

Where Geragogy Meets Dementia Care: Mapping Connections and Disconnections in Teaching Artmaking
with Older Adults Living with Dementia

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Abstract

Where Geragogy Meets Dementia Care: Mapping Connections and Disconnections in Teaching Artmaking
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The purpose of this research is to investigate how practicing art educators facilitate artmaking in community programming for adults living with dementia. This project addresses intersections between the fields of gerontology, art education, arts-based pedagogies, geragogy, as well as dementia and Alzheimer's disease research and care. Through interviews with art educators, I investigate experiences and approaches to adult art education for those living with memory loss using interdisciplinary perspectives. This study highlights various approaches to teaching and learning in recreation education programming within clinical and community settings. This study has two core objectives: 1) Examine the structures and approaches used in art education for individuals with memory loss through interviews with art educators; 2) Map connections and gaps between art educators' experiences and existing literature on teaching, learning, and artmaking with individuals living with dementia.

Keywords: educator experiences, community-based art education, dementia care, memory loss, educational gerontology, geragogy, hermeneutic phenomenology

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Dedication

Dedicated to my beloved grandparents—Ann and Jerry, Sylvia and David—whose love and wisdom continue to inspire me every day.

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Chapter 1: Introduction

Purpose

The purpose of this research is to investigate how practicing art educators experience their facilitation of artmaking in community programming for older adults living with dementia. This project addresses intersections between the fields of gerontology, art education, arts-based pedagogies, geragogy, as well as research on dementia care. Hermeneutic phenomenology guides this process through interviews with art educators and reflexive interpretive analysis and synthesis. This study highlights various experiences and approaches to teaching and learning in art education programming within community and clinical settings. This study has two core objectives: 1) Examine the structures and approaches used in art education for individuals with memory loss through interviews with art educators; 2) Map connections and gaps between art educators' experiences and existing literature on teaching, learning, and artmaking with individuals living with dementia.

Rationale

Since my time as a student healthcare volunteer at the Toronto University Health Network (UHN) in 2019 my passion for arts education with the aging population and memory loss has remained a central focus. I engaged in artmaking alongside adults experiencing mild to moderate memory loss and supported the facilitation of these activities at an arts-based day center located within a community environment. Located within the Canadian National Institute for the Blind (CNIB) building, the Dotsa Bitove Wellness Academy, which was affiliated with UHN at the time, provided an immersive community setting located far from the main part of the building. Dotsa Bitove Wellness Academy is now named The Bitove Method (2023), an independent not-for-profit organization that has since separated from its previous connections with both UHN and York University. Personal support workers and nurses were privately employed by certain participants to attend to their clinical and medical needs as required which allowed them to take part in the arts programming while still getting the support they needed.

This experience with the Wellness Academy stands out in my memory particularly in how visiting artists, theatre professionals, and musicians held space for participants and how each employed varied approaches to planning and teaching. These memories have informed my

current research objectives and has sparked my deep interest in exploring and understanding the experiences, perspectives, and approaches of art educators in this unique context. My study aims to raise awareness about the experiences of professionals working with aging individuals living with memory loss in community and clinical programming, and could greatly inform adult art education theory, approaches to geragogy and memory loss, and practice in community.

I applied to be a student summer volunteer in 2019 with the UHN, of which Dotsa Bitove Wellness Academy was a part. I felt that my teaching philosophy aligned well with the objectives of a program that supports the well-being of its learners and encourages all forms of self-expression and ways of learning. Before this, I had never formally taught adults, only young teens and children. After an interview and medical tests, I was accepted and volunteered throughout that summer, supporting the staff and visiting artists. I also worked with participants one-on-one, I helped them when they wanted more assistance or just to share stories and talk in general.

During my time there, I observed a variety of art forms being taught or facilitated, including dance, painting, drawing, music, poetry, and creative writing. I met several artists and musicians and witnessed many different approaches to leading arts activities with this population. As someone new to teaching adults, and particularly those living with memory loss, I was eager to learn from the varied approaches to lesson planning, beginning activities, and navigating participation and engagement. Some methods felt strange to me, especially when I observed how participant behaviour changed or stayed the same based on different teaching, facilitation methods, and communication styles. I also noticed that my own teaching philosophy and passion for arts education influenced how I viewed the success of particular activities and the challenges faced by the artists. In many cases, I saw participants become frustrated with themselves when they didn't understand what to do, especially during visual art activities.

The development of my teaching philosophy is rooted in foundational concepts within art education, such as choice-based art education (Douglas & Jaquith, 2018) and just-in-time community art education (Garnet, Sinner, Walker, Esmat & Yi, 2018). Both of these approaches prioritize learner agency, spontaneity, intuition, and flexibility. My goal is to emphasize the process of making art rather than focusing solely on the final outcome or aesthetic goal. As a visual artist I have used drawing, photography, sculpture, and most often painting intuitively to overcome a range of challenging and negative emotions. My teaching practice is centered on

providing an inviting and inspiring space for learners, fostering creativity in community environments, and focusing on meeting the needs of my learners. I strive to collaborate with learners to create an environment that emphasizes their interests and artistic goals.

Through this experience, I developed strong feelings about the importance of teacher training and preparedness when working with this population, as well as other aging populations. I began by asking many questions, seeking to understand why certain things were done the way they were. I wondered why art therapists were not involved in leading for this population, as I had understood that in many cases art therapists are often better prepared for leading arts-based group sessions with participants living with complex needs. I also wondered how art education was being applied in this context and whether it was viewed as formal art education or not. I found that training for community facilitators and artists was not as widespread or consistent as I had expected. This led me to the goals and questions of this research study where I sought to explore the firsthand experiences of art educators in order to gain a deeper understanding of their perspectives and approaches, leading to shared meanings and relational themes and patterns.

I aim to contribute insights and understandings of the current landscape of community arts programming for older people living with dementia and other forms of memory loss, through the experiences of art educators. My goal is to increase awareness about dementia and well-being, the intricacies of care and relationships, and contribute to ongoing discourse surrounding arts programming for this population.

Research Questions

Primary research question:

How do art educators experience working with this population?

Secondary research questions:

- Why do art educators consider arts programs important for older adults living with dementia and memory loss?
- How do art educators prepare to facilitate meaningful learning and artmaking for older adults with dementia and memory loss?
- In what ways do art educators perceive their contributions to programming for older adults with dementia and memory loss?

Definitions and Use of Terms

Dementia & Memory Loss

Dementia is an umbrella term used to describe a set of diseases wherein the symptom of memory loss is at the forefront (Alzheimer's Association, n.d.). Although there are many causes of dementia, Alzheimer's disease is the most common cause of dementia globally (Alzheimer's Association, n.d.). In their updated report published in 2020, Alzheimer's Disease International (ADI) states that there are over 50 million people living with Dementia in 2020 (Alzheimer's Disease International et al., 2020, p.1). This number is based on the 2015 UN population estimates and by "applying the age- and sex-specific prevalence of dementia for each region to the UN population estimates for 2015 and the population projections until 2050." (Alzheimer's Disease International et al., 2020) The Public Health Agency of Canada reports that "in 2015-16, more than 419,000 Canadians (6.9 per cent) aged 65 and older were living with diagnosed dementia." (Public Health Agency of Canada, 2019, p. 2) Awareness and clarity of needs for the global aging population and those living with dementia continues to increase as each year passes.

In community settings art educators do not receive formal diagnostic information, making specific experiences with dementia difficult to identify. This research study uses the terms "dementia" and "memory loss" throughout the paper. Using these terms interchangeably acknowledges this practical reality while emphasizing inclusivity. It also reflects a relational approach that focuses on the lived experience of memory challenges rather than medical labels. By doing so, the research remains sensitive to the diverse cognitive profiles present in community programming, ensuring that the findings are relevant to a broader spectrum of individuals experiencing memory-related changes.

Art Education

Art education typically refers to the teaching and learning methods applied to the visual arts. This interdisciplinary field does, however, encompass various forms of art, including drama, music, dance and movement, creative writing, and more. Art education also involves diverse approaches, such as developing skills and techniques, studying art history, and exploring the social and cultural contexts that surround art. Beyond technical and historical aspects, art education is also practiced and studied with objectives like self-improvement, self-discovery, collaboration, and personal growth through creative expression, among other possibilities. As the

topic this study engages multiple disciplines, for the purposes of this study the term ‘art education’ includes other practices in the arts such as dance, theatre, music, storytelling, writing, and other forms of creative expression.

The term ‘art education’ is used inconsistently across the literature reviewed in the following chapter, qualities ascribed to the arts activities in these texts relate to the core components of the field of art education. Through my own experiences throughout my undergraduate and graduate study in art education at Concordia University, I understand and describe art education to be the study and practice of education *through* art, education *of* art, and the *art* of education. Education *through* art: Using art as a tool to facilitate learning in various subjects; Education *of* art: The educational process of teaching and practicing technical and theoretical aspects of the arts such as skill development, and creative and artistic expression; The *art* of education: The knowledge, training, and skill of teaching and learning itself and exploring and examining existing practices and identifying ways to improve the performance and experiences of both teaching and learning. This serves as an overarching description of the field as it exists in many post-secondary institutions across undergraduate and graduate studies as well as its function in the school systems and community programming. This definition of art education will be used throughout this thesis.

Art Educator

In this study, the term "art educator" can be understood broadly as professionals who facilitate artmaking experiences, particularly in community programs. It is important, however, to understand how this term intersects with other roles, those of artists and art therapists, in the context of older adults with dementia.

Art educators generally facilitate artmaking in both formal and informal settings such as schools, institutions, and community spaces. In this study, art educators are facilitating the experience of artmaking while nurturing creativity and expression. They may not be trained therapists but are skilled in using art to encourage engagement and cognitive stimulation. While artists might not be formally trained as educators or therapists, they bring their formal and informal training in the arts as well as creative skills and intuitive understanding of the process of artmaking to these programs. The role of the creative arts therapist is to provide psychological support guidance to their client(s) through the use of varying artistic methods. This can be through making and exploring visual arts materials, dance and movement, drama, and music.

The creative arts therapist brings knowledge about their specific arts background and psychology and therapeutic approaches to the table in order to successfully aid clients in identifying their individual or collective needs and providing a treatment plan together (Jones, 2021). While creative arts therapists can be more intervention-focused, their work often intersects with art educators in community settings where both might work together with the common goal to support mental health and emotional well-being.

Identity plays an important role in this study when examining how these professionals (art educators, artists, and creative art therapists) engage with older adults living with dementia. Their self-perception as well as their professional identity are key components that inform their approach and experiences.

Chapter 2: Review of Literature & Theoretical Framework

Review of Literature

This section presents a comprehensive review of literature relating to the themes of this research study. Sources examined are interdisciplinary in nature, providing perspectives from gerontology and art education to applied human sciences and healthcare. I will first provide an examination of investigations published within the last ten years that engage with dementia care and arts-based activities and learning. Exploration of the study of geragogy—a term derived from the field of social gerontology (John, 1988; Girton, 1996), particularly educational gerontology—follows, providing an overview of the literature. This literature review explores theories and practices from both art education and dementia care, highlighting how the values of each field strengthen the foundation of this research study. Focus is placed on identifying the presence and absence of pedagogy and theory in the literature while clarifying those that form my foundational understanding of this research.

Current Research on Art Education and Dementia Care

The interdisciplinary nature of art education leads to inconsistencies in how the term is defined across the following studies. However, the qualities attributed to arts activities in these texts align with the core components of the field. With the understanding that art education is the study and practice of education *through* art, education *of* art, and the *art* of education, as defined in the previous chapter, this offers an overarching description of the field that is relevant to the topics of this research study and can serve as a reference throughout the following section.

Research on connections between art education and dementia care explore the relationship through a variety of methodologies and methods and across disciplines, including public health, recreation and leisure studies, planning, gerontology, neurology, nursing, visual art, dance and theatre, music, sociology, and psychology (Bazooband et al., 2023; Dupuis et al., 2016; Jonas-Simpson et al., 2021; Lacey-Avon, 2016; Mitchell et al., 2021; Richards et al., 2019; Sauer et al., 2016; Ward et al., 2021; Young et al., 2016). Studies published within the last ten years across the globe are considered based on the rapid changes occurring in this population as it relates to increasing diagnoses and changing needs of care. Many of the following studies directly engage with and seek the perspectives of participants—older adults living with dementia. In contrast, this research study seeks the experiences and perspectives of art educators

who actively teach and facilitate artmaking with older adults living with dementia, their working understandings of the needs and interests of their participants, and their chosen methods of attending to said needs and interests. These differences placed in dialogue with one another offer unique insights into highlights of current research and gaps in current literature.

Participation and Engagement

Engagement in participatory community-based arts programming is examined by Bazooband et al. (2023), seeking the perspectives of older people living with dementia. This research study is affiliated with the Wicking Dementia Research and Education Centre, located at the University of Tasmania, Australia. The authors define participatory community-based arts programming as “art activities or programs taking place within the community context at openly accessible locations, open to any community participant, designed and delivered by artists with a goal of active creative participation rather than a passive attendance, but not necessarily focused on amelioration of any health condition.” (Bazooband et al., 2023, p. 1) They specify that participatory arts create opportunities for “spontaneous interaction and deep engagement, [promoting] social interactions [and focus placed on the process of engagement with the art making itself].” (Bazooband et al., 2023, p. 1) The methodological approach of this qualitative study was informed by phenomenology, “people living with dementia were interviewed [face-to-face] to share their experiences to inform understanding.” (Bazooband et al., 2023, p. 2) It is also important to note that the researcher “sought to include people living with dementia who could participate in conversations which acted to gather data in a supportive manner from those who wished to participate,” (p. 2) with the intention to respect the dignity of the individuals and to share experiences, opinions, and understanding, generating a more comfortable setting during interviews (p. 2). Person-centered principles of “accommodating needs, gaining consent, and establishing a safe place for persons living with dementia to openly share their thoughts,” (p. 2) was another way in which a more comfortable setting was formed.

Initial themes were identified from interview transcripts through analysis using a coding-recoding strategy (Lincoln & Guba, 1985). Through exploration of perceptions of engagement with participatory community-based arts activities and more thorough insights of participants experiences and opinions, key elements were identified in creating a participant-informed model for dementia inclusive participatory community-based arts: “Ensuring potential participants have sufficient information and are aware of the opportunities, delivery of the opportunities at

accessible locations and appropriate times, and that informed and respectful support was available to enable active participation.” (Bazooband et al., 2023, p. 6) Identifying, building, and sustaining participant informed community education for people living with dementia is a major outcome of this qualitative study. The aspects of pedagogy in community education and its certain application to this population was not included in this article. Although a majority of the key elements identified may seem unrelated to pedagogy, I suggest that pedagogy plays an important role in all three elements. Awareness of the programming available and physical and time-based accessibility to the location are both imperative to the process of pedagogical application in community education settings; especially when the participants of these types of programming are older people living with dementia. Pedagogy is not only limited to the boundaries of a program’s educational setting, but also a mechanism of thought to be extended to the whole experience of engaging with community-based education programs.

Bazooband et al. (2023) seek the experiences and opinions of people living with dementia who have all experienced participatory community-based arts activities in the past—to varying degrees—in order to understand what is required to enhance engagement and enjoyment further. A study by Dupuis et al. (2016) takes a different approach within similar research parameters. This study is authored by scholars from varying disciplines: Recreation and leisure, long-term care and public health, theatre, nursing, and adult education. This range in specializations and areas of expertise demonstrate the cross-disciplinary nature of dementia care research within the last ten years.

This study brought together persons with dementia, family members, visual and performance artists, and researchers—all of whom are members of a “community-based critical arts-based project,” (Dupuis et al., 2016, p. 360), to examine the “tragedy discourse and narrativize an alternative discourse of dementia using the arts.” (p. 360) The authors engage with the practice of participatory action research and arts-based research as a vehicle for prompting personal and social change (p. 371), “demonstrating the power of the arts for social justice” by challenging the “basis for their social devaluation” (p. 371). They highlight the value of reciprocal engagement in this project which involved people living with dementia, their family members, volunteers, researchers, and visual and performance artists to participate in a one-day workshop. Two focus groups with all participants were held in the morning where persons living with dementia and their family members were asked to dialogue around certain questions that

asked how they feel they have been affected by the current discourse surrounding dementia, among other questions (p. 364). Everyone in both focus groups listened and learned about their experiences and stories of dementia (p. 364). Small groups were formed in the afternoon, where “persons with dementia and their family members worked with one of the visual and performance artists and a researcher, to co-create an artistic reflection of what our partners with dementia wanted the world to know about them.” (p. 364) Key terms used to describe the qualities of engaging in this arts-based research method include vulnerability, embodied and sensory experience, and play. The authors describe the outcomes of the collaborative artistic reflection:

Working collaboratively, eight visual and poetic expressions were created that powerfully challenge dominant assumptions within the tragedy discourse: despite loss, change, and sadness, persons with dementia are supported by loving networks, embracing life, remaining active and engaged, breaking the silence, and transforming with new possibilities. [...] Consistent with other critical arts-based researchers [...], we saw our participatory process as creating a transformative space where understandings could be interrogated, and new data could be generated and transformed into poetic and artistic representations of experience that privileged the voices of persons with dementia. (p. 364)

Phone interviews were conducted with all participants in the month following the workshop, beginning with interviewing persons living with dementia in the first week. The visual expressions co-created during the workshop were sent as well, prior to their phone interviews, “to stimulate recall of the day and serve as a starting point for these conversations.” (p. 364) These phone interviews are the focus of this article, and the analysis of data is described in-depth. Narrative methods were used as a vehicle for data collection (visual and poetic expressions during the workshop) as well as a core part of the analysis of data through the creation of individual narratives and a resulting collective narrative between the authors. This approach was an adapted process of critical creative hermeneutic analysis as described by Van Lieshout and Cardiff (2011). The narrative arts-based method of data collection and analysis along with the range of participants involved differentiates this study from Bazooband et al. (2023), both in its contrasting objectives and structure of research. Dupuis et al. (2016) were seeking to listen, co-create, and examine the stories of persons living with dementia and their families and how dominant discourse surrounding dementia has impacted them and their lives. This approach is rooted in engaging arts to address social justice issues in community (p. 371),

described as “a pedagogy of possibility” (Kinsella, 2007, p. 43 as cited in Dupuis et al., 2016, p. 371).

Relational Inquiry and Care: Dotsa Bitove Wellness Academy

A considerable body of research and media-based projects have emerged from since the Toronto-based Dotsa Bitove Wellness Academy (to be referred to as the Wellness Academy) started accepting members in 2013 (Mitchell, 2021, p. 1149). As mentioned previously, my experience as a student volunteer for the Wellness Academy in the Summer of 2019 has been a big inspiration to pursue graduate studies and focus on this topic for my thesis. I witnessed the day-to-day activities held at the Wellness Academy, and the home-like nature of the space, designed to support free movement between different areas (Jonas-Simpson et al., 2022).

All published articles discussed in this sub-section of the literature review conducted studies throughout the duration of the hospital-university collaboration between 2013 and 2020, before the beginning of the COVID-19 pandemic in early Spring of 2020. Relational philosophy is a common aspect of each of these studies as they reflect on the Wellness Academy’s founding objectives and investigate relational caring in arts-based programming (Jonas-Simpson et al., 2022; Mitchell et al., 2021). The Bitove family provided funding for this project as the grandmother of the family, Dotsa Bitove, “had experienced a different model of dementia care,” (Mitchell et al., 2021) a program called the Louis and Anne Green Memory and Wellness Center (The Green Centre) founded in 2001 with a start-up grant from the National Institutes of Health and the Administration on Aging, located within the Christine E. Lynn College of Nursing at Florida Atlantic University (FAU) (Florida Atlantic University, n.d.). The Green Center uses a partnership model, where healthcare professionals and clients as well as the community take more active roles, as opposed to clients taking more passive receptive roles, in increasing and preserving wellbeing (Courtney et al., 1996). Known for their caring philosophy, the Green Center team led by nurse-practitioners “provides team-based dementia care and treatment for early and mid-stage dementia of the Alzheimer’s Type.” (Mitchell et al., 2021, p. 1146) This center inspired the Bitove family to create a similar program of care in Canada (p. 1146). The Wellness Academy was created to be an academy for teaching–learning, academic innovation, and research (p. 1149). This structure being quite unlike the format of a day program for persons living with dementia, funding was not provided by the government. Mitchell et al. (2021) describe the early stages of forming the Wellness Academy:

The [Bitove] family was affiliated with University Health Network (UHN) – an organization with several hospitals and programmes, including aging and memory care. UHN had established a novel partnership with York University School of Nursing in 2009 with several arts-based research projects and relational practice initiatives. This partnership brought three leaders into initial discussions with the Bitove family – Joy Richards (VP at UHN), Gail J Mitchell (York Nursing Faculty and Director), and Susan Brown (Senior Director, UHN). All three had experience in gerontological nursing, dementia care, and environmental design, respectively. The Bitove family and York/UHN leaders shared a vision for what a Wellness Academy for persons living with memory loss and dementia could become with the integration of arts/aesthetics, relational philosophy, and academic infusion, including intergenerational activities. The creation of the Wellness Academy took two years to complete with a Steering Committee made up of family members, UHN representatives (operational partner), and York University representatives (academic partner). (p. 1146)

The Academic Advisory Board, in agreement with the Steering Committee and family vision, outlined three essential qualities the space had to have in order to form a foundation to support change (p. 1147): 1) A home-like space focused on relationships and learning; 2) employing arts-based mediums for life enrichment, engagement, and relationships; 3) a relational philosophy, aligning with Olthuis' (2000) “hermeneutics of connection – a fourfold spiraling hermeneutic movement of attending to, journeying with, birthing, and transforming” (p. 138). Different guidelines, practices, and policies were created to enact these philosophies and intentions in the space and as the Wellness Academy started its hiring process. The Wellness Academy employed four full-time staff members: A program coordinator, program assistant, a Registered Nurse (RN) Health Coach, and an operational manager. The RN played a key role of living and teaching the philosophy of hermeneutic connection and relationality (Mitchell et al., 2021, pp. 1147-1148). These four roles were supplemented by volunteers, a part-time team of skilled artists of varying disciplines recruited from the community, and a part-time artist coordinator who support the artists and their integration into the program—understanding the philosophy of the Academy and “integrating research findings into the activities.” (p. 1149) As the structure and philosophy of the Wellness Academy was quite different from the dominant structure of dementia care, the Advisory Board and Steering Committee took the following direction:

Wellness Academy team members were engaged in arts-based educational workshops, such as exploring concepts of relationality in articles and in artistic creations, in order to explore and reflect on foundational principles. [But] calling for the enactment of specific philosophical values proved to be the greatest challenge. [...] Understanding that the focus at the Academy is not on the art, rather that art is a medium for engagement, life enrichment and relationships, was essential for artists joining the Academy. Staff and artists were supported by two researcher/educator leads who were steeped in the philosophy and who had extensive research and practice experience with

persons/families living with dementia. [...] Several managers were hired before finding the right fit – a manager who was willing to embrace and support the relational caring philosophy as well as create the space and operational structures for team members to live the philosophy in creative loving ways. (p.1149)

The inclusion of community-based practicing artists to provide relational arts-based curricula and activities according to individual preferences and group engagement, offered opportunities for participants to express themselves more fully with others, in the moment, and develop new talents (p.1148). This pillar of the Wellness Academy’s mission was not for therapeutic purposes or to provide diversions for persons living with dementia, “as is the case arts-based programmes” (Dupuis et al., 2012, as cited in Mitchell et al., 2021, p. 1148). Activities included painting, poetry, listening to music, singing songs, dance, improvisation, learning to play musical instruments, and compose songs as inspired by the relationships unfolding in the moment (p. 1148).

The Philosophy of Relational Caring. The philosophy that was foundational to the Wellness Academy was comprised of three main concepts informed by Kontos (2012), Nolan et al. (2002), and Olthuis (1997; 2000). Mitchell et al. (2021) describes *relationality*, the first of the three, as a living commitment to valuing the quality of relationships foremost; seeing people living with dementia as “living in a web of complex relations with history, culture, community, family, ideas, beliefs, hopes, fears, memories, time, and possibility.” (p. 1148) The second main concept, *embodied selfhood*, is related to the first essential quality outlined previously and is experienced through comfort in bodily movement in the space, a feeling of being free to move and express oneself in creativity, social interactions, gestures, among other forms of expression. In its nature, expression of self is intertwined interacting with the world and others. The authors write that this concept is also “understood not as a function of cognitive agency but rather as pre-reflective, and thus despite cognitive loss, selfhood persists in interactive and communicative patterns of relating.” (p. 1148) Lastly, *knowing other-wise* (Olthuis, 1997) is described as “a commitment to approach differences between people as opportunities to learn.” (p. 1148) The conceptual analysis of how the philosophy of relational caring is enacted and sustained throughout the Wellness Academy provides clear understanding of its importance in opening up dialogue and exploring differences as opportunities to understanding and relating in this program.

Experiences of Arts-Based Relational Caring. Jonas-Simpson et al. (2022) study experiences of arts-based relational caring at the Wellness Academy in depth, using an approach that has inspired the methodological approach of this thesis. They write that there is “a compelling call and need for connection and relationships in communities living with dementia.” (Jonas-Simpson et al., 2022, p. 61) The design of their study engages with qualitative phenomenological methodology through a phenomenological thematic analysis process (p. 66) to attend to the overarching objective of the study—to understand the experience of relational caring from perspectives of individuals involved in different ways with the Wellness Academy including its members.

The authors outline their aim in identifying gaps in current literature about this arts-based programming and the communities living with dementia through the empirical research conducted as well as a thorough review of said body of literature. The authors cite an important issue with the current discourse surrounding relational caring and programs for people living with dementia. The call for a new ethic of care for people living with dementia is quite clear in the literature, and many scholars within the last 20 years (see pp. 62-63) have “emphasize[d] the relational embeddedness of care and how person-centered approaches failed to recognize the interdependent and reciprocal nature of care in the dementia care context.” (p. 63)

Jonas-Simpson et al. (2022) highlight the work of Nolan et al. (2006) in their report, *The SENSES Framework: Improving Care for Older People Through a Relationship-Centred Approach*, as a comprehensive text that outlines six essentials for relationship-centered care (RCC): security, belonging, continuity, purpose, achievement, and significance (Nolan et al., 2006, p. 53). A robust field of research and practice, RCC is not only a response to person-centered care, but also an expansion and evolution of the humanistic philosophy of care. Jonas-Simpson et al. (2022) develop the three main concepts that form the philosophy of relational caring at the Wellness Academy, introduced by Mitchell et al. (2021) by describing how their philosophy of care works in practice: Being aware of one’s positionality, perspectives, and roles in any given setting, expressing empathy, active listening, and acts of care in emotionally sensitive ways, and “the role we play in relationships and alert to the potential consequences of our feelings and actions with others,” (p. 63). The authors also expand upon the shortcomings of the arts in most medical care settings as it is most “often restricted to an instrumental application—as a therapeutic intervention to reduce neuropsychiatric symptoms associated with

dementia and improve cognitive and physical health outcomes,” (Jonas-Simpson et al., 2022, p. 64). This use of the arts leaves many of its benefits behind. Prompting their study shared in this article, the authors state that recent research that explored the experiences of relational engagement with the arts focused primarily on persons living with dementia, leaving the relational experiences of others involved like family carers, staff, and volunteers, unexplored (p. 64).

The authors address two research objectives: “(1) to explore how relationships are experienced when relational caring philosophy underpins practice, including arts-based engagements and (2) to understand the meaning of relationships that bring quality to day-to-day living.” (p. 65) A total of 25 participants volunteered to participate in this study. Interviews were conducted one-to-one and in small groups. Participants were all directly connected with the Academy in varying ways, the participants included five people living with dementia, eight family members, four staff, five artists, one personal support worker (PSW), and two volunteers (p. 61). The data (interviews) was collected in the Wellness Academy’s third year of operation in one-to one interviews and small groups, using open-ended questions meant to start the sharing process such as, “What is it like to be in relationship here at the Academy?”; “What has it been like for you here at the Academy?”; and an example question for team members, “What does relational caring mean to you?” (p. 66). The findings of the study, using data analysis methods informed by van Manen’s (2023) phenomenological thematic analysis process such as the detailed reading approach (van Manen, 2023, pp. 406-407), are presented through thematic patterns that form an intricate web of findings and experiences. This format of presenting findings differs from methods discussed previously, as the themes are not completely independent of one another. Each theme described flows into the next, illustrating the interconnected nature of relational caring and the arts with persons living with dementia. Three prominent thematic patterns outlined in the article were: (1) freedom and fluid engagement inspire a connected spontaneous liveliness; (2) embracing difference invites discovery with generous inclusivity; and (3) mutual affection brings forth trust and genuine expression.

These thematic patterns are attributes of a pedagogy—a practice and a continuously growing collection of ideals that inform such practice and experiences of community (Wellness Academy) members. This study can inform future transformational policies and protocols for practices that expand beyond dominant biomedical care structures for persons living with

dementia (p. 71). As mentioned previously, the arts are most often used as an intervention or distraction, this can be visualised by the feeling of containment. The findings of this study show that mutual affection and shared vulnerability coupled with the arrangement of the physical space as affirming freedom of movement demonstrate the need for power relations within non-clinical activities in care programs for people living with dementia is ever-present. Awareness of power relations prompted the authors to consider:

Power relations and issues of evaluation also differ in the literature and the differences prompt us to ask more critical questions about the value and purpose of the arts. [...] *can arts-based practices thrive in a clinical context where power relations are well established in ways that restrain possibilities in dementia caring?* We argue, based on our findings, that people thrive when arts-based practices are grounded in relational theory and when relational theory is lived through arts-based mediums. Without the theoretical grounding of a relational ethic of care, arts-based practices can become yet another expressed power relation. [...] So, it is the joining of both a relational caring philosophy with arts-based modalities as mediums for relational caring experiences that we found made a difference to relationships and overall life quality among all persons affiliated with the Academy. (p. 71)

In capturing the experiences of relational caring, the findings of this study demonstrate the possibilities at play when an “arts-based relational ethic of caring” (p. 72) is embraced and enacted by all those affiliated with an academy like this Wellness Academy.

Theoretical Framework

This study will engage a social constructivist lens—an epistemology that “asserts that people seek understanding of the world in which they live and work,” (Creswell & Poth, 2018, p. 24), and that their ideas coincide with their prior experiences as the interpretive framework that the research will operate within (Creswell & Poth, p. 20; McKinley, 2015, p. 185). Palincsar (1998) provides a comprehensive review of social constructivist perspectives on teaching and learning and defines the sociological theory, “Social constructivist perspectives focus on the interdependence of social and individual processes in the co-construction of knowledge.” (Palincsar, 1998, p. 345) A branch of constructivist thought, social constructivism was developed in the 1930s by Russian psychologist Lev Vygotsky (Schreiber & Valle, 2013, p. 396; Vygotsky & Kozulin, 2013). Schreiber and Valle (2013) describe the nature of Vygotsky’s social constructivism along with cognitive constructivism, developed by another key psychologist of the 20th Century, Jean Piaget:

[...] The two paradigms share many similarities (see Lourenco, 2012; Powell & Kalina, 2009). The main point of divergence is that Piaget's theory stresses the student's autonomy in the social environment (Lourenco, 2012), whereas Vygotsky's work emphasizes the impact of social and cultural influences on students, the ways their varied backgrounds and experiences shape students' learning, and the ways students understand and interpret concepts. Vygotsky believed that learning does not just take place within the individual. He argued that learning is a social and collaborative activity where people create meaning through their interactions with one another. For instance, instructors can harness the natural verbal energy of students to promote a critical discussion of course content, so that students can actively construct and internalize their own meanings of the concepts (Powell & Kalina, 2009). Because participants bring their own worldviews to the learning context, their social interaction allows for multiple perspectives on the content and multiple representations of reality. In addition, collaboration with diverse others can be a vehicle for developing an appreciation of personal and cultural differences (p. 396).

The characteristics of Vygotsky's social constructivism help to identify this paradigm in the literature reviewed for this study. Bazooband et al. (2023) apply a social constructivist lens throughout their study as their focus on *participatory* community-based arts activities. This type of programming is built to encourage collaboration and engagement through creativity and/or social interaction between people during activities with older people living with dementia (Bazooband et al., 2023, pp. 1-2). The authors of this study uncover and describe the "key elements to create dementia-inclusive participatory community-based arts," (p. 7) through establishing perceptions of engagement in these activities from the perspectives of people living with dementia (p. 6-7). The thematic analysis of interview data collected illustrates, "The model for dementia-inclusive participatory community-based arts comprised three key components: knowing about it, getting there, and being there, together with opportunities for participation in both the design and review of activities." (p. 6) This approach to data collection and reporting outcomes offers more insight into the interpretive framework of this study. Thematic analysis of the data in this study demonstrates how elements of social constructivism as an interpretive framework are engaged in every stage of a research project.

Social constructivism is well known as a key pedagogical approach as well as a social theory. This chosen lens sheds light on how aspects of my direct experiences as a community art educator act as my motivation to investigate the current practice of art education in programming for those living with dementia. This study emphasizes art educator experiences and approaches to teaching and facilitating arts programming for older adults living with dementia. The following sections will define and elucidate two key elements that structure the interpretive

framework underpinning this study: Educational gerontology and relationship-centered care (RCC).

Educational Gerontology: Geragogy

Educational gerontology is the study of the changes in the learning process that occur as people age (Sherron & Lumsden, 2013). Educational gerontology is a branch of social gerontology. John (1988), an early contributor to the field of educational gerontology and specifically geragogy, defines the term geragogy as “the process involved in stimulating and helping the elderly persons to learn.” (John, 1988, pp. 12-13) She describes the necessity for this term, writing, “...*pedagogy* actually refers to the art or science of teaching in general, but we have come to think of pedagogy as though it referred especially to the young or to children.” (p. 12) A similar response to pedagogy is also present in *andragogy*, specifying adult instruction. John argues that geragogy highlights the unique aspects of the older adult learner based on physical and psychological circumstances as well as interests and aptitudes based on life experience.

Girton (1996) presents an approach that expands the theory of geragogy through an educational framework that “locates the aim of education as *education as expression*. [...] encouraging a wide variety of senior *responses* in educational forums.” (Girton, 1996, p. 54) Girton enacts a social constructivist lens of geragogy through her description of the learning experience for older adults as an opportunity to help older adults develop multiple ways of expressing themselves and “assist them in attending to the diversity of interpretations among the members of the group.” (p. 55) Girton states that this “discussion assumes that most older adults are capable and cognitively able individuals,” (p. 55) marking a clear limitation when considering the growing number of older adults living with dementia. However, Girton’s examination and expansion of the theory of geragogy provides foundational understandings of social constructivist geragogic approaches through her focus on learner experiences and expressions in learning environments (see p. 67) This expanded understanding of social constructivist pedagogy—now, geragogy—provides an awareness of changing interests and needs as learners age and the importance of pedagogical theory and practice across all ages.

Relationship-Centered Care (RCC)

One example of the model of RCC is discussed in the review of literature of section, using the language of relational care and relational citizenship (Dupuis et al., 2016). RCC has been the subject of numerous academic publications across the disciplines of healthcare education, medicine, policy, communication, and others. RCC is traditionally defined for clinical contexts such as Suchman's (2006) description, "Relationship-centered care is a clinical philosophy that stresses partnership, careful attention to relational process, shared decision-making, and self-awareness." (p. S40) This care approach builds upon the earlier philosophy of person-centered care.

Nolan et al. (2002) acknowledges the contributions of person-centered care to the landscape of dementia care in the 1980s and 1990s, but argues that person-centered care "does not fully capture the interdependencies and reciprocities that underpin caring relationships." (p. 203) Focusing on quality of life can offer a "reflection of an individualistic viewpoint based on notions of independence and autonomy," (p. 203) while consideration of quality of *lives* captures the relational nature of caregiving and, possibly, educating and facilitation. Dupuis et al., (2016) demonstrate this possible application to the nature of educating or facilitating arts programming for older people living with dementia using the language of relational citizenship. Just as person-centered care and similar earlier models have influenced RCC, personhood and the 'individual' are integrated with the model of relational citizenship. Informed by the concepts of narrative citizenship and social citizenship, Dupuis et al. describe relational citizenship:

A model that includes recognition of the important role that relationships play (between persons with dementia and carers, and with institutional policies, structures, and practices) in shaping and sustaining the citizenship entitlements of persons with dementia. [...] This model emphasizes that embodied selfhood is a fundamental source of relationality for persons with dementia. (p. 362)

This alternative model of citizenship in the context of dementia studies addresses the structural disadvantages faced by people with dementia in the traditional conceptualization of social citizenship which emphasizes "self-cognizance," (Bartlett & O'Connor, 2007, p. 108; Dupuis et al., 2016, p. 360) deepening the "social devaluation of individuals who, as defined by others, lack the cognitive capacity to participate as full citizens." (Delanty, 2000, as cited in Dupuis et al., 2016, p. 360) Relational citizenship values the narrative agency of people living with

dementia as expression of self and life experiences in diverse ways including verbally, writing, dance, music, movement, and more. (Dupuis et al., 2016, p. 361)

Both RCC and social constructivism stress the significance of relationships and context in shaping experiences, whether in healthcare or education. Relational citizenship demonstrates the value of interdisciplinary research such as educational gerontology in dialogue with dementia care. The ethics of care apply to both educational and clinical settings, where clinicians and educators share the responsibility of supporting and nurturing the well-being and development of their patients and learners.

Chapter 3: Methodology

The chosen methodology for this study is hermeneutic phenomenology, a philosophy and method in qualitative research where the researcher seeks to hear the lived experiences of people who all in common have experienced the same phenomenon. Not only is it a witnessing of lived experiences, but it is also an examination of people's senses of being when they experience the phenomenon in question. Creswell and Poth (2018) write that phenomenology "describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon." (p. 75) Hermeneutic phenomenology is an approach to phenomenology oriented toward lived experience and interpreting the "texts" of life—with lived experience denoting phenomenology, and the latter to hermeneutics (Creswell & Poth, 2018, p. 77). Dibley et al. (2020) define hermeneutic phenomenology:

"In hermeneutic phenomenology, we are interested in questions of meaning. We see to understand common human experiences about 'being' itself – what it means to live experientially in a given situation. We questions 'how' an experience transpires. The 'how' of doing is accompanied by a 'way of thinking' that brings a particular understanding." (p. 1)

The design of this study is informed by guidance from Dibley et al. (2020), *Doing Hermeneutic Phenomenological Research: A Practical Guide*, and the work of Heidegger (1889-1976), Gadamer (1900-2002) and van Manen (1942-). This chapter outlines the study's design by positioning hermeneutic phenomenology as the central methodology. I explain how the ideas of Heidegger, Gadamer, and van Manen align with the research objectives, defining key concepts in the context of the research design. Additionally, the methodology is connected to relevant literature, providing a rationale for the selection of this design.

The research questions in this study seek to understand the value of this type of programming for this population, how art educators experience facilitating this unique experience and the techniques they use to support it, and how they perceive their role in contributing to programs for older adults with dementia. These questions and particular phenomenon are supported by hermeneutic phenomenology as we consider the concept of methodological congruence, "the purposes, questions, and methods of research are all interconnected and interrelated so that the study [acts] as a cohesive whole rather than as fragmented, isolated parts" (Creswell & Poth, 2018, p. 50). Both social constructivism and

hermeneutic phenomenology highlight the contextual and interpretive nature of knowledge and being (Heidegger, 1962). Dibley et al. (2020) describes the tradition of hermeneutics:

The hermeneutic tradition, or hermeneutic phenomenology, is also complex and can be traced back to Schleiermacher, an early 19th-century scholar who framed it as a basis for the art of understanding (Palmer, 1969). The interpretation of biblical texts was an early focus. It involved the re-experiencing of the thinking of the author, an examination of the structure of the sentence and the psychology of the author to come to a new insight or understanding. The reconstruction that results is what has been described as the 'hermeneutic circle', a process that is dialectical and negotiates between the whole and the parts of a text to derive new meaning. Philosophers following Schleiermacher contributed further to this notion of a dialectic, a to and fro, a way of understanding that seeks shared or common meaning that includes revealing already known or perhaps previously hidden understandings. Further, uncovering common as well as peculiar or singular concerns makes up the hermeneutical circle of understanding. Variations of Schleiermacher's project evolved over the course of his work, which was taken up by others with their own variations, including Dilthey, Heidegger and Gadamer. (p. 10)

Heidegger was an influential contributor to hermeneutic phenomenology, offering an approach to phenomenology that was unique at the time. Dibley et al. (2020) describe the evolution of hermeneutics and phenomenology as they merged into a new approach and philosophy autonomous from phenomenology. Gadamer and Van Manen have influenced my application of this methodology, both of whom expanded Heidegger's description of the hermeneutic circle and introduced new insights into the role of dialectics within the methodology.

Dibley et al. (2020) offer a guide to hermeneutic phenomenology that was a vital contributor to my understanding and subsequent application of the methodology throughout the research project. This guidebook focuses primarily on the philosophies and teachings of Heidegger and Gadamer, and therefore, my application of the methodology is influenced by the designs and approaches that emerge from the work of both philosophers. Dibley et al. (2020) provide an accessible introduction to understanding the methodology as a first-time user, which is commonly thought of as evasive in its structure. The strength of this methodology is that it requires the researcher in order to become whole, meaning that the structure and the research is complete because of the researcher working with the data. The researcher is an instrument with which the data is interpreted (pp. 144-115). Dibley et al. (2020) describe it as an iterative and reflexive journey. The researcher moves back and forth between interviews, transcripts, written reflections, field notes, philosophies, and the theoretical framework—constantly returning to the data to read and reread, deepening their understanding (p. 127). The researcher's own horizon of understanding (pp. 114-115) is integral to achieving a fusion of horizons—a broader

understanding of the experiences and insights of all participants, and the researcher's interpretation of the dialogue as a result.

Hermeneutic phenomenology can be utilized in a more structured way, using a similar methodology called Interpretive Phenomenological Analysis (IPA), commonly used in psychology (Dibley et al., 2020, p. 27), or by forming a series of steps to derive essences of experience through thematic analysis. van Manen offers three levels of reading approaches to use when consulting transcripts and text for thematic analysis (van Manen, 1997, p. 93). The benefit of the blended approach offered by Dibley et al. (2020) is a design that invites the researcher to keep their heart open, and dwell with the data (p. 125). It incorporates intuitive aspects of working with experiences and understandings, describing them as steps—parts of the process that are integral to the whole. This includes dwelling with the data, allowing ideas and new meanings to bubble up to the surface through mindful thinking (p. 127), writing interpretive summaries, noting emergent themes, underlining important passages, and coding while still feeling in touch with the data. Reading and sitting with the texts reflexively is integral to the process, but the structure encourages a more organic model of interaction and interpretation with the data.

This model is best explained by the hermeneutic circle, used across various approaches of the methodology and applicable here (See Figure 1, Dibley et al., 2020, p. 128). The second concept, a model which most closely resembles the chosen analysis approach for this project, is the fusion of horizons (See Figure 2, Dibley et al., 2020, p. 129), informed by the concept of the hermeneutic circle (pp. 127-128). Although similar to thematic analysis, this approach is inductive while aiming to capture outcomes in a fashion that acknowledges the relational themes while still considering the less common experiences—a fusion of understanding and meaning as known by each of the participants and the researcher.

The relational and reflective nature of conducting hermeneutic phenomenological research aligns closely with the objectives of this study and the philosophical underpinnings of its design. van Manen (1997) describes historical issues with educational research being inaccessible to educators and practitioners who work directly with learners, furthering detachment between theory and practice. He presents hermeneutic phenomenological inquiry in relation to these issues to highlight the illuminating possibilities that pedagogy can provide:

Much of educational research tends to pulverize life into minute abstracted fragments and particles that are of little use to practitioners. So, it is perhaps not surprising that a human science [hermeneutic phenomenology, see p. 2] that tries to avoid this fragmentation would be gaining more attention. Its particular appeal is that it tries to understand the phenomena of education by maintaining a view of pedagogy as an expression of the whole, and a view of the experiential situation as the topos [topic] of real pedagogic acting. (p. 7)

van Manen situates his hermeneutic phenomenological approach alongside those of key figures in the field of phenomenology, such as Heidegger (1962), Husserl (1970), Gadamer (1993), and Merleau-Ponty (1962). Husserl conceptualizes phenomenology as a discipline that describes the world as it is experienced, free from obstructions or preconceptions (van Manen, 1997, p. 184). Heidegger considers phenomenology as ontology, which is “a study of the modes of ‘being in the world’ of human being” (p. 184). Merleau-Ponty defines phenomenology as the “study of essences” (Merleau-Ponty, 1962, p. vii), emphasizing the distinction between appearance and essence, always posing “the question of what is the nature or meaning of something” (van Manen, 1997, p. 184). One of the leading scholars in hermeneutic phenomenology, Gadamer (1993) studied under Heidegger and other prominent phenomenology scholars in pre-WWII Germany. Van Manen writes that for Gadamer, “...phenomenology becomes hermeneutical when its method is taken to be essentially interpretive and primarily oriented to the explication of texts (rather than directly oriented to lived experience).” (van Manen, 2023, p. 257)

This methodology attends to the shared trait present in each of my research questions: to describe and interpret the experiences that are “essentially not replaceable,” (p. 7) and therefore, unique. In other words, hermeneutic phenomenology answers the call to map the terrain that this interdisciplinary study inhabits.

Hermeneutic Phenomenology in Current Research

Hermeneutic phenomenology aligns well with the theoretical framework of the study as it is synergistic with the principles of relationship-centered care and educational gerontology, prioritizing the relationships between people, the well-being of others, and treating everyone as equals. It also allows for a range of identities on the participants’ part, such as creative arts therapists, storytellers, theatre professionals, artists, a range of professional identities, all experiencing a common phenomenon, all interpreting them in unique and similar ways.

Elements of hermeneutic phenomenology have been employed in studies by Dupuis et al. (2016), Mitchell et al. (2021), and Jonas-Simpson et al. (2022), all of which are discussed in the

literature review of this proposal. The Wellness Academy is discussed in all three of these published studies albeit in different ways. Dupuis et al. used an adapted version of critical creative hermeneutic analysis (CCHA) as described by Van Lieshout and Cardiff (2011) to analyze the narratives from telephone interviews (Dupuis et al., 2016, p. 364). Van Lieshout and Cardiff describe CCHA as an analysis method, in agreement with van Manen (1997), “that it is more important to consider the principles underlying the chosen methodology, the ‘what one should do’ and ‘why one should do it’,” (Van Lieshout & Cardiff, 2011, p. 224) clarifying the reference to an analysis method rather than technique or procedure (p. 224). Van Lieshout and Cardiff describe two processes that are key to understanding CCHA: The hermeneutic circle (Heidegger, 1962), the concept that our comprehension of an entire text relies on our interpretation of its individual components, and the fusion of horizons (Gadamer, 1993), a process in which participants in a hermeneutical analysis engage in dialogue, sharing their respective contexts with the goal of arriving at a common understanding. The works of Heidegger and Gadamer reveal how “phenomenology becomes hermeneutical when its method is taken to be essentially interpretive and primarily oriented to the explication of texts (rather than directly oriented to lived experience)” (van Manen, 2023, p. 256). Van Lieshout and Cardiff propose a seven-phased framework for CCHA, “intended to help researcher-practitioner teams develop themes from the data/narratives collected about the phenomenon under study.” (Van Lieshout & Cardiff, 2011, p. 227) This framework is organized as follows: 1) preparation; 2) familiarization; 3) contemplation; 4) expression; 5) contestation and critique; 6) blending; and 7) confirmation. Dupuis et al., and Van Lieshout and Cardiff both used participatory action research (PAR) as their primary methodological design alongside investigations of lived experience (phenomenology) applying CCHA as an analysis method enriched the collaborative nature of both contexts, as researcher-practitioner teams were an integral element to the research process. CCHA provides a helpful structure in analyzing many forms of textual data including narrative texts.

Mitchell et al. (2021) employ elements of phenomenology and hermeneutics as the authors describe the process of forming the philosophy of the Wellness Academy. The authors write that their commitment to a relational philosophy aligned with Olthuis’ (2000) “hermeneutics of connection—a fourfold spiraling hermeneutics movement of attending to, journeying with, birthing and transforming” (Olthuis, 2000, p. 138). Jonas-Simpson et al. (2022)

build upon the work of Dupuis et al. (2016) and Mitchell et al. (2021), as the authors study experiences of arts-based relational caring at the Wellness Academy in depth, using an approach that has inspired the methodological approach of this thesis. The design of their study engages with phenomenological inquiry through a phenomenological thematic analysis process (Jonas-Simpson et al., 2022, p. 66) to attend to the overarching objective of the study. As mentioned in the literature review of this proposal, the authors used data analysis methods informed by van Manen's (2023) phenomenological thematic analysis process such as the detailed reading approach (van Manen, 2023, pp. 406-407). van Manen describes phenomenological thematic analysis as a process of "recovering structures of meanings that are embodied and dramatized in human experience represented in a text." (p. 406) In hermeneutic and phenomenological research, the author discloses:

[...] The notion of theme may best be understood by examining its methodological and philosophical character. Unfortunately, theme analysis is sometimes defined as an unambiguous and fairly mechanical application of some frequency count or coding of significant terms in transcripts or texts, or some other breakdown of the content of protocol or documentary material. But "analyzing" thematic meanings of a phenomenon (a lived experience) is a complex and creative process of insightful invention, discovery, and disclosure. Grasping and formulating a thematic understanding is not a rule-bound process but a free act of "seeing" meaning that is driven by the epoché and the reduction. (p. 407)

This is illustrated in the detailed reading approach, which is one of three levels of analysis. The researcher looks at every single sentence or sentence cluster and asks how this section may be seen to reveal about the experience being described (van Manen, 2023, p. 407) This is in the effort to grasp "thematic expressions" (p. 407), as the phenomenological meaning gradually reveals itself in the text. Jonas-Simpson et al. (2022) present this thematic analysis through thematic patterns that form an intricate web of findings and experiences. As mentioned in my initial review of this study, this format of presenting findings differs from methods discussed previously. The design and process of this study expresses the relational quality both social constructivism and phenomenology share.

Pre-understanding & Co-Constitution

Hermeneutic phenomenology takes the researcher's prior experiences and positionality in relation to the world around them into account throughout the research process. This approach creates a holistic perspective, aligned with the philosophies of social constructivism and

relational care, guiding the design and execution of the research. Reduction, although not an easy term to define, is known as the basic method of Husserl's phenomenological philosophy (Husserl, 1970, p. 72). Van Manen (2023) writes that the "twin methods of the epoché and the reduction are the way to gain access to the meaning structures of a phenomenon, a lived experience or event." (p. 357) He describes epoché as "the ways that we need to open ourselves to the world as we experience it and free ourselves from presuppositions." (2023, p. 362) Put differently, the act of epoché, also referred to as bracketing, is when researchers "set aside their experiences, as much as possible, to take a fresh perspective toward the phenomenon under examination." (Creswell & Poth, 2018, p. 78) van Manen's description of *epoché*, reduction, and bracketing lean away from the Husserlian application of the practice, and more towards a method of awareness and reflexive behaviour called pre-understanding.

Simply describing the lived experiences of interviewees through textural and structural descriptions, leading to a list of objectivistic themes (van Manen, 2023, p. 451) limits the applicability of findings in educational and social contexts. van Manen's (1997; 2023) vision and guide to researching lived experience, including the action of bracketing, creative textual analyses allows for nuance and intuitive processes throughout the course of research. This is where my practice of pre-understanding diverges from van Manen's description of bracketing and its intended outcome. Crotty (2005) describes the nature of pre-understanding: "Heidegger's hermeneutics starts with a phenomenological return to our being, which presents itself to us initially in a nebulous and undeveloped fashion, and then seeks to unfold that pre-understanding, make explicit what is implicit, and grasp the meaning of *being* itself. (Crotty, 2005, p. 97) Instead of the researcher setting aside their pre-understanding or experiences to prevent pre-judging the data and experiences of others, hermeneutic phenomenology offers a unique approach to doing this research that embraces the researcher as "being integral to the analysis, as an instrument of understanding" (Dibley et al., 2020, p. 115), a pre-understanding that will expand and evolve as the research we go through data collection and are exposed to participants' experiences. Keeping a reflexive diary, noting perceptions, assumptions, and ideas help to focus the mind will aid the researcher in navigating the journey in thinking (Dibley et al., 2020, p. 145).

Dibley et al. (2020) introduce co-constitution as a technique that is used in data collection, data analysis, and presentation of findings (p. 145):

Co-constitution refers to an inseparable bond between the person and their world, with each being constructed by and constructing the other – they are what they are because of the world they live in, and their world is what it is because of the way it is interpreted and understood (Koch, 1995). Co-constitution also refers to an inseparable bond of interpretation between people: humans understand an experience due to an unavoidable combination of the background and pre-understanding of each person with the other in the same event. This stance led Heidegger to reject Husserl's notion of the phenomenological epoché (bracketing), arguing that background and pre-understanding are essential parts of how humans interpret and make sense of their experience in the world, so everyone – including the researcher – must participate in the interpretation of the event. (p. 145-146)

A common method in qualitative research for ensuring the accuracy of collected data is to return the interview transcripts to participants for verification, allowing them to confirm that the documented experiences are accurately reflected. This method is called member checking (Dibley et al., 2020, p. 146). Member checking is criticized when used in hermeneutic phenomenological studies such as this one, because it goes against the philosophic foundations of this type of interpretive research. By returning the transcript to a participant to confirm that the interview reflects their experiences accurately or not, the participant may feel pressured into emphasizing certain experiences over others, or second guess what they have shared (McConnell-Henry, Chapman, and Francis, 2011). McConell-Henry, Chapman, and Francis (2011) describe what is a common criticism of applying traditional procedures in qualitative data collection and analysis, to this particular form of interpretive research:

By definition, an interpretation can alter, depending on the context in which it is viewed. Our overarching question – and hence concern with member-checking is therefore how the researcher will know when the ‘right’ interpretation has surfaced. Certainty has little resonance with the interpretative domain. (p. 30)

My decision to use member checking, considering this argument, was based on several reasons. This is my first experience conducting hermeneutic phenomenological research independently, as well as my first time executing a full research study on my own with human participants. I was aware that conducting long-form conversational interviews might take me some time to adjust, and I was concerned that I might make assumptions or ask leading questions. Member checking served as a form of reassurance and verification to ensure participants were satisfied with how they expressed themselves during the interview. All transcripts retained filler words such as "uh" or "like," pauses, and changes in thought patterns to capture the natural flow, along with the emotions and moods expressed throughout the interview. In addition to member

checking, I also asked each participant to write a reflection once the member check of the transcripts was completed. This reflection came with two optional prompts, or participants could write it independently. Once these reflections were returned to me, participants did not go through another round of member checks. This part of the process addressed concerns about the potential incongruence of member checking in hermeneutic phenomenological studies. The time frame for this process lasted between one to three months, from completing the interview to returning the written reflection to me. The combination of these two forms of verification supported the data collection process and encouraged participants to confirm the use of their transcript and revisit their perspectives within a short time frame.

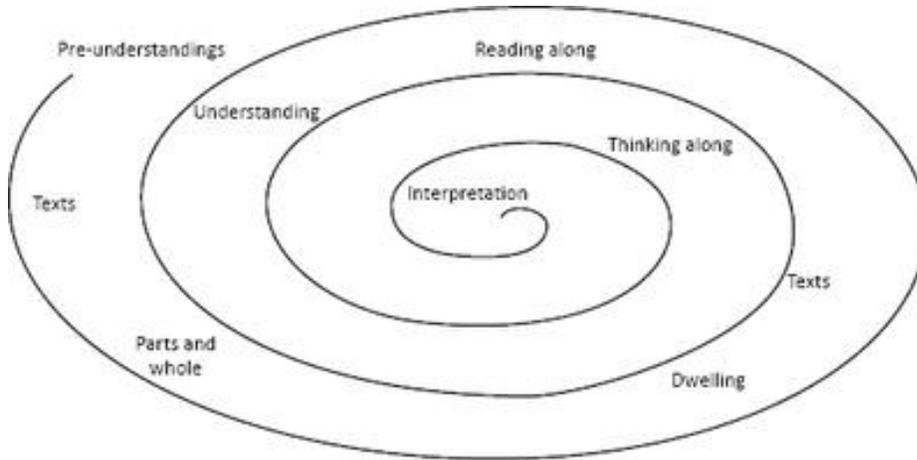
Co-constitution is applied through the act of reflexive journalling, keeping field notes through written and audio formats pre- and post- interviews. Co-constitution during data analysis is described by Dibley et al. (2020):

...the analyst(s) consult(s) the study data and the extant literature, and, mindful of their own preconceptions and prejudices, blends their own background and pre-understanding with those of the participant so that the eventual representation of the experience is a co-constitution of the understanding and experience of both parties, underpinned by relevant literature. The Heideggerian researcher presents this interpretation to a critical audience not as a 'truthful' explanation of what the phenomenon is universally understood to be, but as a representation, a showing/revealing of what the phenomenon can mean to those experiencing it. (p. 148)

Both the processes of pre-understanding and co-constitution contribute to the rigorous quality of the study. Transparent descriptions of the data collection and analysis processes, along with a demonstration of theme development, further enhance this quality.

Figure 1

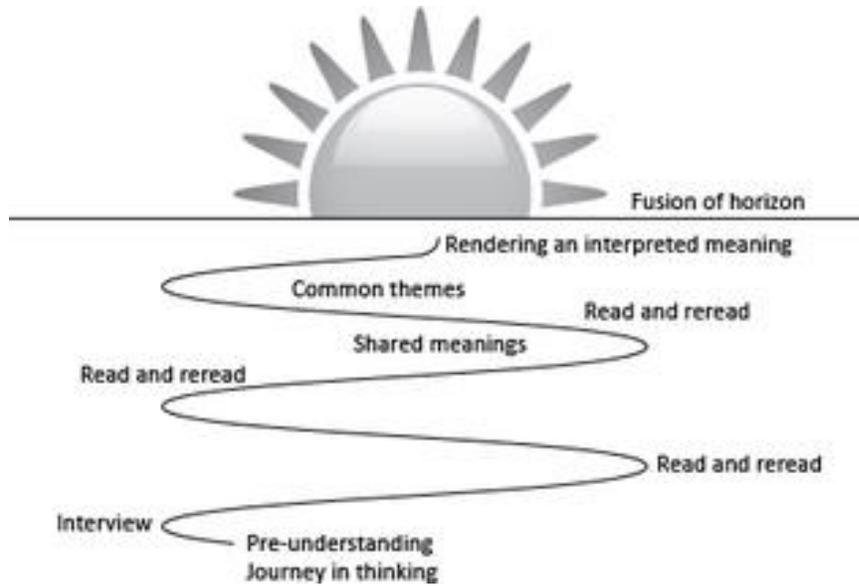
The Hermeneutic Circle



Note: The Hermeneutic Circle. Reprinted from
Doing Hermeneutic Phenomenology: A Practical Guide (p. 128), by L.
Dibley, S. Dickerson, M. Duffy, and R. Vandermause.
2020, Sage Publications. Copyright [2020] by Lesley Dibley, Suzanne
Dickerson, Mell Duffy and Roxanne Vandermause.

Figure 2

The Fusion of Horizons



Note: The Fusion of Horizons. “The researcher’s journey towards the fusion of horizons (new understanding).” Reprinted from *Doing Hermeneutic Phenomenology: A Practical Guide* (p. 129), by L. Dibley, S. Dickerson, M. Duffy, and R. Vandermause. 2020, Sage Publications. Copyright [2020] by Lesley Dibley, Suzanne Dickerson, Mell Duffy and Roxanne Vandermause.

Chapter 4: Methods

This chapter covers the processes of collecting and analyzing the data—specifically, what I collected, how I collected it, and how I processed and interpreted it. I outline my approach to recruitment and sampling, discuss ethical considerations, describe the materials used for data collection and analysis, and detail the in-depth analytical process.

Data Collection

Recruitment & Participants

Participation in this study involved one two-hour online interview conducted via Zoom, their review and confirmation of the transcript through a member check, and submitting a post-interview written reflection once the member check process was completed. In the recruitment stage of the study, I prepared a recruitment flyer (see Appendix A) and an email invitation, which were shared through undergraduate, graduate, and alumni mailing lists within Concordia University, including the Departments of Art Education, Applied Human Sciences, and Studio Arts. The invitation was also distributed through the Centre for Research on Aging (EngAGE) at Concordia University, where I am a student member, to reach the broader community via their mailing list. Members of EngAGE include graduate students, postdoctoral fellows, university professors (local and international), and professionals actively engaged in related research fields. Since participants recruited through this channel are considered a captive population, I revised the recruitment flyer and email invitation content to mitigate perceived undue influence using the following statement: *“Your membership status will not be impacted in any way by your decision to participate or not participate in this research study.”* (see Appendix B)

I sent an email invitation to The Bitove Method, a not-for-profit organization based in Toronto, Ontario, requesting that they share the recruitment notice with their community members. Invitations were also sent to the Notre-Dame-de-Grâce (NDG) Community Council. To reach individuals within my own community, I contacted two synagogues: Temple Emanu-El-Beth Sholom in Westmount, Quebec, and Temple Emanu-El in Toronto, Ontario. This outreach aimed to engage community members who may be practicing artists working with older adults living with dementia. I also employed the snowball method of recruitment, where

participants who had signed consent forms were invited to refer other potential participants. This method leveraged existing networks to reach individuals who may not have been directly accessible through initial recruitment channels. In each email invitation, I included detailed information about the study's objectives and procedures, along with an attached copy of the recruitment flyer. I obtained informed written and verbal consent from participants prior to their involvement in the study.

Inclusion and exclusion criteria were prepared as part of the recruitment process. In hermeneutic research, these criteria are often less stringent, depending on the study's design (Dibley et al., 2020, p. 64). I developed the inclusion criteria to encompass a range of experiences in this field, aiming to gain a deeper understanding of these experiences and the related meanings.

Inclusion criteria:

- Age: 25 years and up
- Residency: Reside in Canada
- Experience: At least two years of working experience teaching older adults living with dementia in arts-based drop-in day programming. This experience must be current or have occurred within the last two years. For example, participants who last taught this population in 2022 or later would meet the eligibility criteria.
- Education:
 - o Potential participants must have either formal training in the arts (e.g., Diploma of Collegiate Studies (DSC/DEC), certificate, diploma, bachelor's degree, graduate diploma, graduate certificate, or Master's degree) or informal training, including being self-taught.
 - o They should actively create art in their free time or be practicing artists professionally.
 - o Participants must possess either formal training in the field of education (e.g., DEC, Certificate, Diploma, bachelor's degree, Graduate Diploma, Certificate, or Master's degree) or have received professional development training while already employed, such as being trained by a previous or current employer.
 - o Language Proficiency: Fluent in English
- Availability: To meet online for a video call on Zoom, for a 2-hour interview, and complete a post-interview written reflection. Specific interview dates are flexible.
- Participants must provide a brief description of the nature of their work experience and art practice when responding to recruitment material.

Exclusion criteria in this case, is one point:

- Experience: Participants who meet the above criteria, but only have volunteer experience (potential participants must have work experience in a paid position)

A sample of six participants were selected using the recruitment methods outlined above, and all met the inclusion criteria. Participants had the option to use their real names or pseudonyms during the interviews, and each interview was labeled accordingly. In all research materials, I referred to participants by their chosen pseudonyms. Since many participants chose pseudonyms starting with the letter K, I assigned each participant an alphabetical ID (e.g., A, B, C) to avoid confusion. These IDs were used for file naming and document organization, ensuring easy navigation between participants (see Table 1). Once participants reviewed and completed the information and consent form (see Appendix C) the data collection stage began.

As the project progressed, I decided to include the perspective of a full-time art therapist working with this population. Our discussion explored the qualities of both art therapy and art education, highlighting their commonalities, distinct purposes, and how they shape professional identity. I also learned that one participant had previously worked as a music therapist with older people living with dementia for many years before transitioning to a different career path. These experiences in creative arts therapies with this population provided further insight into how professional identity can evolve in community settings and interdisciplinary fields.

The relationship between art therapy and art education was discussed with each participant, either as a natural part of the conversation or when prompted by my questions. I also explored the connection between leisure and recreation and art education, addressing it directly in my questions or when it emerged organically.

Materials & Process

The research was conducted online using Zoom for video interviews and data collection, providing flexibility and accessibility for participants. Preparation for each interview involved scheduling a date and time to meet via email correspondence. I shared the consent form with the participant in advance of our interview for them to look over and sign before we meet. I also reserved time to review and sign the consent form during the Zoom meeting if they preferred. I confirmed that my technical setup was ready and that I had stable internet connection and

recording capabilities. Interviews were conducted in either audio-visual or audio-only formats, depending on participant preference. I employed an in-depth conversational interview method, guided by a prepared interview guide (see Appendix D) to provide support during interviews and maintain consistency while allowing for natural conversation flow (Dibley et al., 2020, p. 98). I also created a revised interview question guide for the participant, who is an art therapist, making small adjustments to the questions and terminology (see Appendix E). This approach to interviewing was particularly helpful given my limited experience with interviewing, as it helped ensure structure while also fostering a comfortable environment for conversation. To ensure data security and confidentiality, recordings were saved directly to my computer rather than relying on Zoom's cloud storage or other cloud-based options. The recorded audio and video data were then securely stored locally before being transferred to an external hard drive for safekeeping.

The following data were collected from the interviews:

1. Audio recordings of the conversations.
2. Auto-generated captions recorded using Zoom's captioning feature.
3. Transcriptions created with *Atlas.ti*'s desktop program, avoiding cloud-based storage and OpenAI tools.
4. Transcribed interviews, including the date, time, and participant identifier for each transcript.
5. Verbatim transcription, preserving speech exactly as spoken, including filler words such as "um" and "you know," as well as repeated words to maintain the conversational flow. Punctuation was included to indicate pauses or unfinished sentences (Dibley et al., 2020, p. 119).
6. Transcriptions verified and approved by participants through member checks for inclusion in analysis.

Following the interviews, participants were invited to complete a post-interview written reflection to deepen and expand upon their thoughts. A reflection document was provided, including two optional prompts designed to encourage participants to reflect on the topics discussed and their interview experience. Participants were also welcome to write a reflection independently of the prompts, offering flexibility in how they chose to engage with this stage (see Appendix F). Participants were asked to indicate whether they were responding to one or both of the provided prompts or writing a free-form reflection. This process aimed to create space for additional insights, clarifications, or feedback that may not have emerged during the interview. The instructions included the following note to participants:

“Please note that the following prompts are optional, and you are welcome to write your reflection independently. If you choose to respond to the provided prompts, kindly indicate this in your reflection or respond to each prompt directly below the text.” (see Appendix F) The collected reflections were incorporated into the data analysis, offering further depth and personal context to participants' interview responses.

Data Analysis

Analysis Materials & Process

“Interpretation begins with the very first interview” (Dibley et al., 2020, p. 119), requiring careful listening, engaging in conversation, and exploring the participant’s experience of the phenomenon. Interpretation plays an active role in data collection and prepares the researcher for analysis. For this study, I collected data through transcribed interviews and written reflections. During data collection, I maintained field notes to document observations, insights, navigate challenging moments, and evolving understandings of the study. Once all interviews were conducted, I began the analysis process using the qualitative data analysis software *Atlas.ti*, which auto-transcribed the interviews. Within the software, I conducted an initial read-through of six interview transcripts and six written reflections.

Following this first review, I re-read each document, making notes about key details and coding relevant phrases and sections verbatim—an approach known as ‘in vivo’ or ‘verbatim’ coding (Hurst, 2023), which aligns with this form of inductive analysis. I highlighted text containing personal stories or examples of the participant’s experience. In some cases, I used short descriptors to label phrases or dialogue, identifying emerging themes. *Atlas.ti* helped track key words, phrases, and sections of interest, allowing me to organize and revisit important excerpts. The software also preserved my progress, keeping track of my field notes and reflexive notes.

After this initial coding phase, I transitioned to a sticky note system for further analysis. While *Atlas.ti* provided structure for coding and organization, using sticky notes allowed for a more tactile engagement with the data. This hands-on approach helped me visualize patterns, keywords, and experiences, making it easier to reorganize and refine themes. Since qualitative

data analysis software was new to me, I used *Atlas.ti* to establish a foundation before engaging in this interactive method.

The sticky note analysis began with pink notes, where I recorded key words, phrases, and descriptions of experiences and feelings for each participant by re-reading the data and codes in *Atlas.ti* one participant at a time. Participants were each assigned a section of the wall (see Figure 3). Each pink note was labeled with the participant's corresponding letter to ensure traceability (see Figure 4). After taking time to reflect on the organization process, I experimented with different arrangements before moving the pink notes to a large poster (30" by 40"), which acted as a canvas for the next phase. I placed similar pink notes together based on tone, theme, and expression (see Figure 5).

As I added the pink notes to the large poster and arranged them, I introduced blue sticky notes. I worked one participant at a time, first moving their pink notes to the large poster. Then, I wrote blue notes to capture key words, patterns, experiences, thoughts, and feelings the participant expressed—elements I noticed and found important while reviewing the data through the process of moving the pink notes over to the large poster. I placed these blue notes in the section where the pink ones had been before moving on to the next participant and repeating the process.

This blue note process was done in parallel with grouping the pink notes, reinforcing patterns (see Figure 6). Like the pink notes, the blue notes were labeled by participant ID (see Figure 4). As themes emerged among the pink notes on the large poster, I used orange sticky notes to label these groupings, naming them based on their descriptions (see Figure 5). These categories represented the types of information in the data such as:

- Knowledge of diagnoses
- Context of programs/settings/expectations/values
- Educators' goals/values/philosophy/approaches
- Loss
- Arts programs (zoomed out) and system
- Preparing/introducing/engaging
- Abilities (mental and physical)
- Educators' experiences
- Educators' perceptions of dementia

- Reflections on their impact.

After identifying themes, I revisited the blue notes, refining them as they emerged alongside the organization of pink notes. The blue notes captured key participant experiences, which I then grouped together while maintaining their original participant-specific sections. From this process, purple sticky notes emerged, representing overarching themes and constitutive patterns (Dibley et al., 2020, p. 160) (See figure 7). Any outliers or uncommon responses were marked with green sticky notes (See figure 8).

Returning to the orange notes, I identified significant experiences and feelings, particularly those highlighted by participants as important moments of realization. These selections were not solely based on frequency but rather on their resonance—what stood out to both the participants and me during the analysis. This stage involved pulling verbatim quotes and anecdotes to illustrate key insights.

At one point, I questioned whether the blue and orange notes served the same purpose. However, after discussing this with my partner, I realized they represented distinct yet complementary aspects of the analysis. The blue notes captured individual participant experiences, while the orange notes synthesized these experiences into broader themes. These processes ran in parallel before converging, ensuring that the identified patterns and themes accurately reflected the participants' shared and unique experiences. This iterative process aligns with the hermeneutic circle, moving between parts and the whole to develop a deeper understanding. By engaging reflexively with the data—both digitally and physically—I worked toward a fusion of horizons between my interpretations and the participants' lived experiences.

Reflexivity & Rigour

Reflexivity and rigour are applied at every stage of the research process. Co-constitution was used in data collection, data analysis, and presentation of findings stages, as “a core technique in managing the influence of self in research, and for demonstrating rigour.” This practice takes shape in many ways, first in the form of clarifying my prejudices and pre-understandings. Dibley et al. (2020) write:

Gadamer (1960, 1975, 2003) invites us to think about prejudice in a different way. He uses the term to refer to our connectedness with the world; for Gadamer, ‘prejudice’—a word which acknowledges that any connectedness we have naturally brings with it what Heidegger calls ‘preunderstanding’—is an existing perspective of our own on our topic, experience or situation of research interest [...] Prejudice from the Gadamerian, hermeneutic perspective is therefore not necessarily negative, but a means of acknowledging and opening ourselves up to the detail of our connectedness and our pre-understanding. As soon as we begin to think about our research topic, and what our question might be, to search the literature, to recruit participants, collect and analyse data, and present findings, then our Gadamerian prejudice and our Heideggerian pre-understanding are at play. (Dibley et al., 2020, p. 138)

I spent time writing about my prior experiences related to the research topic and my thoughts and values on art education and the greater themes of the research before beginning interviews. Throughout the data collection stage, I recorded voice memos reflecting on the interview, the information and experiences shared, and I also reflected on my facilitation of the interview, where I could have improved, and at which points I recognized that I was making assumptions about a certain experience the participant is sharing or beginning to lead the conversation off topic direction. Over the course of these six interviews, I was building a stronger sense of self-awareness during the interview itself and was able to correct myself or change approaches in the moment. I could sense that these moments when I was able to correct myself or approach things differently during the interview, the interview/participant opened up and became more relaxed and conversational, which is what I was aiming for. I later uploaded these voice memos for *Atlas.ti* to auto-transcribe and filed the reflexive notes or ‘diaries’ with the corresponding participant data folder. I returned to these diary entries throughout the analysis process.

During the data analysis stage, I made reflexive notes. Dibley et al. (2020) share that keeping a reflexive diary “focuses the mind” and helps the novice researcher to have a very clear understanding of their own pre-understanding, which, in their nature, will have expanded as I go through the data collection and exposure to participants experiences. (p. 144-145) Throughout the analysis, I referred to the questions Dibley et al. (2020) offer to aid reflexive thought: “Ask yourself: *Am I seeing what I want to see here? Am I seeing what I expect to see here? Am I keeping myself open to the possibilities of alternative meanings and explanations within this data?*” (p. 144-145)

I referred to these questions in an open, and compassionate way as much as possible because the aim is not to dismiss any preliminary thinking or judge myself or my thoughts harshly (p. 145).

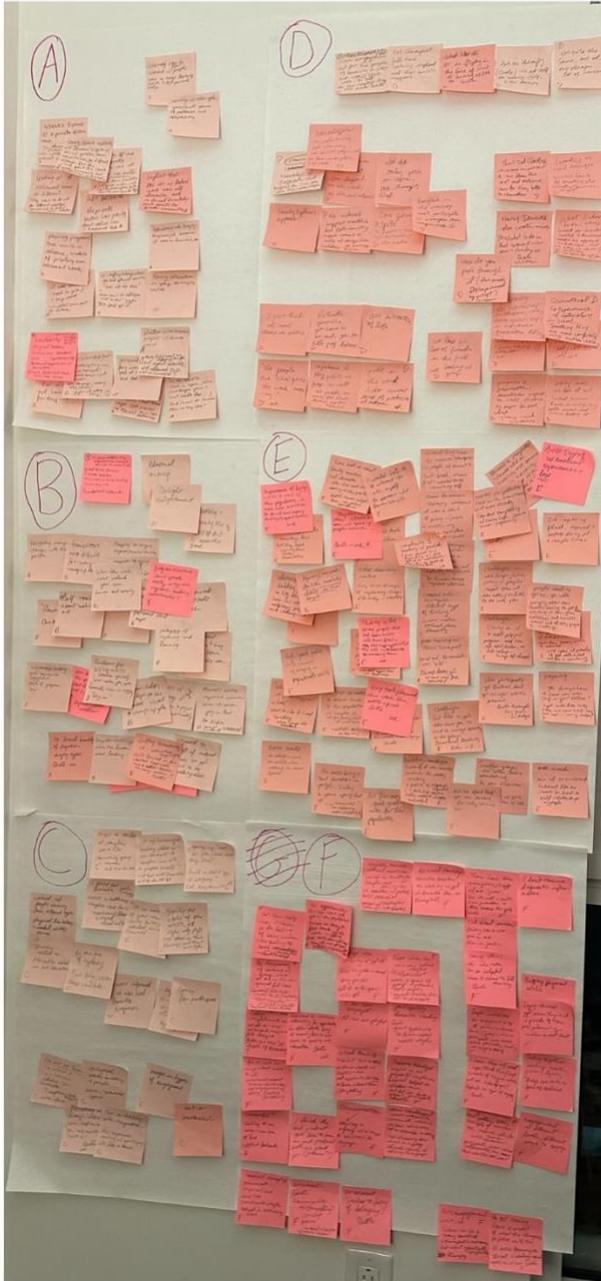
Demonstrating theme development is a key component to illustrate the robust quality of the data analysis process. This contributes to the dependability of the research outcomes, by documenting the development of the research in transparent terms for the reader (Dibley et al., 2020, p. 151). This is presented in the form of a table (see Table 2) to break down this theme development, as well as the use of verbatim quotes from the data to support and elucidate the nature of the report of outcomes. It is important to note, in all of this, that understanding rigour and quality of the research in qualitative research and even more importantly, hermeneutic phenomenological research, is distinct as explained by Dibley et al. (2020):

The principles relating to trustworthiness in qualitative research that we have already addressed go some way towards enabling us to demonstrate that our work is good but may fall short when it comes to evidencing the quality (and therefore the robustness) of hermeneutic phenomenology with its specific principles of prejudice and pre-understanding, reflexivity and co-constitution. De Witt and Ploeg (2006) provide specific guidance for hermeneutic phenomenological research, recommending that we pay attention to balanced integration, openness, concreteness, resonance and actualisation. They are also clear that these components are 'expressions of rigour' rather than criteria of rigour (de Witt and Ploeg, 2006: 223). The reader is therefore invited to assess the expression of these components in a study, rather than assign some measure of quality. (p. 153)

With this in mind, the practice of co-constitution throughout the data collection, data analysis, and presentation of findings as well as the techniques described above such as reflexive notes, establishing and revisiting pre-understanding and prejudice, and demonstrating theme development achieve the requirements and meet the level of quality and dependability essential for my connection with the research and the study as a whole.

Figure 3

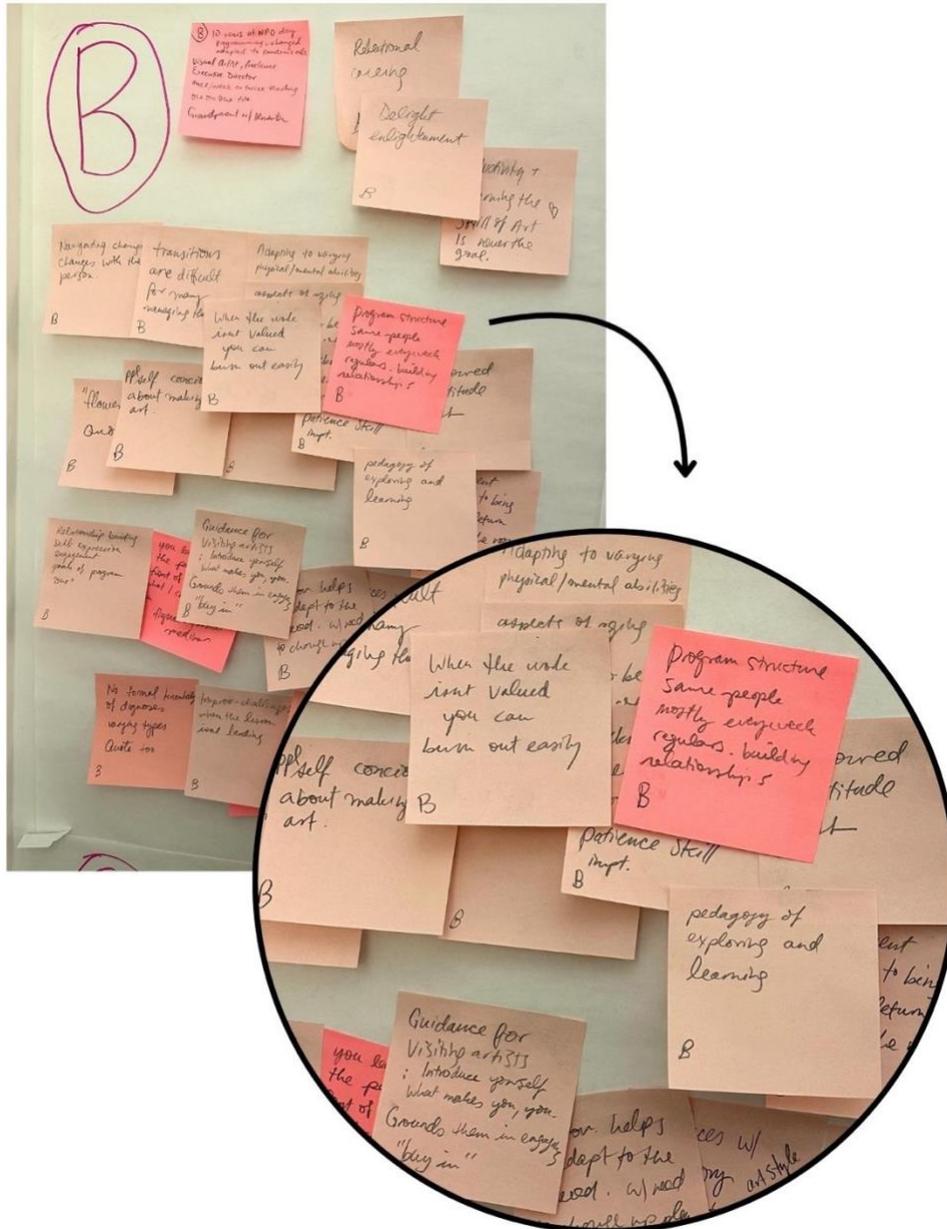
Initial Sticky Notes Process



Note: Image of initial sticky note process. Participants were each assigned a section of the wall, pictured above. (Erichman-Gross, S. 2025)

Figure 4

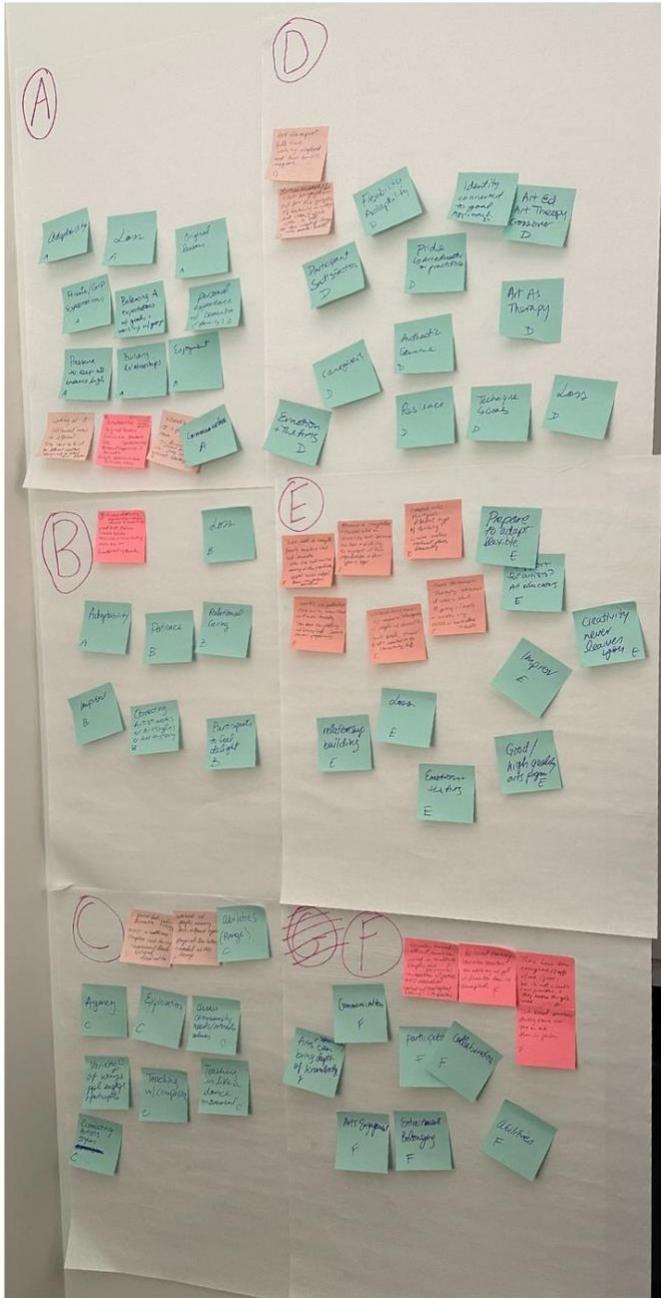
Close-Up Example of Labelling Pink Notes



Note: Image of Participant B's initial sticky note process, featuring a close-up of pink notes to show each note is labeled with the participant's corresponding letter to ensure traceability. Erlichman-Gross, S., 2025.

Figure 6

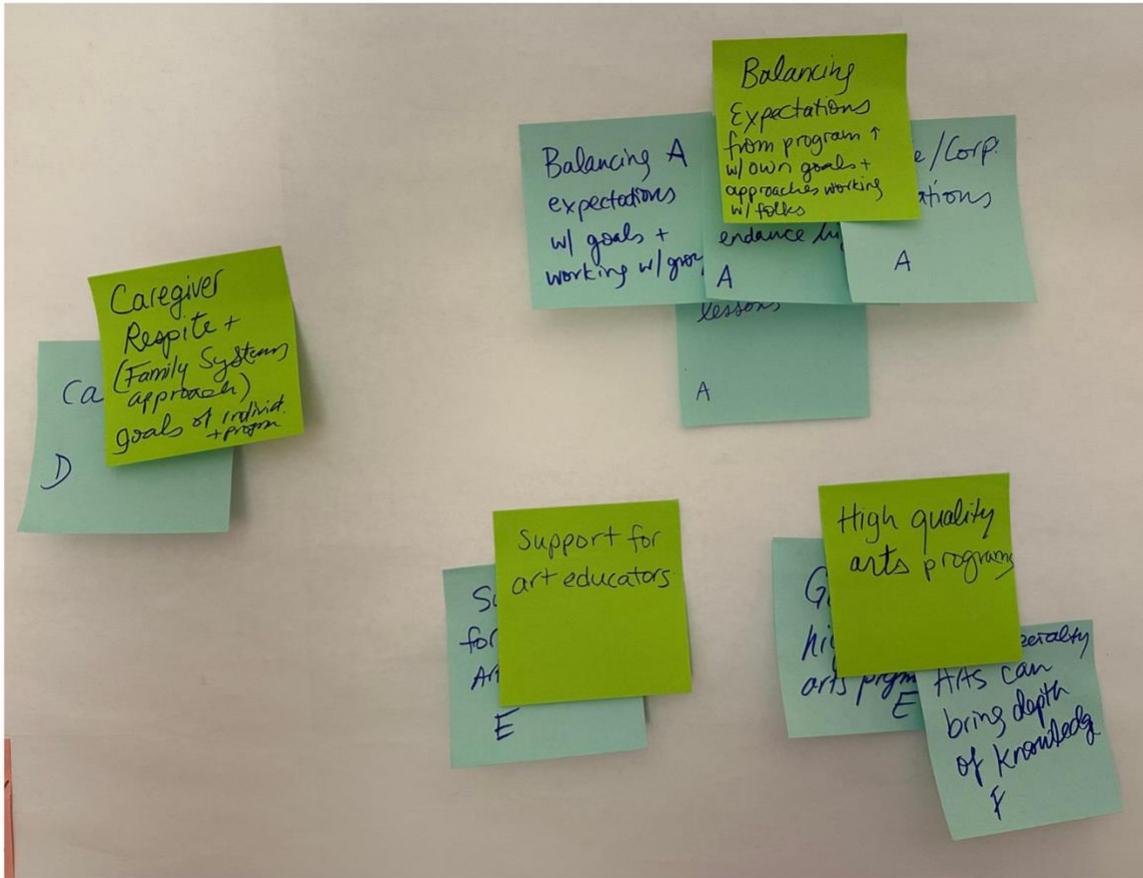
Initial Blue Notes Process



Note: Image of initial phase of blue notes placed in corresponding participant ID sections where the pink notes had been, before moving on to the next participant and repeating the process. Blue notes were used to capture keywords, patterns, experiences, thoughts, and feelings the participant expressed—elements I noticed and found important while reviewing the data through the process of moving the pink notes over to the large poster. Erlichman-Gross, S., 2025.

Figure 8

Green Notes Denoting Exceptions in the Data



Note: Image of green notes with corresponding blue notes, representing exceptions in the data. Erlichman-Gross, S., 2025.

Table 1

Participant ID and Pseudonym Table

Participant Reference ID	Participant Pseudonym
A	Kaida
B	Katia
C	cj
D	KD
E	Kim
F	Maren

Note: This table lists the alphabetized reference ID for each participant along with their corresponding names or chosen pseudonyms. Since four out of the six participants have pseudonyms beginning with the same letter, participant reference IDs will be used throughout the text to avoid confusion and ensure clarity.

Chapter 5: Report of Outcomes

This chapter presents the outcomes of this study. First, the data is broken down to explore relational themes and overarching constitutive patterns (Benner, 1994), which Dibley et al. (2020) describe as a "showing" of meaning that appears across all data and relational themes (p. 159). Table 2 illustrates theme development during the analysis stage. Each theme is examined through my interpretations and supported by verbatim participant quotes.

Overarching Constitutive Patterns

Three constitutive patterns were identified through the data analysis process: *building relationships*; *navigation and process*; and *educator philosophies, values, and goals*. These patterns encompass five relational themes derived from an initial set of 38 emerging themes (see Table 2).

- Adaptability and Flexibility
- Diverse Abilities
- Loss
- Educator Philosophies and Conceptual Descriptions of Experience
- Preparation and Approach

These five relational themes fall under constitutive patterns and often overlap. Each relational theme addresses different aspects of these patterns. For example, the theme of *adaptability and flexibility* is deeply interconnected with *educator philosophies, values, and goals*; *building relationships*; and *navigation and process*. *Adaptability and flexibility* encompass a range of experiences educators have when working with participants, including how they adjust to behaviors, interests, and the learning curve involved in communicating with this population. This also includes adapting to the specific characteristics of each group (navigation and process). This theme also reflects the relational quality of adapting to participants' needs and interests in real time, fostering engagement **in the moment** (building relationships). Finally, the educators' values, philosophies, and professional identities influenced how they approached adaptability and flexibility in their work (educator philosophies, values, and goals). The relational themes listed above are explored in the following section.

Relational Themes

Each section below explores the relational theme using quotes from participants across all data. While not every participant is mentioned in each section, it is important to note that the quotes included do not represent the full scope of responses. The data consists of six transcripts, each ranging from 30 to 40 pages, totaling 240 pages, as well as six written reflections, each ranging from 150 to 500 words. Given the breadth of the data, the report of outcomes needed to reflect the data as a whole. Specific participant quotes illustrate the key aspects of the whole data pool.

Adaptability and Flexibility

Adaptability and flexibility encompass many facets of experiences shared by participants. This includes aspects of communication, patience, transitions, improvisation, memory, disorientation, remembering, compassion, relational caring, collaboration, etc. Participant A described her first two years working in a private retirement home as a steep learning curve. She was learning many new skills related to the practical sense of teaching as well as how to communicate with her participants:

Participant A: Definitely. The first two years were like really rough, like learning curve wise not only how to like, teach art, because, like, like if you're a personable person, and you like, know what you're doing, I think it's something that you can kind of figure out on the job, maybe not everybody, but I could. But like learning how to interact with people was...and that population was like a *huge* learning curve for the first year and a half, probably.

Participant A worked at the retirement home for five years as the only art facilitator in the recreation department. As our interview was coming to a close, I asked her if there was anything else she'd like to share about her experiences of she's learned from working in the field, or meaningful aspects of her job there:

Participant A: I feel like working with older people like, definitely gave me a sense of like, patience and adaptability, (*giggles*) over everything.

Sylvia: Yeah.

Participant A: Like, in my like, hard skills repertoire. Like I think, um, you know I had like a natural kind of, um, [inaudible] for being able to teach and connect to people, and that really helped me. But I learned a lot about like learning people's personalities, and how to adapt that into creating fun environments.

Sylvia: Mhm, Yeah.

Participant A: Which was overall the most important thing on the bottom of the job.

Participant B is the director of a non-profit organization offering arts-based day programs for older adults living with memory loss. She has worked for the organization in various capacities for 10 years. She shares how patience is a needed skill, and describes how she handles patience when changes in her plans arise and the need for flexibility comes in:

Participant B: And so being able to have that patience is like a skill in this job, but also, it can get tested. And it's especially if, like, I said sometimes you do go in with a bit of pride, like a plan like, even though you're flowing with it, you do have a sequence of concepts and you're trying to maintain that flow for people and maintain that flow of ideas to get them to the next thing. So then, when you get interrupted more than once, especially; it can challenge that flow, and you have to be willing—you have to be able to just move through it. You know you can complain about it later if you need to. Like that's okay, too! You know, it doesn't mean you're judging the person or being like... I'm a big believer naming the thing. So if somebody was challenging me that day like I will name it: to the team, or like even just to myself. And then I can recenter and be like I totally know why they're, this is happening, and like it's not a judgment, but like that was hard for me today.

Participant B shares an interesting point, expressing that she is a strong believer in "naming the thing"—naming the experience and her feelings, either to her team or to herself. This acknowledgment and awareness of frustration help her re-center her perspective on that feeling and affirm that it was a difficult day. I interpret this as a constructive approach to navigating one's emotions as an educator working with older adults living with dementia, as well as across various populations and contexts. Naming what is frustrating and observing one's feelings allows for a greater perspective on the quality of one's performance, fostering a more compassionate approach rather than being solely self-critical.

Participant B also shares that it's important to find a balance between coming in with a plan, a structure, to come in with "more than you need," (Participant B, Transcript) and the challenge of having the "ability to let go." (Participant B, Transcript) There is a pressure that she feels, to put on a good program that day, sharing, "You want people to feel that they've done something good. So if you come in prepared, you want to show what you've prepared like. It's almost like you come in with a bit of pride over the program you've planned, (*giggles*) or the class you've planned." (Participant B, Transcript) Being willing to let go, and "let it take it where it's gonna go," (Participant B, Transcript) opens the educator up to reading the room and being

more in touch with the mood and response from participants. I asked Participant B to share what feelings arise when things go unexpectedly, she shares:

Participant B: Oh it's so anxiety inducing! (*giggles*) It's you know, it's the kind of anxiety we're like now I know I can just wade through it because I've been doing this so long. But I still feel it.
Sylvia: Hmm.

Participant B: But it's this, like scrambly kind of, you know you're reading the room constantly, and when you're reading the room, and it's not landing. But you're also like, okay, how do I improv it? I always say I've learned the most from improv artists... who come in. Like the people that are on my team, who I've learned from, I've been in their classes who do improv, like, that changed my whole experience doing this...

She describes wading through the feeling of anxiety. Improvisation comes up as I hear her describe how she works with the anxiety to regain a grasp of the rhythm of the lesson. She shares an interesting story that exemplifies this use of improvisation:

Participant B: I do have one person who will interrupt the program to ask for snack constantly, *constantly*. And it's new, and so I'm like, okay, this is a whole new thing I'm trying to figure out with her. But it just requires a little bit of improv, right. So like, I was doing a little class on... So I do some classes sometimes that are not visual arts or arts, where it's more of like a current events, just cause I'm the one running the program, too. So sometimes I'm like a filler if we need 20 minutes of something. So, my improv skills are great for those moments. So, I was looking at the Olympics. And just some fun facts about the Olympics. You know, we're making fun of that poor lady, the break dancer. (*giggles*)

Sylvia: Oh, yeah.

Participant B: And then, you know, I was like, this is good for a laugh. But then I invited everybody to break dance, and they knew I was joking, and they all just laughed at me. So it's like, okay, good!

Sylvia: That's great!

Participant B: But yeah, I mean just making it fun. But this, you know, person would be like, "Excuse me, are we gonna have snack soon?" And so then I tried to weave it into a joke where basically, I was like, "You know, what? Imagine Olympic snacking! Imagine if that was the next unusual Olympic sport." Because we've just been talking about the breakdancing.

Sylvia: Yeah.

Participant B: And then she's like, "Oh, I'll be there!" Right, and so it's like weaving it into your program *with humour, with improv*. And then I just like, naturalize it, like made it normal by asking everybody else, "what's another weird Olympic sport we could include next time?"

Sylvia: Hmm.

Participant B: And we just made a list of like hilarious potential Olympic sports, and like. You know, one of them was like dog walking, (*both laughing*) you know, just like really or emotional validation, someone said, I was like, "Okay!"

Sylvia: Cool!

Participant B: Yeah, like, there was some fun things but it's that improv of like, you know, somebody's... Some of it *is* the dementia experience you're facing. So this person finds a lot of comfort in snack time and maybe doesn't have the filter to know, not to ask for it...

Sylvia: Yeah.

Participant B: ...In the middle of the class, right like. That's just where she's at. And that is... And I've spoken to the, you know, her family like that's something that's come up.

Sylvia: Yeah.

Participant B: But ultimately it has to do with she just loves food and coffee time, like, same, you know, I get it. But I... being able to like, improv it especially if it's recurring. But that can be really challenging because you're also in any other context, you would just be really frustrated with the person, and you would be like... this is inappropriate, you know.

Participant B raises very interesting points in this story she shares. Weaving repetitive or disruptive behaviours into the program “with humour, with improv,” (Participant B, Transcript) helps to maintain direction of the lesson, opening up the question of other weird Olympic sports that should be added to the group reaffirms that there is no ‘right’ or ‘wrong’ way for participants to contribute.

Participant D is an art therapist with a non-profit organization that offers support for people living with dementia and their family members and caregivers. She runs and supervises group art therapy sessions and offers counselling for families. When I asked Participant D to remember any feelings, thoughts, or sensations that she experiences when working with participants, she shares:

Participant D: I mean, going into the groups and doing art is usually the least stressful, most most, like, satisfying part of my days. I love it. I you know? Um, I don't get too hung up on everybody doing the art every single day. Sometimes people like to watch and chat. Most people do art most days, and I'm I'm good with that. Um, you know? Yeah. Um, and sometimes it's lots of conversation and lots of joking, and we don't do a whole lot of art because we're just enjoying each other's company. And sometimes it's totally silent, and everybody's, like, diligently working on whatever they're working on. And but my overall feeling when I'm in the groups is just relaxed and happy to be there and you know?

Um, one of my colleagues, uh, always says, “When you go into the activity center, it's the only place that you can be truly authentically yourself.” And I think that's true. Right? We don't we don't, uh, we're we're not, um, we're not blank slate therapists at all because I don't think it's appropriate for this population. Um, it doesn't mean we tell everybody everything about our lives, but we're definitely authentically, genuinely ourselves, and there's something really relaxing about that. I make mistakes and, you know, I model how to be kind to myself when I make mistakes and, you know, all of that stuff, like and so it's really fun. Like and I get to make art and I enjoy it and, like, you know, [K laughs] it's generally just wonderful. Like, I think people often think working with people with dementia, everything's gonna be, like, pulling teeth and so hard. And and it is true that sometimes I'm asked to do, like, workshops for people who don't have dementia, and I'm like, oh my god. This is so easy.

She articulates many interesting points in response to this question. Going into the groups is usually the least stressful and most satisfying part of her days (Participant D, Transcript). Enjoying one another’s company is valued, and each session is different because of numerous variables. She describes her position as an art therapist as not being “blank slate” therapists, which I interpret as professionals who interact with clients having established an emotional

distance. Rather, she embraces being “authentically, genuinely” (Participant D, Transcript) herself, while still maintaining privacy about her own personal life with clients. She describes feeling relaxed and happy to be there in this way. Participant D also shares that she does make mistakes, and models how to be kind to oneself when that happens. She also shares that she thinks people often think working with people living with dementia is very difficult. Sometimes when she is asked to do workshops for people who do not have dementia, she is very surprised by the ease of the experience. The description of this feeling of being with participants in the sessions, I feel, speaks to Participant D’s conscious method of being genuinely herself and modeling behaviour that quietly encourages self-compassion in participants.

Participant E is an artist who works in healthcare and community settings, facilitating storytelling sessions with participants. She was formerly a music therapist, primarily working with people living with dementia for many years. She has since changed careers and now engages with individuals experiencing memory loss as an artist and storyteller. Sharing and collaboration are central to this type of arts programming. Flexibility and adaptability are integral to her practice and interactions with participants. She illustrates these qualities through an example of how she navigates situations where a participant forgets what they wanted to say or struggles to find the right words to express themselves:

Participant E: It definitely can happen and it can happen for like, it seems like people will have good days and not so good days. Right? Like, sometimes or maybe times of the day are better for them, like and families or staff, like, depending on where they are, will kinda know and tell you, like, the mornings are better, the afternoons are better. You know? Because that definitely, that definitely happens, I think. And it's frustrating. It's hard for you because you're trying to help, but you don't know you don't really know what they're gonna say. So you can't really put like, you shouldn't put words in their mouth. Not that you shouldn't necessarily do it that way. But, yeah, it's it's I'm sure that's very frustrating. You can't find the words and or you can't get past a certain point. Like you say, you get stuck somewhere, you know, at the—You get to a certain point and you can't remember what happened next or else you can't get there. So I guess Yeah. We try to kinda get them past it by maybe asking a few questions or, you know, telling them just just hang on. Like, there's a lady right now who's in that transition. I don't think it's hard to know how much memory loss she has, but she had a stroke. So her speech is difficult for her to find the words, and it could—there could be some memory loss too. I'm not a 100% sure. But sometimes she gets so mad because she wants to tell me something, and she just, you know, she can't find the words. And so she said, ‘I don't think I should come to storytelling because I can't find the words.’ And so we said, ‘well, you can come and just, you know, sit to the side or,’ so she was there, and she ended up talking a lot. Like like, there were moments where she told us a lot of things, and, uh, and it it just sort of came out naturally. But also when her she wasn't then the center of attention. You know? Like, she she was there, and so she was hearing what everyone else said.

And so she was, like, agreeing or participating or—so sometimes when the pressure's off, then they'll remember. Well, it's kinda like everybody. Right? We we remember things. We forget something and then we...

Inviting people to join in different ways can help break down hesitations to engage because of self-consciousness or frustration. Participant E also describes how she understands when a participant experiences restlessness, and the relation to quality of time spent with participants:

Participant E: So I think you have to think about that to, like, not be afraid that if you saw someone for 10 minutes and had a really good 10 minutes. You don't need to see them for an hour or they couldn't handle that. You know? Like, it's it's not—and sometimes I haven't done this with storytelling yet, but, you know, sometimes the ones that walk and wander, it's almost like you have to walk with them. Like, I have done that before. If they just are in this pattern where they're walking all around the halls, right, like, over and over again, which some people do, If you walk and sing with them or talk to them or you're just like but you almost have to go where they are because they're not gonna sit still for you. They're not gonna stop. You know? Like, it's like then I'll oh, I'll just walk with you then for, like, a few minutes, not an hour, and just walk with you and and sing with you or talk with you or you know, that is something you can, you can do.

Adapting to the participant's movement or pace can expand to walking with the participant and singing together. This works with people when with them individually, she shares. Participant E also stresses in this quote and throughout our interview, that the quality of the time spent with someone, or a group is valuable, fostering deeper connections among participants and between participants and educators. I find her words have stuck with me throughout the data analysis process, you have to “not be afraid that if you saw someone for 10 minutes and had a really good 10 minutes. You don't need to see them for an hour, or they couldn't handle that.” (Participant E, Transcript) Embracing the quality of the experience and interaction contributes to a greater sense of satisfaction or enjoyment in participants, and the educator.

Diverse Abilities

Diverse abilities include varying physical and mental abilities present in the stories and experiences shared by participants, as well as the combination of aging related changes in ability coupled with dementia and memory loss. Educators' feelings about disabilities, aging, and the arts is a component. Participant C is an interdisciplinary artist and is an artist in residence at a complex care hospital. She has coordinated both individual and large-scale programs that bring artists from various disciplines to visit, collaborate with, and perform for individuals in the

hospital affected by aging and health changes. She shares her viewpoint about disabilities and the arts, including artists who have disabilities in her written reflection after our interview:

Participant C: I think an understanding of, and research into, the “crip arts” world is needed for a real understanding of ALL elders....and to welcome the potential of broader minded, broad-experienced educators and learners. From my jury work with provincial and federal arts funders, it seems that not considering this community is an oversight. [...] The crip arts community try hard to get around exclusionary systems. Dementia is a way of being ‘differently abled’, yes; but imagine what it is like to be a differently abled arts educator, or a differently abled person who also starts to have dementia.

Participant C raises a thought-provoking multi-faceted point about the need for research on ‘differently abled’ artists and art educators in order to gain a deeper and more genuine understanding of all elders. She suggests that dementia can be viewed as a “way of being ‘differently abled,’” a concept that introduces an angle present in dementia care research. This perspective highlights the importance of applying disability theories in the design of research studies, offering a broader lens through which to view the experiences of individuals living with dementia. What stands out in this excerpt is Participant C asking the reader to imagine what it might be like to be a differently abled arts educator, and, more specifically, what it would be like for an art educator who is diagnosed with dementia. This thought not only adds a new layer to the conversation about ability but also broadens my thinking to consider applications of disability theory in education and dementia in the context of arts education. The brainstorming and discussion sparked by this idea brought fresh perspectives to the study, helping me see the landscape of arts and healthcare in a much broader and more nuanced way.

Participant F is an artist and musician formally trained in viola who has assisted and facilitated arts-based activities for various medical associations for people living with various types of memory loss for several years and, more recently, has engaged in collaboration with people living at a complex care hospital and has played viola and facilitated group sessions for people living with dementia at a local association. In her work with people living in the complex care hospital long-term, Participant F worked with patients of the hospital individually to bring a virtual version of the gallery exposition she had installed in the hospital to their rooms:

Participant F: I had one project that I was one-on-one with folks in the hospital, um, in complex care. And for that project, I, like, I was introduced to all of them or we did introductions with, uh, the assistive technologist [...] I had a three-day virtual gallery of an art exhibit that I had installed physically in the hospital, but not all the folks could easily leave even in their rooms and go to that other part of the hospital. So we made a virtual one, and it was sort of like a guided tour of that...

Sylvia: Cool.

Participant F: Which was cool. And we were trying out people—like, different kinds of assistive tech. And what works and what doesn't work for the individuals that we did the sessions with in terms of their own assistive tech setup and the software we were using.

Participant F worked with the assistive technologist at hospital to learn about each patient's specific needs and interests. This helped her to break the ice with people when she went to meet them for the first time. This experience was very interesting to hear about, and to learn how she worked with each person differently so they could see or experience the new exhibition in a way that best suited their requirements. She is very motivated to continue working with this population at the complex care hospital as well as elsewhere, specifically related to co-curation with people in complex care sites, impacted by aging and health changes. This type of collaboration and communication is an avenue that could offer many valuable insights into educational gerontology and agency in the arts.

Working alongside participants and helping them navigate their abilities, limitations, and the emotions that arise in the process is another key aspect of this relational theme. Participant A often leads groups with a range of abilities and explains her approach:

Participant A: Sometimes I would: for projects I would design it so like, you know, I'd have one person who I knew *loved* to arrange things like flower arrangements and stuff, but like, too much [inaudible] to cut, and I'd pair them up with somebody who, like, couldn't comprehend an arrangement, but they *could* cut. So I would try to like, create these like pairings...

S: That's really cool.

Participant A: ...To create my vision.

I found this approach particularly memorable because it fosters socialization, a key focus of the programming at the retirement home where Participant A worked. It encourages interaction while leveraging participants' strengths and interests in art. This demonstrates how Participant A effectively worked with the diverse abilities within the groups she facilitated.

Participant B emphasizes the importance of arts programming tailored to the specific needs and structures best suited for individuals with dementia:

Participant B: Right, because a lot of the time sure, you could go to a program that's not for dementia. But there are, like also real safety things and well-being things that having a deep understanding of the dementia experience, and of how to be in the moment with people in their dementia is, I think, incredibly important for this particular population. Because it is a very unique thing.

Sylvia: Yeah, and it in and of itself is interdisciplinary. Based on, it's just, it's required.

Participant B: Yeah.

Sylvia: To have that.

Participant B: Yeah, yeah. And also just it, since it happens most often in aging and older adults, there are also a host of other aging related things to know about.

This remark speaks to the complex dynamics at play in many day programs for people living with dementia. Older adults living with dementia are experiencing changes related to aging concurrently. Participant B shares that this specific population thrives when the spaces they are in have understanding and knowledge about the dementia experience and are in touch with person-centered goals and relationship-centered goals for the space. There are also important physical aspects of the programs, such as creating a safe and secure space for participants, that contribute to this dynamic. Participant B also shares an example of how she experiences these changes in abilities with a participant in her program:

Participant B: I have one person right now. This is a little different, but she has a tremor. A really significant one, but she just *loves* to try to paint, and she tries every time. But depending on what the project is, like, she'll struggle more based on the tremors. But then, the other day I literally was like, "Why don't you just give up on the brush and use your hands? It's just watercolours, it's not gonna hurt you." And so we developed the system where I would put the paint down for her and say what colour I'd put it there and then she would just go in with her hand, and, like use the tremors almost, to create like a texture with her fingers, with the paint. And so with her I'm exploring like, "What's this new style that you've got?" And it's like, I know, and I always try to bring up like um, who was it? I think it was Monet. Like, I try to bring examples of people from art history who's like, disabilities actually shaped their artwork in beautiful ways. So I think Monet had cataracts, I think it's him. Don't quote me on that, but I'm pretty sure it was cataracts. And was painting yellow, like everything had suddenly, had a yellow tinge to it, and was a little bit blurrier in his paintings. And it just, they're beautiful they're still beautiful Monet paintings, but they shifted a little because of where, what his, you know, his vision was doing. Or you have Matisse, who only started doing his cutouts when he, like his abilities, changed. So he started doing paper cutouts instead, and collage. And so I try to like to bring up like that. And be like, you know, this is just your new style. Like, let's see what we can do with it. Let's see about it. I think it's awesome!

This story illustrates how Participant B navigates changes in ability and discusses adjustments in technique with the participant, using famous artists in history to refer to and offer a different perspective on ability.

Loss

The theme of loss felt like an underlying aspect of art educators' experiences working with older adults living with dementia, subtly present throughout my interviews with them. Nearly all participants in this study mentioned having personal experiences with dementia, often with a grandparent or parent.

Participant D shares her thoughts on loss in her written reflection:

Participant D: I love to remember individuals I have worked with in the past. Unfortunately, in this field, we lose a lot of friends but when I reflect on my work, I can look back on the ways that we were able to help our group members through what is a very difficult time in their lives. Seeing and reflecting on that big picture helps me to deal better with the grief of all the losses. The people are what give the work meaning and so it's really nice to reflect on that aspect of the work.

Participant B shares how meaningful connections with participants can be and feeling gratitude:

Participant B: But yeah, it's it gives me a lot. It gives me a lot. It feels very meaningful to like, you know, even just meet somebody who paints in a way that makes me think of my grandmother's paintings, like, you know there, there is an emotional weight there. And it feels very meaningful. I wish I had had this window into this world when my grandmother was still alive.

Sylvia: Yeah.

Participant B: So yeah, it can be a little sad sometimes, for sure. And, like, you know, losing people when they pass, it's sad. It's really sad. And that happens a lot in this field. But it's so meaningful. It's just to be: privileged enough to be part of their lives in this way, and experience so much joy with them.

A recent experience that was very moving for Participant B, was attending the funeral of a participant she had known for six years. This was an impactful memory for her, and I could sense that this was an emotional aspect of this type of work:

Participant B: I did this work all through my whole 20s. And I don't think that there's... It like it has fundamentally shaped me as a person, because those are such formative years, and like how many 20-year-olds are hanging out with 80, 90, you know, 70 80 like, with older adults all the time. And it's a very, its meaningful interactions, it's meaningful relationship building. And so for me, it's like, there are people like individuals who I have crossed paths with have been friends with, where I'm never in a million years in another context, would have had that opportunity. And those are relationships that have made my life better. And enriched it and taught me things. And that sticks with me. You know, like, just a week ago I was at a funeral for someone who had passed away. Like one of our participants, and I had known him for six years!

Sylvia: Wow!

Participant B: And he, or at least six years. It was a long time, and he was someone who like when I got my leadership role in this group. Was like supportive, of me, in this role, like, really, explicitly, like, "This is a lot of work for you. You're doing a great job." Like, you know, he was someone who would like pay attention to what I was doing and tell me and encourage me and give

feedback if I needed it. (*giggles*) He wasn't afraid of feedback, but you know, being invited to go to his service like by his family, you know, like it's and the thing that was really cool for me was when I was there— [...] when we introduced ourselves to the son, we said our names, he goes, “Oh, from the program.” Like he knew our names. You know, and he knew exactly who we were. And that moved me. A lot.

Sylvia: Yeah.

Participant B: That made me think, okay, wow, we had like, an impact in enough of a way that the son knew our names from afar. Like, even though he had never engaged with us, and he knew. What we were, part of. And it's like.

Sylvia: Yeah, that's really special.

Participant B: Yeah. Yeah, it's. It's just, it's very. And like, you know, what other contexts would I have that in as a young person.

Participant A reflects on her experience with loss in cases where participants are declining, and their conditions change daily. She expressed a desire to remember them as they were when she left a few years ago. Although she visited once or twice after her departure, she now prefers not to check in. I asked her:

Sylvia: And do you find that you, your feelings about like, your feelings, experiences as someone might have been declining, degenerating, you know, uh: did that impact your day-to-day or your general feeling?

Participant A: [inaudible] It was a part of day-to-day, at that time. So, um: you know, you see it every day, and it's not that you're numb to it but it was just a part of your routine, like, some days like, you know, over the course of, of months, you'd no-, I'd notice it, and I'd be... Like, yeah, that is really sad, um. But also like I had this like certain appreciation, for, like knowing people and appreciating them in the present, and, like, you know, like, maybe they had dementia and it was still going downhill, but they still had their sense of humor. And like, because I wasn't, you know, a daughter like, watching my parent decline, I was able to like, you know, appreciate and be friends with that person as they were.

Appreciating people and knowing them in the moment, being in the present with participants was a key description that caught my attention here.

Educator Philosophies and Conceptual Descriptions of Experience

The participants' philosophies and conceptual descriptions of their experiences were prominent components of the data. These values and philosophies emerged as I asked questions such as why they consider arts programs important for this population or how they perceive their own contributions.

Participant C shares her perspective on teaching and learning and describes it like a dance:

Participant C: When I was being interviewed once, I remember saying, well, it starts off as a residency, but for me it's like a dance. Like a dance comes to an end. Right? A dance is a

movement from the starting point to the ending point, and the thing in between those two points, whether it's 2 minutes or 2 hours, that's the dance.

Participant B also adds to this concept using relational language to express her perspective.

Participant B: If I had to go as concise as I can. *(both giggle)* You know, I think the relational piece covers a lot of and like the work that's being done in relational theories, and such covers a lot of the little branches of how I would describe my approach. But you know, like being in the moment, that's part of being relational. Being tuned in. So, you know, reading the room. That's part of, you know, the relational experience. Being receptive, part of relationality. Being open to being taught in return, like. Actually, that's a *really* good point I haven't mentioned yet, is that like hierarchy kind of being dismantled and challenged. So even though I'm teaching like I don't, we try so hard to not be like the one in like the power dynamics. Let them, like, okay, hold on. what am I trying to say here...

We, we put a lot of intention, and I put a lot of intention in like checking that and making sure that I'm not coming from a place of like I'm here to teach you. It's more like, let's explore this topic together. It's like I'm bringing you an offering and I want us to look at it together as opposed to like, I'm here to teach you, and I'm the expert.

Participant E shared that she feels that creativity never leaves you, no matter what is going on or whatever changes one goes through. She has a love for creativity and reaffirming that for herself as well as participants is a value that influences her approach with participants and her goals for sessions:

Participant E: I think just the creativity never leaves you. You know? Like, I I, I think, it it's good to reaffirm that to in my head, *[laughs]* you know, that that your your essential creative self is still there. And, um, like, bringing it out of people is exciting to me. And then here, um, I don't know.

That's that's to me is, uh, is that that creativeness in people. Dementia doesn't sort of, like, it might change that. Right? So, for example, if you were an artist before, you might not be able to do the same way, but you'd still have there's creativity in you still. Right?

And there's still a love of expressing that. You know? And so I really I find that this life is beautiful to me to think about it and to experience it and to not sort of every time there's a really interesting creative thing that might happen. Right? And and I like that about about it, I I think.

Participant E shares that Dementia might change someone's creativity, it may not come out in the same way for the person, but "there's still a love of expressing that." (Participant E, transcript)

Participant D speaks to creativity with a primary focus on mental-health. She shares:

Participant D: I very much do not consider myself to be an art educator. I approach, my approach to art is very much an artist therapy approach with specific therapeutic goals that have little to do with the product of creation or skill development. [...] And it doesn't mean that skill development

doesn't happen because it does, and it doesn't mean people don't create products that they're happy with. It's just not my primary focus.

Expanding on her explanation of the role of technique in her sessions, Participant D articulates her approach in an impactful way, I have revisited this excerpt several times because I appreciate the accuracy of the language she uses to describe the nature of art therapy in the sessions she leads, creating a clear difference in approach in the sense that it is a therapeutic experience for participants, and Participant D and her colleagues have the diagnostic information for attendees and are prepared to be by each person's side with them while they experience and explore during the art making session:

Participant D: I—really working working with people with dementia kind of forces you to do what I went into the field to do anyway, which is to use *art as therapy*. You don't have to analyze your art and find symbolism in it. You can actually use it as a microcosm of life's experiences and learn to cope with life through doing this art. And I just really love that. Like, the art itself, the making itself is the therapy. And I think this is a population that lends itself to doing that kind of work. You know? Yeah.

[...]

Participant D: It's not that it's not unimportant. If I created workshops every week where people were unhappy with the product of their creative process, then they would not be happy. So it's an it's an element.

Sylvia: Mhmm.

Participant D: But it's their satisfaction to me that's more important. And really—what's *really important* to me and that and and sort of is one of my therapeutic goals across the board is teaching people to feel like they don't do something perfectly or even very well, and they can still appreciate it, which translates to, I don't do things well, and I appreciate and value myself. So we spend a lot of time talking about what do you say to yourself when you're doing this? And that's where the art as therapy comes in. Because it's by putting people in the situation of creating, which can create a lot of anxiety for everybody whether they have dementia or not. It's how do you cope with that? Because having dementia also creates anxiety. So we can actually work on what do you say to yourself and what do you do in the moment where you're feeling anxious or you're feeling unsure or you're feeling like you might be failing? What do you say to yourself? How do how how do you build resilience?

How do you push through it? And can you get to a point where you're satisfied even though you went through these moments of self-doubt and and right?

Sylvia: Yeah.

Participant D: That's what art therapy is. It's putting people in a situation where they experience it's like art is a microcosm of life. So all of my clients are dealing with losing skills and losing abilities and having a hard time organizing themselves. I don't know if you've ever seen pictures of of clocks drawn by people living with dementia. It's part of the it's part of the MoCA assessment where they get people with dementia to draw a clock.

Preparation and Approach

This theme includes assessing the needs of participants and understanding the broader program or setting in which one is teaching. It also encompasses the various approaches

facilitators take when leading an activity or session. Key considerations include how facilitators prepare, how they navigate changes in their plans, and how they communicate with participants. While this relational theme shares similarities with *adaptability and flexibility*—particularly in how facilitators describe their communication and problem-solving—it focuses more specifically on how they prepare for lessons or activities, and how they navigate their approach in-the-moment. This emphasis helps uncover deeper meaning behind their experiences. The nature of this work and its importance for the population served highlight the need for intentional and responsive facilitation.

The practice of being present and fully engaged with participants has emerged as a recurring theme. In the following example, Participant B reflects on the experience of supporting participants when they become very aware of their dementia, eliciting a range of emotions:

Participant B: The other thing can be uh... I haven't experienced this in a long time, but sometimes people hit a point where they're like: very aware of their dementia...

Sylvia: Hmm.

Participant B: ...And it's like incredibly emotional for them to be faced with it. And so sometimes in the art making, they will be faced with it and aware of it. And it can bring up uncomfortable feelings for people around their change in abilities. Especially if they used to be artists, and they can tell that they're not making art in the same way that they're used to.

Sylvia: Yeah.

Participant B: And so sometimes, having to like, just be there for somebody in the moment. You know, it's not all sunshine rainbows even though we are a joyful space, like, part of what's joyful is being able to be there for people in that way, too. So it's, yeah, it can be a very emotionally heavy process. And the arts can bring that out for people in a lot of different ways. And that's okay, too. That's part of it.

Participant B shares that this is often an emotionally intense experience, as the arts can evoke deep emotions in various ways. She has observed this impact within this population, particularly in relation to changes in abilities. Emotions may arise at different moments during a session for various reasons, influenced by each individual's prior experiences, behaviors, and personality.

Transitions are another aspect of teaching this population that can evoke emotional responses. Starting activities, switching tasks, and navigating ending times can be particularly challenging for older adults living with dementia. Participant B provides an example of how transitions can be difficult and describes how she communicates with the group before shifting to a new activity, ensuring clarity about what will happen next:

Participant B: And we'll have somebody just start seeing people leave the space so they're like, oh, it's time for me to go to. And then they'll try to exit, the space.

Sylvia: Yeah.

Participant B: Like to go home for the day. So it's more so if other people start leaving the space like that in those transitions. But yeah, no, transitions can be like, and it is important to... Like I'll get up in front of the group and be like. "Okay, let's give thanks to that person for their amazing class. What we're doing now is we're going to snack. So we'll meet you at the tables." Like really telling people like, what's next.

Participant D shares many important insights about transitions as well, including how she prepares for it, and navigates it alongside participants during art making. She also explains how she introduces sessions and the reasons for certain choices to sit with participants throughout the session rather than walk around to see how each participant is doing:

Participant D: I give very few verbal instructions, almost none. I really don't give verbal instructions. Instead, I very briefly let them know what our goal is, what we're doing, and then I sit down and I start making art.

Sylvia: With...

Participant D: And so does the staff. We start our own art to give them the visual cues so they can watch how we're getting started. And then after a few minutes, the person on their left and the person on their right, if they haven't started on their own, we'll prompt them with the first step. [inaudible] because I discovered very quick when I started doing what's typical in art therapy, which is your—you're standing, they're sitting, you're circulating there. You're watching and observing what they're doing, um, and nobody was doing art. And people kept getting up from the table and, like, [laughs] circulating too, and nobody would pick up a brush. Um, and then their experience facilitator in the group said to me, "Nobody's gonna do it if you don't do it too." And she was absolutely right. As soon as I sat down and started making the art, everybody sat down and started making art. Me and the staff also does that project at the same time, and that's that's huge. That's key.

Sylvia: Wow.

Participant D: And it's anybody in the room for any activity we do is required to fully participate in the activity. That's like a hard rule in our center. And that's why everybody participates in every activity. All the clients participate because there are no, there are no people in the room with a special status.

Sylvia: Right. So when you facilitate or, or guide people through, you're not in a place that you're are you you're doing exactly what they're doing...

Participant D: Exactly.

Sylvia: So there's no distractions. Is that right?

Participant D: So I'm doing it for a few reasons. One, because we have to all be equals. Because they're always being put in a position of being less than than their day to day lives, and we need to equalize that power dynamic. And we need to actively do it and thoughtfully do it so that we create equal relationships. Um, I we also do it because doing the art with the client provides an enormous number of visual cues that I could *never* verbally, uh, communicate. Because even in the earliest stages of the disease, it's people are already losing 1 in 4 words that you say. So the more I talk, the more I'm just overwhelming people. So people are always surprised at how few verbal instructions I give. I really don't give verbal instructions.

I'll just say, "Okay, today, we're painting this, and this is what our goal is. I often make a a completed version of what we're doing so people could see. It's a visual cue. But then I'll say, "this is the first step. I'm gonna pick up, I don't know, my brush and choose my favorite color and get started," and then I'll just do it. And people will observe me for a minute. I mean, people who have been in my art groups for a really long time will often sit down at the table and start working even

before I've got everybody seated. Like, they just kind of jump in because they know that even if they get it wrong, that that's not what we're doing. I don't care if you're having fun at doing it. Do what do what you want. You know? [laughs]

Sylvia: Yeah, yeah.

Participant D: But I don't give verbal instructions. I really don't. And even when we're looking at art, I don't stand while I'm doing the the presentation. I actually sit with a we make, like, a horseshoe. I just sit at the top of the horseshoe so I can change the slides, but I sit with everybody else.

Sylvia: And and do you find that makes a big difference?

Participant D: Yeah. Because because when I come in the room, I'm seen as a member of the group as opposed to the teacher, and you have a really different relationship with your friend than with a person in authority.

Her approach to introducing lessons is explained in detail, clearly demonstrating the need for a different approach when starting lessons or group sessions with this population. She emphasizes the importance of equalizing the power dynamic by modeling behaviors, sitting with participants, and actively engaging in the art-making process. She believes that being present as an equal fosters relaxation and engagement while also helping to prepare participants for transitions within the activity. This is illustrated further in the following example:

Participant D: It's not a clientele where I could just for the for most of our our participants, we can't just put a whole bunch of our materials out on the table and say, do what you want with them because they won't do anything with them. They need guidance. They need structure. And so I create structured art workshops. And diff it looks different in different groups that I go in.

Although and not all of the groups, but many of the groups we start with looking at art. Um, so I do what I call a virtual museum. So we will look at some kind of theme in art history, and we just talk about what we're looking at. You know? Sometimes, you know, for some groups that are less verbal, I might put information that we can read together.

Um, but most of the time, I really just put the image and the title and the artist in the year, and then we just react to it in any way we wanna react. There's a couple reasons I do it, but one of the big ones is many of our clients need to be primed for the transition into art making and reminded that adults make art. And we have to do it each time. So like I said, I don't do this in every single group because I do have occasionally, I have groups that don't need that, and that's okay. I also do it because doing a full hour of art making on one project for many of our clients in terms of attention span is just too it's just it's just too taxing. So it breaks up. I usually go in an art therapy group is is usually about an hour, and we'll do half looking at art and half making art. So I start with, uh, preparing a presentation. Sometimes I reuse my presentations, but I also really like making new ones. So I have many, many, many, many, many presentations that I've created over the years.

Participant D's preparation of materials before sessions is another component that aids participants with transitions between stages in art making. An example of this practice is her use of wax (oil pastel) resist:

Participant D: We do do we do more oil resist. I use oil pastels for resist.

Sylvia: Yeah.

Participant D: And we do do and we do do oil resist. Usually, I put the oil pastel on because it's very hard to transition for many of my clients. It's hard for them to transition from using one material to remove that material and use another one. They'll get mixed up, and they'll go back and

forth, or they'll stick on one and not move to the next. And but oil resist could be really fun, especially if it's white on white.
Yeah. Like, I do a thing in the winter often where I will draw snowflakes on a piece of white paper. And, you know, many of our clients, they don't see contrast that well. Right? So they can't see that, and then we paint over it, and it's like magic. Or I'll write people's names really nicely, and then they paint over it, and then it's like magic it appears. You know? [K laughs] Those kind of, like, magic moments are really nice. Um, so we do that. I mean, I do all kinds of things. Scratch paper has been really popular in one of my groups lately because, uh, the ladies think it's mad. Like, it's it's a group of women, and they all think it's like, wow. Like, how? They every time we do it, they talk about, like, "how does this even exist? Who invented this? I've never seen this before." Like, it's really exciting.

Participants A, B, and D, each mention using the work of famous artists, movements and styles in art history to start lessons and activate engagement and interest. Preparing an example of the project is also commonly done for each of these participants:

Participant A: I did make lesson plans, I did a lot of like: um, I would get inspiration from an artist's body of work, if you will, and then I would combine it sometimes with Pinterest things, and I try to reverse engineer techniques. And figure out like if they were realistic, or how to adapt it. And then I'd usually make it myself.

Participant B details how this approach is grounding for people in our conversation about topic choices, fine art, and craft:

Sylvia: So, but in actuality flowers are a good example of maybe, a seasonal example of: Don't take anything off the table, you know?

Participant B: Yes. Yeah, I mean, like, there are... Even like the aversion to... And this is, this is dicey waters, like, I'm of two minds with this when we get into this conversation, but, like the idea of craft...

Sylvia: Yes.

Participant B: ...And like crafty things. And I think it's like anything, if you over steer too far from it, then you're also doing yourself a disservice. And it's actually more so about like creating a safe space where, if you engage with craft, people don't feel like you're talking down to them or like offering them something that is like kids play, right? Because you've created an environment where they've already understood that that's not what we're about, that it actually opens the door to craft. To more crafty, playful stuff. And I think that's true for anything that's playful. I always tell my artist team, like, you have to ground it in something. And that's why I do the art history. If you ground it in something, it doesn't matter how playful it is afterwards, because you've grounded it in this like adult, like, inviting intellectual place that feels respectful and dignified. And that *allows* you to then engage and play without feeling like it's, you know, a kid's program.

Sylvia: Mhm.

Participant B: Or like, undignified or disrespectful. And so I think that's kind of when you say, don't take anything off the table. I'm like, yeah, you can still engage with some of these things, you just have to present it in the right way and create the right environment where it doesn't feel like a stupid, annoying trope.

Participant C speaks to engagement and preparation as she describes her process in assessing individual and community needs and interests:

Participant C: There's a lot of, "what do you think about this? I was doing this". I I thought it would be a really good or when when I first went in okay. Each project starts off differently, but, um, generally, that is probably a question that's been handled a lot in in community-art projects as well because you have to build a solid approach with integrity. One time at a conference, the word that came up was, um, you almost have to do, like, an assessment of your community, whether it's for the sake of our conversation, an individual or community. You have to you have to, like, very quickly find out what they're interested in, and also present your idea in a way that's non-threatening and be able to bend, have a mind like a willow branch a drinkable stream, all at once. It's a process of enabling and supporting by a kind of teaching; so different from a teacher checking off boxes in a curriculum.

Participant F brought up musical entrainment in our conversation about relationship between music and visual art:

Sylvia: Do you think that music engages people on a on a level that is or the engagement that that you see happening with the participants? I I don't know. I wouldn't say it's different than art, but it it's unique to visual.

Participant F: Yeah.

Sylvia: Like, the the first time I heard the *Prelude*, right, I remember hearing it and it's like something it's a memory that I have, but it's also a cultural thing.

Participant F: Yeah.

Sylvia: I don't know. Yes. I don't know. I'm I'm just throwing things out there, but I...

Participant F: Like, with with music, you can pull out. Yeah, these shared although you can art like, you could be like, here are Van Gogh's *Sunflowers*, and people will be like, "Oh, my mother had a poster of that in her cottage," and, like, I think people can connect. Or, like, I'm going with flowers today. I don't know. Or there's, like, um, or landscapes that are that, like, landscape is so connected with identity as well.

Like, I think. There's really—there can be a parallel between imagery and melodies.

Sylvia: Mhmm.

Participant F: Um, I think when it comes to okay. When it comes to leading, like, an art activity, the example I gave you earlier at [redacted], the artist did do something altogether. But a lot of the time, people are provided with, uh, an invitation of materials and then they're kind of in in like parallel play. Where you're if you're creating, you're, like, doing your own thing individually, and you can be inspired by the people around you or receive assistance or chatting, um, but you're not—there's this concept in music called entrainment.

Sylvia: Mhmm.

Participant F: Uh, where it has to do with it has to do with rhythm and rhythm is like something that can be very embodied, very physical. And like if you and I were like in a groove together. [...] You know, or we're clapping together—it can be very physical, it can be dance too. Like if a parent is, uh, bouncing a baby and there's another baby there who is being bounced to the same rhythm. [...] So there's connections there with, like, mirror neurons, um, because of that, like, element of matching and being, like, in sync with other people. Or even, like, singing together. [...] Um, I think, like, art, you can also; be sharing—like, you can co create it with other people and look at the end and be like, "look at this thing we did."

Sylvia: Mhmm.

Participant F: Um, but maybe it's, like, over a longer duration.

Sylvia: Maybe. Yeah.

Participant F: Then, like, maybe like, being in a groove.

Sylvia: Mhmm. There's, like, similar attributes, but but maybe not exactly the same.

Participant F: Yeah. Like, there's, there's maybe, like, harmony and synchronization between elements, especially if it's like there's an artist guiding it. So something like a mural, and the artist can, um, help it take a shape that can be maybe aesthetically pleasing to people rather than just letting our feelings out, where the end product doesn't really it doesn't matter.

Sylvia: Yeah.

Participant F: Um, but I think people like to see an end product that—both are good, both are good.

This conversation was quite thought-provoking, as I found it related to feelings of belonging and delight expressed by participants in these arts-based programs, as well as by research participants who primarily facilitate visual arts programming. Entrainment, as Participant F describes, offers an interesting perspective on the experience of co-creating a tune or collectively remembering a song as a group. Participant F explores this idea through the metaphor of a visual artist guiding a collaborative mural, where the goal in some cases is simply to release emotions and enjoy the process. At the same time, achieving a final product that participants are happy with is also a valued outcome. Also, participants may find certain aspects of the experience more enjoyable than others and that is welcomed.

Participant E describes her approach to participant autonomy in arts programming in the following excerpt:

Participant E: So it's almost like, I think it's nice. I think that's one of the nice things about the arts is you get to choose. You get to choose what color you make something or what song you sing. Like, if it's June and you wanna sing Christmas carols, like, I don't care. You can do that if you want to.

You know? Like, it's not and I think that's like, because artists are creative, I think they, they respect that, you know, that you can do what you want. You know? You can create in a way you wanna create, and I think that is important for that type of, like, people with dementia. That's really important that they have some autonomy over things, you know, like, of something.

Sylvia: Yeah.

Participant E: And and the the basic most basic basic choice of “do you wanna play a musical instrument shake or, like, a little percussion? No? Okay. Or if you do, what do you like? You like this one or that?”

“Yeah. Okay. I'll play that.” Or the colors, like in painting or, you know, whatever. Or do you wanna cut this out or do you wanna make; yeah. I think all of that is

Sylvia: Their choice.

Participant E: Yeah. Yeah. I think it's important.

Sylvia: Remind it makes me think of, um, can't think of the word; but I don't know what the word is. Like, uh, deter—like, making decisions for yourself than having that autonomy, like you said.

Participant E: Yeah. Yeah. I think and I think that's one of the reasons why and also you don't get a wrong answer. Like, I think they also get a lot of wrong answers. Right?

So if you have dementia and get up and you say because my grandfather and my stepdad used to do this. Get up in the middle of the night and want breakfast. Right? Because 2 o'clock. I haven't had my lunch.

Or they want lunch. Right? Because they look at the clock, it's, like, 2 o'clock. So they think it's, like, way past lunchtime. You would say, “Well, no. It isn't.” It's the middle of the night, and and no. “No. I want my lunch.” So it's like so many times they get the wrong answers.

Right? Like, it's like, “Oh, I wanna go for a walk.” “Oh, well, no. It's it's time to eat or it's time to do this or we can't, you know, do that because we're going here,” or you know what I mean? That that that everything is wrong, then all these choices are never wrong.

There's not a wrong choice. So you could paint the sky pink or green or bluer. You know, like, it doesn't matter.

Sylvia: Yeah.

Participant E: And I think that's why the improv really works too because there's no wrong answers in improv ever. Right? Because if you say something and then someone else does the next thing, and it's like it doesn't matter where it goes. It could go to the craziest place, you know, like, just just that doesn't make any sense. Like, you could say, I was walking down the road, and then, you know, something jumped out of a tree and it was a it was a like a space person or you know, like, they can it can just go wherever wherever it goes.

It doesn't matter. So I think that's all part of that. It's kind of like we're not; we're setting you up to succeed. You will not fail in these activities. Like, you can't.

Right? Because we will make sure that you're given all the choices and you're allowed to participate or if you wanna leave, you can leave. You know? Like, if you don't. Yeah.

But I I don't know. I really think because I think a lot of the day would be spent being afraid.

You're gonna say the wrong thing. You're gonna do the wrong thing. Like, you're gonna move in the wrong way.

Like, if, you know, if someone was doing dance or movement or, you know, you're gonna move the wrong way. You're gonna do the wrong thing. So it must be really stressful, like, to think those things. So to be able to do the things, whatever you wanna do, at the moment, and space everyone says, "Oh, that's great. Sure."

We'll do that. It's like, wow. That's good. Because, like, I am always wrong, and now I'm not wrong. You know?

"There is no wrong answer," she shares. Improvisation aids in navigating these moments because, as she puts it, "there are no wrong answers in improv" (Participant E, Transcript). From participant enjoyment and satisfaction to preparing for and navigating transitions during a session, research participants shared numerous stories about this aspect of their experiences and how meaningful these moments can be. I can sense the significance in their articulation of these examples, which convey a passion for the work and for experiencing these moments in the present.

Exceptions

Support for educators, caregiver respite, high quality arts programming, and balancing expectations are themes that stand out as exceptions within the data. These exceptions are highlighted in light green in the theme development table (see Table 2). In some cases, these themes emerged from only one participant or a very small number. These themes are important components of this research, as they are significant to the thoughts and experiences of certain participants and help frame the meaning of those experiences for them.

Support for Educators

Questioning support for art educators in relation to loss came up in my interview with Participant E and in her written reflection:

Participant E: But, like, you just have to know that it's going to be different each time, and you have to kind of be aware of it. And I don't know. And this is something that I think, um; I haven't totally thought through, but it it's been coming up a lot when people that I know that are, you know, doing this sort of thing now in the arts. And they say, where do we get our support?

Sylvia: Right.

Participant E: You know? And I find that fascinating because when we were doing the storytelling on the palliative care unit, there were times where I'd leave. I'd collect the stories. Someone, you know, would die, and then I would be by myself. Right?

And I would think, oh, like, who do I talk to then when you need something? So I think that that has come up a few times where people say, where do we get our support when we're going into these situations? And we don't, you know, something happens or someone is no longer there or, you know, someone has slipped so much that they can't talk anymore or so it's a tricky kind of a thing. I don't know why. That just popped into my brain.

From Participant E's written reflection:

I think about how we as artists should participate in training activities so we can better understand and work with these populations. Also, artists must know where to turn for our own support when needed as this is not always easy work. We must realize and remember that this population is not going to improve or get better but will gradually be less able to participate as they did before. This can be scary, it can also be sad and depressing at times. We need to learn how to deal with behaviours that might come up that could be scary. Extreme anger or frustration, for example.

Also real agitation and fear and worry about (for example) not being able to get home or to find someone they love. This training and learning how to work in these circumstances will help a great deal. We need to mentor other artists who would like to do this work as well.

Participant E describes being alone with the stories she collected after someone passes away, between her visits to the palliative care unit. Support for art educators in these spaces seems like an essential factor in this work, where professionals often experience loss and grief. Training for artists of all disciplines before entering these spaces to perform, visit, or lead art-making sessions is becoming more common. However, ongoing support when situations like loss arise had not been discussed until this conversation with Participant E.

Caregiver Respite

The organization that Participant D works for focuses on caregiver respite along with its other services. She describes this focus in our conversation, particularly in relation to situations

where individuals are considered higher risk and, as a result, are given higher priority in the organization's programming:

Participant D: And our focus on is on we need to find a space for those people. We need to support those people because those are the people who are the high at the highest risk. Those are the people who, if their caregivers are not getting enough respite, if the caregiver doesn't know how to because we do a lot of work with the caregivers react and respond to their behaviors if they don't have enough support and guidance. Those are the people that get placed in [government funded retirement homes] early, and those are the people that when they go to [government funded retirement homes] end up being overmedicated, and their prognosis is really poor. So we focus, we focus *first* on accommodating those people, and then, of course, other people who have lower needs are welcome to come.

But the priority is to make sure that our groups are small enough that those people—so we have people who need to have a staff assigned to them 1 on 1 shadowing them for the whole day. And that's okay with us. Right? That's okay with us because we keep our groups smaller so that those people can be accommodated because we know that if we don't accommodate them, they're not going anywhere else.

Participant D describes the mission and approach of the organization and her own objectives further, sharing:

Participant D: That's a very important detail. Yes. Yeah. And if the family doesn't know, we work with the family on where they are in the diagnostic process and what questions they need to ask and what.

Sylvia: Yeah. Oh, wow. That's good.

Participant D: Yeah. We work very, very, very closely with family care.

Sylvia: Okay. Because some some are, um, community community based programs, like in community centers and things like this or other non-profits, don't ask those questions that are and [inaudible].

Participant D: Because we we have a lot more complex like, people with complex things going on. We need to know. And the reason why a lot of day centers and other places don't know is because they're not working as closely with the families as we are. Because we're providing families family caregivers with weekly or biweekly or monthly counseling throughout the progression of the disease, and we're really working with them on solving problems that we really need to get into the nitty gritty. So we know our fam—we take a **family systems approach**, and we know the situation in a lot of detail if the family is willing to participate in that, which almost everybody is. So...

Participant D defines her approach and the approach of the organization as a family systems approach—addressing dynamics and interactions within a family, supporting family members of a client individually and the family unit as a whole (Mehta et al., 2009). This perspective emphasizes the importance of caregiver respite, particularly for families facing high-risk dementia situations, underscoring the organization's role in providing holistic support. The comfort and satisfaction of the participant in these art therapy group workshops is an important element of this approach.

High Quality Arts Programming

A need for high quality arts programming was stressed by Participant E during our conversation. This topic emerges from my question to her about how she feels about the impact she's making through her work. I ask her to expand on what she means by 'high quality', which opens her thoughts to delve deeper into her feelings about its importance:

Participant E: I feel good about it. I think it really helps. I think I've said that, right. You know, I think it helped people. I I also think it's important to have high quality art in all aspects of life. Right? Like that...

Sylvia: Yeah.

Participant E: That people get experience that as they would in other times in their life. Right? If they love seeing visual art, they should see good quality visual art and have the opportunity to, you know, to participate in that if they want.

Sylvia: What do you mean by, uh, good quality?

Participant E: Well, [*giggles*] I mean, you know how sometimes you'll go to facilities, and it'll be, like, arts and crafts arts? Like, not...

Sylvia: Yes, yeah.

Participant E: Not like, they'll be getting; adults to do sort of almost kindergarten art. Right?

Sylvia: Yeah.

Participant E: Just to do an activity. So—and not to say that isn't good in some cases, but I I feel like or lets say music. Like like, they don't get musicians to come in and play music of various genres. So, like, some people would like classical music, they should have classical like, really highly trained jazz musicians or classical musicians or, you know, hip hop musicians or whatever they're like, they love, they should have the opportunity to experience it. Right? And not just, like, karaoke or records or like, not to say they aren't good, but you know what I mean? Like, I I think...

Sylvia: Yeah. Like, echoes of what you've lived.

Participant E: Yeah. What you love and what you would yeah. Like, so if you always went to clubs and concerts and, or galleries, like, you should be able to see those things. I, like, I I feel, you know, that's really important, I think.

Sylvia: Yeah. It's interesting. And and specialists in their fields. Like...

Participant E: Yeah. And they should be treated as that. Like, it shouldn't be "Oh, artists can volunteer then to come in. Well, I mean, maybe they choose to do that, but it's kinda like, you know, "no they are trying to live *as* artists." Right?

Sylvia: [*Sylvia giggles*] Yeah.

Participant E: They shouldn't volunteer. You should pay them as an artist to be an artist and to come in and to come in in a professional way and and be an artist in the these settings too. You know?

Sylvia: Like it's a sign of respect and value.

Participant E: Yeah. Like, you value them, and they value, you know, your—and then the artist get comfortable in those environments, and maybe they make art for your facility. You know, they make it or but they get paid for that. They're not just like, "oh, make us a film or make us an art piece or come and play for us." You know?

Sylvia: Yeah. Yeah. Yeah. That happens a lot, still.

Participant E: It does. It happens a lot. And it it, you know, it shouldn't. But I think artists too, I mean, like everyone else, people are generous, and they they think, oh, maybe I should do that. But, like, I think, yeah, you have to think about it that they wanna live—they're living as artists. Right? So they should be respected for that.

This speaks to not only the need for high quality arts programming as a form of respect and value of participants, but a respect and value of artists and art educators who are specialists in their

respective fields, paying them for their expertise and knowledge. Participant F also contributes to the need for and value of artists in these spaces, as she explains that artists bring a depth of knowledge that isn't always guaranteed in recreation programming and therapeutic recreation, as that covers a wide variety of programming.

Balancing Expectations

Balancing expectations and strict requirements is a prevalent topic in my interview with Participant A. Participant A worked at a private retirement home for five years as an art facilitator for all residents. This theme came up once more in her written reflection as well. She describes tough moments with management and expectations from the Board of Directors. This first excerpt is from our conversation about disappointing outcomes of bigger projects where the aesthetic quality of the artwork does not meet the expectations of the company:

Sylvia: Yeah! Did you find that that was hard to balance or, or easy to balance his—their expectations, and then, how they felt about the... Sometimes I guess, students are, would like it, and then, it doesn't matter.

Participant A: Yeah, I mean um, I was lucky that there was a lot of really understanding staff members who would like see things happening and like... Compassionate staff members who also knew the population, and they understood that not everything was about appearances, but um, I did find that like—*Which is also another* reason why I left, is like the private sector is about: moving bodies into rooms, and they didn't value how it happened at all. Like they, they, there was a real lack of um, understanding between the frontline staff and the upper board. Um, I pff don't know how, maybe they just sat at a desk too long to remember what it's like to actually [inaudible] with people. But yeah, it was always a challenge, and I always had like, staff members who like, understood what was going on. So at a lower level, it was okay. But the expectations always were a problem. Always.

Sylvia: Uh, well, how would you describe that, like, the problem, like...

Participant A: Uh, I mean, towards the end there was a lot of staff shifts. And like, uh, I like had full run of the building *for years*, where I could like put up work, in like weird little nooks and crannies and: people *liked* coming across their things displayed publicly, like, even if maybe it's not professional quality, like people like seeing their work! And like the management, like, were like, "Great. I'm so happy that they're happy." And then the board, one day, showed up and they were like, "Oh, the building is a *cacophony of chaos*," I remember them saying. And I got a talking to, and they were like, like, "Just remember," like, "we're here to serve our investors," and I was like (*expresses frustration and shock*).

Participant A received compassion from fellow staff members who knew the residents and were aware of the differences in expectations from management and the reality of day-to-day life and what brings joy to the community. She also speaks about the discouragement of repeating lessons throughout her time with the retirement home:

Participant A: Like I worked there for five years, and I wasn't really: allowed is a strong word, but they didn't want me repeating things. *So you break things up*, to stretch out projects as well.

In her written reflection about our interview, Participant A revisits these points:

Participant A: The part that was really revealed to me was less about the actual act of teaching and more about the conditions that art educators are expected to operate within and the arbitrary conditions that they are evaluated through. I'm sure I'm not the only person that was teaching within parameters that catered more to "attendance" than to actual content, engagement, or fulfillment. Although many centres of course will care about important things like fulfillment that are impossible to quantify, there are many art educator positions that take place within community recreation settings that may be less skewed towards "art". Older adults are hard to "convince" to do art - it's often needed to disguise art education in order for them to buy into it, and therefore unless you have explicit sign-up type art classes, you will be working within a "team" of recreation staff.

Participant B speaks about the cruciality of support from community and team members as well as employers, which reminded me of Participant A's recurring experiences with her employer and the detrimental effect it had on her and the morale of the home. Participant B shares:

Participant B: Yeah, yeah, like, it's, it's: I think that if you're doing this kind of work, and you're not receiving that for whatever reason, you burn out like you, you. And like in a in a genuine, true way. I use that word to describe myself earlier, but, like you get people who leave the field. Who can't keep doing it, because a lot of these a lot of the settings that people try to do this work in have way, too many barriers. And then you're just like hitting your head against the wall trying to do things, even if you yourself personally have the best intentions, the best ideas, like it's not supported. And It's not funded. Like you just don't have the resources to do it. And so you get a lot of, you know, really good people who leave the field altogether. So it's yeah, it's definitely like, it's gonna take a lot of change.

In her written reflection, Participant B revisits the common experience of burnout in this field, and how she overcomes them personally in her context and organization:

Participant B: It warmed my heart to reflect on so many stories of beautiful relationships and learning-centered moments with participants, both current and from the past 10 years. As mentioned previously, this work can be tiring and it can be difficult to motivate one's self at times. Like anyone working in dementia care/community settings, it is easy to experience moments of burn out. The stories I shared in the interview, of moments of connection and learning and joy, are what keeps me coming back to this work time and time again. It really does make it all worth it!

Participant A's experiences made a significant impression on me during our interview, while reading her written reflection, and throughout the data analysis process. Participant B's remarks about burnout resonated with Participant A's experiences of dealing with a constrictive environment imposed by the management of a private company.

The results of this research reveal a wide range of unique experiences among professionals working with older adults living with dementia, highlighting both shared meanings among participants and those specific to individual lived experiences and values. My interpretations of the data contribute to a broader understanding of these experiences by offering clarity, raising further questions, and providing insights into the diverse approaches used in this context. Participant E, for example, shares, “I think just the creativity never leaves you. [...] that your, your essential creative self is still there. [...] bringing it out of people is exciting to me.” (Participant E, transcript) This thought points to her foundational values and beliefs that inform both her professional and personal life, and it also expresses that she finds joy and excitement in bringing that creativity out in people. This quote conveys an instance where a participant’s experiences are informing or have informed their approach and philosophies toward their work. Another example comes from Participant A, who explains her experiences of feeling pressure and criticism from her employer to meet objectives such as high attendance and creating aesthetically pleasing outcomes, often at the expense of other priorities. These other priorities, as described by Participant A, include participant enjoyment, media exploration with a variety of art materials, socialization, and fostering community connections—elements that were more important to those attending her art lessons. These priorities express the connections she has formed with the residents at the retirement home and speak to her deep understanding of their needs and interests. I observed that the act of balancing these expectations with her connections and understanding of participants’ motivations has impacted her, as seen in her mood when sharing these experiences and feelings with me during our interview and in her written reflection. When participants described experiences and explained their philosophies or approaches, the meaning or gravity of those experiences and approaches came through in their tone and in the length of time spent explaining them. The three overarching patterns—*Building Relationships, Navigation and Process*, and *Educator Philosophies, Values, and Goals*—encompass the five relational themes in a layered manner, forming a cohesive research outcome. This structure reflects the reflexive, holistic, and iterative nature of the analysis, emphasizing a continuous shift between detailed focus and a broader perspective.

Table 2

Theme Development Table

Relational themes (n = 38)	Relational themes following further analysis, interpretation, and discussion (n = 5)	Emerging constitutive patterns (n = 3)
Communication		
Patience		
Collaboration		
Teaching with compassion		
Relational caring		
Building relationships		→ Building relationships
Improvisation		
Flexibility		
Adaptability		
Exploration	→ Adaptability and Flexibility	
Transitions and ending lessons/exit time		
Switching tasks		
Memory, remembering, disorientation		
A range of abilities		
Disability		
Assess community needs/requirements/interests	→ Diverse Abilities	
Art as therapy		
Loss		
Gratitude and honour	→ Loss	
Caregiver respite		
Starting the session with art history, an artist, style, movement to ground the lesson		
Musical entrainment as a way to co-create and engage		
Foster emotional resilience		
Navigation and process		→ Navigation and process
The arts bring out emotion		
Prioritizing a quality of connection		
Educator philosophies, values, and goals		→ Educator philosophies, values, and goals
Teaching is like a dance/movement		
The art of teaching		
Art as mnemonic		
Support for art educators		
For participants to experience delight, enjoyment		
Participant agency		
Belonging		
Supporting participants' connection with self		
High quality arts programs		
Balancing expectations and from program with the educator's own goals, approach and relationship with the participants	→ Preparation and Approach	
	Educator philosophies and conceptual descriptions of experience	

Note: Table demonstrates theme development and synthesis of themes and patterns. Light green highlighting marks relational themes that are exceptions within the data. The long bold arrows indicate the constitutive patterns in the data.

Chapter 6: Educational Significance and Conclusion

I encountered several challenges throughout this research study, both personally and in navigating the project from start to finish, as well as in working with the data. The guidebook by Dibley et al. (2020) was invaluable in helping me understand the unique nature of this methodology and in finding moments of comfort within the discomfort. The language they used to describe the practice of research, and its components resonated with me, providing a comprehensive overview of the methodology and its relevance to my study. The guidance was written in accessible language, which helped me build a stronger understanding of terms and concepts related to ethical conduct, data collection, data analysis, and reporting findings. I was able to identify my own horizon of understanding and revisit it throughout the course of this study. Dibley et al. (2020) explain that the objectives of hermeneutic phenomenological research are to “reveal insights into and understanding of human experiences” (p. 150) and, furthermore, “to take this further and open ourselves and our readers to the meaning of those experiences for our participants” (p. 150). In this chapter, I will discuss the outcomes of the data analysis in relation to the research questions of this study. I will also connect these outcomes to theory and literature previously discussed, as well as to new resources. Finally, I will address the educational significance of this study and implications for future research in this field.

A Fusion of Horizons

Forming a fusion of horizons—my interpreted meaning of the data—served as a springboard for deeper reflection on how this research contributes to the current research landscape and the realities of community programming today (see Figure 2). Visualizing this fusion helped me grasp the complexity of the outcomes and appreciate the value and details of both the individual parts and the whole of the data. Gadamer (2013) describes how a fusion of horizons is “the form in which the unity of the data actualizes itself, which does not allow the interpreter to speak of an original meaning of the work without acknowledging that, in understanding it, the interpreter’s own meaning enters in as well.” (p. 600) The fusion of horizons not only represents the process but also serves as the outcome of this research through my eyes.

The primary research question guiding this study is: How do art educators experience working with older adults living with dementia? Exploring this question through the experiences of six participants allowed me to uncover and share their insights and the meanings they hold. In each conversation, we explored participants' perspectives on the importance of such programming, their philosophies and approaches, and the profound impact these experiences have had on their lives and outlooks.

I learned about each participant's approach to preparing to teach or visit with this population. For example, Participant D shared that she chooses to sit and create alongside participants during group sessions as it encourages a relaxed energy among participants and deeper engagement in artmaking. Participants B, D, and A explained how starting lessons with an art history component helps ground the lesson and provides a strong foundation for engagement during artmaking and discussions.

I observed that participants often spoke of their contributions to programming in modest terms, with some expressing discomfort when discussing feelings of pride, joy, or other emotions—perhaps for reasons known or unknown to me. Personally, I relate to this discomfort; I, too, find it challenging to acknowledge how my work impacts others and to express pride in my teaching approach and growth as an art educator, especially through challenging moments. When I asked participants how they measure the success of their lessons or activities, they shared more openly about moments of joy, delight, and laughter with participants. These stories often led to indirect expressions of how they perceive their impact, offering deeper insight into their experiences and the significance of their work.

In conversations with participants during interviews, five out of six participants have had personal experiences with family member(s) living with dementia. Sharing this information came up naturally and without my asking. I felt honoured that they were able to share this information with me because I interpreted it as a sign that the participant was comfortable enough to share that with me, and/or they felt it was relevant to their experiences working with the population.

Limitations

This research study, like all research, had limitations. One limitation was time, related to the timing of when I received ethical approval and subsequently started the recruitment phase. I received ethical approval in July 2024 and began recruitment soon after. I sent email requests and shared invitations to participate during the summer, when many people are not checking their emails as often as they would normally, especially in the university context. Recruitment was moving slowly, and I began interviews in mid-August 2024. I had hoped to interview a minimum of three participants, but finding a third participant proved difficult. As we approached the new year, recruitment picked up, and I was able to include six participants. This slow start to recruitment, due to the time of year I started it, delayed my progress in terms of data collection and analysis. I also experienced delays with participants in our email correspondence while scheduling interviews, as well as throughout the following stages of member checking the transcripts and completing the written reflections. These delays were caused by inconsistent communication and changes in personal circumstances and schedules. Data collection continued through the winter holidays, also causing further delay.

The impact of this time delay on the overall findings was that it challenged me, as I had less time than expected to organize the data collected and engage in data analysis. This phase of the study was completed within a short time frame of between one to two months. However, it did not significantly impact the overall findings and outcomes of the research, because I was able to complete the data analysis by spreading all the data physically in front of me and using the sticky notes process. This helped me form an intimate relationship with the data and emergent themes. The time limitations impacted recruitment, as it was initially difficult to reach potential participants. Future research should include a more thorough and widespread recruitment approach that engages communities across the country.

This study was designed to be a small-scale qualitative research study, and my intention was not to have the sample of participants be representative or generalizable to all individuals teaching arts-based programming for older people living with dementia. Dibley et al. (2020) explain the objectives of hermeneutic phenomenological research:

We are not trying to say, ‘this experience means the same thing for all who endure/enjoy it’; instead, we are trying to say ‘this experience, told to us in this way at this moment in time, appears to mean this for these participants, and we invite you into that understanding’. The quality of this type of research needs to be assessed in different ways because experience is not measurable. (p. 150)

With this attitude in mind, the goal was to investigate the structures and approaches used in art education for individuals living with memory loss through interviews with art educators. The aim was to map connections and identify gaps between their experiences and existing literature on teaching, learning, and artmaking with individuals living with dementia. Due to the small, non-random sample of six participants, the outcomes of this study are not meant to be generalized to the broader population of art educators in this field. However, the results can contribute to a deeper understanding of these art educators' experiences in this context and inform program structures, training for educators and artists, and the development of approaches that address the goals and needs of this population including practitioners, from a relational perspective.

Connecting to Theory and Literature

This study contributes to the growing body of literature on geragogy within the field of educational gerontology, the theory and practice of art education for older adults, and relationship-centered care (RCC), through this exploration into the experiences of art educators facilitating programming for older adults living with dementia. By examining how educators perceive the importance of such programs and the complexity of connection—not only with participants but also among practitioners—this research reinforces and expands existing theories and proposes new areas for exploration.

The concept of high-quality arts programming aligns with the literature discussed in Chapter 2, emphasizing the “depth of knowledge” (Participant F) that artists bring to arts-based community programming for older adults. Such programming provides rich, artful experiences for the aging population, including those with dementia. Engaging professional artists and art educators to lead these programs not only enhances creative engagement but also promotes a deeper, more meaningful quality of connection. While a perspective of leisure and recreation remains valuable in this context, offering high-quality experiences demonstrates respect for participants' time and honors their current and past artistic interests (Participant E). Although artists and art educators bring valuable knowledge and expertise—regardless of their experience level in teaching and facilitating programs—they would benefit from support and training both

before and during their work with this population due to the nature of experiencing loss and changes in participants as their conditions progress.

The relationship-centered care (RCC) model, as discussed by Dupuis et al. (2016) and Suchman (2006), provides a framework for understanding the relational dynamics between educators and participants. While RCC has traditionally been applied in clinical settings, this study extends its application to the educational context, particularly in community arts programming. The emphasis on partnership, relational process, shared decision-making, and self-awareness within RCC aligns with the practices observed among art educators in this study. Deepening this connection to relationship-centered care, is the aspect of relational competence (Jordan, 2004, p. 15). Jordan (2004) describes relational competence from a psychology and women's studies background to care and social dynamics. She describes the development of relational competence as:

The capacity to move another person, to effect a change in a relationship, or effect the well-being of all participants in the relationship [...] This capacity does not mean simply influencing another person or having an impact on another person, which might produce a sense of power. From a relational point of view, we look at the quality of the impact on the other person and on the relationship. [...] Relational competence occurs within a context of wishing to empower other and appreciating the life-giving nature of community building, of creating strength in others rather than isolation. (Jordan, 2004, p. 15)

Relational competence prompts consideration of both the educator's well-being and the well-being of participants. Jordan speaks to relational competence as a quality of understanding intentions, how our words and actions impact those around us, and the complexity of connection itself (Jordan, Walker, & Hartling, 2004) RCC along with the related concept of relational-cultural theory (Miller, 1986) underlining the significance of relationships and connections in human development, draw out the aspect of support and training in the research outcomes. It leads me to propose how relational care can contribute to collegial relationships in this context, which could also form a separate study in itself on connections between practitioners.

By supporting interdisciplinary engagement and fostering a system of support for practitioners, this study contributes to a more holistic approach to arts-based educational practice with older adults. The outcomes of this study emphasize the importance of preparing educators not only to engage participants effectively but also to build resilience and develop strategies for managing the grief and loss that often accompany work with this population. These connections

between theory and practice suggests that building a robust support system, possibly involving mental health professionals and peer networks, is essential for maintaining educator well-being.

Implications for Future Research

My findings call for further research into how art educators experience and navigate the relational care model and how professional support systems can attend to the complexity of connection experienced by art educators in their work. It is an under-examined area of experience that would benefit greatly from further research and study. As the aging population grows, these insights become increasingly vital to sustaining high-quality educational experiences for both participants and educators.

The study of this topic increases awareness about aging and dementia in community art education programming. Examining the experiences of art educators working with this population and their care needs and educational interests contributes to understandings and applications of art education theory, approaches, and practice with the aging population. My research findings show a potential opportunity to enrich pre-service teacher education in community contexts in the development of teaching philosophies, critically engaging with various populations in the community, and informing young educators about the prevalence of ageism and ableism in community art education.

The body of work published involving the Wellness Academy demonstrates great progress these fields over the last ten years. Conversation surrounding dementia care and prevention of the disease has increased greatly within the last five years. For example, the Public Health Agency of Canada recently released four short videos to be played alongside other commercials on T.V. cable, internet streaming platforms, and broadcasted on radio programming. This campaign is from the *Dementia Strategic Fund*, published in *Together We Achieve*, the annual report on national dementia strategy (Public Health Agency of Canada, 2023). These short videos share information about risk factors and prevention of the disease (Healthy Canadians, 2023a; Healthy Canadians, 2023b), reducing stigma (Healthy Canadians, 2023c), and advice when interacting with someone living with dementia (Healthy Canadians, 2021). Canadian discourse about dementia is taking big metaphorical steps into the remarkable space of new media, reaching an audience spanning a wider age range. Public awareness is

lacking when we turn toward non-pharmacological treatments for older adults living with dementia. Many caregivers, if not unaware, are unable to access any kind of day programming available locally for people with mild to moderate dementia because of cost, transportation, caregiver availability, among many other obstacles.

At the outset of this study my research goals were to attempt to unpack and understand aging and dementia in community art programs through the process of data collection (i.e. interviews, written reflections, and field notes) and analysis. Learning about the experiences of art educators working with this group, offered insightful and compelling stories of experiences and meanings which offer directions to change how we think about and apply art education across disciplines and contexts of life. It can also improve how student teachers are trained, helping them to develop their teaching styles, work with different groups in the community, and understand issues like ageism and ableism in community art education. This research study contributes to the growing field of dementia care research and social gerontology. The pedagogic—or *geragogic*—position of this study can also contribute to the interdisciplinary nature of this field of research in the Canadian context.

References

- Bartlett, R., & O'Connor, D. (2007). From personhood to citizenship: Broadening the lens for dementia practice and research. *Journal of Aging Studies, 21*(2), 107–118.
<https://doi.org/10.1016/j.jaging.2006.09.002>
- Bazooband, A., Courtney-Pratt, H., Tierney, L., & Doherty, K. (2023). Engaging in Participatory Community-Based Arts: Perspectives of People Living with Dementia. *Health & Social Care in the Community, 1*–14. <https://doi.org/10.1155/2023/3088449>
- Benner, P. (2025). *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness*. SAGE Publications, Inc. <https://doi.org/10.4135/9781452204727>
- Cheers to two years: Bitove Wellness Academy celebrates.* (n.d.). Retrieved February 20, 2025, from https://www.uhn.ca/corporate/News/Pages/Cheers_to_two_years_Bitove_Wellness_Academy_celebrates.aspx
- Courtney, R., Ballard, E., Fauver, S., Gariota, M., & Holland, L. (1996). The Partnership Model: Working with Individuals, Families, and Communities toward a New Vision of Health. *Public Health Nursing, 13*(3), 177–186. <https://doi.org/10.1111/j.1525-1446.1996.tb00238.x>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (Fourth edition). SAGE.
- Crotty, M. (1998). *The Foundations of Social Research: Meaning and perspective in the research process*. Sage Publications. <https://doi.org/10.4324/9781003115700>
- Delanty, G. (2000). *Citizenship in a global age: Society, culture, politics*. Open University Press.
- Dewar, B., & Nolan, M. (2013). Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting. *International Journal of Nursing Studies, 50*(9), 1247–1258. <https://doi.org/10.1016/j.ijnurstu.2013.01.008>

- Dibley, L., Dickerson, S., Duffy, M., & Vandermause, R. (2020). *Doing Hermeneutic Phenomenological Research: A Practical Guide*. SAGE Publications Ltd.
<https://doi.org/10.4135/9781529799583>
- Douglas, K. M., Jaquith, D. B., & Thompson, C. M. (2018). *Engaging learners through artmaking: Choice-based art education in the classroom* (Second edition, 1–1 online resource (xvi, 172 pages) : illustrations). Teachers College Press.
<https://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=1737944>
- Dupuis, S. L., Kontos, P., Mitchell, G., Jonas-Simpson, C., & Gray, J. (2016). Re-claiming citizenship through the arts. *Dementia*, 15(3), 358–380. <https://doi.org/10.1177/1471301216637206>
- Florida Atlantic University. (n.d.). *Louis and Anne Green Memory and Wellness Center*. Florida Atlantic University. Retrieved December 9, 2023, from
<https://www.faanursing.org/mwc/index.php>
- Gadamer, H. G. (2013). *Truth and method*. Bloomsbury.
<https://bookshelf.vitalsource.com/books/9781780936000>
- Garnet, D., Sinner, A., Walker, C., Esmat, R., & Yi, S. (2018). Learning in the third age: Drawing wisdom from reflective stories in community art education. *International Journal of Lifelong Education*, 37(3), 283–296. <https://doi.org/10.1080/02601370.2018.1450304>
- Girton, K. M. (1996). Education as Expression: A Natural Expansion to a Theory of Geragogy. *Gerontology & Geriatrics Education*, 16(1), 53–69. https://doi.org/10.1300/J021v16n01_06
- Healthy Canadians (Director). (2021, December 17). *How to interact with someone living with dementia (30 seconds)* [Video recording]. <https://www.youtube.com/watch?v=UN9n9ZBC9A4>

- Healthy Canadians (Director). (2023a, January 10). *How to help reduce stigma about dementia*
 [Video recording]. https://www.youtube.com/watch?v=WQx3_vs0N9I
- Healthy Canadians (Director). (2023b, February 23). *Dementia risk reduction – High blood pressure*
 [Video recording]. <https://www.youtube.com/watch?v=KvrMWqFICoE>
- Healthy Canadians (Director). (2023c, February 23). *Dementia risk reduction – Physical inactivity*
 [Video recording]. <https://www.youtube.com/watch?v=fjd4512t8Io>
- Heidegger, M., Macquarrie, J., & Robinson, E. S. (1962). *Being and time*. Harper.
- Home. (n.d.). The Bitove Method. Retrieved February 20, 2025, from
<https://www.thebitovemethod.com>
- Hurst, A. (2023). Glossary. In *Introduction to Qualitative Research Methods*. Oregon State University. <https://open.oregonstate.edu/qualresearchmethods/back-matter/glossary/>
- Husserl, E., & Carr, D. (1970). *The crisis of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy*. Northwestern University Press.
- John, M. T. (1988). *Geragogy: A theory for teaching the elderly*. Haworth Press.
- Jonas-Simpson, C., Mitchell, G., Dupuis, S., Donovan, L., & Kontos, P. (2022). Free to be: Experiences of arts-based relational caring in a community living and thriving with dementia. *Dementia*. <https://doi.org/10.1177/14713012211027016>
- Jones, P. (2021). *The arts therapies: A revolution in healthcare* (Second edition, 1–1 online resource (xviii, 371 pages) : illustrations). Routledge.
<http://www.vlebooks.com/vleweb/product/openreader?id=none&isbn=9781134993116>
- Jordan, J. V. (2017). Relational–Cultural Theory: The Power of Connection to Transform Our Lives. *The Journal of Humanistic Counselling*, 56(3), 228–243. <https://onlinelibrary-wiley-com.lib-ezproxy.concordia.ca/doi/10.1002/johc.12055>

- Jordan, J. V., Hartling, L. M., & Walker, M. (2004). *The complexity of connection: Writings from the Stone Center's Jean Baker Miller Training Institute*. Guilford Press.
- Kinsella, E. A. (2007). Educating socially responsive practitioners: What can the literary arts offer health-professional education. In D. E. (Darlene E. Clover & J. Stalker (Eds.), *The arts and social justice: Re-crafting adult education and community cultural leadership* (pp. 39–58). National Institute of Adult Continuing Education (NIACE).
- Kontos, P. C. (2012). Alzheimer Expressions or Expressions Despite Alzheimer's? Reflections on Selfhood and Embodiment. *Occasion: Interdisciplinary Studies in the Humanities*, 4.
<https://hdl.handle.net/1807/72006>
- Lieshout, F. van, & Cardiff, S. (2011). Innovative Ways of Analysing Data With Practitioners as Co-Researchers. In J. Higgs, A. Titchen, D. Horsfall, & D. Bridges (Eds.), *Creative Spaces for Qualitative Researching: Living Research* (pp. 223–234). SensePublishers.
https://doi.org/10.1007/978-94-6091-761-5_22
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.
<http://catdir.loc.gov/catdir/enhancements/fy0658/84026295-t.html>
- Lourenço, O. (2012). Piaget and Vygotsky: Many resemblances, and a crucial difference. *New Ideas in Psychology*, 30(3), 281–295. <https://doi.org/10.1016/j.newideapsych.2011.12.006>
- Max van Manen. (2023). *Phenomenology of Practice: Meaning-Giving Methods in Phenomenological Research and Writing* (2nd ed.). Taylor & Francis. <https://www.routledge.com/Phenomenology-of-Practice-Meaning-Giving-Methods-in-Phenomenological-Research/Manen/p/book/9781032131931>

- McConnell-Henry, T., Chapman, Y., & Francis, K. (2011). Member checking and Heideggerian phenomenology: A redundant component. *Nurse Researcher (through 2013)*, 18(2), 28–37.
<https://www.proquest.com/docview/851577522/abstract/7691B9FF83D04F0CPQ/1>
- McKinley, J. (2015). Critical Argument and Writer Identity: Social Constructivism as a Theoretical Framework for EFL Academic Writing. *Critical Inquiry in Language Studies*, 12(3), 184–207.
<https://doi.org/10.1080/15427587.2015.1060558>
- Mehta, A., Cohen, S. R., & Chan, L. S. (2009). Palliative care: A need for a family systems approach. *Palliative & Supportive Care*, 7(2), 235–243. <https://doi.org/10.1017/S1478951509000303>
- Merleau-Ponty, M., & Smith, C. (1962). *Phenomenology of perception*. Humanities Press.
- Miller, J. B. (1986). *Toward a New Psychology of Women*. Beacon Press.
- Mitchell, G. J., Jonas-Simpson, C., Richards, J., Brown, S., & Bitove, V. (2021). Creating a relational arts-based academy for persons living with dementia. *Dementia*, 20(3), 1144–1153.
<https://doi.org/10.1177/1471301219895647>
- Moustakas, C. E. (1994). *Phenomenological research methods*. SAGE Publications.
- Nolan, M. R., Brown, J., Davies, S., Nolan, J., & Keady, J. (2006, December 31). *The Senses Framework: Improving care for older people through a relationship-centred approach. Getting Research into Practice (GRiP) Report No 2*. [Monograph]. University of Sheffield.
<https://shura.shu.ac.uk/280/>
- Nolan, M., Ryan, T., Enderby, P., & Reid, D. (2002). Towards a More Inclusive Vision of Dementia Care Practice and Research. *Dementia*, 1(2), 193–211.
<https://doi.org/10.1177/147130120200100206>
- Olthuis, J. H. (1997). *Knowing other-wise: Philosophy at the threshold of spirituality*. Fordham University Press. <https://hdl.handle.net/2027/heb08557.0001.001>

- Olthuis, J. H. (2000). Otherwise than Violence: Toward a Hermeneutics of Connection. In L. Zuidervaart & H. M. Luttikhuisen (Eds.), *The Arts, Community and Cultural Democracy* (pp. 137–164). Palgrave Macmillan UK. https://doi.org/10.1007/978-1-349-62374-7_8
- Palincsar, A. S. (1998). Social constructivist perspectives on teaching and learning: Annual Review of Psychology. *Annual Review of Psychology*, 49(1), 345. <https://doi.org/10.1146/annurev.psych.49.1.345>
- Palmer, R. E. (1969). *Hermeneutics: Interpretation Theory in Schleiermacher, Dilthey, Heidegger, and Gadamer*. Northwestern University Press.
- Powell, K., & Kalina, C. (2009). Cognitive and Social Constructivism: Developing Tools for an Effective Classroom. *Education 3-13*. <https://www.semanticscholar.org/paper/Cognitive-and-Social-Constructivism%3A-Developing-for-Powell-Kalina/a716ae15717001889732f937a37f7292faf1d107>
- Richardson, L. (1994). Writing: A method of inquiry. In N. Denzin & Y. Lincoln (Eds.), *Handbook for Qualitative Research*. SAGE.
- Rorty, R. (1979). *Philosophy and the mirror of nature*. Princeton University Press.
- Schleiermacher, F. (1998). *Hermeneutics and Criticism and Other Writings*. Cambridge University Press.
- Schreiber, L. M., & Valle, B. E. (2013). Social Constructivist Teaching Strategies in the Small Group Classroom. *Small Group Research*, 44(4), 395–411. <https://doi.org/10.1177/1046496413488422>
- Sherron, R. H., & Lumsden, D. B. (2013). *Introduction to Educational Gerontology*. Taylor & Francis.

- Suchman, A. L. (2006). A New Theoretical Foundation for Relationship-centered Care. *Journal of General Internal Medicine*, 21(Suppl 1), S40–S44. <https://doi.org/10.1111/j.1525-1497.2006.00308.x>
- Taylor, E. W. (Edward W., & Cranton, P. (2012). *The handbook of transformative learning: Theory, research, and practice* (1st ed). Jossey-Bass.
- Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy* (Second edition). Althouse Press.
- Vygotsky, L. S. ., & Cole, M. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.
- Vygotsky, L. S., Hanfmann, E., Kozulin, A., & Vakar, G. (2013). *Thought and language* (Rev. and expanded ed, 1–1 online resource (lxxvii, 307 pages)). The MIT Press.

Appendix A

Recruitment Flyer

This appendix includes the recruitment flyer distributed to contacts as part of the study's participant recruitment process. The flyer provided an overview of the research study, including the purpose, eligibility criteria, and contact information for potential participants.



Seeking Research Participants

To explore the experiences of art educators working with older individuals living with dementia.

Are you:

- Age 25 or older
- Reside in Canada
- Fluent in English
- At least two years of recent (within the last two years) work experience teaching community arts-based programs to older adults with dementia in a paid position.
- Formal or informal training in the arts (including visual arts, music, drama, dance, etc.)
- Actively create art or practice in the arts, either professionally or as a hobby
- Formal training in education or professional development training from an employer
- Able to meet for an interview on Zoom, requiring access to internet, a webcam, and microphone, and complete a post-interview written reflection.

If you answered **yes** to the criteria noted above, you may participate in this study. The purpose of this research is to investigate how art educators experience facilitating artmaking in community programs for older adults with dementia.

Your participation will involve one online interview via Zoom, lasting a maximum of two hours, and one post-interview written reflection. Interview dates are flexible to accommodate participants' schedules.

If you are interested in participating in this study, or would like more information, please contact the Primary Investigator,
Sylvia Erlichman-Gross: sylvia.erlichman-gross@mail.concordia.ca

Primary Investigator: Sylvia Erlichman-Gross, Master's student (MA)
Email: sylvia.erlichman-gross@mail.concordia.ca
Department: Art Education
Institution: Concordia University

Faculty Supervisor: David Pariser, PhD
Email: david.pariser@concordia.ca

This research is being conducted as part of a master's thesis and has received ethics certification from the University Human Research Ethics Committee.



Appendix B

Recruitment Flyer for EngAGE Research Centre Invitation

This appendix includes a modified version of the recruitment flyer specifically tailored for distribution through the EngAGE Centre at Concordia University.



Seeking Research Participants

To explore the experiences of art educators working with older individuals living with dementia.

Are you:

- Age 25 or older
- Reside in Canada
- Fluent in English
- At least two years of recent (within the last two years) work experience teaching community arts-based programs to older adults with dementia in a paid position.
- Formal or informal training in the arts (including visual arts, music, drama, dance, etc.)
- Actively create art or practice in the arts, either professionally or as a hobby
- Formal training in education or professional development training from an employer
- Able to meet for an interview on Zoom, requiring access to internet, a webcam, and microphone, and complete a post-interview written reflection.

If you answered **yes** to the criteria noted above, you may volunteer in this study. The purpose of this research is to investigate how art educators experience facilitating artmaking in community programs for older adults with dementia.

Your participation will involve one online interview via Zoom, lasting a maximum of two hours, and one post-interview written reflection. Interview dates are flexible to accommodate participants' schedules. Your membership status with EngAGE will not be impacted in any way by your decision to participate or not participate in this research study

If you are interested in participating in this study, or would like more information, please contact the Primary Investigator,
Sylvia Erlichman-Gross: sylvia.erlichman-gross@mail.concordia.ca

Primary Investigator: Sylvia Erlichman-Gross, Master's student (MA)
Email: sylvia.erlichman-gross@mail.concordia.ca
Department: Art Education
Institution: Concordia University

Faculty Supervisor: David Pariser, PhD
Email: david.pariser@concordia.ca

This research is being conducted as part of a master's thesis and has received ethics certification from the University Human Research Ethics Committee.



Appendix C

Information and Consent Form

This appendix contains a copy of the Information and Consent Form provided to each participant prior to their involvement in the study. The form outlined the study's purpose, procedures, potential risks, and benefits, as well as participants' rights, including confidentiality and voluntary participation. Participants were required to sign the form, indicating their informed consent to take part in the research.



INFORMATION AND CONSENT FORM

Study Title: Where Geragogy Meets Dementia Care: Mapping Connections and Disconnections in Teaching Artmaking with Older Adults Living with Dementia

Researcher: Sylvia R. Erlichman-Gross (MA student, Department of Art Education)

Researcher's Contact Information: sylvia.erlichman-gross@mail.concordia.ca

Faculty Supervisor: Dr. David Pariser

Faculty Supervisor's Contact Information: david.pariser@concordia.ca

Source of funding for the study: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher. This research is being done as part of a master's thesis.

A. PURPOSE

The purpose of the research is to see how art educators experience teaching older adults with dementia in community programs. This study looks at how aging, art education, and dementia care intersects. By talking to art educators, I explore their experiences and methods in teaching art to older adults with memory loss from different perspectives. This research shows different ways to teach and learn in community settings. I have two main goals: 1) understand how art education operates for people with memory loss through interviews; 2) compare these findings with existing research on teaching art to people with dementia.

B. PROCEDURES

If you participate, you will be asked to:

1. Participate in one individual online interview via Zoom, lasting a maximum of two hours. Interview dates are flexible to accommodate participants' schedules.

Appendix C: Continued

Information and Consent Form

- a. Discuss your experiences and perspectives teaching or facilitating artmaking with older adults living with dementia.
2. One post-interview written reflection. Prompts are included as an option to use when writing your reflection.

Interviews will be audio-recorded. You will be emailed your transcript of your interview, and asked to review, edit if you wish, and confirm your transcript for use in the study. The transcript is to be returned to the principal investigator (Sylvia R. Erlichman-Gross) by email. All audio files and transcriptions will be securely stored.

The written reflection will be emailed to you once the transcript is reviewed and confirmed. Once completed, the written reflection is also to be returned to the principal investigator (Sylvia R. Erlichman-Gross) by email.

In total, participating in this study will take a maximum of two (2) hours for the interview, with additional time to check the transcript. At your discretion, I ask that you review your transcript in a timely manner. This may take an additional hour or longer. The post-interview written reflection will take approximately 1 to 2 hours to complete.

C. RISKS AND BENEFITS

This research is not intended to benefit you personally. If you feel any discomfort or uncertainty when participating, please contact the principal investigator (Sylvia R. Erlichman-Gross). Please pass on any questions you do not wish to answer. You may stop participating in the interview at any time and you may withdraw participation in the study without any consequence.

Potential benefits from this study include contributing to a study about art education and dementia care in Canada.

D. CONFIDENTIALITY

I will gather the following information as part of interviews: 1) an audio recording of our conversation; 2) transcripts that you approve for use in the study. You have the option to be identified by either your name or a pseudonym during the interview. This means that the interviews will be labeled with the name you choose.

I will not allow anyone to access the information, except people directly involved in conducting the research. I will only use the information for the purposes of the research described in this form. Information will be kept secure on a password protected external hard drive, where all information relating to participant participation will be stored. Any paper copies of materials

Appendix C: Continued

Information and Consent Form

relating to this study will be kept in a locked filing system. Interview data will be deleted should you choose to withdraw. If you choose to withdraw, your information will be excluded from the research study.

I intend to publish the results of this research. Please indicate below whether you accept to be identified in the publications:

I accept that my name and the information I provide appear in publications of the results of the research.

Please do not publish my name as part of the results of the research.

I will destroy the information five years after the end of the study.

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher within three months of their last date of contact with the researcher. The information will no longer be used, and all interview data will be destroyed securely.

There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME you wish to be known as in this study: _____

NAME (please print) _____

SIGNATURE _____

DATE (YYYY/MM/DD) _____

Appendix C: Continued

Information and Consent Form

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix D

Interview Guide

Data Collection

In-Depth Conversational Interview Question Guide for Hermeneutic Phenomenological Research

Date: June 1, 2024

Study Title: Where Geragogy Meets Dementia Care: Mapping Connections and Disconnections in Teaching Artmaking with Older Adults Living with Dementia

Personal Experience and Background

1. What led you to become involved in art education, particularly with older adults who have dementia?
2. What is your role like as an art educator in a community program for adults with memory loss?

The Value of Art in This Context

3. What are your thoughts on the role of art programs for adults living with dementia?
4. How do you view the role of art in supporting individuals with memory loss?
5. What is your experience like when working with the participants in your program?

Teaching and Facilitating

6. How do you approach leading art-making sessions with older adults with dementia?
7. What challenges do you encounter when facilitating art sessions, and how do you address them?

Crafting Meaningful Experiences

8. How do you plan art activities for your participants?
9. In what ways do you encourage connection and community among participants?

Impact on Participants

10. Can you describe any changes or effects you've observed in participants through art programs?
11. How do you assess the outcomes of your sessions?

Personal Reflection and Contribution

12. How do you perceive the impact of your work?
13. How do you develop connections with your participants?

Looking Ahead

14. How do you see the future of art education for adults with memory loss?

Final Thoughts and Reflection

15. What stands out to you as the most meaningful part of your work? Is there anything else you would like to share about your experiences?

Appendix E

Revised Interview Guide: Participant D

Data Collection

In-Depth Conversational Interview Question Guide for Hermeneutic Phenomenological Research

Date: June 1, 2024 (Revised January 9, 2025)

Study Title: Where Geragogy Meets Dementia Care: Mapping Connections and Disconnections in Teaching Artmaking with Older Adults Living with Dementia

Revised for the purposes of aligning questions to participant's professional practice as an art therapist.

Preface discussion of her responses with her comment on what she does and why she does not consider herself an art educator.

Permission to use her comments verbatim: Yes

“I'm not an art educator, but I am an art therapist who has been working in the field of dementia care for 18 years. [...] I very much do not consider myself to be an educator. My approach to art is very much an "art as therapy" approach, with specific therapeutic goals that have little to do with the product of creation or skill development.” (Email correspondence with Participant D, 2025)

Revised Interview Question Guide:

Personal Experience and Background

1. Can you share how you first became involved in the arts and what led you to explore art therapy?
2. What inspired you to work with people living with dementia, and how did you become involved in this field?
3. What does a typical day look like for you when working with this population?

The Value of Art in This Context

4. What role do you think arts programs play in the lives of adults living with dementia? Can you share a story or experience that reflects your perspective?
5. What is it about art that makes it a powerful tool for those dealing with memory loss? How have you seen it impact individuals in your programs?
6. What does it feel like to spend time with the people you teach in this program? Describe any feelings or thoughts that come to mind.

Facilitating and Being-With

7. What's your style or philosophy when working with older adults with dementia?
8. What are some of the biggest challenges you face when facilitating art sessions? How do you work through those challenges?

9. Do you remember any feelings, thoughts, or sensations that you experience while working with participants?

Crafting Meaningful Experiences

10. How do you design art activities that resonate with your participants? What do you consider when planning these sessions to make them meaningful and enjoyable?
11. What do you sense among your participants when you are facilitating a group activity or working one on one? Are there specific techniques you use to help everyone feel included and engaged?

Impact on Participants

12. Can you share some examples of how arts programming has positively impacted the people you work with? What changes have you noticed in them as they participate in art-making activities?
13. How do you know if your sessions are successful? Do you receive feedback from participants or their families, and how does that shape your work?

Personal Reflection and Contribution

14. How do you feel about the impact you're making through your work?
15. How do you build relationships with your participants?

Looking Ahead

16. How do you see the arts in this context evolving in the coming years?

Final Thoughts and Reflection

17. What has been the most meaningful aspect of your job? Is there anything else you'd like to share about your experiences or what you've learned from working in this field?

Appendix F

Post-Interview Written Reflection Document

Researcher: Sylvia R. Erlichman-Gross

Faculty Supervisor: David Pariser

Participant:

Study Title: Where Geragogy Meets Dementia Care: Mapping Connections and Disconnections in Teaching Artmaking with Older Adults Living with Dementia

Please note that the following prompts are optional, and you are welcome to write your reflection independently. If you choose to respond to the provided prompts, kindly indicate this in your reflection or respond to each prompt directly below the text.

Prompt Question #1: After participating in the interview, how has your understanding of your role as an art educator working with older adults living with dementia deepened or evolved? Please describe any new insights or perspectives that emerged during our conversation, and how these may influence your future practices.

Prompt Question #2: Reflect on the shared experiences and stories you discussed during the interview. How do these experiences shape the meaning and significance of your work with this population? Consider how the interactions with the older adults, their responses to the art activities, and your own emotional and cognitive responses contribute to your overall experience and perception of your work.

Appendix G

TCPS 2: Core Certificate

This appendix includes a copy of the TCPS 2: Core Certificate, which certifies the completion of the mandatory online training on research ethics in Canada.



Appendix H

Concordia University Ethics Certification



CERTIFICATION OF ETHICAL ACCEPTABILITY
FOR RESEARCH INVOLVING HUMAN SUBJECTS

Name of Applicant: Sylvia Erlichman-Gross
Department: Faculty of Fine Arts\Art Education
Agency: N/A
Title of Project: Where Geragogy Meets Dementia Care: Mapping
Connections and Disconnections in Teaching
Artmaking with Older Adults Living with Dementia
Certification Number: 30020223
Valid From: November 11, 2024 To: November 10, 2025

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

A handwritten signature in black ink that reads "Richard DeMont".

Dr. Richard DeMont, Chair, University Human Research Ethics Committee