Relational citizenship: supporting embodied selfhood and relationality in dementia care

Pia Kontos, Karen-Lee Miller, and Alexis P. Kontos

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Author Information
Pia Kontos, PhD
Senior Research Scientist
Toronto Rehabilitation Institute-University Health Network, Toronto, Canada
Associate Professor
Dalla Lana School of Public Health, University of Toronto, Toronto, Canada
pia.kontos@uhn.ca

Karen-Lee Miller, PhD, MSW
Senior Research Associate
Toronto Rehabilitation Institute-University Health Network, Toronto, Canada
karenlee.miller@mail.utoronto.ca

*Alexis P. Kontos, BA, LLB, LLM
Counsel, Human Rights Law Section, Department of Justice Canada
alexiskontos@yahoo.co.uk

Corresponding Author
Pia Kontos, PhD
Senior Research Scientist
Toronto Rehabilitation Institute-University Health Network, Toronto, Canada
Associate Professor
Dalla Lana School of Public Health, University of Toronto, Toronto, Canada
pia.kontos@uhn.ca

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Abstract

We draw on findings from a mixed-method study of specialized red-nosed elder-clowns in a long-term care facility to advance a model of “relational citizenship” for individuals with dementia. Relational citizenship foregrounds the reciprocal nature of engagement and the centrality of capacities, senses, and experiences of bodies to the exercise of human agency and interconnectedness. We critically examine elder-clown strategies and techniques to illustrate how relational citizenship can be supported and undermined at the micro level of direct care through a focus on embodied expressions of creativity and sexuality. We identify links between aesthetic enrichment and relational practices in art, music and imagination. Relational citizenship offers an important rethinking of notions of selfhood, entitlement, and reciprocity, which are central to a sociology of dementia, and which also provides new ethical grounds to explore how residents’ creative and sexual expression can be cultivated in the context of long-term care.
**Introduction**

In the dominant discourse of dementia there is a presumed existential erosion of selfhood “until there is nothing left” (Davis, 2004, p. 375). This discourse is a legacy of the 17th century rise of the ‘modern self’ in which the self and brain became consubstantial (Vidal, 2009), implicitly relegating corporeality to a subordinate role. This introduces a belief in the body’s fundamental passivity because it treats the brain as the organ responsible for the functions with which the self is identified (Whitehouse, 2008). The perceived loss of self is, in turn, accompanied by assumptions of loss of agency, as well as citizenship status. An individual’s status as citizen, which denotes entitlement to connection to a community and country, rights and responsibilities as a community member, and freedom from discrimination (Bartlett & O’Connor, 2007), is seen as fundamentally and irrevocably eroded by dementia because communicative competence and intellectual capacities are inextricably linked to the practice and status of citizenship.

To redress the social and structural disadvantages of people with dementia, particularly those who are severely cognitively impaired, we advocate the need for a new model of citizenship – what we term *relational citizenship* – that fully supports their contributions to social life and what they may expect as citizens in return. It is a model that is premised on the importance of interdependence, reciprocity, and the support of persons with dementia as active partners in their own care (Dupuis et al., 2009; Nolan et al., 2002). Another foundational tenet of the model is that the capacities, senses, and socio-cultural dispositions of the body are central to self-expression, interdependence, and the reciprocal nature of engagement (Kontos, 2006; Kontos, 2012a; Kontos, 2012b). As such, relational citizenship is a model that stands to advance the discourse on
citizenship by offering an important rethinking of notions of selfhood, entitlement, and reciprocity, which are central to a sociology of dementia.

We begin by tracing and critiquing the traditional paradigm of clinical and social care of individuals with dementia in order to contextualize key counter paradigms including citizenship and person-centred and relationship-centred approaches to care. We highlight important limitations of these paradigms, which we argue can be redressed with our relational model of citizenship (Kontos et al., Under review; Miller & Kontos, Forthcoming). To illustrate how relational citizenship can be supported, or undermined, at the micro level of direct care, we utilize empirical evidence from a study we conducted, which explored the interactions between elder-clowns and persons with dementia residing in a long-term care facility.

**Paradigms of dementia care and treatment**

The traditional paradigm of clinical and social care of individuals with dementia is characterized by the management of “challenging behaviours” through control, containment, and pharmacology (Dupuis et al., 2012). Increasing disfavour towards this approach, due to concerns about inhumane consequences, that include adverse medication effects (Katona, 2001) and the harm caused by the pathologization of distress as a dementia disease marker (Brannelly, 2011), has led to alternative paradigms including person-centred, relationship-centred, and arts-based approaches to care.

Person-centred dementia care (Kitwood, 1997) recognizes the intrinsic value and uniqueness of the individual with dementia. It shifts treatment emphasis from pathologizing behaviour to understanding the meaningfulness of actions (Dupuis et al., 2012). Although it is the most important development in dementia care practice since the
1990s (Bartlett et al., 2010), it has prompted newer paradigms intended to address its limitations, namely the decontextualizing of the individual from relationships with others (Nolan et al., 2002) and the ways in which issues of agency and power differentials are profoundly ignored (Bartlett et al., 2010).

Relationship-centred care (Adams & Gardiner, 2005) was developed to redress the focus on the person with dementia to the exclusion of those who informally or formally provide his or her care (Ryan et al., 2008). The impetus of relationship-centred care is to “fully capture the interdependencies and reciprocities that underpin caring relationships” (Nolan et al., 2002, p. 203) and to make explicit the centrality of relationships to quality care. This paradigm makes two significant contributions to dementia care. The first is the conceptual shift, from the autonomy and individuality that underpins person-centredness, to interdependence and relationality (Dupuis et al., 2009). The second is the expectation that the person with dementia will retain status as an active partner in the dementia care experience (Bartlett et al., 2010). Nonetheless, even with relationship-centred care, the focus remains on care relationships, thus overlooking other relationships that individuals might have, such as those with the state and its institutions. Consequently, the person with dementia continues to be solely conceptualized within the in-need-of-care context (Bartlett et al., 2010).

A citizenship perspective redresses some of the gaps inherent in both person- and relationship-centred approaches to care (Bartlett & O'Connor, 2007). In the context of dementia studies, social citizenship is defined as follows:

…a relationship, practice or status, in which a person with dementia is entitled to experience freedom from discrimination, and to have opportunities to grow and participate in life to the fullest extent possible. It involves justice, recognition of social positions and the upholding of personhood, rights and a fluid degree of
responsibility for shaping events at a personal and societal level (Bartlett et al., 2010, p. 37).

A citizenship lens is fundamentally concerned with the misuse of power and thus is considered to be more apposite than a personhood perspective for improving the status and treatment of persons with dementia (Bartlett et al., 2010). Citizenship similarly extends relationship-centred care by incorporating an individual’s relations with others into the sociopolitical landscape, thereby addressing influences on access to, and experience with, health and social care institutions (Bartlett et al., 2010). Unlike the empowered and politicized users of mental health services and cancer care, individuals with dementia had previously been excluded from the broader service user movement because they were seen as antithetical to the notion of “the pro-active, rational consumer of services” (Smith et al., 2011, p. 1466). This changed with campaigning activities that repositioned individuals with mild dementia as citizen-workers, which yielded social and psychological benefits associated with activism, self-advocacy, and the companionship of others with similar impairments (Bartlett, 2014). Nonetheless, this model of citizenship is premised on the ideological construct of “self-cognizance,” (Bartlett & O'Connor, 2007) which deepens the social devaluation of those with more severe cognitive impairment who may not be able to make recognizable public contributions (Minkler & Holstein, 2008).

One proposed corrective is the passive model of social citizenship. It is concerned with “people getting what they are entitled to or have a right to expect as an equal citizen” (Bartlett et al., 2010, p. 108) without having to make a public contribution. With this corrective to the ethical principal of “no rights without responsibilities”
(Sevenhuijsen, 2000, p. 8), citizenship is defined not by degree of participation, but rather by the degree to which an individual’s rights are recognized and upheld through care practices, policies, and institutions.

Both relationship-centred care and the passive model of citizenship offer important insights regarding the requirements of fair and equitable treatment of individuals with dementia. Yet, neither of these approaches has been significantly informed by the insights of critical gerontology’s emerging theoretical subfield of embodiment and dementia, specifically, embodied selfhood (Kontos & Martin, 2013). This is despite an explicit call to expand the notion of relationality to include embodied selfhood (Mitchell et al., 2013).

Embodied selfhood significantly advances examination of the lived body by foregrounding primordial as well as socio-cultural ways of being-in-the-world (Kontos, 2012b). It places body-self and body-world relations at the centre of a reconceptualization of how dementia is represented and/or experienced. It advances a notion of selfhood that considers both the body’s pre-reflective power of natural expression – manifest, for example, in basic bodily movements and the co-ordination of visual, tactile, and motor aspects of the body – and the style or content of bodily movements derived from socialization and cultural upbringing over which the individual has no conscious mastery (Kontos, 2012b).

Our proposed relational citizenship model extends the concept of social citizenship by presuming that the support of the central tenets of relationship-centred care (i.e. interdependence, reciprocity, and the support of persons with dementia as active partners in their own care) and embodied selfhood theory (i.e. the primordial body and
socio-cultural dispositions as the primary agential source of interactive and communicative practices for persons living with dementia) is necessary to more inclusively grant citizenship entitlements to persons living with dementia in long-term residential care (Kontos et al., Under review; Miller & Kontos, Forthcoming). Our intent here, by extension, is to examine the complex issue of how relational citizenship can be supported at the micro level of direct care. We do so through a focus on two forms of interactive and communicative expressions: creativity and sexuality. These are arguably among the most visible manifestations of relationality and embodied selfhood, which are the central tenets of relational citizenship. Empirical evidence from our study on elder-clown practice (Kontos et al., In Press-a; Kontos et al., In press-b) is used as a heuristic to illustrate strategies and techniques that support and undermine relational citizenship. The intent is to prompt discussion on how relational citizenship can be supported by all members of a long-term care team.

**Therapeutic and elder-clown practice**

Participatory arts programs are part of a “major conceptual sea change” (Cohen, 2006, p. 7) in long-term care. Some such programs, particularly dance and drama, emphasize “demonstrated potential for empowerment and pleasure for the moment” (Beard, 2011, p. 11). The arts, with their creative-expressive focus, draw significantly on the body’s potentiality for innovation and creative action and significantly support non-verbal communication and affect (Kontos & Martin, 2013). The arts thereby offer an important means by which the citizenship of persons with dementia can be upheld. The most recent innovation in arts-based approaches in dementia care is elder-clowning (Hendriks, 2012; Warren & Spitzer, 2011).
The vast majority of clowns often begin as professional actors with theatrical training who then pursue post-graduate training at clown schools (Linge, 2008). Since 2009, the University of Haifa has offered the only academic program in medical clowning, a three year bachelor’s track in the theatre department (Estrin, 2012). The academicization of the profession is designed to legitimize clowning as a paramedical profession (Estrin, 2012).

Contemporary therapeutic clowning began in the 1970s in the United States (Roy, 2009). Children are the primary target for most therapeutic clown programs in acute care hospital settings (Warren, 2007), although medicalized settings have seen clowns used for adult care in rehabilitation (Gervais et al., 2007) and assisted reproduction (Friedler et al., 2011). Since the late 1990s, clowning has been adapted for specific use with the dementia population (Killick, 2003). The efficacy of elder-clowns has been demonstrated in qualitative (Thomson, 2005; Warren, 2008; Warren, 2009) and intervention studies (Kontos et al., In press-b; Low et al., 2013).

Therapeutic clowns and elder-clowns share some similarities. Both don a red-nose and practice physical and verbal humour, reminiscence techniques, fantasy, surprise, inversion, dramatic movement, and storytelling (Warren & Spitzer, 2011). They also both use body language ranging from subtle muscular movements of the face to more obvious gestural movements of the hands. Within the context of severe dementia, where verbal communication is often limited and may be non-existent, clowning utilizes physically-oriented question-and-answer tactics such as eye contact, smiling, short actions, and slow movements. There is no expectation of active physical response by a resident; instead, even the observation of clown activities is perceived as a form of subtle communicative
engagement (Thompson, 1998).

Elder-clowns distinguish themselves from therapeutic clowns often seen in the paediatric context by avoiding the traditional heavily made-up white faced clown with the exaggerated smile and oversized shoes (Warren & Spitzer, 2011). Elder-clowns keep their faces natural with minimal make-up and wear clothing that evokes an earlier era such as 1950s swing dresses (Hendriks, 2012; Kontos et al., In press-b). To tailor their interactions to long-term care residents’ adult contexts, elder-clown activities rely upon a resident’s biographical information (e.g. life history, preferences, and hobbies), which is typically provided by health care staff.

Methods

The study from which this data is drawn was a mixed methods evaluation of a 12-week, embodied selfhood enhanced, elder-clown intervention in a nursing home in urban central Canada that embraces a holistic vision of health and wellbeing in its support of innovation and the arts. Relational citizenship discourse did not inform the original study. The purpose of the study was to explore the impact of elder-clowning on residents of a long-term care home and to improve existing capacity to support embodied self-expression through training in embodied selfhood theory (for additional findings related to this study see Kontos et al., In Press-a; Kontos et al., In press-b; Miller & Kontos, Forthcoming). Elder-clowns received study-specific training in embodied selfhood drawn from a curriculum developed for dementia care practitioners (Kontos et al., 2010). Educational modalities included didactic lecture, role-play, and a DVD presentation of *Expressions of Personhood in Alzheimer’s*, which is a research-based film that portrays dramatized resident-care practitioner interactions to highlight the significance of
embodied selfhood for interactive and communicative practices for persons living with dementia (Kontos, 2006; Kontos, 2012a; Kontos, 2012b), including how healthcare practitioners can support or suppress embodied selfhood in their approaches to care (Kontos et al., 2010; Kontos & Naglie, 2006). Three of the elder-clowns had received professional training at recognized Canadian clown organizations, while the fourth was internationally trained.

**Elder-clown-resident interactions**

Elder-clowns visited residents twice weekly, approximately 10 minutes per visit, over a 12 week period. During each visit, the elder-clowns were free to utilize any modality (e.g. music or drawing) or prop (e.g. a miniature ukulele or a giant pen) they believed was appropriate to each resident’s mood, interactional style, or clinical condition. Their decision-making was supported by the provision of information (e.g. family, work, and life biography) collected earlier by researchers via interviews with family care partners and health care practitioners.

**Participants**

Clowns are identified by pseudonym (Cherry, Aksom, Zazzie, and Mitsy) during interactions when they are in clown character, and by practitioner/clown pseudonym (Holly/Cherry, Camilla/Aksom, Kate/Zazzie, and Ann/Mitsy) during videotaped reflections and interviews when they are reflecting on their clown characters’ responses. All elder-clowns were women, but one elder-clown’s character was a young male (Aksom). Twenty-three residents participated: the mean age was 87.8 years (SD = 8.0); 16 were female; and dementia diagnoses were predominantly Alzheimer’s dementia.
(73.9%) followed by mixed Alzheimer’s and vascular dementia (13.0%), Lewy body dementia (8.7%), and vascular dementia (4.4%).

**Observations of videotaped clown-resident visits**

Clown-resident visits predominantly took place in the residents’ private rooms and were videotaped by a professional videographer. Four hundred and seventeen clown-resident visits (66 hours) were videotaped. One hundred and five visits occurred in public areas such as the hallway where videotaping was prohibited; these were reflected upon by the elder-clowns during videotaped reflections.

**Independent and facilitated videotaped reflections**

Elder-clowns are trained to reflect upon the work they do and consider factors that may help or hinder successful interactions (Stirling-Twist & Le Roux, 2014). After each half-day of visits, the elder-clowns reflected on what transpired during visits (e.g. residents’ active or passive verbal and non-verbal responses). For the purposes of this study, this reflective work was augmented by the researchers’ questions related to embodied self-expression, as a component of the study’s evaluation of the enhanced embodied training.

**Interviews**

Individual post-intervention interviews with all four elder-clowns were informed by our interim analysis of all video footage. This enabled us to further explore our interpretations of the interactions vis-à-vis resident responses and the techniques and strategies undertaken by the elder-clowns.
Analysis

Our interest here was to examine how the core tenets of relational citizenship (embodied selfhood and relationality) might be supported at the micro level of care practice. Towards this end, we restricted our interpretation to findings derived from clown data (in-person interviews and videotaped reflections) and clown-resident interactions (videotaped visits).

First, the entire corpus of video footage of clown-resident visits was viewed several times by both researchers, as is recommended when working with this type of data (Derry, 2007). Videotaped interactions were then transcribed, as if they were occurring in real time, as nonparticipant observer field notes by the researchers, both of whom are trained in ethnographic observation. The verbatim transcriptions of the clowns’ videotaped reflections and in-person interviews, as well as ethnographic descriptions of videotape footage, were analyzed concurrently and recursively, using a modified directed content analysis approach (Hsieh & Shannon, 2005) in which code development is guided by sensitizing concepts (Bowen, 2008); in this case, relational citizenship. This involved analytic expansion of the data in order to investigate relational citizenship, which was not central to the original study. This approach is appropriate where secondary research questions can be traced back to the original data (Medjedović & Witzel, 2008). Finally, analytical categories were examined to capture strategies and techniques that undermined the support of relational citizenship.

Findings

We focused on two experiential dimensions at the micro level (creativity and sexuality) because these are key visible manifestations of relationality and embodied
selfhood, both of which are the central tenets of relational citizenship. Creativity and sexuality were then examined in situ vis-à-vis clown practices and techniques to determine how and in what ways relational citizenship was supported or undermined by the elder-clowns in their engagements with residents. Support was discerned from the elder-clowns’ recognition and response to residents’ reactions and contributions to the clown interactions versus undermining such as when the clowns redirected or ignored such reactions or contributions.

**The creative nature of elder-clown engagement.** Research has explored how individuals with dementia express and interpret the nonverbal and verbal communication of others (Hubbard et al., 2002). Embodied selfhood importantly locates the body as a source of intentional interactive practices that not only support sociability and the maintenance of social norms, but also distinctiveness and creativity (Kontos, 2003; Kontos, 2014). This underscores the ongoing relational and embodied nature of engagement undertaken by individuals with dementia and the importance of extending citizenship to include these dimensions of engagement. Here we explore these dimensions of creativity through engagements involving the imagination, art, and music.

**Engaging the imagination.** Clowns often fully embraced the imaginary as a means to counteract residents’ incoherent or nonsensical speech in the presence of reminiscence or delusion. This stands in stark contrast to the common response by health care professionals and family members who “try to bring someone with dementia back to ‘normal’ reality” (Symons, 2012). Instead, elder-clowns “surrender to the participant’s reality” (Symons, 2012) to co-construct imaginative scenarios. Here, the clowns co-construct a narrative about authoring fiction in present time with a resident whom they
had learned through researcher-prepared biographies was an author in her youth. The clowns built on her spoken and written use of the words, “America,” “Kate,” and “murder”:

Claire awkwardly gestures writing with a semi-clenched left hand and asks Cherry, “What do you want me to write down?” Cherry looks at Claire’s moving left hand and queries whether she would like to write; Claire agrees. Mitsy places a multi-coloured mosaic glass pen near Claire’s left hand, and Claire jerkily raises her right hand to take it. Once she has grasped it, she smoothly moves the pen from a grab hold to a writing position and asks, “How do you want, how do you show it? How this in? Or, do you want just plain?” Both clowns exclaim in unison, “Yeah!”…Claire begins. She writes the word “America” in shaky script and reads aloud as she is writing, “I can’t even America.” She writes small, disconnected lines, as if contemplating the rest of the sentence, and confidently reads, “On the door.” Mitsy appears to also read the lines as if they are written words, and says affirmingly, “Yeah.” Claire continues writing small lines, and in a tone that suggests she is reading them aloud as text, says, “Yeah, uh, here is that. It’s half a line set. Simple. Example.” Mitsy says encouragingly, “Uh huh. An example, yeah, that’s good.” As Claire writes a few more small lines, Cherry looks on with increasingly excited anticipation, and Mitsy exclaims: “Oh!”, as if surprised at what is being written…Claire connects a couple of lines as she says, “Kate. So we bring her in, and….” Cherry asks with anticipation, as if waiting to hear what comes next, “And?…” Claire pauses, then says as if announcing a climax, “Murder!” Cherry exclaims, “Murder?!!” Mitsy sounds shocked, as if she had not anticipated that, “Oh!” Cherry says excitedly, “Oh my goodness.” And then, as if realizing something about the writing, she says, “Oohh, it’s a mystery! …It takes a lot of focus, concentration…” Mitsy finishes her sentence, “…to write a murder mystery.”

Elder-clowns’ recognition and support of the residents’ embodied dimensions of storytelling is significant in that it models how individuals with dementia can make recognizably creative contributions despite the absence of sensical language.

Artful engagement. Given the expressive and emotive nature of art, it is another important example of how the relational citizenship of persons with dementia can be supported at the level of the body’s potential for innovation and creative action. Consistent with embodied selfhood, one of the elder-clowns utilizes his knowledge of a
resident as an artist. The elder-clown then creatively uses his own body to visibly manifest an artist and canvas:

Joseph is lying in bed on his side facing the two elder-clowns. Mitsy is standing by the side of the bed gently stroking Joseph’s arm as Aksom, who is beside her, reaches into his bag that he had placed on the night stand. He pulls out a black felt pen and moves to the base of the bed. Mitsy and Joseph watch as he extends his arm and begins to slowly sketch a landscape as if he were before a room-sized canvas. He squints one eye as if to sharpen his focus as he moves the pen up and down in grand gestures seemingly sketching a tall mountainous terrain; he is physically moving across the room given the expanse of the mountains. Joseph continues to watch Aksom’s face but has not looked at his outstretched waving arm or the pen with which Aksom imaginarily draws. When Aksom turns his back to Joseph, assuming that Joseph is focused on the imaginary sketch, Joseph instead gazes downward at his bed sheets. Aksom’s exaggerated sketching motions return him to Joseph’s bed. Joseph looks up to Aksom’s face, again ignoring Aksom’s outstretched sketching hand.

Despite the elder-clown’s nonverbal enactment of Joseph’s vocation and training, a sociocultural dimension of his embodied selfhood, the imaginary play was not at all effective in engaging Joseph’s creative self. This is in striking contrast to a subsequent interaction with the same resident, described by Ann/Zazzie:

When we [Zazzie and Mitsy] rounded the corner, Joseph was seated at a table with a [food] tray in front of him doing a movement with his orange juice [cups]. He took one cup and he moved it to the edge [of the food tray], moved it down, back here, back up like this, and was moving this orange juice around the perimeter [of the food tray], and even into the middle. When I saw that movement, immediately I thought, “He’s drawing right now!”…I [opened] my little notebook to a blank page, got my big red oversized pen, and put them on the table in front of him…. He took the pen and [drew] two eyes with eyebrows and [a] nose. He put the pen down. Mitsy took it and drew the mouth and the hair. Then it was my turn. Essentially, what was happening was a game of taking turns…He would draw, and then we would draw, and then he would add things, and then he would take [the pen] and hand it back to me, like there was a whole interactive thing going. He was totally in the game…So there you go, embodied self, like, right there.

The elder-clown’s astute interpretation of Joseph’s bodily movements as artistic expression prompted her to support his efforts, which evolved into a reciprocal
creative game. In the earlier example, the elder-clown attempted to engage Joseph not as an artist but rather as an audience member. This misses a fundamental premise of embodied selfhood in the context of creativity: that creative action is not an intellectual operation but rather it arises from practical involvement (Kontos, 2003; Kontos, 2014). Artistic engagement required that Joseph himself be tactually involved; the act of creativity registered no meaning for Joseph in detachment from his own effort.

**Musical engagement.** The elder-clowns’ success in recognizing and supporting artistic self-expression is further demonstrated in the example below.

Here, the elder-clowns and the resident co-create a highly improvised song:

Betty is sitting in her wheelchair, which is tilted slightly back so that she reclines with her head against the head rest. Her eyes are closed, and her hands are clasped together across her lap. Zazzie strums a cord on her ukulele and sings, “Da, da, da, da, da.” Cherry begins snapping her fingers to the beat of the tune. Both elder-clowns are gently swaying to the music; Cherry begins using her clutch purse filled with loose change as a tambourine. Without opening her eyes, Betty responds by tapping her left foot against the wheelchair footrest, pivoting her wrists downward so her clasped hands move to alternating beats of the music. As Zazzie continues to sing, Betty interjects melodically, “Be boop,” now moving her clasped hands to every beat of the music. Zazzie responds, “Da da da da.” Betty moves from interjecting words in the existing rhythm to embellishing and shaping the harmony. She sings, “Ham and eggs, and ham and eggs,” now intensifying the movements of her clasped hands by moving her forearms. Zazzie and Cherry repeat the lyric, “And ham and eggs.” Cherry leans in close to Betty, as if anticipating she will respond on the next beat. Betty does, warbling, “Everywhere, there is a place for youuuuu.” The clowns sing in simultaneous reply, “A place for you.” Betty responds, “For you!” Zazzie and Cherry sing the lyric back to her. Betty slows the tempo by singing “Here…Here…HERE!” She sharply punctuates each “here” with a movement of her clasped hands. Zazzie matches each “here” with a strum of her ukulele. Zazzie and Cherry mirror the same volume and sing-shout, “HERE!” Betty softens her tone and lowers her pitch while resuming the up and down movements of her clasped hands, “Ohhh, it’s a big one.” Zazzie and Cherry repeat, “It’s a big one.” Betty warbles, “And why? And why? And whyyyy?” Zazzie and Cherry sing, “Why, why, why?” Betty in the same tone, “Take a gun through.” Zazzie and Cherry respond with surprise, and raise their pitch, “Take a gun through!” Betty softly sings, “Somebody loves
me—but not anybody I know.” Betty’s singing turns to incoherent phrasing and goes silent. She appears to have fallen asleep.

The techniques of communicative relating such as affect attunement (sharing an inner emotional state) and synchronization (mutual conformability regarding speed and frequency of movement), which are integral to traditional elder-clown practice (Linge, 2008), are beautifully illustrated in the previous example. In this study, the embodied selfhood training provided to the clowns also appears to have helped them understand the sociocultural aspects of the embodied nature of Betty’s musical self and hence advanced their understanding of the importance of their relational support of her own music-making:

Kate/Zazzie: [In that interaction] I’m trying to kind of shape the [ukulele] music to what I’m seeing, the patterns of her musicality…So she’s observing structures of musicality as well as embodiment of it, and she’s in tune, so obviously she has music coming out her, you know, her entire being.

Holly/Cherry: Yeah. And we’re going in with something then we let her take it over, and we start to follow her and let her build it and we’re supporting her.

Kate/Zazzie: There are a couple words that she said that are really interesting.

Holly/Cherry: Like getting a gun…It could have been from “Annie Get Your Gun,” ‘cause she was in that musical [when she was young].

**Sexual dynamics in clown-resident engagement**

Other studies have identified that caregivers find expressions of sexuality, and of sexual interest, by individuals living with dementia to be deeply troubling (Archibald, 2003; Mahieu et al., 2015). This is largely due to issues related to the tendency to associate cognitive incapacity with a lack of moral permissibility to engage in intimate relations, and with ageism more broadly which associates sexuality with youth (Mahieu & Gastmans, 2012). Caregivers have been found to ignore residents’ sexuality and sexual interests, or to interpret sexual expressions as behaviour problems (Mahieu & Gastmans, 2012) rather than as a primordial and relational human need for love and intimacy.
In our study, problematic sexual dynamics emerged between elder-clowns and several male participants. The problems were associated with sexualized clown play and the use of passive rather than direct techniques to dissuade sexual overtures. These problematic dynamics, and the ways in which expressed sexual desires were handled by the elder-clowns, undermined the support of relational citizenship. Elder-clowns sometimes engaged with male residents in a flirtatious manner, with clown plays characterized by verbal or physical teasing and storylines that focused on the elder-clowns’ needs for male companionship. These interactions relied upon the demonstrative display of their own female bodies to invite the heterosexual male gaze. The following example is illustrative:

The elder-clowns enter Edward’s room where he is seated with his middle-aged son. The son says to his father, “They’re looking for you. You asked for younger women.” Both elder-clowns say at once, “Ooh!” in a surprised but coquettish tone. The son says, “Nice ladies. Beautiful.” …Zazzie announces, “And may I introduce to you my delightfully beautiful [then changes her tone to mimic a jealous older sister] tall, leggy, BLONDÉ sister?” Zazzie gestures in a presentational fashion to Cherry’s body, and Cherry giggles and preens. Zazzie asks Edward if the man standing in the corner is his son, and Edward replies, “He’s a nice boy.” Zazzie asks, “Is he single?” Edward responds, “Yes, and he’s looking for a nice girl, too.” Zazzie gasps and reaches into her purse for a jewelry box that she opens to reveal a faux plastic diamond solitaire ring. Zazzie asks Edward, “Do you think, if I am really nice, that I might get proposed to? It’s my engagement ring for when I find the man of my dreams.”…Edward seems bewildered by the conversation, “What are you saying?” Zazzie clarifies, “I’m looking for a husband is what I am saying.”…As the clowns prepare to exit, the son continues the romantic banter/storyline and says of his father, “He’s looking for a younger lady.” Zazzie stops mid-exit, and posing with an upheld arm and softened wrist which draws attention to her elongated torso, she says, “Well look at that, a young lady has come to visit.”

At times, the legitimacy of the residents’ sexual desires was not acknowledged by the elder-clowns. They instead made repeated jokes of the residents’ requests for sexual
engagement, including a resident’s disappointment over the supposed virginity of the elder-clowns:

Jacques asks Zazzie, “Tu veux fourrer avec moi?” [Do you want to fuck me?] With a “non” [no], Zazzie quickly turns away from him and attempts to divert his attention by introducing Aksom who hadn’t yet met him. Jacques, returning to his initial question asks, “Je n’ai pas compris. Pourquoi tu ne fourres pas avec moi?” [I don’t understand. Why don’t you fuck me?]. Zazzie explains, “Parce ce que c’est pas le jour pour ça” [Because it’s not the day for that]. Jacques is asked by the elder-clowns if he wants some tea, and he responds, “Pas de tea. Je veux des tits” [No tea. I want tits]. Jacques makes nipple grabbing or twisting motions with his fingers. Zazzie laughs loudly and says, “Oh, Oh, Oh, like a cow.” Aksom pretends to milk a cow with sound effects, and Zazzie joins in mimicking milking with sounds akin to milk hitting a metal bucket…Jacques then asks Zazzie, “Have you fucked before?” Zazzie responds, “Me? Never,” and makes an exaggerated face. Jacques says with surprise, “Never?” and Zazzie confirms, “No.” Jacques then asks the same of Aksom [whom he appears to understand is a woman despite her male clown character]. Aksom replies, “I’m a virgin”…Jacques looks directly at the male videographer for the first time and makes a firm “no” gesture with his hands. Jacques says forcibly, “Good bye!” and indicates they should leave immediately. Zazzie laughingly says to Aksom, “We are banished.” Turning to Jacques, she laughs and says gently, teasingly, “Are we banished from your sight?” Jacques ignores her and again turns to the videographer and says, “Elles sont vierges!” [They are virgins]. He closes his eyes and sighs deeply, appearing genuinely disappointed.

In other cases, the dismissal of residents’ sexuality as significant and meaningful self-expression was evidenced by the amusement of the elder-clowns regarding residents’ attempts to touch their breasts, and their own responses. In a reflection, Kate/Zazzie noted that one of the male residents behaved “like a kid with his hands in a cookie jar.” Ann/Mitsy found it funny when Aksom said to the same resident, “Nothing there, nothing there,” presumably referring to her small breasts, which he had tried to touch, apparently intuiting that she was she was biologically female, despite her male clown character.

The elder-clowns also resorted to passive approaches to responding to sexual overtures. These included blocking access to their bodies, redirection, and making
appeals to propriety including indicating current engagement in a primary romantic relationship with another man:

Kate/Zazzie: ….Oh, he’s bringing up the tits again, like I had [the] redirection button [sounding], “Redirection! Redirection! Redirection!” [mimics a robotic-sounding alarm]

Jacques says insistently, “I want to feel you up,” and reaches for Cherry’s genital area. Zazzie holds her ukulele in front of Cherry’s vagina, and says in a goofy tone, “There are rules around here, Sir! What about decorum?” Jacques replies, clearly joking, “I’ll feel him up too.” The elder-clowns burst into a loud laugh. …Jacques repeats his request to “feel up” Zazzie. Zazzie responds in a very clearly faux and exaggerated tone of mannered exasperation, “Sir, we are very dignified and very proper young ladies.” Jacques does not appear to understand the comment. Zazzie’s voice changes, and she sounds more immature or youth-like, and more appeasing, “And for one thing, Cherry’s already got a guy friend.” Jacques asks Zazzie, “And you?” Zazzie lowers her head and says with exaggerated disappointment, “Not yet. Jacques quickly responds, “Let me feel you up…I’ll tell him if it’s worthwhile.” The elder-clowns again burst into laughter.

**Discussion**

Our focus on creativity and sexuality facilitated the exploration of visible manifestations of relationality and embodied selfhood, both of which are the central tenets of relational citizenship. While our examination focused on the strategies and techniques of elder-clowns, our analysis importantly roadmaps how relational citizenship may be supported by the broader interdisciplinary health care team, and not simply by elder-clowns.

Our analysis highlights the embodied nature of creativity as expressed through art, music, and imagination. Creative impulse is understood as emanating from deep within (Kontos, 2003) and from “ritualized patterns of action render[ing] cultural possibilities embodied inevitabilities” (Kontos, 2014, p. 114). Elder-clowns’ techniques, acquired through their standard clown training, were consistent with this understanding of
embodied creativity as evidenced by their embodied communicative relating (e.g. affect attunement), synchronization of creative offerings (emphasizing residents’ tactual involvement), and drawing on the socio-cultural sources of residents’ embodied creativity. These techniques were further enhanced in some interactions by the provision of embodied selfhood training, which emphasized moving from imaginative single-sided play (Aksom drawing) to creative practical co-involvement (Joseph drawing with the clowns).

There is research to suggest that racial and ethnic differences exist in social engagement in long-term care (Li & Cai, 2014). However, in this study, we were unable to explore these differences in detail, given that the racial backgrounds of the elder-clowns and residents were predominantly homogenous. Where ethnic and language differences existed, several clowns were bi- or tri-lingual, and enculturation appeared to have occurred for residents born outside Canada who had settled here decades earlier in their lives. We were therefore unable to explore how racial and ethnic differences might mediate clown-resident interactions, or to impact relational citizenship support. This is clearly an important area for future research.

Elder-clowning supports residents’ creativity, whether generated spontaneously (e.g. recognizing Joseph’s drawing with the orange juice cups), or through reciprocal engagement (e.g. co-constructing song with Betty). Other arts-based approaches to dementia care such as active story-telling (Fritsch et al., 2009) and song-writing (Basting, 2009) provide important programme-based solutions to the “aesthetic deprivation” (Moss & O’Neill, 2014) that plagues long-term care settings. However, in our study, an important difference is that the residents’ expressions of creativity were recognized and
supported synchronously with the clown-resident interactions, and thereby emerged from organic, spontaneous co-constructions. Such spontaneity removes the normative and artificial strictures of structured therapeutic programming (Genoe & Dupuis, 2014), which may inadvertently thwart creative expression. The elder-clowns’ strategies more fully support and nurture residents’ embodied capacities and, in turn, their participation as relational citizens. Because these capacities exist a priori, and are central to selfhood, it is critical that they be supported and nurtured in all aspects of institutional life, and not simply through elder-clowning specifically or even arts-based programming more generally. To this end, support of embodied selfhood through aesthetic enrichment not only promotes an ethic of mutuality (Mitchell et al., 2013) but also the more robust model of relational citizenship that we advocate.

Elder-clown strategies and techniques were not always exemplary of how relational citizenship can be inclusively and unconditionally supported in the context of long-term care. This was evidenced in relation to the problematic dynamics that emerged in the elder-clowns’ responses to residents’ expressed sexual desires including obfuscation (“I am a virgin”), humour, upping the play (e.g. joking about milking cows), redirection, and even provocation (using the female body as a source of humour) and mixed messaging (“because it’s not the day for [fucking]”). This does not minimize the challenges faced by elder-clowns who were confronted by residents repetitively requesting sex, or trying to touch their breasts or buttocks. Nor does this suggest that it was the elder-clowns’ intentions to undermine relational citizenship. On the contrary, elder-clowns’ responses appear akin to the broader social denigration of older adults and sexuality that is deeply entrenched in the culture of long-term care (Mahieu et al., 2014a).
In long-term care, sexual desires and expressions are typically pathologized, stigmatized, and suppressed by care staff (Mahieu et al., 2014a), and organizational structures often fail to accommodate intimacy within institutional settings (Hajjar & Kamel, 2004). A relational citizenship model underscores the importance of critically examining these macro-level barriers to cultivating residents’ sexual expression. For example, modifications to the social environment (e.g. insisting staff knock before entering) would provide opportunities to engage in acts of intimacy free from the gaze of others and in a socially acceptable and responsible manner (Mahieu et al., 2014b). Some nursing homes in Germany and England have gone even further by introducing sex workers in nursing homes (Gardner, 2013). Redressing heterosexist assumptions prevalent in institutionalized health care by supporting lesbian, gay, bisexual, transgender, and intersex sexuality (Archibald, 2001; Kontos et al., Under review; Mahieu et al., 2014b) is also vital to the support of sexual expression in dementia care. Such support also necessitates training opportunities for staff to enable better understanding of residents' experiences and needs related to intimacy and sexuality, and a balance of sensitivity with respect for the psychological and physical safety of staff (Kontos et al., Under review).

As elder-clowns are becoming increasingly more prominent in long-term care, it is critical that sexual ethics also be fundamental to their training. Traditionally, education on sexuality and later life, including dementia, has not been a component of training for most care providers in long-term care, and elder-clown training is no exception (Bauer et al., 2013; Couchman & Thomas, 2014; Mahieu et al., 2015). For our own part, sexuality has yet to be incorporated into pedagogical strategies premised on embodied selfhood to improve person-centred and relational care (Kontos et al., 2010), which we intend to
This left the elder-clowns vulnerable to the reliance on clown techniques such as deflection and humour, which while understandable responses in the absence of any formal exposure to sexual ethics, were not supportive of relational citizenship. Given the importance of sexuality for embodied self-expression identified in this study, and for bodily integrity within a framework of an ethic of long-term care (Pirhonen, 2015), it will be critical to redress this in future research and culture change efforts. It is precisely because of how sexuality has been marginalized that a model of citizenship is best positioned to redress the discriminatory practices of long-term care in relation to sexual expression. Yet an ethic of embodied relational sexuality under a relational citizenship model must achieve fuller definition. This will require future research that places sexuality at the intersection of primordial and relational expression within the socio-cultural landscape of long-term care.

**Conclusion**

The need to promote citizenship is gaining recognition within the dementia care literature (Bartlett & O'Connor, 2007) but remains undertheorized within dementia practice and research. Much more needs to be done both in theory and practice to fully support individuals with dementia as relational citizens. The importance of reciprocity and embodied selfhood for citizenship troubles distinctions in the citizenship discourse between “how to care for” and “how to think about, relate to and increase the capacity” of individuals living with dementia (Bartlett et al., 2010). Our exploration of elder-clown strategies and techniques obviates this distinction and uniquely affords insight into how relational citizenship can be inclusively and unconditionally supported in the context of long-term care.
Attention to citizenship importantly reflects the broader ‘cultural turn’ within sociology towards more relationally based explorations of social life (Bartlett & O'Connor, 2007). Still, insights of the sociological discourses on embodiment, including those of embodied selfhood, remain absent from the ways in which citizenship is defined and conceptualized. By foregrounding the body’s pre-reflective capacity to inform and express distinctiveness and relationality, relational citizenship more inclusively and unconditionally provides for the recognition and support of membership in, and contributions to, social collectivity despite even severe dementia.
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