

# Reading between the Lines

A reflective report on 'Experience: An Introduction to Arts, Health and Older People'  
hosted by Age & Opportunity, WHAT and the Arts For Health Partnership Programme of  
Uillinn West Cork Arts Centre, 7th – 8th December 2021

Mary Grehan

## TABLE OF CONTENTS

Introduction.....	2
Observations and reflections .....	4
Artistic engagement .....	4
Advocacy .....	7
Attitudes to aging.....	8
The business of engaging older people in the arts .....	9
The wider context .....	10
Other general observations.....	11
Recommendations .....	12

## INTRODUCTION

On 7<sup>th</sup> December 2021, as Storm Barra was gathering momentum on the west coast of Ireland, a group of artists from all over Ireland gathered in a zoom room for a 2-day learning programme hosted by the Waterford Healing Arts Trust (WHAT), Age & Opportunity and the Arts For Health Partnership Programme of Uillinn West Cork Arts Centre.

The programme aimed ‘to outline the essential elements involved in working with older people in an arts and health and / or community context.’ This was the first time that these three organisations had partnered on the delivery of such a programme and it was clear that it was the result of many months of considered planning. The virtual format brought into sharp focus people’s need to connect with and learn from the experience of others. There was a nervousness about poor internet connections from the outset and, sure enough, a number of people not only lost their internet connection but also lost electricity in the course of the first day. A last-minute decision was taken to record the sessions. The group powered on and by day two, the storm had passed and a sense of calm was restored.

The line-up of speakers and workshop facilitators reflected a range of experience and perspectives across artform and healthcare / community contexts. They were:

- Justine Foster, Programme Manager of Arts for Health Partnership Programme Uillinn West Cork Arts Centre
- Claire Meaney, Director of Waterford Healing Arts Trust
- Eva Griffin, Arts Programme Administrator with Age & Opportunity
- Dr Paul Finucane, Geriatrician and co-editor of *Emergence, A Celebration of the Wisdom and Resilience of Ageing*.
- Caroline Schofield, Artist who works with older people through Waterford Healing Arts Trust, Age & Opportunity and the Design and Crafts Council of Ireland.
- Julie Spollen of Anam Beo, an independent arts and health organisation and author of an arts charter for working with older people.
- Sarah Cairns, Activities Director, Bantry General Hospital
- Margo Daly, Clinical Nurse Manager, St Joseph’s Ward, Bantry General Hospital
- Liam Merriman, musician and trainer with Waterford Healing Arts Trust and Kids Classics
- Bernie O’Reilly, Outlandish Theatre Platform, collaborative theatre company making new theatre with artists and communities.
- Justin Grounds, Composer and Violinist, Arts for Health West Cork

- Philippa Donnellan, Dance Artist whose creative practice is collaborative and multi-disciplinary.
- Dominic Campbell, Director, Creative Ageing International

The programme, which focussed on participatory and collaborative arts practice, provided a space to learn, to connect, to share experience, to play, to be inspired, to empathise, to move (literally) and be moved. Contributions came in the form of informal talks, presentations, case studies and workshops and there was a clear sense of presenters directly addressing artists in a way that felt more immediate than it might have felt 'in real life'.

This report contains a summation of the main themes and ideas that emerged over the first two days of the programme, my observations and reflections on these and my recommendations for future learning programmes of this nature. The observations and reflections are a conglomeration of points made by different speakers and include that which was implicit in the presentations. They are filtered not only through my own experience of working with older people over the years, but also of being an Irish woman who, like everyone, is growing older.

Mary Grehan, Passage East, Co. Waterford

## OBSERVATIONS AND REFLECTIONS

### Artistic engagement

Participatory and collaborative arts span all artforms and artists' approaches run the gamut between artist-led projects to more person-centred processes. Given this, it was interesting to hear a number of commonalities in artists' descriptions of their work with older people.

Page | 4

Many of the speakers referred to the need to work **in the moment**, particularly in the case of engaging people who have lost their short-term memory. Liam told us that 'many skills need to be reinvented in the moment.' Margo advised artists to 'expect the unexpected' and 'don't beat yourself up if it [the original plan] does not work'. The artists also spoke about being open to seeing what happens. Justin does not impose a creative brief on a participant but works at meeting people where they are at. This can be uncertain territory for artists but Caroline called for trusting in the process. Being in the moment is one expression of the 'Responsive Approach', one of the five key principles of *Participatory Arts in Healthcare Settings – Guidelines for Good Practice*. It may require artists to develop a wide repertoire of skills and techniques and draw from a deep well of knowledge and understanding about their own artform.

In the light of this openness and uncertainty, it was not surprising that artists talked about their processes of engagement in terms of '**starting points**'. For example, Outlandish Theatre Platform begins every project with a question as part of their theatre of enquiry, something that is of interest to them as artists. They will have researched this before meeting participants, but through a process of deep listening, they let go of their initial thoughts about the question. Julie suggests that artists bring something with them to the first session as a conversation starter. 'It could be a musical instrument, or a plant,' she said. Justin opens and ends every session with singing. Liam advised musicians to start a session with instrumental music and this will guide the conversation. This thinking in terms of starting points could be valuable to artists who are new to working with older people. Funding systems often require artists to pitch an idea as part of a funding proposal. However, as Julie said, 'You might have a great idea but do the investigations first.' This underscores for me the need for a resourced R&D stage as part of any participatory / collaborative arts project.

Caroline described artists working with people as a two-way conversation, an 'intensely relational act.' When plotted along a **process vs product** axis, most projects described in the course of the two days were more process based. As Justin said, the work is 'not instagramable'. However, producing artistic outcomes seemed to give an impetus to the process. Caroline spoke of the importance of celebrating

all achievements and Margo proudly shared with us the outcome of Stories from the Well Field project in which she was involved.

The concept of **boundaries** was referred to by a number of artists. Liam and Justin told us that they were artists, not entertainers and not therapists. Part of understanding one's boundaries is to be clear about the scope of one's practice. In her introduction, Claire encouraged the artists to define their own practice. Those artists who work in collectives – Outlandish Theatre Platform and Anam Beo - made a point of articulating the values / principles that they carry from project to project. Outlandish Theatre Platform were particularly articulate about their working processes and perhaps it is working as part of a team of artists that called for naming what might otherwise be tacit.

There seems to be a continuum between those artists who viewed their 'own work' as being distinct from their work with older people, and those for whom collaborating with others *is* their 'own work'. There are lots of permutations between these two scenarios and these are in part determined by the nature of the artform. It was not obvious to me the extent to which artists have reflected on this and articulated to themselves the relationship between the two parts of their creative lives.

While some of the variations in practice can be attributed to setting, others are attributable to an artist's individual approach. While Liam advised musicians to be careful in the selection of their repertoire with the aim of minimising the likelihood of a participant becoming upset, Justin shared a project whereby he opened up a conversation with older people about grieving and loss inspired by Bach's 'Last Dance'. Paul felt that allowing participants to express emotion can be a positive thing by enabling them to reach inner peace. No judgement is intended by pointing out these differences. Rather, not unlike Outlandish Theatre Platform who 'put multiple perspectives on the stage at the same time', there is, I believe, a value in acknowledging diverse approaches as a means of prompting artists to reflect on and clarify their own practice. There is also a benefit in sharing what support structures are put in place for ensuring that the engagement of older people is at all times safe, particularly in healthcare settings. For example, Maeve Butler from WHAT spoke about the need for a staff liaison person to support artists and older people in healthcare settings if and when either becomes emotional during or after sessions.

In listening to Caroline's story about a man who was concerned that he would not be as good at art as he had been before, I was struck by how an adult will self-identify as being 'good at' or 'bad at' art (of any artform) based on feedback received as a child. This might be further enforced by healthcare staff, family members and others depending on the setting and could be a constraint initially for an artist engaging an older person. It is interesting to hear how artists working in healthcare settings

gently try to subvert pre-existing notions of talent by looking out for those older people who might want to get involved in a session but had not been put forward by the healthcare staff.

Finally, there was some discussion about whether art projects for older people should be memory-based or more forward looking. Such either / or thinking of this nature has, I believe, less value than understanding how an artist engages a participant to find the meeting ground on which both will collaborate.

## Advocacy

Liam told us he was 'a believer'. The notion of belief in the value of participation in the arts for older people seemed in the case of this course to be founded on the direct experience of artists rather than the outcomes of any empirical research.

Although Paul did refer to some research such as the positive impact of Irish dancing on those with Parkinson's disease and Dominic referred to the recent TILDA report about the benefits of creativity in later life, we heard little about the evidence of the positive impact for older people of participation in the arts. This is hardly surprising in a learning programme that was for artists delivered as opposed to clinicians or researchers.

At a time when arts is not a core part of any healthcare service, the need to promote the benefits of the arts in terms of health and wellbeing is never far from the minds of those responsible for setting up arts and health programmes. Paul believes that it is the responsibility of artists to advocate for arts in healthcare as part of their work, to badger budget holders etc. However, it could be argued that while artists can do this (and some are more comfortable in the role of advocate than others), the voice of the well-placed healthcare professional would carry more weight in the corridors of healthcare than that of a freelance artist. Also, what is the language that will gain traction when it comes to advocacy among key decision makers – the language of anecdote and personal testimony which artists are clearly comfortable with or that of empirical evidence?

I would suggest that when it comes to healthcare the most indisputable voice in terms of advocacy is that of the health service user / client / patient and their families and such voices should be included and nurtured at every juncture in planning a programme. It was interesting that the example that Margo, who is a Clinical Nurse Manager, shared with us about the positive impact of an arts and health project was not that of a patient, but was her own mother, suggesting that it was as a daughter that she got a closer insight into the positive effect of arts participation for a participant and her family than a healthcare professional would get.

Many benefits of arts participation were touched upon such as that of agency. Caroline told us that one of the reasons people come to the WHAT Open Gallery sessions is because they are asked their opinions there. Paul referred to the need to develop and sustain social capital in old age and the role of arts and creativity in this. Personally, I was heartened by Justin telling us that his involvement in Arts For Health Partnership Programme of Uillinn West Cork Arts Centre was meeting a need in him to connect with others. His role in the programme gave meaning to his work as a composer.

## Attitudes to aging

At the beginning of day two, one of the organisers expressed concern that a focus on hospital based arts in the various presentations ran the risk of pathologising older age, and this was something that resonated with me. The language around 'older people' can lead to 'them and us' thinking. The reality of aging, the good and the bad, becomes clear with aging but perhaps there is a need for people of all ages to adjust their thinking about arts and older people in recognition of the fact that we are all aging all the time. As Eva said in her introduction to the programme: 'At Age & Opportunity we ...are very mindful of language and framing when it comes to working with older people, as we don't want people to feel patronised or separated from general arts audiences because of their age.' Paul's talk was a call to *all of us* to prepare for old age through the development of social capital and implicit in that he was asking us to recognise that we are all on the journey towards old age.

Sarah implied that in the case of healthcare a sense of separation can be set up between healthcare professionals and older patients when she said that 'everything here [at Bantry General Hospital] is about us rather than us and them and unfortunately most [healthcare] environments don't foster that kind of culture.' Sarah's advice about effective communication with people with dementia (using gesture, being congruent in terms of tone of voice, body language etc.) could be applied to lots of social settings. As Dominic said about this work 'this is not just about older people and it never was. We know if we sit back we are becoming the older generation.'

## The business of engaging older people in the arts

There is no uniform system for engaging older people in arts experiences in Ireland. In some cases, artists are invited to respond to and compete for advertised opportunities such as those offered by the host organisations. This is how Caroline Schofield came to do the work she does with WHAT. But in many cases, the absence of organised programmes requires artists to be self-starters and develop programmes in partnership with relevant organisations. In these cases, artists find themselves acting as managers and leaders. Julie told us how artists working with Anam Beo not only deliver arts programmes but also carry out a considerable amount of administration and publicity work in relation to these. These two different scenarios were implicit in Caroline's and Julie's presentations. Both are visual artists doing similar work but under different governance arrangements. Thanks to the support of WHAT, Caroline was freed up to focus on the art practice but Julie's work involves administrative and managerial responsibility. Julie spoke about the need to make provision for this work in project budgets by including budget lines for dissemination, research etc.

The question of funding and finance was within the scope of the programme but I sense that it may have been on participants' minds. One artist asked a question about rates of pay, saying 'I feel conscious raising the question, as nobody has mentioned money.'

I worried that in the case of artists who are also managers, that the demands of administration and governance might dominate the participatory / collaborative work. While resources need to be ring fenced for administration in running any arts project, perhaps time also needs to be ring fenced in a learning programme such as this, unless the participants are working on programmes whereby all of the administration is carried out by others.

There were generous invitations by the host organisations to the participants to make contact after the programme such as Eva telling us about Age & Opportunity's matchmaking workshops which pair arts organisations with artists who want to work with older people.

There were many references to the challenges for artists in navigating and negotiating a healthcare space while remaining true to their artistic practice. Justine outlined the core principles of good partnerships in her introduction and Julie emphasised the need to build up a connection with key healthcare staff to get a project off the ground. Margo's talk gave us an insight into the perspective of a healthcare manager who is duty bound to comply with HIQA standards, the National Health Act and, more recently, Covid guidelines. Margo was open to most arts experiences for service users in her hospital. I was curious to know how she marries up the requirements of various standards with the outcomes and outputs of an arts project.

## The wider context

Often it feels that the engagement of older people in participatory / collaborative arts happens behind closed doors. Caroline told us that it was a quiet practice, it won't make the headlines. Given this, I found it particularly inspiring and motivating when Dominic contextualised the work within wider society and social activism. His talk felt like a job description, a challenging and exciting one. He told us that our job as practitioners was to dream differently and to make those dreams a reality, to help people make sense of their world through making, to change the way culture functions through art, to help people to self-identify as individuals through arts and to propagate joy. Fall in love with your older self, he said.

## Other general observations

We perceive the world through all our senses and learning is no different. It is a multi-sensory act. I am reminded of Caroline Simmons, Director of Le Rire Medecin in Paris, who told me in 2002 that when training Clown Doctors, Le Rire Medecin ask the trainees to be on a hospital ward blindfolded to heighten the awareness of the smells, the sounds and the feel of the environment so that they can experience the space in the way a patient might. In the absence of being able to deliver the Experience programme in a community or healthcare setting, Caroline Schofield did a good job of vividly describing how one possible setting, an acute ward for older people, can be and the culture shock she experienced when first finding herself in that setting as an artist. Justin's sharing of interesting objects was also memorable. The objects compensated for the 2D nature of Zoom. Sarah asked us to use our imagination to consider what losing our short-term memory might be like. This was a useful exercise in empathy.

Sarah was excellent at giving very practical advice for working with people with different types of dementia such as don't take behaviour personally, don't test a person with dementia by asking questions, include the answer in any question you might ask etc. Her experience in training was evident. She had distilled a vast body of knowledge into a few key but relevant points. She recapped on material, invited questions, demonstrated points etc.

In comparison, the artists did a good job in describing their working processes but had not distilled the content down to the same extent. Perhaps this is because participatory and collaborative arts is not a uniform practice and artists' processes are continually evolving. Perhaps also because, in reality, their processes are communicated in part in the language of the artform.

In keeping with the literary mantra 'show, don't tell', Philippa led us through a dance session which gave us permission to play, to be outrageous, to listen to our bodies and care for them through movement, to have fun and to get go. She did not tell us how to relate this to working with older people but given that this was at the end of day two, and, as we learned from Sarah, 93% of communication is non-verbal, it was not difficult to relate the experience of her workshop to what the artists had shared with us in the previous two days. This was learning through experience and as such was all the more powerful for the absence of explanation.

Choice must be facilitated in any person-centred participatory / collaborative arts experience. As Caroline said, 'Would we want to be made to do something we would not want to do?' In the case of Philippa's online dance session, we had the option to switch off our cameras and not participate if we

chose. It would be interesting to know when and how choice is facilitated when working with older people.

Although it was intended for the course to cover projects that take place in community and healthcare settings, it was healthcare settings that dominated in the presentations given. Perhaps this is because of the specific interest in Arts in Health of two out of three organisers. It may also be because of the very particular challenges that working in healthcare pose. Personally, I suspect that many of the speakers took their cue from the title of the course which was 'Experience: An Introduction to Arts, Health and Older People'.

## Recommendations for future programmes

Online fora cannot fully substitute for an in-person learning experience whereby, in this context, an emerging artist would get to shadow a more experienced artist on site. Nevertheless, this report shows how it can go a long way in facilitating multi-faceted learning and supporting rich exchange of experience.

Below, in no particular order, are my recommendations for future learning programmes of this nature based on my observations and reflections. Some of these recommendations are born of the limitations of working online.

1. Involve an older person who is a project participant in the beginning (or all) of the Experience programme to talk about the role of arts and creativity in their lives as a way of giving focus to the learning and grounding it the experience of participants. Involving older people like this might encourage artists to do similarly when they come to planning and delivering their own projects.
2. Encourage participating artists to be more mindful of the sense of separation that can be created by certain language / attitudes around aging through guided reflection on their own experience of getting older.
3. Set the context for the various contributions by briefly mapping out at the beginning of the programme the different organisational scenarios and settings in which artists work with older people, from employment by a pre-existing, funded arts programme to being a self-starter who sets up a project and the implications of these differences.
4. Create lots of breathing space to enable participants to absorb new material. In briefing presenters, ask them to ground their advice in real life examples, but not too many examples, to show objects including artworks, play music, ask questions, make the experience as multi-sensory and interactive as possible. Be aware that Powerpoint can get in the way of online engagement by reducing / eliminating the view of the speaker.
5. Open up a discussion between presenting artists about the relationship between their own practice and their work with older people. Do they see it as one in the same or are they different practices or what is the relationship between the two? One approach is not

necessarily preferable to the other but it might help participating artists to define their own practice.

6. Unless the programme is exclusively for artists who are engaged by established organisations, there is a need for a session about funding and the general business of the work. A dedicated session on this should in turn protect the space for talking about arts processes in other sessions. Demystify this by showing, for example, a sample of an artist's agreement or a partnership agreement to illustrate roles and responsibilities.
7. Invite the clinically based contributors to explain the significance of evidence-based practice in healthcare. Signposting to key evidence and a short discussion of the role of research in arts and health would also be useful.
8. There is a value in recording and disseminating the various contributions. Treat every opportunity to share experience as if it is your last!