeling, understanding, talking, sharing, caring…

WHY NOT?
  Here’s your time around. What’s left to do?
  Weigh each act and thought against the impermanence of the end.
  It’s coming up.

Don’t stick on the why…free up… …why not?

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49 Ezra Houser, 2008
Radical Respect: People Matter

Can another sea change be anticipated? To cease and desist with the patronizing attitude that the elderly constitute an infirm burden that able-bodied younger people are grudgingly saddled with? Can contemporary culture instead be reinvested with a healthy respect for older people of all ages and conditions? It is fathomable to imagine that within the collective wisdom of the most senior citizens there may be profound insights which could helpfully inform the human race in charting a course to preserve and maintain civilization so as to provide a plausible chance at progressive evolution and continued survival.

Would a better option be to allow twenty and thirty year old dot-com type millionaires or relatively recent graduates to reprogram policy, popular culture, and more, in line with the interests and values of youth? Not to reverse the discriminatory swing and implicate young people or youth as irresponsible and completely devoid of trustworthy responsibility, but it could very well be that the older people are the ones best equipped to save us, collectively, as much as the rest of society may need to be rallied to save them.

One can extrapolate an analogy from the moment in the history of psychiatry when drugs and psychoanalysis emerged as curative tools for medical professionals to use to modify and change the behaviour of their patients for desirable ends. Psychiatric treatment as custodial profession — essentially the warehousing of patients pending their eventual demise — began to change. Similarly, now, the use of creative collaboration and engagement through the arts provides tools whereby patient participants in the medical system become empowered to not just receive treatment and care to improve their conditions, but can be actually given the power to try and heal themselves, and to script their own destinies.
As the authority of medical experts is tempered or even subjugated to the goal of informing and educating patients about their conditions to the best of their capacity to understand, then insofar as those patients are encouraged to reflect on and make meaningful choices about the treatment options and kind of care they are to receive, they claim ultimate authority over their own lives. As if they really could be trusted to make the biggest decisions for themselves. Even if the consequences, for them, are dire…are they not their own lives, after all?

The question should be asked whether within established practice of care there is scope to admit patient / participants as collaborative partners in some ways equal to the professionals who administer to them. Is there a way to balance the impossibility of treating the many individuals who make up the population of clients as true peers with the possibility of affording them more respect as beings with agency and the human potential for self-determination, their own rights, and the fundamental authority of choice?

The moral implications of shifting the gears of society towards a freer democracy will require equipping citizens with the means to explore and express their own fears, desires, and ideas about their lives, and also the vehicle to translate this information usefully to the practitioners tasked to take care of them. There are currently not effective communication channels for this process, whereby patients can be made to understand their situation and options so as to then express their opinions to a receptive audience. Intermediary phases to process the understanding are indeed required, especially in mortal circumstances such as serious illness, or significant life transitions such as childbirth, death, and changes due to aging throughout the life span.

A liminal space of integrated interactions will become the metaphorical amphitheatre where the players on life’s stage can negotiate with a chorus of experts and allies and learn to
script their own choices, facilitated when need be to make expressive gestures and comments which can be interrogated and translated as necessary to gain access to the ears of the professionals who may otherwise not have time to sit and listen while they work through their feelings and thoughts.
Facilitating People ~ Art Works

Non-violent
Expressive
Consensus Building
Exceptional
Allowing Exceptions
Permissive
Cooperative
Intuitive
Fun
Interactive
Participatory
Painful
Tragic
Vehement
Stirring
Triumphant
Destroying
Pleading
Dying
Losing
Winning
Whining
Gaining
Giving
Drifting
Dripping
Dropping
Doubting
Shouting
Screaming
Yelling
Dreaming
Breathing
Telling
Hearing
Seeing
Believing
Loving
Living
All together
Anything goes

50 Ezra Houser, 2011
Libation

African-derived traditional wisdom teaches that the libation is supposed to come first, giving thanks to the ancestors for walking the many paths that have brought us to the crossroads we stand in today. It is a beautiful tradition, and one worth respecting and embodying. So why a libation here, at the end, instead of at the very start? Because it is time to learn that respecting the essential knowledge conveyed within valuable traditions, and defying conventional forms that dictate how that knowledge is expected to be made manifest in contemporary times, are not mutually exclusive phenomena. And because I hope this penultimate section is the beginning as much as the end.

I would say I am sorry for violating the dictates of tradition, but the music and life of Peter Tosh (among countless others) inspired and taught me to have the strength and fortitude to stridently defy convention with no apology. And it will take a heaping helping of that kind of courageous medicine to wean us away from habits and protocols created largely to respect and honour the brute profit motive. It will be tragic if social systems do not evolve and become re-designed to surpass old methods that can keep human participants enslaved to old ways of doing things. Social inertia is a real phenomenon, and legacies endure often because they were specifically designed to be self-perpetuating, particularly in service of the entrepreneurs and innovators designing the plans…not for the good of we the people.

But we the people have our lives, thanks to the bonds of humanity that our ancestors and yet unborn descendants weave through us. And we have the tools at our disposal to make meaning of our lives, and to make of our lives, meaning. Here’s to spilling forth culture, that we might make more hallowed the ground we share, and earn the respect we are due.
Admit Uncertainty in Planning

My experiences are a very small window into the world, and there are abundant counter-examples. But I think an important conclusion I have drawn is that it can be inefficient to try and teach or learn too much about things before one is actually involved in them. Myles Horton (1990) said something similar when reflecting on how Highlander51 came to be, through a process of letting go and letting it grow: “I was trying to be too rational about it and trying to figure it out in advance” (p. 53).

When conditioned to expect experts to have answers, and to respect a linear “how to” manual as the ultimate word on method and efficiency, it can be very, very difficult to accept that no one can teach other people everything they need to know ahead of time, that what is needed is patience and a chance to learn — and even make mistakes — on the job. It is wonderful that interest has generated so much material discussing the use of arts in medicine, but the conversations should not be at the expense of programs actually being piloted, revised, maintained, and improved. I like how dian marino (1997) puts it: “To know is not enough. To understand takes a whole long series of muck-ups and successes, putting things together, making a different story” (p. 126).

Vision Questing

In including anecdotal recounts, I intentionally claim the multiple entendre meanings of “re-counting,” insofar as counting is a significantly imbued activity capable of administering order, content, meaning, emphasis — or denial — among other things. Re-counting can therefore imply a deliberate restructuring of the previously established order.

51 Highlander Folk School was so empowering and liberating through its educational practice for so many people as to have become legendary in some circles.
Denial: that is an important part of the problem. Denial can be overt and authoritatively confrontational, inadvertently dismissive, passively oblivious, blithely disrespectful, or even surreptitious or downright malicious. Now that is a lot of nuance to associate with counting — a simple term which usually has much more innocent connotations, evoking elementary math and the transparency of simple, sequential integers. But this is, yes, an account as a recount to defy and deny the supremacy of any one view of or set of numbers as correct descriptors to be considered and privileged as if superior, inviolate, responsible, accurate, or truthful. That will not be allowed at the expense of potentially paradoxical and contradictory conclusions. The account of the numbers may no longer be permitted to simultaneously refute evidence that in turn mutually refutes it right back.

I speak so much around the edges; what use the frontal assault? To play the RCT\textsuperscript{52} game is to acquiesce to rules that say “you lose.” Researchers in the human interactive (social) sciences — which, by the way, are not white lab-coat realms — feel there are reasonable courses of action available to restructure health care priorities which will improve lives, possibly at the expense of hallowed traditions of clinical rigour. They do not seek to disrespect the exactitude and precision developed in hard sciences such as physics, chemistry, engineering, biology. But all those realms are dedicated to the interaction of potentially discrete physical components and the relationships, dynamics, and states of matter they manifest as they endure transformations over time. Those are rather measurable phenomena that tend to play by the rules of numbers...but such rules of accounting do not necessarily apply elsewhere. Hence the quest for a more fair and just recount.

\textsuperscript{52} Randomized controlled trial.
Gravity truly cannot account for people falling in love, and this clue from Einstein is more than a bumper sticker. It means that great mind thought about it and realized that no theory (no matter how relative) can successfully design equations that describe what matters to human beings in the essentially human aspects of their lives. When it comes to thinking about, describing, planning, evaluating, and living human life, the components in any social equation are simply not discrete and discernable. Think about trying to do the math on bringing a guest artist to an old folks’ home, for example.

Imagine the life of a writer, how complexly informed it is by their vast and various personal experience; it cannot be represented as some variable x or even a complex string of compound formulae. Now consider the dozen lives in any given roomful of senior citizens, the collective centuries of lived experience in half a dozen different countries and cultures, the intimate memories from over a hundred human homes on Earth — these dynamics and memories and impressions — all this information is irreducible. To conceive of distilling a series of flow charts or logarithmic statistical series to try and depict the group as a discrete entity is rather folly…a bit like applying napalm or nitroglycerin to a forest of trees to try and more easily discern the core structures of the trunks. All the rich life and interactivity of the real world is blown away in an instant.

And now add, say, four staff members to the room, each with their own histories of schooling and books, stories and romances, paycheques, bills, and dreams. The exponentially expanding impossible-to-define quantifications explode well past the perceivable, to what I think of as the perceptual infinite…the point where the possibility of complete human comprehension is so inconceivable that the range of possibilities is for practical purposes beyond finite.
Say one of the staff members is a manager, two are personal support workers who emigrated from the same island nation, and the last is an activation aide with far less experience than the other workers. If you try to represent this group of staff members as a unit you deny so much. For one thing, the complexities of time, for the relationships within this group developed over time, and to be reduced to a singular dimension or entity forces a squashing and compression of history and a subtraction or division of nuance from reality.

In the matter-rooted sciences there is usually a linear duration of existence and a traceable mass or material. But when nothing exists to hold or measure, and yet we try to assign indicating values to factors informing processes like education, social dynamics, training (never mind explicitly intangibles phenomena like feelings, intuitions, preferences, aesthetics, art), then we are stymied to come up with a reasonable way to manageably depict the factors informing any given situation, or how to accurately think about, talk about, evaluate and change them / it.

So if I want to talk to you about the significance of a creative writer reading their poems to a group of residents in a long-term care facility in an effort to start a poetry club to elicit participation from the elders as motivated listeners, creating an opportunity for facilitated guidance towards not just requesting favourite readings, but eventually to play around with original creation and sharing…how, then, do I propose to define and attribute the worth of the endeavour? It may tap into the personal strengths and interests of staff in unexpected ways, and may foster new supportive human relationships within an institutional setting. But how do I translate this experience effectively enough that it registers with validity to affect a line item on a budget balance sheet?

If our human institutions are not putting hefty investments into semi-undefined and open-ended endeavours like:
“give people something else to do,”
“create space for fun,”
“investigate curiosities, useful or useless,”
“build communities,”
“program arts and cultural encounters,”

with equally broad yet meaningful evaluating criteria like:

“be positive and empowering,”
“foster courage, honesty, and compassion,”

“listen to hear; invite open space for discussion,”

then we are metaphorically shooting ourselves in the foot…or more accurately, perhaps, in some non-physically specific location, like the psyche, soul, or very self.

This would be very bad, and literally retarded to ignore. Not in the derogatory sense of course, as used pejoratively against mentally handicapped people, but definitively: in denigration of principles of organization that would allocate sufficient economic resources to cultivate a robust and flourishing social soil as part of the infrastructure in any human institution where people co-habit or exist together for significant lengths of time…thus hampering — or retarding — real potential for healthy growth.

Like a garden needs organic content and various inputs (light, nutrients, water) to thrive, people need time to experience their relationships with each other. The inputs to stimulate this, interestingly enough, are not dissimilar from botanical needs…they include space and light, as well as other energy sources. Such sources can definitely include music, movement, language, images, or ideas…shared. Simply put, the arts can nourish people.

We are Earth organisms after all, and happily enough, although our civilized social needs are sophisticated — as would be expected after this much human evolution — they are
also much simpler and cheaper than modern technology-driven impulses would make them out to be. We can scale our investment in the social realms far below the breakneck levels required to sustain machines, technology, and the physical development of commodity-based infrastructure that drives the creation of consumer goods in our economy. Spending for community-based culture costs far less than is demanded by the industries required to fuel the concomitant creation of perceived demand for those commodity goods, as mandated by our commercial and corporate cultures. But though they give us far more for far less, it seems that service-based professionals who deliver the space for groups of people to engage in meaningful and potentially enriching experiences together consistently get rather short shrift.

Re-aligning funding priorities will afford us all considerable breathing room in our personal and professional lives, and facilitate the ability of more people to relax and enjoy our lives together…more slowly…more deeply. If a critical creative class could emerge of practitioners dedicated to the pursuit of happiness, especially on behalf of the populations they engage and communities they infuse with stimulating projects, then the ripples that would spread from a successful implementation of this army of labourers would be far-reaching and deep.

Their families would now be supported by people tasked in their professional careers to be better and better at connecting with, caring about, and communicating with people. All the direct participants will have a real chance to create new fond memories and experience the possibility of belonging to groups of different people. The will know (and therefore, presumably believe) from lived, embodied experience that peace and harmony can be found when resources create the chance to come together thoughtfully and respectfully.
All the caregivers of these participants — or anyone who knows them or loves them — will now have the chance to see or sense new or forgotten facets of their personality, identity, capacities…to appreciate them anew, and possibly more deeply. And for these older participants, edging their way to the great beyond, positive outlets to freely process emotions and ideas in a safe space will give healthy outlets for stress and anxiety. This will quite possibly reduce the burden on other medical service providers, who no longer need to serve as surrogate confidants, or give emotional support which may not be appropriate or feasible due to time constraints and more clinical job descriptions.

It is a bit of a quantum shift, to turn a paradoxical phrase, to cultivate collaborative partnerships that incorporate artists and cultural facilitators into teams of health care workers. A natural infusion point is into communities of care revolving around the elderly or infirm: out of compassion and human decency to respect the perils of imminent mortality; because of practical reasons including ready participant availability (targeting the most retired class); and for pragmatic concerns to effectively tend to people who need different dimensions of care. Moral reasons exist too, and are nicely connected to self-interested motivation. For by fostering structures and systems that provide more humane, effective, and enjoyable care, our very own lives are safeguarded in case we — or our loved ones — end up on the receiving end.

Towards the end of life is also, of course, the last chance to collect and preserve human legacies. Our elders have lived and are still living real lives, and have seen more than we can imagine. If the tip of that iceberg can be exposed, explored, and shared in circles of caring communion of one sort of another, then after death there will be countless more rich
memories and impressions of this departed human being than could ever be conveyed in a few lines of print or a glowing on-screen obituary.

To make these memories we simply have to give others and ourselves the chance to show up. It has to matter enough for us to find a way to book the rooms, found the clubs, hire the artists, recruit participants, report on progress, and basically do the stuff that can hopefully bring even more people together to share what they have done and what they think. Life, in some ways, really boils down to show and tell, and if we gave in and admitted it, and prioritized ways to do it well, we would all be better off.

Closing Movement

It gets to the point that you realize, with the time you have left, you’d rather be DOING something…at which point the availability of a good group really can make or break your chance to learn and grow as a human being. Venture to imagine, try to describe, then dare to create a world where we care more about each other than all the other stuff. The implications are profoundly transformative.53

The only way we will ever get to a better world is by practicing the sorts of recipes that can bring it into being — on our own, in small groups, and all together. Imagine, describe, and create: those are indeed the steps it will take. I have tried to show that creative arts programs provide the very tools and content necessary to get people engaged in activities that allow them to practice and perform those steps. I have also showed how, especially for elders, this is just the right medicine.

Along the way, I have found myself in the impossible yet very real place where two or more different ways of looking at the same world appear to describe two or more different

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53 Ezra Houser, 2011
realities. This happens when an incompatibility of discourse results in the frequencies of communication not synching up.

I have been thinking, reading, and writing in at least two different dialects. One, the voice of administrative concern, rooted somewhere between science and pseudo-science, seeking formally presented assessments of enumerated criteria for consideration and analysis. The other, that of the personal, poetic, and artistically concerned, rooted somewhere between rigour and serendipity, pursuing freely shared expressions of emotion or conceptual exploration.

The voices should argue, compete, and disagree…but neither should give in and go away, nor ask the other to. Without either, the whole world would suffer more. And so I employed modulating voices and hopefully address the concerns of different respective audiences. And I hope that in this paradoxical world where what you see and what you get out of what you see can be different things, (especially depending on who you are)...and in this world where multiple sympathetic and competing ways of valuing and considering aspects of reality can coexist simultaneously...I hope that in this world it may prove helpful for us to learn to think differently (at different times, and even at the same time), about the same subject matter and areas of concern.

Some of the text included here tried to show my more judicious and traditionally researched thinking, grounded in referenced authority and structured with linear clarity. Some was italicized, evocative commentary, some interspersed poetry, and some represented my own creative writing. I freely privileged my own approach to developing and sharing my opinions because my voice argues for the moral supremacy of love as [sole, true, magic] antidote to the pitfalls and common social maladjustments wrought by competitive capitalist values when it comes to organizing the governance of people, communities, and institutions.
For this is the true trick: in seeking unexpectedly complete solutions to raging plaguing problems that threaten to consume us, a sudden shifting of how we look at the world and what we choose to value can reveal answers that actually work. We can care for and embrace the fate of our elders, and enrich their lives in community with artists and educators, and in so doing literally enact the very steps that will save not just many of their lives, but our own as well, by making life more worth living for.

At times, it almost appears that we are a society at war with ourselves, unable to reconcile diverging world views that appear irrefutably at odds with what earthly resources are and are for: budgeting “rationally” based on economic principles that legitimize the supremacy of the dollar, rather regardless of many dire consequences for person and planet...versus striving to subjectively value human life, experience, and society’s capacity to strategically caretake people, our elders, and our whole planet above all.

I favour risking public funds investing in concern, care, and compassion for each other, especially via programs with such a sound, if currently “alternative” (to some), evidence base. I certainly favour that far above using the resources of our supposedly democratic government to comply with the demands and constraints of the market, whose endless cries for endless riches seem to benefit only the richest, making me for one suspect that if we were collectively poorer, we would turn out to be collectively richer.

Instead of serving at the base whims of Ponzi scheme captains of capitalism steering the ships of trade, we could perhaps begin to really organize ourselves intelligently. And give me a crew of engaged and experienced senior citizens...their knowledge and wisdom may well be crucial ingredients in the recipe for a successful human civilization. Can you doubt it?
If not, then work to afford the spread of every opportunity to engage our elders with any chosen medium available to them to remain active and share their active voices in our society and lives.

What if we really wanted to:

- Create jobs
- Develop sustainable, green energy
- Fix health care
- Respect elders
- Take care of youth
- Protect community
- Unite spirits
- Develop culture
- Support the arts

Could we find the political will to find the money?

Would we be willing to spend it on hiring artists, and paying doctors, nurses, and institutional staff of all positions extra stipends to work with the artists?

Then, the true test: should we then start funding our elders to participate, and actually pay them for the art work that they do, contributing to society from that end of things?
Conclusion: Moving On

Statistics Canada points out that because Canada’s society is aging “it is crucial to understand the factors that promote healthy aging. …Working to…promote good functional health…could improve the health of the population today and tomorrow, which is an effective strategy for limiting the expected increase in health expenditures” (Martel, Belanger & Berthelot, 2002). In light of the fact that Canada needs to address the increasing need for preventative and low-cost health care for more seniors, there are clear incentives to reproduce and expand the scope of current practices integrating creativity with health care for older adults. Creative-based programs are a viable means to this end.

Arts interventions and creative activities are a form of engagement for elders that can educate, create human legacy, improve the quality of life for those who are ill, reduce many health risks for others, and give significant respite and relief to the massive unpaid caregiving work force. As simple an act as placing art in intensive care units has helped patients to relax, use less pain medication, and be discharged earlier than patients without artwork in their rooms (Flood & Phillips, 2007, p. 407). Imagine the deeper results of more engaging arts-based activities.

Clinical effects of creative interventions show positive results. They are low-cost, non-pharmacological, non-medical interventions that can facilitate social activity including intergenerational contact. Benefits are delivered directly to participants, who usually enjoy the programs, and to caregivers and family members, who are afforded the chance to better understand their elders and perhaps feel renewed pride and affection for them as creative beings.
The arts humanize and improve health care, health, and care. People of any age creatively stimulated by the arts can benefit mentally, emotionally, spiritually, and physically. Collaborations involving artists, staff, patients, and families foster healthy community and create positive spillover by affecting the culture of involved institutions, changing their reputation in the community, which affects the attitude of everyone associated with work or care there.

The elder who participates can construct a new facet of their identity, and especially in a society where so much of who you are is what you do, that is no small thing. This new aspect of their identity could be instrumental in coping with changing perspectives on life, or changing abilities that prevent them from participating in some things the way they used to. Maybe their engagement with the arts can become a container to process and express potentially stressful and negative things. Maybe it can become a showcase to process and express beautiful and meaningful things, or terrible and dreadful ones that nevertheless should be told and heard. Maybe it will surprise someone in the equation to hear old Bob say he is now a painter. Maybe it will surprise Bob himself. Maybe Mona’s stories will be told, and again and again, even after she is gone.

If the elder involved in a program has family, and they end up talking to them about their work in the group, the level of interest and involvement relatives bring may increase. I guess this could be called the capacity to foster more attentive and considerate kin.

Later life can be filled with complex events and extreme transitions, and ongoing creative thinking can assist with elders’ flexibility and adaptive coping skills. Caregivers, who are essential to health care in Canada, have cited a high need for respite to continue with their care giving. An unexpected solution would provide opportunities for caregivers and
their elderly companions to attend programming with a focus on creativity together, or to employ arts facilitators for home visits. This would not provide respite from time spent together, but a break from routine and the shared experience of doing art together might renew the relationship and bond, refreshing both participants’ abilities to value each other’s company. This can be conceived of as preventative medicine to alleviate caregiver burnout before it happens, strengthening and preserving the invisible network of informally provided care in Canada.

Much of the literature reviewed points frequently to two problems. One is the lack of trustworthy and effective instruments to assist in the measurement and assessment of creativity and associated benefits. It appears unlikely that any breakthrough will be able to “solve” this situation, although continued efforts are certainly required. The other problem exists when programs are recognized and valued as effective by participants, family and institutional staff, but do not receive funding. Sometimes this happens despite their proven capacity to directly address real needs.

Since statistical evidence and quantitative performance indicators are not well suited to assess the benefits and merits of creative programs, alternate mechanisms should be sought to recognize how arts and creative programs can and do successfully address crucial needs of our aging population. The answers to many of the hard questions about how Canadian society can successfully navigate the growth of our aging population already exist. We cannot afford to wait for further studies proving that the programs already available to us work, we need to expand the programs and practices that are working so more people can benefit from them.

Out of respect for his commitment to the cause, I share a final word from the late Dr. Gene Cohen (2006), with special attention called to his notion of “intervals of good feeling.”
This is a concept that anyone who has engaged in active care-giving with an elder would not dare to underestimate:

The continuation of imagination and engagement provides intervals of good feeling in the face of overwhelming adversity. That is what art and creativity can provide in the most challenging of situations. This is the ultimate art and creativity of medicine and healthcare, bringing hope and clarity to situations that might otherwise be challenged by despair and confusion. (p. 14)

Participants and practitioners directly involved in such programs know that their creative engagement in arts-based activities enhances their personal wellness and community well-being. And yet there are still these dissenting opinions as to whether creative arts programs are legitimate tools of health care for an aging population.

Sometimes funders, administrators, or policy-makers want to review only evidence that has been assembled according to protocols they are already intimately familiar with and trust to be rigourous. But perhaps these supposedly rigourous systems of performance indicators, statistical evaluations, quantified deliverables, survey results, and expert recommendations are skewed, weighted to reinforce expected results consistent with maintaining expected operations.

The surprising truth is that there is potent, free medicine within our reach that can transform health care, the quality of people’s lives, and our very world. The ultimate green, renewable energy is humanity, made manifest through the power of the human mind, spirit, soul, and body to refresh and regenerate itself. When this is done in the context of a safe, peaceful space of mutual support and creative exploration and expression, the result — taken en masse — is nothing less than a social balm that can assuage all wounds, build a deep, true national security, and even sanctify the future for a brighter day than has ever been claimed by a species yet plagued by the distractions, misdeeds, wayward intentions, and
violent fears that manage to keep the liberation of funds from fueling genuinely liberating systems of working and living together.

Whatever the root causes of the failure of the health care sector to embrace transformation through the integration of collaborative initiatives with creative professionals, lack of funding is the symptom, and improving health care creatively, and holistically, is the cure.
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Appendix A

Life Story: Impetus to Research

From 1997-2000 two things happened that affected my career-path and lifelong interests. One, I learned how to perform on stilts. Though I was already a poet and creative writer, I now apprenticed myself into the world of moving arts as a specialized dancer, which would open significant doors in the future. And two, I worked as a drop-in caregiver for ill and / or elderly clients throughout Toronto who needed personal assistance with activities of daily living ranging from shopping and cleaning to bathing and toileting.

I had one regular client who I often spent forty hours a week with, a profoundly brilliant and too-rapidly aging woman with Alzheimer’s disease. After almost two years helping her live at home with her daughter’s remarkable family, her decline reached a nadir of no return. She was moved to a long term care (LTC) facility, where I continued to make visits. I daresay I was her last best friend, and right to the end we took mutual pleasure in the clear connections and / or bizarre glimmers of recognition that we shared, or imagined we shared.

An Artist is Born

“Have you ever walked on stilts?” the flamboyant, rotund, middle-aged Trinidadian man asked me. And thus it began: an invitation to come check out The SwizzleStick Theatre’s weekly jam session at Eastminster Church on Toronto’s Danforth Avenue accepted, and one more natural-born stilt-dancer emerged from the ever widening gyre of African-derived diasporic artistry. I had the leg strength and conditioning from a lifetime of soccer, an intuitive and kinesthetic comprehension of the physics involved from advanced
geometry and calculus, filtered through a brief but intense love-affair with billiards, and the exuberant personality and over-confident extroversion from half a decade as a proud and unrepentant white Rasta, with a mane of long red dreadlocks catching glances and drawing double-takes wherever I went.

A Red Lion now ten feet tall? Indeed, this was something I seemed to have been born for. Best of all, my undergraduate degree in African / African-American Studies finally took on a more practical hue; before becoming a professional moko-jumbie\textsuperscript{54}, I never had a fully satisfactory answer for the many people who curiously asked “What can you do with that degree?”\textsuperscript{55}

I joined and fell in step with the SwizzleStick crew partly because I missed the camaraderie and regular exercise of being on a soccer team; I was actively seeking community, and was not shy about adventuring in such an explicitly creative domain. It was a safe and welcoming space, as I’ve found most community-engaged arts spaces to be. The fact that unexpected exposure to a particular artistic discipline changed my life forever, and became, in fact, a passport to extraordinary and rewarding experiences, is an apt example of the potential for engagement through the arts to transform lives and foster opportunities for self-expression and self-discovery, tapping reservoirs of latent potential in unexpected places and in unexpected people.

For me, it was my first live performance that sealed the deal. Three of us strapped 4’ stilts to our legs on a loading dock north of Queen St., near Theatre Passe Muraille, and were costumed in long white pants, draped with immense blue cape / wings, and amorphous

\textsuperscript{54} A term derived from West African traditions where masked stilt-dancers embody the spirit of the forest. In Trinidad and Tobago the moko-jumbie ranks among the traditional panoply of Carnival characters.

\textsuperscript{55} I personally favoured conceiving of my education as something that was supposed to change me and become a part of who I am, not a tool or stepping stone to use to do something with. Coming from a privileged background, I was enamoured of the idea that “once I have education, no one can take it away from me.”
black screen masks. At the intermission of a show, the theatre audience was ushered out to a quiet intersection.

The sun was setting, the atmosphere aglow with radiant red light. As people sat along curbsides, we three figures loomed forth and silently inhabited the space, towering over people who gazed upwards with bewildered and impressed expressions of amazement. I had the visceral sensation of being an entity separate from my own unique, human, self. I was an archetype to these people, a manifestation of their own interpretive imagination. I had no good reason to be there, and certainly did not belong as part of the customary city landscape. Thus it was a precious gift to appear and bestow such a mysterious, magical encounter, as if out of nowhere.

It was fun. It made people happy. I was good at it. I was hooked.

When they gave me $100 for the gig, I never looked back.

Still accepting bookings via www.stiltdancer.ca.

In February of 2000 I took my stilts to Trinidad and Tobago for their immense Carnival celebrations. I went to pay my respects to the cultural tradition I had borrowed my newfound craft from, and to ground myself for an ongoing future as a moko-jumbie stilt-dancer.

When I returned from the two week pilgrimage, transformed and emboldened in spirit, my old friend with Alzheimer’s was no longer a resident at the LTC facility but lay, instead, in her final resting place in a cemetery north of the city. I was in my early twenties, a vantage point from which life often still appears to revolve very much around oneself, so I couldn’t help but feel like she’d played some kind of final practical joke on me. That may sound inappropriate, but after having shared countless inappropriate moments together, it is a comment earned through sweat and tears.
Deep Dementia Wisdom

The most human job I ever had was working as the “home care worker” assisting a family to look after their elderly matriarch as she experienced Alzheimer’s disease. Being her daily companion as she traversed the many phases of her illness was challenging, tragic, uplifting, and above all a privilege.

I saw her pull the wool over the eyes of friendly strangers on the subway, who never suspected that she was suffering from dementia, holding up her end of the conversation as much by parroting words and inflection skilfully as by actually following the thought chains strung together by words.

I saw a middle aged optometrist with little patience and no imagination bully her through an impossible eye exam, getting agitated and insulting when she would offer illogical answers to his simple questions about which eye saw more clearly during the standard vision test for her prescription. She patiently, but belligerently, insisted that yes, they both look better. I suspected she became intentionally slower and deliberately more ornery as payback for the patronizing and demeaning way he talked to her.

Even with her affliction, she remained savvy of the social dynamic, and I swear she manipulated him by assuming feigned compliance with his authority while surreptitiously undermining his agenda by sticking with the answers which upset him. Surely she was in some way affected by authentic confusion too, but I was just relieved that she chose to be sneaky, instead of matching his antagonism with her own potentially significant ire. It’s hard to know, in Alzheimer’s land, what’s really going on.

I was dumbfounded when the doctor ended up prescribing bifocals, which her family was obligated to obtain for her. It is a learned skill to use a visual aid like bifocals, for they split the field of vision into a top and bottom half, and which part is clear and which part
blurry depends on where what is being looked at is in space relative to the viewer, and which part of the lens to focus one’s gaze through. This was an impossible solution for someone perceptually challenged by the shifting and drifting impressions of a flickering Alzheimer’s-addled brain. She would put them on and pull the most expressively distressed and bewildered faces — we used to call it “the gas face” (Bass, 1989) — and then simply take them off. Better to squint and see blurs than wear those crazy glasses.

It appears that many aspects of modern medicine and health care are as poorly equipped to focus on and understand the ramifications of creative care through the arts as my old friend was poorly equipped to see by receiving bifocals.

Once I accompanied her for a mammogram at a major hospital, and was politely, if sanctimoniously, told that men were not permitted back into the exam room. Five minutes and a few eruptive bellows of indignant rage later, I was sheepishly invited to come back to hopefully help reassure my friend that the doctors were on the up and up, and it was actually a correct and acceptable procedure for them to smoosh her breast into a machine that squeezed it flat between cold metal plates. The right equipment and standard treatment protocols are not always the right medicine for every patient.

I watched her piteously suffer angst, shame, and frustration as she struggled with the mini-mental state exam56, administered professionally, if coldly, by a woman who probably did not know or care that her testee was until recently a department head at a major university. My old friend retained enough sense of things to know that she was failing

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56 A test commonly used when dementia or memory loss are suspected. It is conducted by an interviewer who asks questions to gauge an individual’s orientation to time (“What is the date”), registration and recall (“Please repeat the following three words back to me”), ability to recognize and name objects (“What is this object”), and reading / comprehension (“Please read this and do what it says”) (Alzheimer's Society, 2011).
miserably at a relatively simple exam, and hated that she could not perform better and therefore prove her worth to defy the expectations of the unsympathetic tester.

I held her hand, along with her daughter, as she screamed bloody murder and an oral surgeon cut out some of her teeth to facilitate a better denture fit before she entered long term care. Blood did flow, along with tears and roars of protest. Whether we spoke truth or not, as the sources of authority who had led her to receive this treatment, we felt little choice but to repeatedly reassure her (and ourselves) that “it was all right.” So easy to say that “it is all for the best,” when the unpleasant course of treatment being prescribed has to be endured by someone else!

During our time together I cleaned her teeth, her hair, her vagina, her bum. I cleaned feces from clothes, floors, and walls. I learned about adult diapers, and we experimented with elastic restraints when resistance to bathing became insurmountable and physically combative. We all had a hard time stomaching that approach, though, and never really integrated the restraints into our programme of care. I preferred creative solutions like using the family sauna, where it was appropriate for me to model stripping naked and bathing. Luckily we were both comfortable with that approach, since it non-violently encouraged her willing participation as well.

I learned a lot about life, about older people, and about what it is like for a senior citizen to navigate the health care system in Toronto. Sad to say, it’s rather intrinsically burdensome, numbing, confusing, disempowering, and sometimes, when the condescension is especially thick, demeaning.

Bright, pretty moments were few and far between and usually manifested in spite of things, not because of them. Sometimes our own naturally humourous spirits simply couldn’t cope with the ridiculous rat mazes we were asked to run without making light of it all. And
sometimes we were fortunate to encounter the shining lights of the system, those “good” health care workers who “get it,” and somehow make taking the time to listen to and talk with people — making a human connection — a priority, amidst their many other responsibilities.

If only there was a way to get more people like that into the system, people with the time to listen, to talk, and to help patients make sense of their journey through health care, through life, and possibly even into death.

My truest gift to my companion came on numerous occasions when from within her bewildered state she wondered, impossibly, about what in the world was happening to her. She was smart enough to know something was drastically wrong, but sick enough to not have a spare finger to put on it. Using all my powers of sensitivity and communication, I would then willingly submit to serve as her virtual memory in constructing a chain of reasoning and ideas.

In this way, I could help her understand that no, she was not crazy — just very sick; that yes, she really did have a hard time remembering and doing things; and that yes, we actually knew why (Alzheimer’s disease). Of course empowering her to temporarily again understand her plight was fraught with painful tragedy, for the dire conclusion was always a moment of realization that she would not get better, but was destined to live like this, and get worse, until she died. If she had not possessed such a brave spirit, I surely would not have found my own courage to be this honest with her, but it seemed that the truth was what she most craved.

And so from time to time, when the time felt right and her questions were posed, poised and poignant with expectation, I would try to help her recognize and remember the
truth about her condition, if only fleetingly. We cried bitter tears together in these moments, but took some comfort in the temporary relief that came from knowing the only recourse left was to accept the inevitable.

It was a shock and sadness to find her finally, irrevocably gone after so much dwindling and lingering. But it was also somehow a fitting departure for a woman who managed to be dignified, compassionate, curious, caring, and mischievously humorous all throughout the downward spiral of dementia.

She was absorbed into the Area, that amorphous term she’d settled on for a long time as meaning anything, everything, and most of all the epitome of it all. Especially for the women, and the little ones…and the elders.

A rite, or series of rites of some sort, had definitely passed.

Life continued, and indeed, quickly moved on.

**Art ~ Work and Learning**

In 1998 I found the love of my life when I was sent to work a stilt gig at a parade in Cleveland, Ohio.57 Back in Toronto, I lamented the travails of a long-distance relationship to my Alzheimer’s-afflicted charge. She was also my most trusted confidant — I could discuss topics of concern over and over with her and she never seemed to grow tired of them.

She slowly advised, in an inimitable gravelly voice: “Well…you’d better get your boots on.”

I was wise enough to eventually heed her advice, and from 2000-2005, I managed a performing arts ensemble in Cleveland. Our specialty was mounting extravagant multimedia dance theatre collaborations. To support this “high art” work, and to keep our artists engaged and paid, we also brokered a diverse roster of talented performers available for

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57 Not many people can say that.
“cultural entertainment” gigs (stilts, hip-hop, capoeira, modern dance, music...). Frankly, most of the working artists I knew were so desperate for cash they had a hard time saying no to any reasonable opportunity — or sometimes even unreasonable ones.

I wore multiple hats, doing grant writing and reporting, liaising with our partners and supporters, handling contracts and bookings, doing stilt gigs out the wazoo, writing poetry, rehearsing and dancing with the company, speaking and performing at school assemblies, and directly teaching stilting and creative writing to classes of all ages. It was a good time to be a small arts company in Cleveland, but we still had to work hard day and night, taking advantage of every possible opportunity to work, just to survive.

To round out the hustle of trying to make a living as professional working artists, we were also extremely active providing multidisciplinary arts education (dance, writing, music, theatre, visual art), both out of our rough East Side neighbourhood studio, as partners in the Cleveland Public Schools system, and with private schools.

We were significantly assisted by umbrella organizations that funneled funding to facilitate the integration of the arts into schools to reinforce the curricular learning goals of classroom teachers. Our arts company was assigned to various schools to try and make lasting changes by infusing their school cultures with appreciation for the useful possibilities of teaching and learning through arts.

Sometimes there was initial reluctance or recalcitrance from teachers or school administrators. Often this dissolved after an icebreaker encounter or two, after our team of artists had shared what we could do through a performance for the school and had a chance

58 The year after I left Cleveland (2004-2005), our biggest partner, Young Audiences of Greater Cleveland (YAGC), posted a total annual revenue of $1,709,266, with total annual expenses of $1,468,624. With these funds, YAGC artists presented “over 6,700 performances, workshops, and artist residencies to more than 275,000 students in 60 urban, rural, and suburban school districts throughout 15 Northeast Ohio counties” (Young Audiences of Greater Cleveland, 2005). That’s some serious bang for your buck.
to sit down and discuss project goals and ideas. Our favourite formula for engaging was pretty consistent and pretty simple:

1) Give groups of students an encounter session with the different arts leaders to expose them to the different art forms;

2) Let participants self-select (as much as possible) their preferred discipline / leader for a series of focused workshops to get more experience experimenting in one art form;

3) Assign / facilitate original student creations in the different disciplines, all designed to feed into one student-generated multimedia performance;

4) Refine and rehearse the “big show” and put it on.

Within this format / formula, every student contributes, and there is a place for everyone. Maybe the shy ones choose creative writing, and provide some script or poetry so they don’t get freaked out by having to go on stage. Maybe some bold movers gravitate towards stilts, and end up part of the tall dance corps.

While we wanted to encourage the kids to grow and challenge themselves, we recognized that participation itself is a huge accomplishment, and we honoured that they were a captive audience who had not necessarily signed on to the arts classes of their own free will. Since we were trying to turn them on to art, it was not an appropriate time to over-challenge them. There is plenty of time and opportunity for that in the arts, if people embrace the path and choose to go deeper along it.

The point is that by the time the big show was unveiled and the kids did their thing, without fail the school staff and parents were mouth-agape dumbfounded at the calibre of artistry that their kids had come up with and put together! Some heralded us as geniuses and treated us like family, and they all from then on embraced our involvement in their school community.
Of course, the truth is that the kids had it in them all the time. All we did was sensitively guide them so they could have meaningful arts experiences, ask them (strategically\textsuperscript{59}) to make pieces of art to be in the final show, teach them how to rehearse together, and most of all get out of the way so they could take their own journeys.

\textbf{Current Context}

In 2005 I moved back to Toronto to start a family (happily, with the love from Cleveland). To escape the non-stop hustle of making it as a professional artist, I became a for-profit business professional for the first time. But, if you’re born to stilt, you can’t just hang it up (Zulu, 2010), so I continue to freelance as a stilt artist on the side for fun and for the money. A decade after my undergraduate years, I decided it was time to return to a university environment to engage in some more “higher and deeper” learning. I hoped to make sense of the experiences I had had in the arts and to plan a future career I could intrinsically believe in. What with a full time job and the joys (and pains) of new parenthood, I made progress slowly but surely.

It’s a challenge to be so busy in other areas of life, and to only shift gears into “academic mode” once or twice a week for flurries of intense intellectual activity. These final months of intensive writing have finally provided a satisfying taste of full, immersive, academic life. However, I do not regret that the bulk of the inquiry and research was conducted outside such a privileged space of introspective contemplation. As difficult as it has been to pick up and put down the threads of thought and the processes of research over

\textsuperscript{59} Admittedly, the formula we used with the students wasn’t all that different from the ones we used in our own professional practice as collaborative performing artists, so we had a lot of relevant experience knowing how to build a show around available strengths. That definitely helped us foster success, and is why creative professionals have particularly relevant expertise for providing engaging arts-based interventions.
and over again, that has at the same time forced me to continually re-ground myself, and to revisit and reconnect with the imperatives and motivations driving the work to make meaning through this process of inquiry.

**Creative Rant**

*I'm not trying to write policy for the policy makers*
*I'm trying to formulate operating structures that can foster principle based jobs*
*Evaluated and assessed through reasonable instruments*
*Valuing economics but never privileging budgetary concerns over human concerns*
*I'm trying to create guidelines that we can buy into*
*Fund educators — Fund artists — Fund health care workers*
*Fund our families to care for ourselves*
*How can we do all this?*
*And get the ultimate bundled savings, of truly, madly, deeply improving the quality of life for people and communities?*
*We create structures to encourage communities to invest in partnering their educators and artists with communities of care looking after the elderly, the young, the disadvantaged, and anyone interested.*
*We devise guidelines we can accept, participation requirements and goals.*
*But achievement is measured in phases of engagement...meeting regularly and completing an artistic process...sharing a space as a group, then again and again...agreeing to reflect honestly on the worth of the process, and to use those very words to judge the merits and failings of the program ...*

*A place at the table for the peace makers and the artists and the teachers*
*Somehow gaining equal footing with business interests*
*Truly madly deeply (there it is again), through policy concessions*
*Admitting that we need different caretakers, that corporate interests have not shown a history of aligning with the best needs of people, places and the planet in general,*
The profit-motive naturally promotes policies designed to enact and enable a monetary basis for structuring wealth.

The goal now is to view wealth in terms of quality of lives.

Which can be provided for through jobs, specifically — creating the right jobs will create human wealth that can enrich society

Creating work opportunities that empower citizens to put all their energies into making programs work for people, educating through arts...maybe we can all come to trust the financial piece enough to be generous with the idea that other people’s lives should be endowed with security and prosper with creativity.

A cooperative structure. Creative Arts Teachers. CATs. Hip?