Making meaning, creating connection:
A taxonomy of arts interventions for people with dementia

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Thesis submitted to the University of Nottingham
for the degree of Doctor of Philosophy

September 2018

Abstract

Background

Arts interventions – music, dance, theatre, literature, visual and digital arts – can successfully enhance the care, wellbeing and quality of life for people living with dementia. The multi-disciplinary field of the arts and dementia combines perspectives from humanities and science paradigms, therefore researching arts interventions is highly complex. Consequently, the current evidence base for the arts and dementia has a number of limitations relating to the description, theoretical explanation, communication and simplification of arts interventions.

Taxonomy is the science of classification, and is used to label and describe the world around us. By producing a taxonomy of arts interventions for people with dementia, this research aims to address some of the current evidence base limitations by: describing the component parts of an arts intervention; explaining how arts interventions 'work' for people with dementia and produce their effects; improving multi-disciplinary communication amongst arts and dementia stakeholders; mapping and simplifying the complex field of the arts and dementia.

By developing a common language of classification, this research hopes to support artists and practitioners, carers and care staff, people with dementia, funders and commissioners, researchers and academics.

Methods

Using a primarily qualitative framework derived from taxonomy and realist methodology, this research comprised a literature review, discussion groups, a case study of music therapy undertaken in Denmark involving observations, interviews and focus groups, and a three phase Delphi questionnaire study. These multiple stages of data collection and analysis incorporated the lived expert experience of carers, care staff, therapists, practitioners, academics, artists, arts managers and people with dementia.

Results

The taxonomy of arts interventions for people with dementia proposed here has twelve dimensions: Principles, Art form, Complementary arts, Arts activity, Artistic elements, Artistic materials, Arts approaches, Intervention context, Arts location, Competencies, Arts facilitators, Artistic focus.

Principles are the component parts that characterise arts interventions for people with dementia. Eight were identified: Engagement, Humanity, Selfhood, Involvement, Expression, Connection, Possibility, Transformation. This common language can describe unique experiences.

Arts interventions can also be classified and theorised according to their relative contexts, mechanisms, outcomes, benefits and processes.

Discussion

The dimensions of arts interventions are inter-related. Arts interventions are typically composed of multiple elements from across or within the dimensions. Consequently, arts interventions can be classified generally, but delivered according to individual

needs and preferences to ensure they remain person-centred. The taxonomy can be adapted to suit different audiences for accessible dissemination. The proposed taxonomy is comparable to other arts and health frameworks.

Conclusion

It is possible to define multiple dimensions of arts interventions for people with dementia, including their guiding principles, and to describe their processes, outcomes and potential benefits. This research offers an empirical understanding for how arts interventions work in theory and in practice. The taxonomy helps to make meaning and create connection – for those working in the field, and for those taking part in arts interventions.

However, there are limitations to the interpretation of the arts and dementia presented by this taxonomy. Consequently, it is a foundational model that requires further testing. Responses from the wider arts and dementia community are therefore encouraged. Ideas for future research to support this are outlined.

Acknowledgements

This research has been possible thanks to the generosity, kindness and support of many brilliant people. I am sincerely grateful to everyone who has given their time to help with this work.

Firstly, many thanks to the Alzheimer's Society for funding this PhD and the TAnDem (**T**he **A**rts **and Dem**entia) Doctoral Training Centre [Grant Ref: 225 (AS-DTC-2014-031)]. It has been a privilege to represent the organisation and be given the opportunity to undertake this research. Thank you as well to our team of Alzheimer's Society monitors who asked thought provoking questions and kept us on track with our projects. A highlight from the last three years has been volunteering for the Alzheimer's Society at my local *Singing for the Brain* group. Thank you to the lovely people I have met there who patiently taught me the big hits of yesteryear and indulged my love for musical theatre.

Secondly, a huge thank you to all of the TAnDem supervisors and staff who have offered guidance, tuition, ideas and enthusiasm throughout the course of this PhD. Also, a massive thank you to my fellow TAnDem PhD students who have been a constant source of wisdom, joy and compassion throughout this journey. Likewise, thank you to PhD students at the University of Nottingham who have offered friendship and advice, and to colleagues at the Institute of Mental Health and the Centre for Dementia who have been engaged with this research.

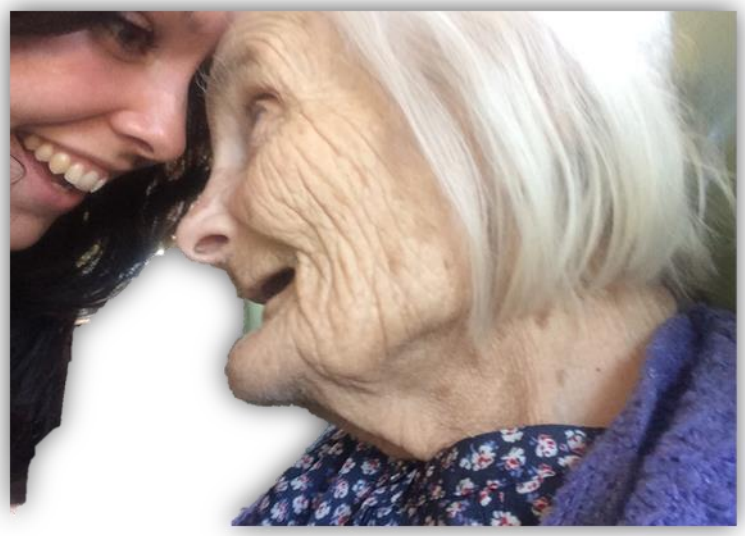
Thirdly, my heartfelt gratitude to all the research participants who so generously shared their perspectives, experience and reflections at various stages of this work.

Thank you to the focus group and workshop participants, and to those who helped to host these discussion groups. A particular thank you to the Delphi study participants who committed to three rounds of questionnaires, as well as those colleagues and peers who helped with the pilot stage. And a very special thank you to Hanne Mette Ridder and her team at Aalborg University who hosted me during my research fellowship in Denmark. Thank you to INTERDEM for this opportunity, and to all those who welcomed me with such kindness and warmth to carry out observations, focus groups and interviews relating to the music therapy case study. *Tusind tak*! It was a truly wonderful experience.

To all these research participants: you taught me so much, personally and professionally, and shaped my thinking in valuable ways throughout the duration of this study. Thank you.

Fourthly, thank you to all participants, organisers and 'buddies' of the 2016 *Memory Bridge* dementia care retreat in Bloomington, Indiana. It was a life changing and profound week which continues to influence my thoughts about dementia care.

And finally, some personal thanks. To my friends, loved ones and family who consistently provide inspiration, encouragement and baked camembert. And above all in relation to this research, an exceptional thank you to my fantastic supervisors – Tom Dening, Victoria Tischler and Claire Garabedian. You have guided my curiosity, shared your knowledge and fuelled my progress throughout the last three years. Supervisions have been stimulating, lively and enriching – always with good humour and entertainment. I shall genuinely miss our conversations, and I couldn't have done it without you.



This thesis is dedicated to my Nana

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Glossary

Arts intervention for people with dementia: a quality, considered and reflective arts experience, underpinned by theory and purpose, that optimises its effects by consulting the evidence base and meeting the particular person-centred and psychosocial needs of people with dementia.

Arts therapy: an umbrella term that includes all arts therapies irrespective of individual art form. Examples of individual arts therapies include music therapy, drama therapy, dance therapy and art therapy.

Attuning: responding to the needs of an individual by paying close attention to them in the moment.

Co-creativity: sharing the creative process as equals in a relationship of inclusion and reciprocity.

Dimension: different domains within the arts and dementia taxonomy that contain similar components of arts interventions.

Embodiment: experiencing the body as a way of knowing, being, expressing and communicating.

Emergence: a term from realist methodology that describes how effects can emerge throughout the course of an intervention.

Entrainment: the process of moving towards synchronisation during activities, for example music or movement, typically led by rhythm.

Feature: detailed terms derived from stakeholder language that describe principles.

Flow: the experience of being immersed in the moment during an activity.

Folksonomy: a lay classification, often assembled and managed online, that results in a common language for its community.

Hygge: a feeling of cosiness and contentment, typically resulting from the surrounding environment and ambience.

INTERDEM: a European research network collaborating on psychosocial interventions to improve the wellbeing of people with dementia.

Musicking: engagement with music, which is often spontaneous.

Mycology: the study of mushrooms.

Snoezelen: a multi-sensory therapy for people with dementia, often used to improve mood or promote relaxation.

Nomenclature: the act or system of naming.

Person-centred care: delivering personalised care in a way that takes account of each individual's unique preferences and identity.

Personhood: the respectful recognition of a person as an individual.

Phylogeny: the inter-relational element of taxonomy which shows the similarities and differences between species, and documents their shared characteristics.

Principles[1]: the underpinning component parts that characterise arts interventions for people with dementia. Principles are elements present in, or enabled by, arts interventions and identify how they operate and produce their effects.

Psychosocial intervention: a method of care or support that seeks to support psychosocial needs. For people with dementia, these are typically: comfort, identity, occupation, inclusion, attachment and love.

Recursive causality: a term from realist methodology that describes how effects within an intervention may be triggered by preceding ones.

Social prescribing: an initiative that refers individuals to non-clinical services which offer more holistic care, for example arts on prescription schemes that provide arts interventions.

[1] This term evolves throughout the research but this is the final definition.

TAnDem: The Arts and Dementia (TAnDem) Doctoral Training Centre (DTC) is a research collaboration between the Universities of Nottingham and Worcester, funded by the Alzheimer's Society, working to strengthen and refine the evidence base for the arts and dementia.

Taxonomy: a system of classification that helps to name, describe, explain and simplify the world around us.

Validation: offering empathy, understanding and authentication to create a sense of being seen and heard.

Abbreviations

ADI: Alzheimer's Disease International

AESOP: Arts Enterprise with a Social Purpose

AHRC: The Arts and Humanities Research Council

AMED: Allied and Complementary Medicine Database

APA: American Psychiatric Association

APPG: All-party Parliamentary Group

ArtsObs: Arts Observational Scale

BOS: Bristol Online Surveys

CINAHL: Cumulative Index to Nursing and Allied Health Literature

CMO: Context Mechanism Outcome

CRD: Centre for Reviews and Dissemination

CST: Cognitive Stimulation Therapy

DCM: Dementia Care Mapping

DSM: The Diagnostic and Statistical Manual of Mental Disorders

GCWBT: The Greater Cincinnati Chapter Well-Being Observation Tool

GIM: Guided Imagery and Music

HCPC: Health and Care Professions Council

ICD: The International Classification of Diseases and Related Health Problems

ICF: The International Classification of Functioning, Disability and Health

MiDAS: Music in Dementia Assessment Scales

NGT: Nominal Group Technique

NHS: National Health Service

NICE: The National Institute for Health and Care Excellence

OED: Oxford English Dictionary

PAMI: Person Attuned Music Interaction

PICOS: Population, Interventions, Comparators, Outcomes, Study design

PPI: Patient and Public Involvement

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses

PTSD: Post Traumatic Stress Disorder

RAMESES: Realist And Meta-narrative Evidence Syntheses: Evolving Standards

RCT: Randomised Controlled Trial

RSPH: The Royal Society for Public Health

SALSA: Search, AppraisaL, Synthesis, Analysis

TIDieR: Template for Intervention Description and Replication

TIDieR-PHP: Template for Intervention Description and Replication - Population Health and Policy

UN: United Nations

URC: Update and Revision Committee

WHO: World Health Organisation

Research dissemination

Publications

Cousins, E., Tischler, V., Garabedian, C., Dening, T. (2018). Principles and features to define and describe arts interventions for people with dementia: A qualitative realist study, *Arts & Health*, doi: 10.1080/17533015.2018.1490787

Cousins, E. (2017). Data collection in Denmark. *Dementia day to day*. Retrieved from: https://idea.nottingham.ac.uk/blogs/posts/data-collection-denmark. [Accessed 3rd July 2018].

Cousins, E. (2016a). Creativity and Dementia. *Dementia day to day*. Retrieved from: https://idea.nottingham.ac.uk/blogs/posts/creativity-and-dementia. [Accessed 3rd July 2018].

Cousins, E. (2016b). Reflections from a dementia training retreat. *Dementia day to day*. Retrieved from: https://idea.nottingham.ac.uk/blogs/posts/reflections-dementia-training-retreat. [Accessed 3rd July 2018].

Presentations and posters

September 2018: TAnDem arts and dementia conference, Nottingham

Delivered a joint presentation regarding the arts and dementia evidence base, and findings from the taxonomy.

May 2018: Inter-professional Masterclass on Dementia, University of Nottingham

Invited to give a joint oral presentation about the arts and dementia.

May 2018: Alzheimer's Society Annual Conference, London.

Delivered a poster presentation entitled *Making meaning, creating connection: A classification to define and describe arts interventions for people with dementia*

May 2018: Sue Watson Postgraduate Oral Presentation, School of Medicine, University of Nottingham.

Delivered an oral presentation entitled *Making meaning, creating connection: A classification to define and describe arts interventions for people with dementia*

April 2018: British Geriatrics Society Spring Meeting, Nottingham.

Invited to give an oral presentation about the arts and dementia.

December 2017: East Midlands Dementia Day, Nottingham.

Invited to give an oral presentation about singing and dementia.

October 2017: Alzheimer Europe conference, Berlin.

Invited to give an oral presentation about the arts and dementia taxonomy as part of the INTERDEM Task Force for Social Health session;

Delivered a joint oral presentation on lessons from the PhD journey for the INTERDEM Academy;

Delivered a poster presentation entitled *Making Meaning, creating connection: Principles to define and describe arts interventions for people with dementia*

September 2017: TAnDem international arts and dementia conference, Malvern

Delivered a poster presentation entitled *Making meaning, creating connection: A classification to define and describe arts interventions for people with dementia.*

September 2017: Dementia PPI group, Nottingham

Delivered an oral presentation on emergent research findings to provide feedback to participants who had taken part in a focus group as requested.

April 2017: Aalborg University, Denmark.

Delivered an oral presentation about the arts and dementia, and preliminary research findings relating to the taxonomy.

March 2017: First International Research Conference on the Arts and Dementia: Theory, Methodology and Evidence, Royal Society of Public Health, London

Co-facilitated a roundtable discussion about the evidence base for the arts and dementia.

January 2017: *Created Out of Mind* PhD day, Wellcome Hub, London

Delivered an oral presentation on the arts and dementia taxonomy and emergent research findings.

December 2016: Institute of Mental Health Dementia PPI group, Nottingham

Delivered a joint oral presentation on the arts and dementia.

September 2016: National Admiral Nurse forum, Nottingham

Invited to give an oral presentation and workshop on singing and dementia.

June 2016: Medical School postgraduate research forum, University of Nottingham.

Delivered an oral impact presentation and displayed a digital e-poster reporting emergent research findings relating to the arts and dementia taxonomy.

June 2016: LINK16 postgraduate conference, University of Nottingham

Delivered an oral presentation reporting emergent research findings relating to the arts and dementia taxonomy.

May 2016: Institute of Mental Health research day, Nottingham

Delivered an oral presentation on the proposed arts and dementia research.

April 2016: Creative Dementia Arts Network conference, University of Oxford

Delivered a group presentation about the TAnDem Doctoral Training Centre and hosted an individual discussion group on classifying the arts and dementia.

March 2016: Royal College of Psychiatrists Faculty of Old Age Psychiatry Annual Conference, Nottingham

Delivered a joint interactive workshop on the arts and dementia.

Research awards

April 2017 – June 2017: INTERDEM Fellowship, Aalborg University, Denmark

Awarded an INTERDEM Academy Fellowship to undertake a case study of music therapy in Denmark.

June 2016: Memory Bridge scholarship, Bloomington, Indiana (U.S.A)

Awarded an international scholarship to attend the *Memory Bridge* dementia care training retreat. Sponsored by *Memory Bridge: The Foundation for Alzheimer's and Cultural Memory* and the *Center on Aging and Community* at the *Indiana Institute on Disability and Community*.

1 Positioning and justifying the research: Introducing the rationale, aims and scope of the taxonomy of arts interventions for people with dementia

1.1 Context and background to the arts and dementia

1.1.1 Living well with dementia

Dementia is a progressive condition characterised by symptoms that may affect memory, mood and movement, as well as language and understanding. The growing impact of dementia amongst an ageing global population – its clinical, emotional, financial and social implications – is well documented (Chan, 2017; Prince et al., 2015).

There is currently no cure for dementia. Consequently, while biomedical work investigates the cause and treatment of dementia, it is equally important for research to explore ways that people can live well with dementia (Pickett et al., 2018). For example, recent health and care guidelines recommend a range of tailored activities designed to meet individual preferences (National Institute for Health and Care Excellence (NICE), 2018).

The multi-disciplinary field of the arts and dementia supports this emphasis on engagement and living well with dementia. Arts interventions, ranging from music therapy to interactive theatre, and poetry reading to group dance sessions, can

successfully enhance the care, wellbeing and quality of life for people living with dementia (Beard, 2011; de Medeiros and Basting, 2014; Windle et al., 2018; Zeilig, Killick and Fox, 2014).

1.1.2 Why the arts can be important and beneficial for people living with dementia

"Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits."

(United Nations (UN) General Assembly, 1948).

"*Without the arts we're not human beings*."[2]

(Carer of person with dementia).

Making a case for the importance and benefit of the arts for people with dementia involves several lines of argument.

Firstly, the quality of life argument. The arts can enhance mood and provide entertainment (Cowl and Gaugler, 2014; Solé et al., 2014). They can enable non-verbal communication and the expression of emotion (Habron, 2013; Killick and Craig, 2012). They can facilitate social connectedness and inclusion (Caddell and Clare, 2011; Camic, Baker and Tischler, 2016). These effects of the arts respond particularly to the symptoms of dementia, but can also benefit families and loved ones, carers, care staff, artists and the wider community (Broome et al., 2017b).

[2] Taken from data collected in focus group 2 of this study.

Secondly, the psychological argument. The arts can support and sustain a sense of identity (Unadkat, Camic, Villa-Burrows, 2017), which is fundamental to the personal experience of dementia. The arts can allow people to recall the past, or exist entirely in the moment (Coaten, 2011; Rancour and Barrett, 2011). The arts are a type of psychosocial intervention that can be used to meet the particular needs of people living with dementia, namely comfort, identity, occupation, inclusion, attachment and love (Kitwood, 1997). Consequently, the arts offer an opportunity for person-centred care which treats people as individuals (Brooker, 2004).

Thirdly, the financial argument. While health and social care systems continue to face funding pressures (Bottery et al., 2018), arts interventions are affordable and can be cost effective services for older people and those living with dementia (Coulton et al., 2015). Arts interventions are economical, which makes them a practical and accessible solution for societies facing austerity (Goldstein-Levitas, 2016). It is difficult to clearly attribute cost savings to the arts (Goulding, 2013), though health economics modelling can be used to calculate social return on investment (Windle et al., 2016).

Finally, the moral argument. Art and creativity can be viewed as essential and intrinsic to human beings (Crawford et al., 2015; Fancourt, 2017; Zaidel, 2014). Some people with dementia even experience a new or increased appetite for creativity (Miller et al., 1998). Access to the arts can be conceptualised as a human right (UN General Assembly, 1948). Depriving people with dementia of the opportunity for this enrichment could therefore be considered unethical (Cousins et al., 2018).

Like pharmaceutical interventions, the arts will not benefit every person with dementia or produce the same effects between individuals, or even each time. Some

people with dementia may not wish to engage with the arts, and above all that must be acknowledged and respected. However, for those that do, the impact can be significant.

1.2 Rationale for the taxonomy of arts interventions for people with dementia

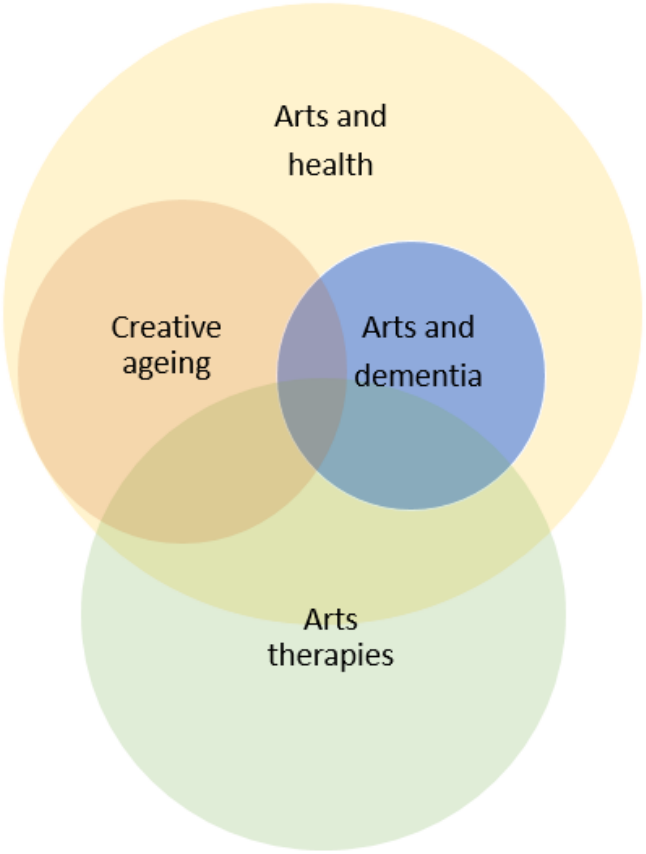
1.2.1 Defining the research field

The arts and dementia is a burgeoning area of research (Zeilig, 2015) with emergent developments relating to theory and practice (Camic, Zeilig and Crutch, 2018), making this a timely study. The research is multi-disciplinary and involves a diverse range of stakeholders, including artists, practitioners, therapists, care staff, academics, researchers, carers and people living with dementia.

The arts and dementia movement is international, with work taking place in the Netherlands (van Haeften-van Dijk, van Weert and Dröes, 2015), the United Kingdom (Created out of Mind, 2018), Australia (Baines, 2007), the United States of America (Basting, 2017), Japan (Arakawa-Davies, 1997) and Korea (Kang et al., 2010). This research study is similarly international but does not claim to be globally representative.

Arts and dementia research is influenced by three other areas of scholarship: arts and health, creative ageing, and arts therapies (Figure 1.1).

Figure 1.1: Situating the arts and dementia within relevant areas of research



Arts and dementia research sits within the broader field of the arts and health. This work seeks to establish the value of the arts (Mowlah et al., 2014) and its connection to physical, social, mental and emotional wellbeing (Clift, 2013; Clift and Camic, 2016; Fancourt, 2017; Stickley et al., 2017). The recent publication of *The All-Party Parliamentary Group (APPG) on Arts, Health and Wellbeing* Inquiry Report (2017) and the launch of the *Culture, Health and Wellbeing Alliance* in 2018 demonstrate how this work is gathering momentum in the United Kingdom.

A sub-section of the arts and health field focuses specifically on creative ageing, or arts for older people, which is of particular relevance for this research (Castora-Binkley et al., 2010; Cutler, 2009).

Another area of research and practice pertaining to the arts and dementia is the extensive field of arts therapies (Hogan, 2001; Malchiodi, 2007; Rubin, 2001). While therapy practice and purpose is highly variable between and within art forms and client groups (Ruud, 2008), its ongoing contribution to the field of the arts and dementia must be acknowledged and accommodated in this work.

1.2.2 Defining the research problem: specific challenges and limitations facing the arts and dementia

While arts and dementia research is gathering pace, it also faces a number of methodological challenges and evidence base limitations (Camic, Zeilig and Crutch, 2018).

Arts and dementia research incorporates two main research paradigms, humanities and sciences, creating a potential tension that is central to this enquiry. While a positivist, medical model requires measurable outcomes, arts interventions are not always able to quantify their personalised effects in this way (Beard, 2011; Burton, 2009; Gilroy, 2006). Consequently, research approaches to the arts and dementia must blend the scientific requirements of rigour with the interpretive nature of the arts (Newman et al., 2016). Fundamentally, arts interventions must be able to justify and evidence their impact and purpose in order to secure investment (Clark, 2014; Daykin and Joss, 2016).

However, the evidence base is not currently as comprehensive as it needs to be to meet these requirements. Arts and dementia studies are often small scale, and the research lacks appropriate theoretical frameworks (Young, Camic and Tischler, 2016). Few studies have attempted to understand and isolate the mechanisms that may suggest how the arts ‘work’ for people with dementia (Windle et al., 2017). Arts

interventions are highly complex, with many dynamic and interactive elements, which presents a challenge for research (Windle et al., 2016). Moreover, arts practice is highly variable, and the absence of a common language to describe the unique experience of the arts can be a barrier within this multi-disciplinary context (Gray et al., 2017). Furthermore, little has been done to identify the important component parts of arts interventions for people with dementia (Burnside et al., 2017).

The Alzheimer's Society has funded a research programme, the TAnDem (The Arts and Dementia) Doctoral Training Centre, to help strengthen and refine this evidence base. This study is one project within that programme and seeks to address the particular research challenges outlined above.

1.2.3 Defining the research gap: identifying necessary improvements for the arts and dementia

There is currently no consensus on the definition and description of arts interventions for people with dementia. There is no widely accepted policy framework, commissioning specification or health and care guideline that explains what these interventions should include, yet this is acknowledged to be best practice for other interventions (Campbell et al., 2018; Hoffman et al., 2014).

Therefore, the evidence base for the arts and dementia needs to address what should be included within arts interventions (Burnside et al., 2017), and explain how they 'work' using a theoretical model (Windle et al., 2017). The field would also benefit from a clearer description of the potential person-centred or psychosocial outcomes of the arts (Beard, 2011). This would help to ease communication and understanding between the many multi-disciplinary stakeholders, and map the complexity of the arts and dementia. Articulating the arts and dementia in a model and language that

satisfies the requirements of both humanities and scientific paradigms would be a particularly strategic, accessible and useful approach (Newman et al., 2016).

In summary, the evidence base for the arts and dementia could be improved by enhancing its description, explanation, communication and simplification of arts interventions for people with dementia.

Consequently, a descriptive classification of arts interventions for people with dementia would make a contribution towards addressing some of the current research gaps, limitations and challenges in this field.

1.2.4 Proposing a research solution: applying scientific taxonomy to the arts and dementia

> *"Our frames of reference broaden only as we enrich the vocabulary by which we describe, label, and classify what we see — in science, in art, in life."*
>
> (Popova, 2018). Contemporary literary critic.

Taxonomy is most widely associated with biological or ecological science, and refers to the classification of the world around us. It is the science of description, definition and nomenclature, the act or system of naming, whereby species are grouped together based on shared characteristics (Godfray and Knapp, 2004).

> "*By removing the present ambiguity in the names of colours, this Nomenclature will be found a most useful acquisition to the arts and sciences.*"
>
> (Syme, 2017). Victorian flower painter.

Classification is a central process in contemporary life (Bailey, 1994) and is a basic human cognitive function (Mervis and Rosch, 1981). Classifications are used to describe: music, for example genre; nutrition, for example food groups; and visual art,

for example colours (Syme, 2017). Even the *Disney* franchise has a management classification that identifies and describes the component principle parts of exemplary customer service (Loeffler and Church, 2015).

Taxonomy has also been applied to social sciences and education (Bailey, 1994; Bloom et al., 1956). In health services research, taxonomy can be used to simplify complex phenomena by using conceptual dimensions. This allows for the definition and comparison of diverse interventions (Bradley, Curry and Devers, 2007). Taxonomies have also been devised to categorise the complexity of music and its relationship to care and wellbeing (Foster, Pearson and Berends, 2016; Wärja and Bonde, 2014).

> "*Having words for these forms* [moss] *makes the differences between them so much more obvious. With words at your disposal, you can see more clearly. Finding the words is another step in learning to see."*
>
> (Kimmerer, 2003). Native American taxonomist.

Classification produces a nomenclature, a common language, to aid communication and translate terminology that might be used differently by multi-disciplinary professionals. The need for accurate labelling and language has been acknowledged in the arts therapies field, and a taxonomy proposed as its solution (Springham, 2016).

Popova (2018), Syme (2017) and Kimmerer (2003), artists and scientists from diverse historical and cultural contexts, all recognise the importance and necessity of taxonomy for their respective fields. They demonstrate that the arts of noticing, observing and naming required by classification, lead to knowing, explaining and understanding (Tsing, 2010).

Therefore, a taxonomy of the arts and dementia would signify advancement for humanities *and* science research that everyone has the potential to benefit from (UN General Assembly, 1948).

1.2.5 Hypothesis of research impact

Accordingly, this study hypothesises that a multi-disciplinary taxonomy of arts interventions for people with dementia would:

- Practically combine humanities and scientific approaches to this area of research;
- Help to describe, explain, communicate and simplify arts interventions for people with dementia;
- Offer generally applicable information about arts interventions that could be applied in person-centred ways;
- Optimise the effectiveness of arts interventions, synthesise knowledge and provide authority for using the arts with people with dementia.

1.3 Aims, beneficiaries, methodology and scope of the research

1.3.1 Research aims and areas of enquiry

This research hopes to respond to some of the limitations and challenges that exist within the current arts and dementia evidence base by producing a taxonomy of arts interventions that:

- Identifies and **describes** the component parts of an arts intervention;
- Suggests and **explains** how the arts 'work' and produce their effects;
- Improves multi-disciplinary **communication**;

- Maps and **simplifies** the complex field of the arts and dementia.

In order to achieve these objectives, this research will be framed by three broad areas of enquiry:

- Exploration of the definition and description of arts interventions;
- Exploration of the classification and theoretical explanation of arts interventions;
- Development of a common language for the arts and dementia.

In this research, the descriptive function of taxonomy will identify the characteristics and distinct features of different arts interventions, which will help with the tasks of simplifying and communicating the arts and dementia across a multi-disciplinary field. The definitional function of taxonomy will support the naming and labelling of arts interventions, which will assist with their classification, explanation and theoretical understanding.

The overarching research questions for this work are introduced in Chapter 2 (section 2.5.1) following a more detailed discussion of this study's methodology.

1.3.2 Research beneficiaries

It is anticipated that five categories of stakeholder could benefit from a taxonomy of arts interventions for people with dementia. The taxonomy could be applied in a range of ways to enhance research, care, arts practices and quality of life (Table 1.1).

Table 1.1: Stakeholder categories and benefits of this research

Stakeholder category	Potential benefits and applications of the taxonomy
Artists[3] and practitioners[4]	Reflect and improve upon arts practice, particularly as a tool for planning the content of arts interventions for people with dementia.
Carers and care staff	Generate suggestions and inspiration for arts interventions.
People with dementia	Consider options and ideas for different types of arts intervention.
Funders and commissioners	Define and describe the possible effects and outcomes of arts interventions.
Researchers and academics	Provide a framework to compare, analyse and evaluate arts interventions.

1.3.3 Research methodology

This primarily qualitative research, which emphasises individual meaning and interpretation (Denzin and Lincoln, 2018), takes a blended approach to epistemology and methodology in order to meet its aims and objectives. This includes the identification of legitimate knowledge and the rules governing the research (Braun and Clarke, 2013; Pawson, 2013). In addition to taxonomy, outlined above, this research is underpinned by elements of realist methodology.

The realist approach is scientifically rigorous, accounting for the complexity and context of interventions. It is inclusive of real world voices, those working in frontline

[3] See section 1.3.3.1 for a definition.
[4] Ibid.

practice or with lived experience, which supports a person-centred ethos. Realist methodology is a reflexive process of theory building and theory testing to determine 'what works, for whom, under what circumstances, how and why?' (Pawson and Tilley, 1997; Pawson et al., 2004; Pawson et al., 2005; Wong et al., 2013). This is fitting for the development of a taxonomy in conjunction with its stakeholders.

Realist approaches also emphasise the importance of identifying intervention contexts, mechanisms and outcomes, and the causal relationship between them (Astbury and Leeuw, 2010; Pawson et al., 2004; Pawson et al., 2005). This is particularly pertinent for the complexity of the arts and dementia.

Realist methodology is increasingly being advised or applied across the arts and health field (APPG, 2017; Windle et al., 2014), thus demonstrating it is a suitable approach for combining the dual research paradigms of humanities and science. Elements of realist review and realist synthesis are used in this research.

A more thorough explanation and discussion of the research methodology, theoretical frameworks and an overview of the research methods is given in Chapter 2.

This project combines realist methodology with taxonomy because the strengths of each, complement the limitations of both. However, this research remains self-aware of its challenges and therefore modest about its claims. This is an ambitious project within a complex field, and accordingly recognises that its contribution constitutes a foundational model for describing, explaining, communicating and simplifying arts interventions for people with dementia. The taxonomy subsequently proposed in Chapter 8 requires further testing and scrutiny within and beyond the arts and dementia community.

1.3.3.1 Defining and clarifying terms used in this research

A Glossary providing brief definitions of how terminology and concepts are applied or devised throughout this research is included on page xxviii. In addition, a few key terms and words are clarified below.

Where this research refers to artists, this includes *all* professional creatives irrespective of art form. For example, musicians and writers, as well as visual artists.

Where this research refers to practitioners, this includes arts therapists.

This research uses arts therapies as a collective term which includes dance movement therapy, drama therapy, music therapy and visual art therapy (March, 2016). Where a specific type of arts therapy is being referenced, this is prefixed by its art form as listed above.

From the outset, a decision was taken to refer to the diverse creative activities researched here as arts *interventions*. The intention of an arts intervention, as the term is used in this research, is to address the person-centred and psychosocial needs of a person with dementia by using art as the means to do so. An arts intervention is not simply doing art. It is composed of considered, deliberate and reflective practice, though this does not negate spontaneity. For example, an arts intervention requires engagement and interaction, such as a person with dementia being supported to create a picture in a way that is meaningful to them – rather than being given a colouring-in task which might have no relevance to the individual. Arts interventions therefore have an underlying purpose and theory, whereas an arts *activity* may be lacking both of these.

Intervention is a suitable term for the taxonomic and realist methodological approaches that underpin this work. It is fitting within a clinical and scientific context,

while also being relevant for arts therapy approaches. It therefore represents a best attempt to bridge the research paradigms that contribute to this study. Intervention specifically connotes quality and evidence (Pawson, 2009), in a way that activity may not, which strategically strengthens the legitimacy of the arts. This decision, and the choice to distinguish between the terms intervention and activity in this way, is reviewed as the research progresses.

1.3.4 Research scope: areas of enquiry not included in this research

Being a multi-disciplinary field, the arts and dementia overlaps with many areas of study, for example neuroscience, biomedicine, psychology, philosophy and aesthetics.

Consequently, while there are many areas of enquiry that are potentially related to the development of a taxonomy of arts interventions, it was not possible within the scope of this research project to include all potentially relevant material. Parameters for the research evolved as findings emerged, but outlined below is a summary of related topics that were deliberately excluded from this study and the rationale for doing so.

1.3.4.1 Physiological measures

The arts are able to elicit measurable physiological effects in people with dementia, such as changes in heart rate, adrenaline and cortisol levels – a steroid hormone that allows the body to respond to stress (Thomas, Crutch and Camic, 2017). While these physical impacts of the arts produce important health outcomes (Staricoff, 2004), they are not the focus of this research.

The prime considerations for this work are the person-centred and psychosocial descriptions, mechanisms and outcomes of arts interventions, which have been identified as research gaps in the current evidence base (Beard, 2011; Burnside et al., 2017; Windle et al., 2017; Young, Camic and Tischler, 2016). Moreover, a common

language and descriptive classification is comprised of words, whereas physiological measures are best represented by numbers. Furthermore, the qualitative frame of this research is not conducive to identifying largely quantitative outcomes.

Accordingly, the taxonomy will not have a biomedical emphasis.

1.3.4.2 Behaviours or symptoms of dementia

Much research has been undertaken to identify the behaviours and symptoms commonly associated with dementia, and how these can be addressed using non-pharmacological interventions, such as environmental considerations and structured activities (Cohen-Mansfield, 2001).

Consequently, given the amount of existing work in this area, the taxonomy has not sought to replicate this by re-categorising behaviours or symptoms of dementia that the arts could specifically seek to address. The relationship between behavioural outcomes and the arts is highly personal and complex (Caddell and Clare, 2011). Moreover, it is also problematic to position the arts as a solution to perceived 'inappropriate' or 'undesirable' behaviours (Beard, 2011; Kontos and Martin, 2013), a position addressed later in this research (Chapter 3, section 3.3.3.8).

For these reasons, the behaviours and symptoms of dementia are not included directly in the taxonomy.

1.3.4.3 Definitions of art or aesthetics

> *"Art, in the sense here intended - that is, the generic term subsuming painting, sculpture, architecture, music, dance, literature, drama, and film - may be defined as the practice of creating perceptible forms expressive of human feeling."*
>
> (Langer, 1966). Philosopher of aesthetics.

Since Plato and Aristotle, philosophers have debated the criteria and categorisation of art. The discussion surrounding the definition of art, art works and aesthetics, the area of philosophy which addresses beauty, is timeless (Dean, 2003; Dickie, 1969; Dutton, 2006). Consequently, this research does not aim to contribute to that considerable subjective and interpretive discourse.

The taxonomy is concerned with the definition and description of arts *interventions* rather than the nature of art itself. Langer (1966) emphasises the significance of expression and emotion within art. These properties are pertinent to this enquiry and offer a helpful working definition of art to frame this research.

A limitless approach is taken to the conceptualisation of art in this research. Including a range of creative activities that may offer meaning to individuals with dementia ensures the definition and description of arts interventions remain person-centred.

However, some restrictions have been imposed regarding the extensive body of literature and practice that covers meaningful activities and dementia.

1.3.4.4 Meaningful activities literature

Arts interventions are a specific sub-section of the wide-ranging meaningful activities that are recommended for people living with dementia (NICE, 2018). Meaningful activities may include evidence-based programmes such as Cognitive Stimulation Therapy (CST) (Spector et al., 2003) and reminiscence therapy (Woods et al., 2005), whose components parts are well documented, as well as more informal pastimes such as games and days out.

While the arts may be present in all these examples of meaningful activity, some practical inclusion criteria have been necessary for this research given the seemingly endless range of pursuits that could qualify as relevant.

Therefore, to avoid replication, this study does not explicitly include research or practice relating to CST and reminiscence therapy because these activities do not self-define primarily as arts programmes – though of course, they may be good prototypes of arts interventions depending on their content. Arts interventions which involve elements of reminiscence *have* been included in this research because in those instances, art is the main focus.

Nyman and Szymczynska (2016) make a helpful distinction between creative activities that evoke enjoyment, and those that work on a deeper level to meet the psychosocial needs of people with dementia. Given the definition of arts intervention outlined earlier in this chapter (section 1.3.3.1), the taxonomy seeks to define and describe arts that work in a more profound way.

1.4 Thesis structure

The research presented in this thesis combines the synthesis of existing scholarship with original data collection in order to generate new findings. The following sections give a brief synopsis of each chapter, and indicate where key findings from this research are located.

1.4.1 Chapter 1: Introduction

This chapter provides a comprehensive introduction to the research, and presents the rationale, objectives and broad areas of enquiry for this study.

1.4.2 Chapter 2: Methodology

Chapter 2 outlines the methodology and theoretical frameworks that guide and inform this research. It explores the tension of combining humanities and science paradigms to study the arts and dementia, and proposes a blended epistemological stance to

overcome this. Realist methodology is explored in more detail, including its strengths and limitations relating to this work. A brief history of taxonomy is given, including its relationship to observation and interpretation, which is pertinent for developing arts and dementia knowledge. Previous taxonomic collaborations between arts and science are referenced, and examples of other arts classifications are discussed. The related research fields are covered in more detail, and the research design and methods are briefly discussed. The reliability, validity, ethical and reflexivity implications of the research are outlined.

1.4.3 Chapter 3: Literature review

Chapter 3 reports a review of the arts and dementia literature that is underpinned by systematic and realist approaches. The literature sampled includes peer reviewed scholarship and grey sources from practitioners with lived expert experience. The literature review begins an iterative cycle of theory building and theory testing to identify the principles of arts interventions: descriptive concepts and words which characterise arts interventions, and form the basis of a common language to communicate the arts and dementia. This first iteration of principles is subsequently refined through a series of real world, stakeholder discussion groups which are reported in Chapters 4 and 5. The literature review was updated two years later at the end of this research.

1.4.4 Chapter 4: Focus groups

Chapter 4 reports original data collection from a series of three focus groups that were held with arts and dementia stakeholders. These included artists, practitioners, care staff, carers, researchers, academics and a person with dementia. The findings are

used to challenge and refine conclusions from the literature review, and result in a second iteration of the principles.

1.4.5 Chapter 5: Nominal Group Technique (NGT) workshops and realist synthesis

Chapter 5 reports original data collection from two Nominal Group Technique (NGT) workshops which offered a more structured environment for gaining direct feedback on the proposed principles of arts interventions from arts and dementia stakeholders. This results in a third iteration of the principles.

Findings from the literature review, focus groups and NGT workshops are synthesised using realist theory. A number of descriptive dimensions of arts interventions, and their component parts, are identified across the cumulative data. Combined with the principles, these form Version 1 of the taxonomy.

1.4.6 Chapter 6: Case study

Chapter 6 reports a case study that was undertaken in Denmark focusing on music therapy. This tests elements of the Version 1 taxonomy, and outstanding queries from the first waves of data collection, in an empirical setting. The case study combines original data collection from music therapy session observations, focus groups and interviews. It affirms previous conclusions, generates new findings and contributes to an understanding and explanation of how arts interventions 'work' for people with dementia.

1.4.7 Chapter 7: Delphi study

Chapter 7 reports a three stage online Delphi questionnaire that was undertaken with a diverse, international expert panel of arts and dementia stakeholders. These

questionnaires collect original data that test Version 1 of the taxonomy in more detail, and attempt to establish a consensus of general classifications relating to the arts and dementia. Areas of particular disagreement regarding the taxonomy are improved based on feedback, and then re-submitted to the panel for approval in subsequent questionnaires. Qualitative and quantitative analysis is used to generate new descriptive dimensions and clearer, simplified definitions of arts interventions for people with dementia.

1.4.8 Chapter 8: Proposed taxonomy and discussion

Chapter 8 synthesises findings from all stages of the research – the literature review, the real world discussion groups, the case study and the Delphi study – and presents Version 2 of the taxonomy of arts interventions for people with dementia. The taxonomy is accompanied by materials to support its dissemination to different stakeholder audiences, and is explained using theories from realist methodology. It is subsequently compared to other arts and health, arts therapies, and arts and dementia research that uses categories and dimensions to classify arts interventions. A discussion of the similarities and differences between the taxonomy and this existing research follows. The strengths and limitations of the taxonomy are also discussed.

1.4.9 Chapter 9: Conclusion

Chapter 9 presents conclusions from the research. A summary of the research findings is given and the key arguments from these are related to the overarching research questions. The research findings are situated in the arts and dementia field and its literature. The salient contributions of the research are explained which demonstrate why this work is important. Recommendations and implications from the research findings are listed relating to each of the proposed stakeholder beneficiaries. A

discussion of the overarching research limitations is presented and personal reflections on the study are shared by the researcher. Ideas for future work and suggestions for further research are outlined.

1.5 Conclusion

This introductory chapter has given an overview of the multi-disciplinary field of the arts and dementia, positioning it between humanities and science research paradigms. It has situated the arts and dementia within other related areas of scholarship, namely the arts and health, creative ageing and arts therapies.

Challenges and limitations pertaining to the current evidence base of the arts and dementia have been outlined, and an argument has been made that proposes a taxonomy of arts interventions as one solution to these research gaps and problems.

The research aims, stakeholder beneficiaries, methodology and anticipated research impact have also been briefly articulated, as well as peripheral areas of enquiry that are not included in this study. A summary of each chapter has been given to provide an overview of the research.

2 Methodology, the arts and dementia: Taking a realist approach to producing a taxonomy

2.1 Knowledge, reality, the arts and dementia: epistemology and ontology

This study is supported by three fundamental and inter-connecting elements of research: ontology (theory), epistemology (method) and methodology (analysis of theory and method) (Denzin and Lincoln, 2018). Ontology asks questions about the nature of reality and its relationship to human practices and understanding (Braun and Clarke, 2013). Epistemology explores how the world can be known, in particular what qualifies as legitimate knowledge (Braun and Clarke, 2013). Methodology can be defined as the rules and laws of scientific research, and guides how a research study is to be undertaken (Pawson, 2013).

Philosophical considerations of epistemology and ontology are highly pertinent for researching the arts and dementia. The field's conceptualisation of reality and knowledge is complex. Dementia, and art, can result in many realities and identities, including the imagination (Ryan, Bannister and Anas, 2009). Moreover, the arts and dementia is a diverse field involving many human beings with distinct perspectives and varying types of knowledge and expertise (Zeilig, Killick and Fox, 2014). The experiences of dementia and art are highly personal and individualised (Caddell and Clare, 2011; Harrison et al., 2017), and the paradigms used to study them must reflect that.

2.1.1 Positivism and phenomenology

In response to these questions of knowledge and reality, social science research has been influenced by two main theoretical perspectives: positivism and phenomenology. Positivism seeks facts, and identifies objective reasons for social phenomena that are separate from subjective individuals (Taylor, Bogdan and DeVault, 2016). Positivist approaches frequently determine that only measurable entities are relevant to research (Blaikie, 2003). While positivism can also be exploratory, this approach to research tends to favour the establishment of scientific laws and a single perspective of reality (Payne and Payne, 2004).

By contrast, phenomenology, closely associated with interpretivism or constructivism, understands social phenomena using individual perspectives and experiences (Taylor, Bogdan, DeVault, 2016). Constructivism recognises multiple social realities rather than an independent, objective world (Blaikie, 2003).

Arts and dementia research combines elements of humanities and science, particularly social science, which requires a nuanced approach to these philosophical considerations.

2.1.2 Science and Art: methodological tensions in the arts and dementia

Consequently, a tension exists between the epistemology, ontology and resulting methodology of studying the arts and dementia – one that needs to balance science's preference for positivism, with the constructivism inherent to the humanities and the philosophy of person-centred dementia care (Kitwood, 1997).

Arts and health research frequently uses health and social science methodologies (Daykin et al., 2017). These are often underpinned by quantifiable, positivist approaches, which logically determine that if an arts intervention produces an effect,

then it must be measurable, for example by using a randomised controlled trial (RCT) to test treatment outcomes without perceived bias (Ridder et al., 2013; Särkämö et al., 2014). Similarly, some arts and dementia research has used quantifiable, physiological measures to evidence impact (Thomas, Crutch and Camic, 2017).

However, arts interventions for people with dementia have a range of beneficial effects. Their person-centred or psychosocial outcomes cannot be shown using the same numerical tools and language that have been established by the dominant medical model of care for pharmacological interventions (Gilroy, 2006). For example, while arts interventions may offer longitudinal impact, they can be worthwhile even if their effects are not long-lasting (Goulding, 2014). Furthermore, knowledge about psychosocial interventions cannot always be articulated in ways that conform to clinical standards of evidence (Titchen and McCormack, 2010). The arts are complex and fluid, with social and cultural contexts (Gilroy, 2006) that make biomedical measures insufficient for their evaluation (Beard, 2011). Moreover, knowledge about the arts often resides in places or people not familiar with health and social science methodologies, for example gallery spaces and care staff. Even the comparable financial outcomes of arts interventions are less measurable, and more philosophical (Crossick and Kaszynska, 2016). Gray et al. (2017) raise questions about intrinsic, instrumental, cultural and economic value in relation to arts and dementia methodology which challenge a positivist approach.

Evidencing the outcomes and effects of potentially ‘unmeasurable’ arts interventions presents a research challenge. Consequently, as outlined in Chapter 1 (section 1.2.2; section 1.2.3) the current arts and dementia evidence base has several gaps and limitations. These have been well documented in previous research (Beard, 2011; de Medeiros and Basting, 2014; Zeilig, Killick and Fox, 2014).

To be included more widely in health and social care commissioning, the arts must strengthen its evidence base and be able to demonstrate effectiveness, impact and costs (Daykin and Joss, 2016). Arts and dementia ontology is rich, knowledge can be discovered in many places (Franklin Gould, 2013), but to express it requires an appropriately diverse epistemology that satisfies science and humanities research paradigms (Newman et al., 2016).

Approaches to arts and dementia research must combine the necessary scientific rigour of positivism, with a constructivist, democratisation of knowledge that recognises experiential or phenomenological expertise, for example arts practitioners and people diagnosed with dementia (Swaffer, 2014).

Mixed method arts and dementia studies that include validated measures and personal reflections are more likely to satisfy institutional funders, for example the National Health Service (NHS) or Department of Health (Goulding, 2013). In this way, arts based research approaches (Barone and Eisner, 2012) could feasibly be blended with evidence-based policy (Pawson, 2009). Facet methodology encourages a combined approach to research that incorporates imagination, creativity, inventiveness and intuition to encourage different ways of seeing (Mason, 2011). Some arts and dementia research has already successfully navigated this combination of arts and science approaches (Brotherhood et al., 2017; Newman et al., 2016).

Consequently, inspired by this ethos of pluralism, this study draws on three influences to construct its paradigm of enquiry: constructivism, personhood and pragmatism.

2.1.3 A blended epistemology: Constructivism, Personhood and Pragmatism

2.1.3.1 Constructivism

Constructivism allows a subjective approach to conceptualising knowledge, which is a useful lens for a multi-disciplinary field such as the arts and dementia. It permits a multitude of individual or collective realities that cluster around consensus (Lincoln, Lynham and Guba, 2018). The principle of consensus is a practical approach for this research which allows generalisations to be made across multiple realities.

Cartography, the study of map making, is a relevant metaphor for this study and an applied example of constructivism (Strandsbjerg, 2010). The physical world presents a seemingly tangible and certain reality. Yet, the process of defining and describing it, drawing its borders and parameters, is laden with multiple historical, political, social and cultural truths (Strandsbjerg, 2010). In a similar way, there are multiple constructions of dementia, and in recent decades, research has increasingly challenged the predominantly medical one which negates the social dimension (Lyman, 1989).

By attempting to map the field of the arts and dementia, this project encounters multiple interpretations of reality – a challenge of definition and description that has been acknowledged within the field of arts therapies (Springham, 2016). This research therefore seeks to accommodate multiple perspectives, in order to capture the richness of artistic practice and participation. Producing a generally applicable arts and dementia framework derived from broad consensus, however imperfect, helps to facilitate communication between stakeholders.

2.1.3.2 Personhood

Person-centred care, which recognises human value, individuality and personal perspective, helps people living with dementia to maintain quality of life and

wellbeing (Brooker, 2004; NICE, 2018). Person-centred care enables personhood, which is formed of recognition, respect and trust, and supports the psychosocial needs of people with dementia (Kitwood, 1997).

Kitwood's (1997) seminal work on person-centred care and personhood offers an ontological position which supports the constructivist approach for this research: *the person comes first*. The values of personhood and person-centred care necessitate the lens of constructivism in order to recognise the central importance of the voice of the person with dementia. Previous arts and dementia research acknowledges the multiplicity of this individual experience by referring to *dementias* in its work (Created out of Mind, 2018). Using a person-centred approach to research and knowledge means there is not one sole truth about the experience of dementia and the arts as positivism might argue. There are many, and all must be respected.

2.1.3.3 Pragmatism

Recognising that methodology is the framework not the content of this study, pragmatism is a helpful approach derived from real world theory which offers a solution to the challenge of combining humanities and science paradigms in this research. Pragmatism recognises that multiple approaches can be suitable within studies and consequently endorses multi-strategy research (Robson, 2011).

Pragmatic research must be well designed to ensure the plurality does not cause confusion (Robson, 2011). It is equally important not to reduce a pragmatist approach to one of simplicity and practicality which does not account for the depth of the research (Morgan, 2014). Pragmatism espouses a comprehensive philosophy of inquiry which encourages researchers to question their methods and recognise the

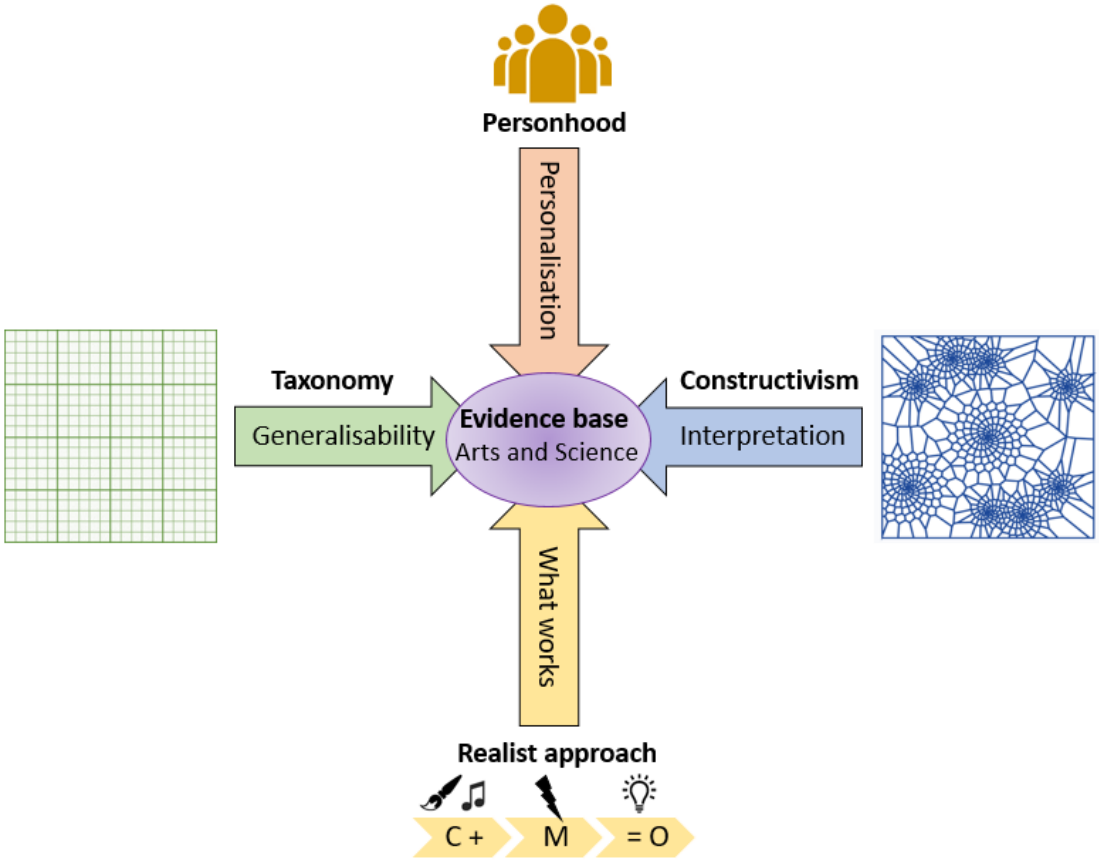
multiple cultural, historical and political contexts in which they take place (Morgan, 2014).

2.1.4 A summary of the research paradigms and approaches for this study

This section has outlined the challenge that exists in undertaking arts and dementia research, and the resulting need to combine appropriate approaches to epistemology and ontology in order to satisfy requirements of both science and humanities paradigms.

The inter-disciplinary, multi-stakeholder and interpretational context of the arts and dementia provides a rationale for the methodology and theoretical frameworks that have guided this study: realist approaches and taxonomy (Figure 2.1). Combined, these approaches support the improved description, explanation, communication and simplification of the arts and dementia.

Figure 2.1: Summary of the research paradigms and approaches guiding this project



2.2 Realist approach

2.2.1 An overview of realist methodology

As outlined in Chapter 1 (section 1.3.3), realist methodology is a cycle of theory building and testing, which seeks to answer the question: 'what works, for whom, under what circumstances, how and why?' (Pawson and Tilley, 1997; Pawson et al., 2004; Pawson et al., 2005; Wong et al., 2013).

The strand of realist methodology underpinning this research is that primarily devised by Pawson, following initial collaboration with Tilley (1997), which was subsequently developed in conjunction with Greenhalgh (Pawson et al., 2004; Pawson et al., 2005) and further applied by Wong (Wong et al., 2013; Wong et al., 2016; Wong, 2018). Pawson's initial model of realist methodology is influenced by Bhaskar's theory of

the generative mechanism (Pawson, 2011) and the uncertainty of scientific truth as espoused by Popper (Pawson, 2011).

Realist methodology is sympathetic to positivism and constructivism, and can be situated between reality derived from an observed world, and an uncertain reality interpreted through subjective human nature (Wong et al., 2013). This is fitting for combining humanities and science paradigms.

Pawson and Tilley (1997) argue that realist research has three elements. It occurs within real scenarios, where social and individual behaviours might interact within or around an intervention. It has a scientific approach that promotes detachment and objectivity. And finally, it has an applied purpose to inform policy makers, practitioners, participants and the public. These are all applicable to the task of developing a taxonomy of arts interventions for people with dementia.

Realist methodology has been used within health and social care to examine and explain its complexity, for example service improvement in primary care (Greenhalgh et al., 2016). As stated in Chapter 1 (section 1.3.3) realist methodology is a fitting framework for arts and dementia research. The *All-Party Parliamentary Group* (APPG) *on Arts, Health and Wellbeing* Inquiry Report (2017) recently recognised the limitations of historic approaches, and called for alternatives to biomedical, positivist philosophy which included a realist approach. Similarly, the *Dementia and Imagination* project, which implemented and evaluated a programme of visual arts interventions for people with dementia, combined artistic and scientific approaches underpinned by realist research questions and methodology (Windle et al., 2014; Windle et al., 2016).

The realist approach often comprises two distinct parts: realist synthesis or review, and realist evaluation (Wong et al., 2013, Wong et al., 2016). This study mainly uses realist synthesis to appraise the arts and dementia knowledge currently available, but occasionally draws on realist evaluation during phases of theory building and testing (Manzano, 2016).

The following characteristics of realist methodology illustrate why it is an effective and appropriate choice for this research, particularly relating to the explanation and simplification of arts interventions.

2.2.1.1 Iterative and flexible

Realist methodology encourages a cyclical and flexible approach to gathering and appraising information, and allows findings to lead to new lines of enquiry (Pawson et al., 2004). Zeilig (2015) similarly advises a flexible approach for working with people with dementia.

As new findings become available, realist methodology permits these to be incorporated into the research to ensure it is keeping pace with current thought (Pawson, 2011). It is anticipated that the same will happen with the taxonomy beyond the life of this research as it will need to be refined and updated.

The arts and dementia is a burgeoning and dynamic field (Zeilig, 2015) that is constantly evolving. For example, during this research in 2017, the Royal Society of Public Health (RSPH) hosted the *First International Research Conference on the Arts and Dementia* which showcased new, relevant findings to this study. An iterative process (Pawson et al., 2004) allowed the project to keep pace with such developments that were constantly emerging throughout the duration of this study.

2.2.1.2 Rigorous and relevant

The flexibility of realist methodology must be balanced with rigour, and the need to produce findings that are valid and reliable (Pawson et al., 2005). To achieve this, realist research must clearly record its actions and the justification of decision-making at each stage (Pawson et al., 2005). *Created Out of Mind*, an arts and dementia residency at the *Wellcome Trust* in London, used an interdisciplinary team from arts and science to explore multiple perceptions of dementia. The project similarly acknowledges the need to address pre-determined aims while continuing to discover and explore (Brotherhood et al., 2017).

In order to safeguard research quality, the realist researcher must also assess the rigour and relevance of the material they gather (Pawson, 2009). Rigour relates to whether the data is credible and trustworthy (Wong et al., 2013). Relevance describes whether the information can contribute to theory building or testing (Wong et al., 2013). Relevance might vary from direct bearing to helpful inference. These concepts are particularly important in order to overcome the previous limitations of the arts and dementia evidence base. Indeed, a recent academic paper (Phillips, 2018) offering feedback on the APPG Inquiry Report (2017) suggests that research rigour should be the prime focus for improving the arts and health evidence base.

2.2.1.3 Complexity and context

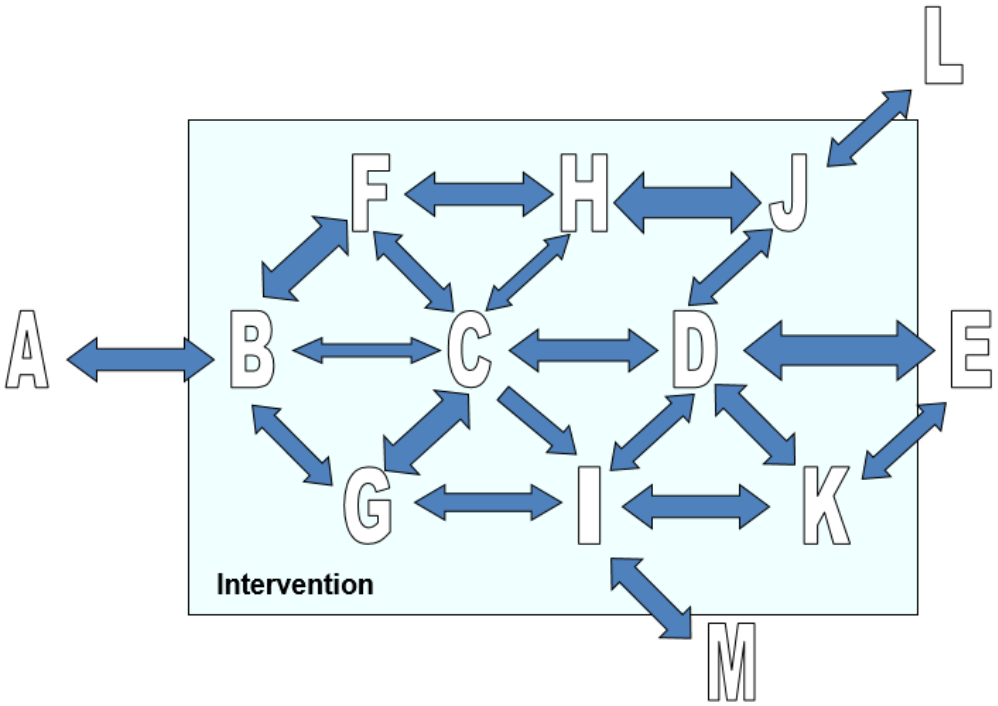
Realist methodology is ideal for researching complex interventions that occur within layered contexts (Pawson et al., 2004). Rogers (2008) makes a helpful distinction between a *complicated* intervention and a *complex* intervention. Complicated interventions involve multiple agencies, with simultaneous or alternative causal strands (Rogers, 2008). A community singing group for people with dementia is one

example of a complicated intervention, involving many stakeholders, such as a managing organisation, facilitator, carers and people with dementia, and personalised outcomes (Bannan and Montgomery-Smith, 2008; Osman, Tischler and Schneider, 2016).

However, the arts are also complex, characterised by recursive causality and emergence (Rogers, 2008). This is where effects are either triggered by preceding ones, making them harder to track and attribute causation, or outcomes emerge while the intervention is being implemented (Rogers, 2008). For example, in a live poetry intervention it is the repetition of words and sounds that helps to create meaning for the participants (Swinnen, 2016).

Figure 2.2 (Wong, 2011) gives a helpful illustration of this complicated complexity.

Figure 2.2: A simplified diagram of a 'complex' intervention (Wong, 2011)



As a result of this complexity, context becomes a primary consideration for realist review (Pawson et al., 2004), and consequently the exploration of arts interventions.

Four contextual layers are particularly significant: individuals; interpersonal relations; institutional settings; infrastructure (Pawson, 2013). All of these are important to the arts and dementia and can be researched effectively using a paradigm of constructivism and personhood.

2.2.1.4 Inherited knowledge and real world voices

It has been established that realist research requires a systematic and scientific approach to ensure rigour and relevance (Pawson et al., 2005). However, traditional evidence-based healthcare can operate within a limiting hierarchy of knowledge that preferences the opinions of doctors and clinicians (Pawson, 2009). While not disputing the obvious expertise of medical professionals, realist methodology values the knowledge of all personal expertise (Pawson et al., 2004) irrespective of its social role or status. The realist method therefore urges good quality research from any background to be included in a synthesis (Pawson, 2009).

This approach mirrors a similar movement within the health and social care system that recognises patients and loved ones are experts of their own care and needs, and encourages their involvement in partnership with professionals (Department of Health, 2012). Indeed, omitting stakeholder or participant voices can be interpreted as bias (Lincoln, Lynham and Guba, 2018). Realist methodology gives an opportunity for the expertise of people living with dementia, their carers, artists and practitioners, to be incorporated equally into this research.

The inclusion of real world voices is particularly relevant for realist review, with the researcher encouraged to explore grey literature (Pawson et al., 2004). Consequently, this study uses many types of information throughout, taking a democratic approach to the definition of expertise while scrutinising and triangulating sources to ensure

research rigour (Wong et al., 2013). This wide-angle perspective allows a far more comprehensive view of the arts and dementia field.

2.2.2 Context Mechanism Outcome (CMO), middle-range theory and programme theory

Realist methodology attempts to interpret and explain the mechanisms of complex interventions to understand how outcomes and effects are produced in certain contexts and situations (Pawson et al., 2004). Realist methodology refers to this causative relationship as the CMO configuration, where the intervention Context combined with a Mechanism produces a particular Outcome (Pawson et al., 2004). Certain strands of realist research use CIMO-logic, which further differentiates between Context and Intervention (Denyer, Tranfield and van Aken, 2008). Given that the focus of this research is an intervention, this was not necessary.

Mechanisms are underlying entities, structures or processes that produce outcomes of interest in particular contexts (Astbury and Leeuw, 2010). Mechanisms are often hidden. The 'black box' is a common realist metaphor used to acknowledge the opaque and complex nature of understanding what is happening during an intervention (Astbury and Leeuw, 2010). Uncovering the mechanisms of arts interventions help to explain how they 'work' and produce their effects. Some realist research suggests subdividing mechanisms into resources (opportunities) and reasoning (logic) (Dalkin et al., 2015). However, this was considered too subtle a distinction at this foundational stage.

Realist methodology seeks to hypothesise the CMO configuration for an intervention, and then build or uncover a middle-range theory that might explain the influence or limitations of context on these mechanisms and outcomes. Middle-range theories sit

between working hypotheses and a fully unified and developed theory (Merton, 1967). They represent a work in progress, and require some generalisation in order to be testable (Merton, 1967). Groups of middle-range theories, or combinations of the contexts, mechanisms and outcomes that they test, can then be built into an overarching programme theory (Pawson, 2009).

In order to describe, explain and simplify arts interventions it is necessary to identify their contexts, mechanisms and the outcomes. Music therapists acknowledge the challenge and difficulty of explaining music therapy to non-musical colleagues, yet recognise it is imperative to do so (Bonde, 2016). A common language of understanding would be helpful in this instance.

For the realist researcher, interventions remain theoretical and hypothetical (Pawson, 2009). This approach is relevant for an arts intervention, whose application and delivery can never replicate itself identically. Furthermore, an evolving hypothesis is a good model for the taxonomy, ensuring it remains dynamic and flexible.

2.2.3 Limitations of realist methodology for this research

The features of realist methodology outlined here are ideal for the task of describing, explaining and classifying art interventions for people with dementia: being iterative and flexible, while rigorously gathering relevant knowledge from real world voices and sources, to identify intervention mechanisms and outcomes, that account for complexity and context. And above all, testing, refining and re-testing the hypothesis of 'what works'.

However, there are parts of the realist approach that are less compatible with this study.

2.2.3.1 A classification requires generalisability – realist review requires attention to context

Tension exists between the task of classification and framework production, which is the aim of taxonomy, and realist review, which is context specific and does not adhere to this notion of generalisability (Pawson et al., 2004). By identifying types of intervention and working to create a common language to describe the arts, this research is seeking to identify the component parts of a successful arts intervention for people with dementia. This echoes ambitions from the *Dementia and Imagination* project which identified the active 'ingredients' that make visual arts interventions effective (Windle et al., 2018).

Conversely, realist review recognises that successful recipes might not be transferable between setting, contexts and institutions (Pawson et al., 2004). This research therefore aims to produce a classification that balances generalisability and context in order to support the ambitions of usability (Godfray and Knapp, 2004) and person-centredness (Kitwood, 1997). Although generalisation is encouraged for realist theory testing (Merton, 1967), including this ethos of generalisability in the taxonomy means this research diverges from a wholly realist approach.

2.2.3.2 A taxonomy is not a realist programme theory

This study does not claim to be a comprehensive realist review. It does not build an entire programme theory because that was not the aim of the research. This project recognises its parameters and proposed contribution and therefore uses relevant features of a realist approach, blended with other theoretical frameworks more appropriate for classification.

Elements of realist review and synthesis were used to appraise the existing knowledge within the arts and dementia field (Chapters 3, 4 and 5), and to offer a theoretical explanation of arts interventions (Chapter 8, section 8.4).

However, the final research product resulting from this enquiry is underpinned by the theoretical framework of taxonomy.

2.3 Taxonomy

2.3.1 A brief history of taxonomy: Aristotle, Linnaeus and Darwin

As outlined in Chapter 1 (section 1.2.4), taxonomy is the science of classification.

Aristotle (384 BC – 322 BC) is credited with primary scientific efforts to classify animals and plants using taxonomy. The scale of this endeavour is recognised as a Herculean task (Paterlini, 2007). Aristotle did not seek to propose an all-encompassing or rigid taxonomy, he was fundamentally concerned with expressing and solving scientific problems (Bayer, 1998). His approach to taxonomy, and methods of species division, developed throughout his work and he moved from dichotomous classification to systems that more accurately accounted for nature's complexity (Bayer, 1998). Aristotle's interpretation of taxonomy therefore shares some philosophical similarities with theoretical explanation and realist methodology (Pawson et al., 2004; Wong et al., 2013).

Carolus Linnaeus (1707 – 1778), a Swedish botanist, zoologist and physician is often cited as the 'Father of Taxonomy' for standardising the naming of species (Paterlini, 2007). Similarly, the standardisation of naming, producing a common language, is a central aim of this research.

Linnaeus worked systematically, and between 1735 and 1758 he produced ten editions of the *Systema Naturae* documenting the animal kingdom (Paterlini, 2007). This was a rigorous and iterative process that echoes a realist approach. His work relating to flowers, which enabled anyone to identify parts of a plant, shared knowledge outside of academia, thus democratising science beyond a specialist minority (Paterlini, 2007). An arts and dementia taxonomy similarly seeks to share knowledge and understanding with all stakeholders. Linnaeus also recognised the hybridisation of species (Paterlini, 2007) – a helpful metaphor for arts interventions that can be multi-modal, combining numerous art forms or approaches.

Linnaeus inspired the later work of Charles Darwin whose seminal publication *On the Origin of Species* (1859) exposed the evolutionary relationships between life forms (Paterlini, 2007). Phylogeny (Godfray and Knapp, 2004), the inter-relational element of taxonomy which documents shared characteristics, is also particularly pertinent for the arts. For example, a distinction might be made between art forms, for example music and theatre, but the artistic characteristics of sound and rhythm could be common to both.

Darwin's work relied heavily on observation, which is also an integral element of arts practice (Rylatt, 2012) and arts intervention evaluation (Kinney and Rentz, 2005). When observing, describing and communicating his findings on flora and fauna, Darwin was aided using a standardised classification of colours (Syme, 2017), which demonstrates how taxonomy can have a pragmatic (section 2.1.3.3) and applied function.

2.3.2 Types, features and benefits of taxonomy

2.3.2.1 Types of classification

Taxonomy can be both an approach to, and a product of, research. The act of classification has a number of methods.

Typology employs a particularly conceptual approach to classification (Bailey, 1994) which could be relevant for certain dimensions of the arts and dementia taxonomy. Classification can be versatile and combine both concepts and more empirical cases (Bailey, 1994), which makes it compatible with the blended humanities and science paradigms guiding this research.

Folksonomy refers to a lay classification, often assembled and managed online, where users tag content and create a shared language using communal expertise to make meaning (Neal, 2007). Features of folksonomy and typology resonate with realist methodology.

The empirical focus of taxonomy (Bailey, 1994) makes it the dominant approach for this study, but typology and folksonomy are helpful supporting methods.

2.3.2.2 Features and benefits of taxonomy

The key features of taxonomy recommend it for the task of describing, explaining, communicating and simplifying the field of the arts and dementia. A taxonomy aims to arrange knowledge in a way that is useful for the end user and wider community (Godfray and Knapp, 2004). It must be relevant to different audiences, balancing academic rigour and dissemination accessibility, and achieve buy-in from those in research and in the field (Godfray and Knapp, 2004). There are interesting questions to be asked about the ownership of a taxonomy, its authority, upkeep and curatorship

as it evolves with the discovery of new knowledge. The implications of this for the arts and dementia taxonomy are discussed in Chapter 8 (section 8.3.4).

Producing a taxonomy requires philosophical contemplation, for example how taxonomic groups should be arranged, or the extent to which groupings exist in reality (Kunz, 2013). Within this research, a constructivist paradigm creates the conditions for that philosophy. Research in the field of cognitive psychology has recognised that categories do not necessarily require equivalence, there is a gradient of representativeness amongst category members, and moreover, that category boundaries are often not well defined (Mervis and Rosch, 1981). This suits the fluidity of the arts.

A form of systematic knowledge, taxonomy is used to underpin applied solutions to complex challenges (May, 2004). One example of this application in the biological world are interventions that responds to climate change (May, 2004), but this could also refer to an arts intervention responding to the needs of a person with dementia. Taxonomy, in its ecological sense, therefore has a strong role to play in conservation efforts and environmental protection. This is a timely metaphor for a health and social care system under pressure (Bottery et al., 2018), where a taxonomy could similarly protect the arts and help them to survive budget cuts (Mowlah et al., 2014).

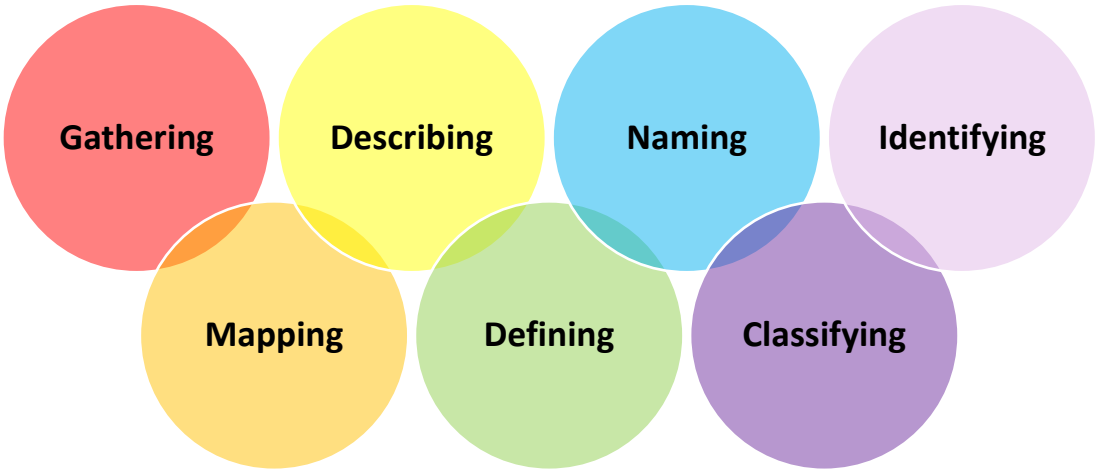
Taxonomy has a number of benefits: description; reduction of complexity; identification of similarities and differences; comparison of types (Bailey, 1994). There is also a power in labelling and noticing phenomena. For example, Kitwood's (1997) work on malignant social psychology identified a number of negative behaviours that undermine personhood. By identifying, classifying and naming these

types of behaviour, Kitwood was able to recommend interactions to avoid or include when caring for a person with dementia.

Taxonomy can also be used as criteria for measurement (Bailey, 1994), something of particular interest to the scientific and positivist paradigms within the arts and dementia field. Currently, there are no standardised outcomes measures for arts interventions, though general measurements for dementia quality of life do exist (Smith et al., 2007).

Figure 2.3 gives a linear depiction of how the different features and stages of taxonomy guide this research, from the initial gathering of information to the end-user applying the taxonomy as a means of identification. Subsequent stages of the research focus on each of these different taxonomy features in turn. Where relevant, this is highlighted at the start of each chapter. These characteristics of taxonomy all contribute towards the description, explanation, communication and simplification of arts interventions for people with dementia.

Figure 2.3: The proposed research stages of a taxonomy for the arts and dementia



2.3.3 Compatibility with realist methodology, constructivism and pragmatism

There are a number of synergies between realist methodology and taxonomy. Combining these approaches offers a methodological solution to the epistemological and ontological tensions inherent in arts and dementia research that were outlined at the start of this chapter.

Realist review and taxonomy both rely on rigorously gathered data and information synthesis (Godfray and Knapp, 2004; Pawson et al., 2005; Wong et al., 2013). Taxonomy is also iterative, like realist research, and includes peer review as part of its development (Scoble, 2004), which recognises that science can be subject to interpretation.

As an example, the classification of Japanese matsutake mushrooms has been led by a vision of democratic and inclusive science which makes knowledge accessible (Tsing, 2010). This has been achieved by sharing information online about matsutake mushrooms and prompting discussion regarding their characteristics (Tsing, 2010), almost in the manner of folksonomy. This mirrors the inclusion of real world voices in realist research (Pawson et al., 2004), and recognises that expertise can reside in, and belong to, a majority – as enabled by the classification of Linnaeus. A taxonomy of the arts and dementia must be similarly accessible and inclusive.

Taxonomy is more than a census or a description, and should also attempt to explain phenomena or the items being classified (Snyder, 1982). This directly responds to the realist question of 'what works' (Pawson et al., 2004), and the need for appropriate theoretical frameworks that explain arts interventions, as outlined in Chapter 1 (section 1.2.2). Taxonomy's shift from purely descriptive endeavour to hypothesis-

driven science, where testing and refining is key (Godfray and Knapp, 2004), also helps to situate it in a realist paradigm.

Furthermore, constructivism is inherent to taxonomy as classifications are often based on subjective standards which avoid prescriptivism and are determined by pragmatism (Kunz, 2013). Consensual classifications are seen as a solution to managing diverse opinion (Scoble, 2004), which is a strategy also used by this research by undertaking a Delphi study (Chapter 7).

2.3.4 Naturalistic and biological illustration: how observation and interpretation connects taxonomy and the arts

On first glance, combining taxonomy and the arts could appear contradictory and incompatible. However, the two share a historical relationship which makes their collaboration a fitting choice for this research.

Prior to modern methods of DNA analysis (Raven, 2004), taxonomy depended on pictorial descriptions of species. In this context, taxonomy and visual art were both endeavours of noticing, observing, describing and communicating, pursuits undertaken by scientists and artists alike (Tsing, 2010). The naturalistic or biological illustration associated with taxonomy incorporated personal interpretation, a constructed reality, as well as aesthetic creation. Historically therefore, taxonomy was a scientific art, and indeed, an artistic science.

Science has long relied on artistic products to document its findings and knowledge (Pyle, 2000). Leonardo da Vinci (1452 – 1519), a scholar of art and science, is renowned for intricate drawings of physiology, anatomy and even engineering, where the process of looking, seeing and drawing aided scientific discovery and explanation (Pyle, 2000).

More specifically to taxonomy, there are multiple examples of botanical classification combined with art. The Danish *Flora Danica*, a project spanning the eighteenth and nineteenth centuries, sought to record the wild flowers of Denmark using beautiful paintings of each species (Knudsen, 2016). These were later published as a nomenclature and classification, while also showing how taxonomy can be an art form in its own right.

American poet Emily Dickinson (1830-1886) curated a handmade herbarium which required her to gather and categorise flowers (Farr, 2004). Dickinson wove her knowledge of botany into her poetry, a blend of art and science (Farr, 2004). Victorian children's author and watercolourist Beatrix Potter (1866 – 1943) produced extensive, and highly accurate, scientific and artistic studies of mushrooms. She compiled a mycological[5] taxonomy entitled *Les Champignons*, an amateur-academic contribution created from her real world expertise (Lear, 2014). Potter's artistic ability flourished due to her meticulous attention to factual detail and evidence (Lear, 2014).

Margaret Gatty (1809 – 1873), children's author and marine biologist, collected and identified seaweed species from the British coastline producing a classification entitled *British sea-weeds* published in 1863 (Bryant et al., 2016). This was accompanied by vivid illustrations, earning Gatty praise for her skills of observation and interpretation (Bryant et al., 2016).

In 1814, Abraham Werner first published *Werner's Nomenclature of Colours* which gave descriptive labels to shades and hues across the spectrum (Syme, 2017). It was intended to be a classification for science and the arts, and was consulted by

[5] Mycology is the study of mushrooms.

naturalists and artists. Darwin used a copy during his 1831 – 1836 voyage on HMS Beagle (Syme, 2017). Precise labelling of colours supported accurate description, observation, comparison and replication.

In these examples, artistic methods and techniques are used to communicate, understand and describe science. Observation and interpretation, the paradigm of constructivism, prove to be critical for both scientific discovery and its artistic rendering. This illustrates the compatibility of taxonomy and the arts. The argument is therefore made for this research that scientific approaches of taxonomy can similarly be used to describe and explain the arts.

2.3.5 Inspiration for this taxonomy: relevant examples of classifications and frameworks

2.3.5.1 The medical model

The field of medicine has developed a descriptive nomenclature and classification system that works as a common language amongst health care professionals. *The International Classification of Diseases and Related Health Problems (ICD),* published by the World Health Organisation (WHO), is a clinical and epidemiological tool. The *International Classification of Functioning, Disability and Health (ICF),* also produced by the WHO, is a common language and framework that describes what activities people with particular health conditions are able to perform. Arts and cultural participation are included across several categories (WHO, 2002). The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association (APA) categorises mental health conditions specifically.

All three function as taxonomies that label complex phenomena. The *ICD* and *DSM* have evolved across numerous iterations that reflect cultural and historical influences,

as well as empirical observation, commercial interests and institutional politics (Frances, 2014). Consensus is a challenge, and establishing thresholds and categories of diagnosis can be problematic (Frances, 2014). Moreover, resources such as the *DSM* can have negative connotations relating to reductive labelling that signifies a power imbalance between patient and expert (Springham, 2016).

A taxonomy of the arts and dementia might face similar difficulties and must be mindful of overcoming them.

2.3.5.2 Social science and education

Taxonomy has also been used to describe phenomena in a social science context. Bloom's (1956) taxonomy describes educational goals and objectives, using a number of domains: cognitive, affective and psychomotor (Bloom et al., 1956). Bloom's intention for the taxonomy was to help define nebulous terms so that teachers and researchers could have a common point of reference (Bloom et al., 1956). Moreover, he wished for the taxonomy to be a constructive resource to help plan a curriculum (Bloom et al., 1956).

Bloom encountered similar challenges to this research, claims that the phenomena he sought to classify could not be observed in the same way as phenomena from the biological sciences (Bloom et al., 1956). However he argued that teaching behaviours and objectives can be *observed* and *described*, and therefore, these descriptive statements could subsequently be classified (Bloom et al., 1956).

Generality was adopted as an approach within Bloom's taxonomy as a solution to avoid fragmenting components and losing meaning (Bloom et al., 1956). Like Darwin, Bloom's taxonomy is inter-relational, and documents the inter-connection between

educational objectives. This research for the arts and dementia shares very similar contexts and aims.

2.3.5.3 Music and its parts

Music can be divided into multiple categories of explanation and description, for example pitch, rhythm and form (Snyder, 2000). More stylistically, music could be divided into genre, arranged by instrument type, identified by time signature or key signature, gathered in accordance with its country of origin. The units of division by which music could be analysed are numerous.

A study combining music classification with statistical analysis (Savage et al., 2015) sought to analyse the universality of music across cultures. The findings identified a number of musical domains (pitch, rhythm, performance style, instrumentation, form, social context), each populated with descriptive features. This accounts for context and complexity, and relationships between various elements were denoted. This is a helpful model for the taxonomy of arts interventions.

Foster, Pearson and Berends (2016) devised a framework for classifying ten delivery domains of *music care*, an approach that uses the therapeutic elements of music to influence care practices. These domains include music therapy, music medicine, community, research and training (Foster, Pearson and Berends, 2016). Their rationale for the framework is to propose clearer terminology for music therapy and *music care* (Foster, Pearson and Berends, 2016) which echoes the describing, communicating and simplifying aims of this taxonomy.

Wärja and Bonde (2014) have developed a preliminary taxonomy for organising music that is used as part of a *Guided Imagery and Music* (GIM) music therapy intervention. Their three categories, Supportive music, Mixed supportive/challenging

music, Challenging music, make distinctions based on musical intensity and complexity (Wärja and Bonde, 2014). Inspired by that taxonomy, an interactive music playlist intervention, *The Music Star*, was developed for use by psychiatric patients in an applied hospital setting. Patients could choose from different tracks of Supportive music depending on their mood and preference (Lund, Bertelsen and Bonde, 2016; Wärja and Bonde, 2014). This illustrates how an arts taxonomy can be operationalised in a real world setting and still be underpinned by choice that is person-centred (Kitwood, 1997).

These classification examples all deal with music, yet identify domains and types that are at times similar and different. This demonstrates that taxonomy is subjective and interpretive. These examples also show how categorisation can have a practical and useful application (Godfray and Knapp, 2004).

2.3.5.4 Classifications of the arts and dementia

There are a number of observational tools, which classify concepts using dimensions and categories, that can be used to evaluate a visual arts intervention for people with dementia (Algar, Woods and Windle, 2016). *Dementia Care Mapping* (DCM) functions on the premise of observable and distinct categories of behaviour, for example articulation, expressive and leisure (Brooker and Surr, 2006). *The Greater Cincinnati Chapter Well-Being Observation Tool* (GCWBT) (Kinney and Rentz, 2005) is similarly categorised into domains of wellbeing, for example interest, pleasure and self-esteem. These tools show it is possible to create conceptual taxonomic categories for the arts and dementia that are observable, and can be operationalised within the context of a live arts activity.

Furthermore, a number of guides have been devised by arts practitioners, supported by researchers, which identify the components of best practice when delivering arts interventions for people with dementia. Malone and Redgrave (2017) have produced a manual for storytelling interventions that identifies principles and qualities for good facilitation, for example simplicity, being organised, aware and respectful, and creating a safe environment (Malone and Redgrave, 2017). Similarly, Newman-Bluestein and Chang (2017) have co-authored a manual designed for dance and movement therapists which outlines a program for delivering embodied dance practice to people with dementia.

The *Dementia and Imagination* project created a handbook designed for artists and facilitators of arts activities for people with dementia (Parkinson, Windle and Taylor, 2017). The handbook is not prescriptive, but sets out instructions for excellent practice, which include artists understanding dementia, and sessions that develop social connections which enable inspiration, imagination and celebration (Parkinson, Windle and Taylor, 2017).These instructions are complemented by some general guiding principles, for example personal values, respect and consent. This is a comprehensive classification for dementia and the visual arts which may have applicability to arts interventions using different art forms.

These manuals and handbook demonstrate the ways in which artistic practice can be divided into component parts that ensure quality care and effective interventions. Furthermore, these practitioner classifications evidence there is appetite for work of this kind in the field, particularly in relation to training and reflecting upon practice, which is similar to the curriculum focus of Bloom's taxonomy (Bloom et al., 1956). This reinforces that a taxonomy of arts interventions for people with dementia is a useful contribution beyond academia.

However, none of these existing observation tools, manuals or handbooks takes a comprehensive view of classifying arts interventions for people with dementia which combines categorisation of art form, artistic elements, artistic approach and artistic application. That is what this research seeks to do, while recognising, acknowledging and drawing on these previous studies, classifications and taxonomies.

2.3.6 Limitations of taxonomy for this research

2.3.6.1 Beyond description, beyond theorising: a taxonomy fit for purpose

However, as with realist methodology, there are some limitations with using a wholly taxonomic approach for this study. Taxonomies are often criticised for being merely descriptive or devoid of theory (Bailey, 1994). However, description is often a fundamental first step for explanation which can subsequently lead to theorising (Bailey, 1994; Snyder, 1982). The influence of realist methodology on this project, which seeks to understand phenomena by building and testing theories (Pawson et al., 2004), will ensure this project produces findings that offer description, explanation *and* theoretical insight.

2.3.6.2 Can art be classified?

Classifications can be criticised for being static (Bailey, 1994). This is something that a taxonomy of the arts and dementia must be sensitive to. Indeed, the *Arts & Humanities Research Council* (AHRC) warn against methodologies which lack nuance by encouraging abstractions of the arts that are presented as a fixed formula (Crossick and Kaszynska, 2016). Undoubtedly, attempting to classify a medium as fluid and ethereal as art presents a challenge (Crossick and Kaszynska, 2016; Matarasso, 2010).

However, this is precisely why a taxonomy could be helpful. The solution for this project is to find a balance between generalisation and personalisation. The former identifies elements and components that are common to most arts interventions for people with dementia. The latter allows individual arts practice, and a person-centred approach for both the practitioner and the person with dementia (Brooker, 2004; Kitwood, 1997). This taxonomy of the arts and dementia aims to be descriptive and explanatory, not prescriptive or reductive. Moreover, the taxonomy must remain simple, and support clear communication. Bailey (1994) counsels against taxonomies that are unmanageable, and become too complex to use.

2.4 Supporting methodologies and frameworks

Taxonomy is a cumulative discipline, which incorporates the relevant knowledge that precedes new discovery (Scoble, 2004). Therefore, the methodology of this study similarly acknowledges other pertinent fields that have shaped the research, theory and practice of the arts and dementia. As outlined in Chapter 1 (section 1.2.1), a classification of the arts and dementia must recognise its place within the wider paradigms of the arts and health, creative ageing and art therapies research.

2.4.1 Arts and health: psychosocial interventions, academic discipline, social movement

Fancourt (2017) demonstrates that arts and health share a historic relationship, dating back to the pre-historic Palaeolithic era. This innate human appetite for creativity (Zaidel, 2014) and its connection to wellbeing is the foundation for the field of arts and health.

Artistic practice is used in a variety of psychosocial interventions to achieve a range of outcomes, from holistic quality of life to targeting specific diagnoses. This includes

‘traditional’ art forms, for example music and dance, or ‘complementary arts’ for example clowning (Koller and Gryski, 2007), gardening (Clatworthy, Hinds and Camic, 2013), and even magic (Novak, 2013).

Arts and health is a growing enterprise (Stickley et al., 2017). Social prescribing initiatives, which refer individuals to non-clinical services to aid recovery through creativity and social engagement, are increasingly used for holistic mental health care (Bungay and Clift, 2010). Arts on prescription, a type of social prescribing that provides arts interventions, can be particularly effective for older people, though these programmes face familiar challenges relating to proving impact and outcomes (Goulding, 2014).

Arts and health is a rich area of academic and applied study blending research, theory and practice (Clift and Camic, 2016). Its approaches offer alternatives to the medical model of care. For example, health humanities seeks to re-instate the centrality of meaning in healthcare and ensure it is delivered in humane ways (Crawford et al., 2015). Arts and health is also a social movement that seeks to demonstrate the value of the arts (Mowlah et al., 2014) and the moral necessity of universal accessibility (Alzheimer’s Society, 2015).

Consequently, research that complements this field, such as the arts and dementia, is timely, and offers optimism in the face of systemic health and social care challenges such as care quality for an ageing population (Clift, 2013).

There are numerous preceding sources of arts and health evidence and expertise that should be considered when attempting to classify the arts and dementia. Several methodological approaches relevant to this research are outlined below.

The *Arts for health and wellbeing evaluation framework* (Daykin and Joss, 2016) recognises that multiple methods are required to evaluate complex arts in health interventions, supporting the rationale for a taxonomy. Using logic models to develop a type of outcomes framework for the arts – which maps resources, planning and intervention, outputs, outcomes and impacts (Daykin and Joss, 2016) – is a helpful conceptualisation to accompany a realist CMO configuration (Pawson et al., 2004).

Titchen and McCormack (2010) have devised a research paradigm that blends scientific and arts approaches termed *critical creativity*. Inspired by ancient traditions, their method is designed for human flourishing which maximises growth and development along a changing life course (Titchen and McCormack, 2010). Titchen and McCormack (2010) recognise the paradox of outcome-oriented healthcare methods that fail to capture creative transformation – the same challenge facing the arts and dementia that was outlined at the start of this chapter.

The *Visual Matrix Method* (Froggett, Manley and Roy, 2015) researches shared experiences using sensory and aesthetic dimensions. This allows imagery, imagination and emotion to emerge in discussion to produce data and findings that are reflective and occasionally subconscious (Froggett, Manley and Roy, 2015). This method validates personal and creative meaning, which resonates with the field of the arts and dementia.

2.4.2 Creative ageing

A sub-section of the arts and health field focuses on creative ageing, the provision of arts experiences and cultural enrichment for older people. Creative ageing activities typically involve reminiscence, imagination and the awakening of human potential, as well as building creativity into care settings (Thwaite, 2017).

The rationale for developing and providing creative activities for older people is underpinned by gerontology theory and practice, namely enabling social engagement and a sense of control (Cohen et al., 2006). Arts practice associated with creative ageing is often designed to be participatory and interactive (Cutler, 2009; Mental Health Foundation, 2011). Arts participation for older people can result in a number of benefits and health outcomes, including improvements to mood, cognitive function and falls occurrence (Castora-Binkley et al., 2010; Cohen et al., 2006). Some research has even shown that cultural engagement over a sustained period of time can help to prevent dementia (Fancourt, Steptoe and Cadar, 2018).

One prominent area relating to creative ageing is embedding creativity and the arts into care homes (Cutler, 2011). A flagship example has been the *Imagine Arts* programme, a collaboration between a care home provider, city council and an arts organisation in Nottingham, designed to improve the wellbeing and quality of life for care home residents through increased access to the arts and culture (Broome et al., 2017a). A similar programme, *cARTrefu*, which means to reside, has been highly successful in care homes in Wales, facilitating artist residencies to give older people in care access to high quality arts experiences (Algar-Skaife, Caulfield and Woods, 2017).

Creative ageing programmes often address the specific requirements of people with dementia, as well as Parkinson's disease and other conditions prevalent in old age. Consequently, principles of practice developed by creative ageing practitioners have been used to formulate approaches to arts and dementia programmes (Parkinson, Windle and Taylor, 2017).

2.4.3 Arts therapies

Arts therapy is a vast field (Rubin, 2001; Hogan, 2001), and its fundamental contribution to the arts and dementia cannot be ignored. However, despite their wide use and clinical application, arts therapies similarly lack a body of rigorous and systematic evidence that proves their benefits for people with dementia (Burton, 2009).

Definitions of arts therapies vary, and may depend on national regulation, theoretical approach or art form. An explanation of how this research uses the term arts therapies, to encompass all art forms, was given in Chapter 1 (section 1.3.3.1). In the UK, there are four types of regulated arts therapy: dance movement therapy, drama therapy, music therapy, and visual art therapy (March, 2016). An association offers accreditation for each type, with holistic regulation, standards and conduct outlined by the *Health and Care Professions Council* (HCPC) (HCPC, 2016).

Malchiodi (2007), writing mainly for a North American therapy model, defines expressive therapies as the use of art, music, dance, movement, drama, poetry, creative writing, play and sandtray for the purpose of psychotherapy, counselling, rehabilitation or health care. To this, Watling (1984) adds the oral customs and traditions of folklore, customs and beliefs. This shows the importance of cultural relevance in this context. Malchiodi (2007) notes that each of these expressive therapies is unique, and their therapeutic role depends upon the practitioner, client, scenario and therapeutic goals – what realist methodology might label ‘context’. An integrative or multi-modal approach could combine these expressive therapies (Malchiodi, 2007).

The theoretical and therapeutic approach of arts therapists differs. Hogan (2001) identifies three main categories of practice in British visual art therapy: analytic art therapy, inspired by psychoanalysis, which places the client-therapist relationship at the centre; art psychotherapy, which encourages clients to verbally analyse the art work they produce; and art therapy, which places less emphasis on verbal analysis and more on producing art work (Hogan, 2001). Rubin (2001) adds two additional categories, humanistic and psycho-educational, and recognises the inherent conceptual properties of these theoretical categories, for example symbolism.

Hogan (2001) asserts that distinctions between art therapists are largely an issue of nomenclature. This illustrates how important descriptive and explanatory language is within arts therapies. One pivotal example is in recognising the nuance between arts therapy, and therapeutic art, which is a lively debate (Rubin, 2001). There are many discussions to be had regarding the classification and categorisation of art therapy.

Comprehensively mapping arts therapies is clearly a task beyond this research. However, this brief overview seeks to illustrate complexities that are comparable to the arts and dementia, while recognising how this mature field influences much of the practice evident in arts interventions for people with dementia.

2.5 Research design: A mixed methods study

2.5.1 Overarching research questions for the entire project

As outlined in Chapter 1 (section 1.3.1), this research aims to respond to some of the current evidence base gaps, challenges and limitations of the arts and dementia, particularly relating to the description, explanation, communication and simplification of arts interventions.

Resulting from a more thorough exploration of the chosen methodologies and theoretical frameworks outlined in this chapter, this research is subsequently framed by three central research questions:

- In what ways can arts interventions for people with dementia be defined and described?
- How might it be possible to classify and theorise the arts and dementia?
- How achievable is a common language for the multi-disciplinary field of the arts and dementia?

Question one mainly addresses the need for the arts and dementia evidence base to improve the description of arts interventions. Question two addresses the challenge of explanation. Question three addresses the challenge of communication. Combined, the questions seek to address the challenge of simplifying the arts and dementia. Subsequent research stages were framed by discrete, more detailed, research questions which are outlined in the relevant chapters. These individual research questions still correspond to the overarching enquiries outlined above.

To answer these questions – supported by theoretical frameworks of realist methodology and taxonomy, and influenced by approaches drawn from the arts and health, creative ageing and arts therapies – this research used mainly qualitative methods.

2.5.2 Qualitative methods

Qualitative research is interpretive and seeks to explain the world by constructing knowledge and understanding rather than searching for absolute truth (Denzin and Lincoln, 2018). It hopes to makes sense of phenomena by paying attention to the

meaning people bring to them (Denzin and Lincoln, 2018). Authenticity of human experience is a key feature of the qualitative approach (Silverman, 2013).

For these reasons, it is the ideal paradigm for exploring the arts and dementia. It naturally supports an enquiry that seeks to describe and explain real world practice delivered and experienced by a number of stakeholders. Furthermore, qualitative data can provide rich descriptions of complexity, test hypotheses to develop theoretical frameworks and incorporate the voices of those that are often excluded or ignored (Sofaer, 1999). This helpfully echoes realist methodology. Examples of qualitative methods include interviews, focus groups and case studies.

Consequently, the taxonomy produced by this research represents one interpretation of the arts and dementia, as conceptualised by the researcher.

2.5.3 Quantitative methods

Quantitative research, often underpinned by deductive thinking applied from pre-established theoretical models, works to identify generalised regularities which may trade detail for scope (Payne and Payne, 2004). Quantitative data are largely associated with positivist approaches, and consist of variables that are measured to ascertain their properties or effects (Blaikie, 2003).

Examples of quantitative methods include statistical analysis, longitudinal studies and randomised controlled trials. The multiple social realities and complexity inherent in the arts and dementia make quantitative methods, such as statistical techniques, largely inappropriate for the task of describing and explaining arts interventions. However, basic descriptive statistics are used in one phase of this study in order to measure consensus (Chapter 7). The quantitative principle of generalisability is

relevant to the development of a taxonomy, as explained earlier in this chapter (section 2.2.3.1).

2.5.4 Research methods for this study

A range of research methods were used to conduct this study, an approach which allowed emergent findings to be triangulated and verified. Triangulation checks and verifies findings from different informants and data sources (Taylor, Bogdan and DeVault, 2016). Using multiple methods can allow the shortcomings of one to be addressed by another, in order to produce understandings of greater depth and clarity (Taylor, Bogdan and DeVault, 2016). The iterative nature of realist enquiry (Pawson et al., 2004) enabled early stages of data collection and analysis to inform subsequent research methods in a logical way. This avoided a superficial approach (Taylor, Bogdan and DeVault, 2016) which can be a disadvantage of mixed methods research.

While mixed methods often refer to a balanced blend of qualitative *and* quantitative work (Taylor, Bogdan and DeVault, 2016), the term is widely debated (Creswell, 2013). This study used some basic quantitative methods, thus meeting the criteria of the term. Moreover, the essence of this research design, which combines multiple stages, philosophies and theories, uses an inherently mixed methods approach.

A comprehensive account of the methods used for each section of the study sits within each relevant chapter. What follows is a sign-posting summary to these methods, and an overview of the study's research design.

2.5.5 Data collection and data analysis: a project summary

2.5.5.1 Data collection

As well as synthesising existing arts and dementia knowledge, this research collected a range of original data to enhance its findings.

Chapter 3 presents a literature review, which used systematic and realist approaches to synthesise the arts and dementia literature (Wong et al., 2013). This data then developed a theory for describing the component parts which characterise arts interventions for people with dementia.

A series of real world discussion groups, focus groups (Barbour, 2007; Greenbaum, 2000; Krueger and Casey, 2015; Morgan, 1997) and Nominal Group Technique (NGT) workshops (Delbecq and Van De Ven, 1971; Jones and Hunter, 1995; Potter, Gordon and Hamer, 2004), collected original qualitative data from arts and dementia stakeholders to continue this theory building and testing. Chapter 4 reports the focus group data and Chapter 5 reports the NGT workshop data.

Chapter 6 presents an exploratory case study (Stake, 1995; Yin, 2012; Yin, 2014) of music therapy in Denmark, which triangulates original data collection from observations, focus groups and interviews.

Chapter 7 reports a three stage Delphi study questionnaire (Diamond et al., 2014; Hsu and Sandford, 2007; Jorm, 2015), conducted using online software, which collected qualitative and quantitative data from an expert, international panel.

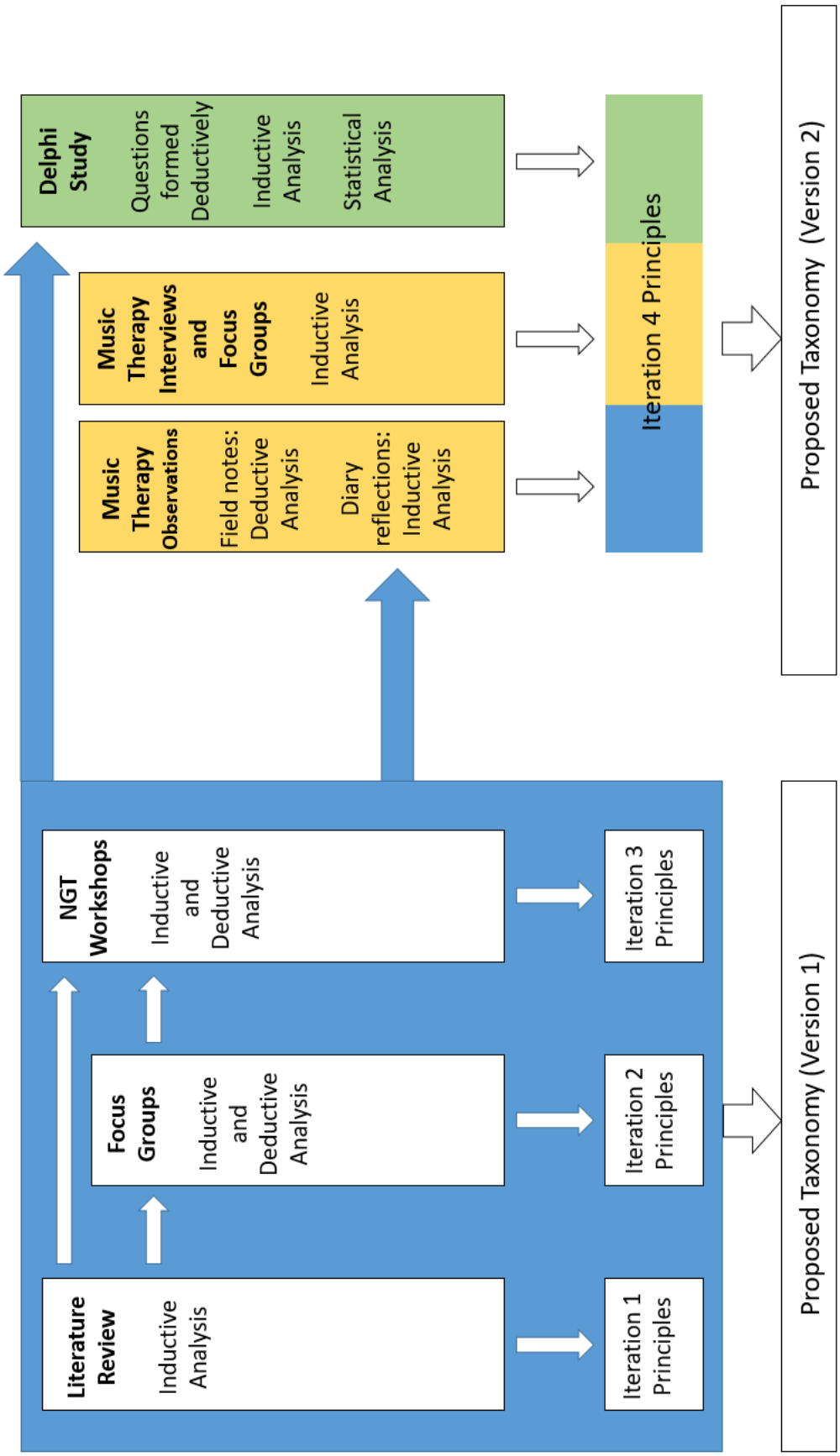
The introductory findings, theory development and unresolved queries from the literature review, focus groups and NGT workshops informed the discrete research questions for the case study and Delphi study.

Data were collected from a range of participants including artists, arts practitioners, arts therapists, academics, researchers, arts managers, care staff, carers and people with dementia. The participants were recruited through existing arts networks, arts organisations, research networks, care homes and personal contacts. A few

participants took part in several rounds of data collection, for example the focus groups and the Delphi study.

Figure 2.4 illustrates how each stage of data collection, analysis and findings inform and shape the research design of this project. Version 1 of the taxonomy is presented at the end of Chapter 5, following a theoretical realist synthesis. Version 2 of the taxonomy is presented in Chapter 8 following a cumulative synthesis of the entire research findings.

Figure 2.4: Sequential process of research methods, data collection and data analysis



2.5.5.2 Data analysis

The data were largely analysed thematically, driven by inductive (data led) and deductive (theory led) coding (Braun and Clarke, 2006), along with elements of grounded theory (Charmaz, 2006; Urquhart, 2013).

The Delphi study included basic descriptive percentage analysis of ordinal data which originated from Likert scale questions. These were selected to measure participant agreement with particular classifications or descriptions relating to the arts and dementia. This gave a helpful quantifiable indication of consensus agreement, and was accompanied by explanatory depth from qualitative free-text responses.

2.5.6 Reliability and Validity

There are potential limitations to qualitative constructivist research, namely concerns of reliability, validity (Pawson et al., 2005) and subjectivity (Lincoln, Lynham and Guba, 2018). While constructivism permits personal interpretation, and realist methodology counter-balances this by ensuring rigour, it is critical to acknowledge the importance of validity and reliability in qualitative research.

Validity relates to the credibility of interpretations, accuracy of depiction (Silverman, 2013), and the appropriateness of the methods used to undertake a study (Payne and Payne, 2004). Reliability, arguably more critical for quantitative methods, refers to the consistency of research findings when phenomena and conditions are stable (Payne and Payne, 2004). Evidently, reliability is not always necessary for a study that acknowledges multiple lived realities.

Grbich (2013) acknowledges that truth is elusive and dependent on the individual whose reality is being portrayed. The blend of realist methodology and taxonomy in this study seeks to present a number of truths, in a manner that is transparent and

faithful to each. Nevertheless, it is important to mitigate personal bias in research, and ensure findings are valid and reliable as far as is possible and appropriate in accordance with the chosen ontological paradigm. The iterative process of testing and developing theory hypotheses with multiple stakeholders, and blending appropriate research methods, gives assurances that the research remained true to its purpose and had an acceptable level of validity.

Furthermore, the Delphi study generated multi-stakeholder consensus which helped guarantee the reliability of research findings. No direct inter-reliability rating was used as this is largely a feature of quantitative research (Payne and Payne, 2004) and not wholly compatible with constructivism. However, many measures to ensure reliability were in place throughout the project. Multi-disciplinary discussions were held with the supervisory team who have diverse professional experience relating to the arts and dementia, as well as the research and practice of old age psychiatry, psychology, arts performance and cultural consultancy. These conversations provided an interactive opportunity to compare and challenge findings and conclusions drawn from the data. The focus groups and NGT workshops added a critical perspective on the coding that was done during the literature review. The case study used participant verification and member checking to triangulate findings (Stake, 1995).

2.5.7 Participant observer and insider research

During the case study (Chapter 6), the roles of participant observer and participant researcher were sometimes assumed (Payne and Payne, 2004). This refers to sustained data collection by means of watching, listening and asking questions during which the researcher takes partial membership of a group (Payne and Payne, 2004). During the focus groups, NGT workshops and Delphi study, elements of an insider researcher

role were also undertaken. The implications of this are discussed in the relevant chapters.

2.5.8 Ethical approval and ethical practice

Three ethics applications were submitted and approved for different parts of this study (Appendix 1-3). Firstly, to the University of Nottingham's Faculty of Medicine and Health Sciences Research Ethics Committee for conducting the real world discussion groups (Ethics Reference: J18032016 SoM). During this research, the University's internal process for ethical approval was amended. Therefore, the second and third ethics applications, for the Delphi study and case study of music therapy, were approved by the Faculty's Division of Psychiatry and Applied Psychology Ethics Committee (Ethics Reference: 213; Ethics Reference No: 215). Extensive enquiries were made, but additional ethical approval within Denmark was not required for the case study given the project had received ethical approval from the researcher's home institution, the University of Nottingham. All ethics documents for the case study were translated into Danish.

However, gaining ethical approval was simply the beginning of abiding by ethical practice. Alzheimer Europe (2011) acknowledges that the involvement of people with dementia as research participants is critically important, and that risks and benefits of inclusion must be balanced. The inclusion criteria for the focus groups, NGT workshops and Delphi study required the participant to have capacity to consent to take part. However, the case study allowed a consultee to give permission on behalf of a person with dementia. In these circumstances it was critical to engage with the participants and their carers in a way that avoided coercion, and created a positive experience of etiquette and respect (INVOLVE, 2012). Duncombe and Jessop (2002)

warn against insincere rapport or fake friendship in exchanges with research participants, in a way that could undermine genuineness, trust and authenticity, or blur issues of consent.

The risk of classifying the arts in a reductive way has been highlighted previously in this chapter. It was equally important to apply this approach to the human participants of research, who were not treated as specimens to be collected and labelled like flora or fauna. A person-centred approach guided all aspects of this research.

2.5.9 Researcher reflexivity

Reflexivity is self-awareness that recognises how personal identity or presence can influence or construct situations (Bloor and Wood, 2006). Reflexivity recognises the role of the qualitative researcher as an active co-participant in the gathering of data, whose identity and reality can inadvertently permeate and shape findings (Bloor and Wood, 2006). Reflexivity requires interrogation of the self to identify how research efforts might be framed or shaped (Lincoln, Lynham and Guba, 2018). This self-awareness is important for transparency within qualitative research, and recognition of personal identity helps to guard against research bias (Lincoln, Lynham and Guba, 2018). Consequently, the following section gives an overview of relevant aspects of the researcher's identity for the sake of transparency.

2.5.9.1 Identity of researcher

I hold a BA in English and Related Literature, an MA in European Politics and an MSc in Leadership and Service Improvement, which gives me a working knowledge of both humanities and social sciences. Before beginning this research, I worked as a healthcare manager in the NHS which gave me experience of the policies and evidence base that drive the medical model of care, as well as the importance of

person-centred services. In this multi-stakeholder environment I saw the need for a shared language across professions, and the necessity to invest in interventions that can justify and demonstrate their outcomes and value.

I am a musician, and have performed professionally as a singer and conducted several choirs. This gives me lived experience of the power of the arts, and their effects in different settings and for varying purposes. For the duration of this research, I volunteered with *Singing for the Brain*, experiencing the impact and benefits of these sessions for people with dementia and their carers. I currently direct the Dementia UK choir, comprised mainly of Admiral Nurses who deliver care and support to people with dementia and their families. This has shown me how the arts can support the wellbeing and resilience of staff, as well as encourage them to use the arts in their professional practice.

Finally, I am a grand-daughter whose Nana is living with dementia in a care home. This has given me insight into practical considerations relating to care, but above all, an imperative and commitment to improve the quality of life for those living with the condition by producing research that is useable and relevant. My identities as a healthcare professional, musician, volunteer, practitioner and family member influenced this work.

2.6 Conclusions

This chapter argued that a constructivist approach, which incorporates personhood and pragmatism, is most suitable for the task of describing, explaining, communicating and simplifying arts interventions for people with dementia. The need to combine humanities and science paradigms in this multi-disciplinary research was addressed. An approach was outlined that incorporates rigorous scientific methods, allows the

dynamic nature of the arts to be expressed, and the individual needs of practitioners and people with dementia to be respected.

Realist methodology and taxonomy were introduced as appropriate frameworks for conducting this research, which balance the contextual with the general. Important methodological and theoretical contributions from arts and health, creative ageing and arts therapies were also discussed. Finally, the overarching research design and mixed methods were presented, as well as the reflexive and ethical considerations of this project.

The next chapter reports a review of the literature, which was the starting point for this research, and introduces a series of associated real world discussion groups.

3 Principles to describe and explain arts interventions for people with dementia: A review of the literature

3.1 Introduction

Having outlined the overarching research aims and objectives, and situated this study within its relevant fields and research paradigms, the first stage of developing a taxonomy was to explore and appraise the existing knowledge and literature relating to the arts and dementia.

3.1.1 The purpose and process of reviewing the literature

A literature review uses systematic, clear and reproducible methods to identify, appraise and synthesise existing work by researchers and practitioners (Fink, 2014). A thorough review can help to identify knowledge gaps, appraise the strength of an evidence base and demonstrate the consistency of findings across a given topic (Booth, Sutton and Papaioannou, 2016). It can place work in context, showing how it may be inter-relational, as well as offering new interpretations (Booth, Sutton and Papaioannou, 2016). Furthermore, reviewing the literature helps to avoid duplication of previous scholarship and identify avenues for future research (Booth, Sutton and Papaioannou, 2016).

Literature reviews may have different purposes. For the academic thesis, a review demonstrates the breadth and depth of knowledge, and up-to-date awareness

pertaining to the field of study (Galvan and Galvan, 2017). Such a review should be reflexive and comprehensive (Booth, Sutton and Papaioannou, 2016). Writing for publication, the literature review should frame the study (Galvan and Galvan, 2017). Within healthcare, a synthesising review has important implications for disseminating and encouraging evidence based practice (Grant and Booth, 2009; Greenhalgh, 2010). In short, a literature review shows the current knowledge of a particular topic (Fink, 2014). It is the logical starting point for this research enquiry.

Literature reviews share a number of general steps. The SALSA framework outlines four common review processes: **S**earch, **A**ppraisa**L**, **S**ynthesis, **A**nalysis (Grant and Booth, 2009). Other methods give more detail: identifying research questions; selecting databases; choosing search terms; screening references practically and methodologically; undertaking the review; synthesising the findings (Fink, 2014). There are many types of literature review, and consequently, a hybrid approach is often used (Grant and Booth, 2009). This literature review uses a combination of systematic and realist approaches, an approach encouraged by arts therapies research (Phillips, 2018).

3.1.2 Systematic and realist approaches to reviewing the literature

3.1.2.1 Systematic review

In healthcare and medicine, systematic reviews draw together previous findings, often from clinical trials, into one synthesised source in order to influence practice. The gold standard of systematic review is the Cochrane Review (Greenhalgh, 2010). These seek to gather all empirical evidence in accordance with pre-determined eligibility criteria in response to a particular research question (Higgins and Green, 2011). Their defining features are: clearly stated objectives; reproducible methodology; systematic

searching; assessments of research quality, validity and bias; systematic synthesis and presentation of the results (Higgins and Green, 2011). A systematic review necessitates a protocol, and uses the PICOS elements to appraise the studies being reviewed: **P**opulation, **I**nterventions, **C**omparators, **O**utcomes, **S**tudy design (Centre for Reviews and Dissemination (CRD), 2009). They often utilise a meta-analysis to produce robust and generalisable results (Greenhalgh, 2010).

A Cochrane style systematic review was not appropriate for this study. Firstly, the majority of the existing arts and dementia studies would be excluded from a systematic review of this kind on the basis of the stringent methodological criteria. While the arts and dementia evidence base has much to offer qualitative and constructivist enquiry, Cochrane supports a positivist medical model of intervention, which is uncommon within the arts and dementia. A search was done for arts and dementia systematic reviews and too few were retrieved to make such an approach viable (Table 3.1). Just four systematic reviews were identified in the Cochrane Database (Chung et al., 2002; Cowl and Gaugler, 2014; Deshmukh, Holmes and Cardno, 2014; Kong, Evans and Guevara, 2009). Three systematic reviews, including two repetitions, were identified in the PubMed database (Chung et al., 2002; Kong, Evans and Guevara, 2009; Windle et al., 2014). Several of these sources reported only review protocols, and varied in their direct relevance to the arts and dementia.

Table 3.1: Search results for arts and dementia systematic reviews

Database	Search terms	Returns	Systematic reviews
Cochrane database of Systematic Reviews	arts AND dementia	26	4
	arts AND therapy AND dementia	21	
	arts AND interventions AND dementia	12	
PubMed (Systematic review search)	arts AND dementia	32	3
	arts AND therapy AND dementia	19	
	arts AND interventions AND dementia	11	

Secondly, this study actively wished to include grey literature in order to incorporate multiple stakeholder perspectives, in line with a realist constructionist methodology and the gathering role of a taxonomist (Godfray and Knapp, 2004). Finally, this literature review was deliberately iterative (Pawson et al., 2004), which did not suit the pre-specified criteria and design favoured by a systematic review (Higgins and Green, 2011).

This literature review does not claim to be a systematic review, and clearly diverges from that approach for strategic and justifiable reasons. The ideological limitations of Cochrane, which favours certain types of evidence and a particular interpretation of systematic review, are increasingly recognised (Hammersley, 2001). Other research has explored how the systematic review can more readily incorporate the qualitative paradigm (Dixon-Woods et al., 2006).

Working within the research context of this study – the current state of the arts and dementia evidence base, the conceptual nature of the research enquiry, and a qualitative constructivist paradigm – systematic *approaches* were employed for this literature review. Those included clarity, validity and transparency (Booth, Sutton and Papaioannou, 2016), and were underpinned by elements of realist review and synthesis.

3.1.2.2 Realist review and realist synthesis

Following from the realist approach and rationale outlined in Chapter 2 (section 2.2), this literature review was informed by approaches from realist review and realist synthesis (Wong et al., 2013). The RAMESES (Realist And Meta-narrative Evidence Syntheses: Evolving Standards) publication standards for realist synthesis require: a review rationale, literature searching and scoping, document flow diagram and characteristics, document selection and analysis, findings, strengths, limitations and comparisons, and conclusions (Wong et al., 2013). These components were incorporated into this study.

Realist review was particularly appropriate for this enquiry because it is systematic, which enables research quality, yet is simultaneously pluralist and flexible (Pawson et al., 2005). It takes an approach to evidence that is more appropriate for the arts and dementia evidence base by encouraging the use of grey literature and informal information (Pawson et al., 2005). Realist review grants permission to be tenacious and follow incidental or emergent lines of enquiry, and appreciates the steps of the review may overlap (Pawson et al., 2005). Furthermore, realist review acknowledges the practical limitations of reviews involving complex interventions, which is particularly applicable to the arts and dementia (Pawson et al., 2005).

Realist review is often shaped by the realist research question: What works, for whom, under what circumstances, how and why? (Wong et al., 2013). However, this frame of enquiry drives the entire research project, with different dimensions of the taxonomy responding to the individual questions of what, whom, how and why. The literature review is just the beginning part of this process, so consequently, is not framed by this question. Chapter 8 (section 8.4.2) presents a holistic response to this realist research question.

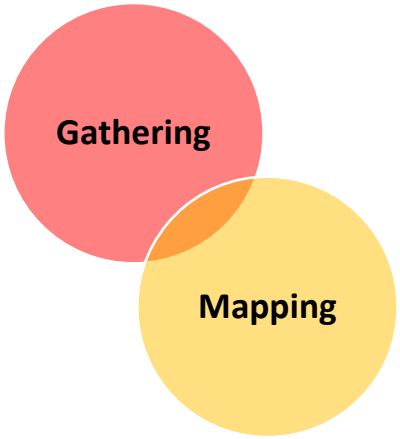
Therefore, this literature review does not claim to be a pure realist review. Helpfully, realist review is not a prescriptive approach and there is an expectation that the researcher will adapt its guidelines to suit each project (Rycroft-Malone et al., 2012). Consequently, *elements* of the realist approach guided this review and synthesis.

3.1.3 Purpose of this literature review: Rationale, objectives and focus

The objective of this literature review was to gather and map (Figure 3.1) a range of arts interventions for people with dementia, and identify words commonly used to describe and explain them. This echoes the endeavours of a taxonomist comprehensively exploring the living world (Godfray and Knapp, 2004) and involves the first few stages of producing a taxonomy (Chapter 2, Figure 2.3).

The aim was to produce a collection of fundamental descriptive words and explanatory concepts that characterise arts interventions for people with dementia, drawn from an array of literature and information sources. This would begin the process of describing, explaining, communicating and simplifying the component parts of the arts interventions.

Figure 3.1: The research stages of the taxonomy addressed by the literature review



The literature review took an all-encompassing approach to identifying descriptive language and explanatory concepts of arts interventions, in order to avoid being reductive or prescriptive. It was important to take account of all creative interventions and activities that enable personal meaning and connection (Crawford et al., 2015), rather than attempting to define 'the arts' using subjective or arbitrary criteria to include or exclude different activities (Chapter 1, section 1.3.4.3). In essence, the literature review sought to understand what arts interventions comprise, irrespective of their disciplinary boundaries. Previous research has highlighted this as a necessary focus of arts and dementia enquiries (de Medeiros and Basting, 2014).

Although a number of reviews relating to the arts and dementia have been published (Beard, 2011; Caddell and Clare, 2011; Cowl and Gaugler, 2014; Zeilig, Killick, and Fox, 2014), the researcher did not encounter any that identified words and concepts which characterise the component parts of arts interventions as the basis for a descriptive and explanatory common language. This literature review therefore made a unique contribution to the field.

3.1.4 A review in two parts: theory building and theory testing

Three pertinent findings emerged from undertaking the preliminary systematic review search for arts and dementia studies (Table 3.1). These prompted methodological reflection which changed the strategy for this review (Booth, Sutton and Papaioannou, 2016).

Firstly, the body of peer reviewed literature relating to the arts and dementia was revealed to be relatively small, though the field is growing (Zeilig, 2015). Secondly, there were few studies in the written literature documenting the voices of those with lived experience (Beard, 2011), for example practitioners, artists, carers and people with dementia. Thirdly, it became apparent that identifying the words and concepts that characterise arts interventions would be a subjective task, which could affect the systematic requirements of validity and the need to avoid bias if left solely to the researcher without discussion (Higgins and Green, 2011).

Realist review focuses specifically on theory building and testing (Wong et al., 2013). This review design was therefore amended to comprise two distinct parts. Firstly, the literature review would generate a *theory* of the words and concepts that characterise and potentially explain arts interventions. Secondly, these would subsequently be *tested* and refined using a series of real world discussion groups with stakeholders who contributed lived expertise and experience of the arts and dementia. These discussion groups presented an opportunity to: strengthen the robustness and reliability of findings from the literature; include knowledge critical to the field that was not published in academic papers (Rycroft-Malone et al., 2012); and keep pace with arts and dementia practice while formal literature and research was forthcoming (Galvan and Galvan, 2017). Challenging a restrictive definition of knowledge in this

way (Braun and Clarke, 2013) was consistent with the study's qualitative and constructivist epistemological position.

The discussion groups borrowed from the methodology of the *Living Library*, where individuals with personal stories and experience act as books to be 'loaned' for interactive discussions (Little et al., 2011). By sharing dialogue, a living library hopes to challenge assumptions and stereotypes, ultimately changing the attitudes of society (Little et al., 2011). This is very relevant for the condition of dementia (Swaffer, 2014), and its relationship to the arts.

The discussion groups acted as a theory building and theory testing source of living grey literature, using expertise not frequently available in peer reviewed journals. The discussion groups developed to include focus groups and Nominal Group Technique (NGT) workshops. The comprehensive rationale and justification for these two complementary and sequential methods is given in Chapters 4 and 5.

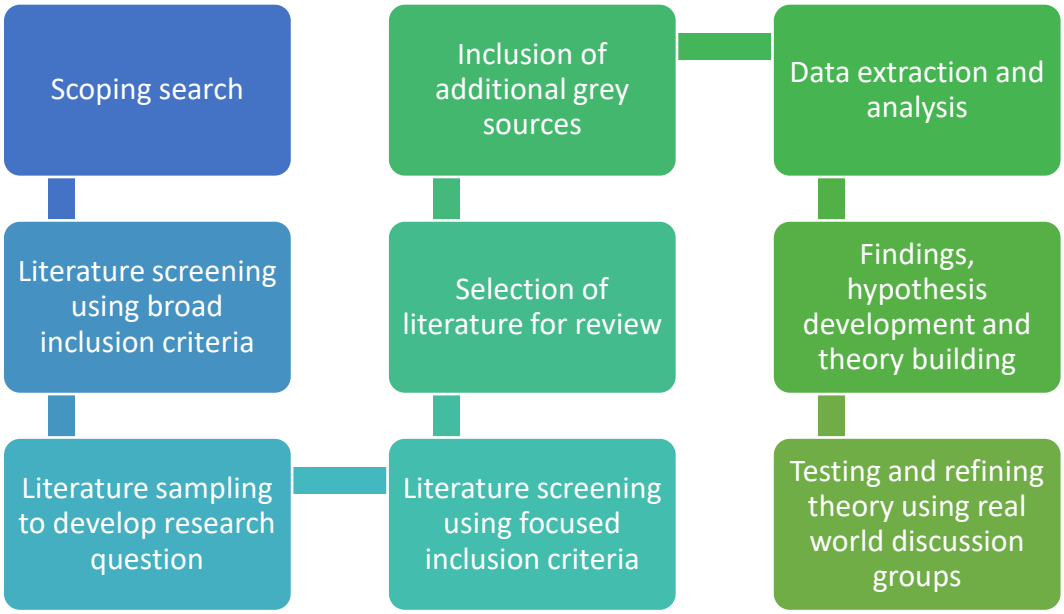
Combined, the literature review and discussion groups functioned as a type of adapted realist review (Pawson et al., 2005; Rycroft-Malone et al., 2012; Wong et al., 2013).

3.2 Methods

3.2.1 Scoping, searching, sampling, selecting the literature

The study design for the review (Figure 3.2) was deliberately wide-ranging to mirror the act of taxonomy, which relies on the collection of diverse specimens following extensive searching (May, 2004). Realist review encourages reflection on emergent findings (Wong et al., 2013), therefore a research question was introduced only after the literature had been sampled (Booth, Sutton and Papaioannou, 2016). This allowed the exact emphasis of the review to be refined as it progressed (Pawson et al., 2005).

Figure 3.2: Research design for the literature review



3.2.1.1 Scoping and searching the literature

The review began with a scoping search (Wong et al., 2013) to assess the depth and breadth of published literature, and to build familiarity with the literature (Pawson et al., 2005). A comprehensive search strategy was developed (Table 3.2), taking account of synonyms, truncation and Boolean operators, which express the relationship between search terms (Rumsey, 2008). This resulted in a list of search terms (Table 3.3). These were paired for thoroughness, which gave an opportunity to assess the quality and quantity of information generated by individual arts modes or activities. Intervention was not used as a search term because of its very general and predominantly clinical connotations.

Table 3.2: Search strategy development, adapted from Rumsey (2008)

Concept	Arts	Interventions	Dementia
Synonyms	Music Dance Drama Art Creativity Performing arts	Therapy Care Sessions Group Activity Programme	Alzheimer's Cognitive impairment Confusion Memory
Broader terms	Literature Reading Poetry Snoezelen	Psychosocial Non-pharmacological	Elderly Ageing
Related terms	Museum Gallery Singing Visual Digital	Practitioner Artist Therapist Activity co-ordinator	Anxiety Depression
Truncation	Art* Danc* Creativ*	Therap* Activ*	Age*

Table 3.3: Search terms for the literature review

Search terms
Theatre AND dementia
Arts AND dementia
Therapy AND dementia
Music AND dementia
Singing AND dementia
Creativ* AND dementia
Dance AND dementia
Performing AND dementia
Art* AND dementia
Museum AND dementia
Gallery AND dementia
Activ* AND dementia
Arts AND Alzheimer's

Four databases were selected to access a variety of disciplines, professions and approaches: CINAHL (Cumulative Index to Nursing and Allied Health Literature), for nursing and allied health professional literature; Medline, for biomedical sources; AMED (Allied and Complementary Medicine Database), for complementary medicine perspectives; and PsycINFO, for mental health research. The databases were searched in January 2016. EndNote software was used to organise the references. A second updating literature search was undertaken in February 2018 towards the end of the research (Pawson et al., 2015). This is recounted later in the chapter (section 3.2.1.5).

The search terms used in January 2016 were effective and elicited a diverse range of sources. Some terms worked differently depending on the disciplinary focus of the

database, and others required finessing. Pawson et al. (2005) state that search terms often evolve as knowledge of the field improves. For example, 'performing' had an operative rather than an artistic connotation when used in the medical databases which returned irrelevant results. When 'Therapy AND dementia' was searched in Medline, PsycINFO and AMED, too many general therapeutic references were generated, so this search term was amended to 'Art* therapy AND dementia'. Using 'art*' on its own often returned clinical terms such as artery or arthritis. Searches that generated large numbers of irrelevant results were discounted but documented. The significant number of search terms meant any relevant literature in these discounted searches was captured elsewhere.

3.2.1.2 Initial screening and inclusion criteria

This preliminary search generated 2,231 references. Some were excluded by title, others were screened by abstract (Pawson et al., 2005). Articles were retained if they included descriptive detail about the characteristics, features or qualities of arts interventions for people with dementia. Records were also included if they described activities that included an element of the arts, for example crafts or ambient music.

Many traditional restrictions, such as year of publication, were not necessary due to the relative infancy of the field. The realist approach did not exclude certain types of study or journal (Pawson et al., 2005), though only English language texts were included for practical reasons. While this was potentially limiting, subsequent stages of research, the international Delphi panel and Danish case study, afforded the chance to engage with scholarship from different countries and cultural contexts.

There were challenges in determining the relevance of some material, particularly in relation to dementia and music, which is a voluminous field of study, intersecting with

care delivery, therapy and neuroscience (Patel, 2008). Furthermore, other peripheral themes emerged during the search, such as positive ageing. For the purposes of comprehensive sampling, these articles were retained. Following screening and the removal of 725 duplicates, 748 references remained.

3.2.1.3 Sampling the literature to formulate a research question

A purposive sample of literature was read, led by reference title (Pawson et al., 2005; Rycroft-Malone et al., 2012). References from CINAHL were selected as a microcosm of the entire search, which is proven to be a thorough database for systematic, qualitative searches (Wright, Golder and Lewis-Light, 2015). CINAHL's records were the most evenly spread across all search terms, and many were duplicated in the other database searches. CINAHL also contained a mixture of clinical and non-clinical material which offered a variable descriptive vocabulary.

The purpose of the literature sampling was to ensure the references were appropriate for the aims of the study, and to continue scoping the field to formulate a research question (Wong et al., 2013). The sampling was therefore not intended to be exhaustive, so a statistical random sample was not necessary for the task (Morse, 2006). Table 3.4 shows a selection of results from the literature sampling, chosen to illustrate their variety.

Table 3.4: A selection of the literature sampling

Author	Characteristics, features or qualities of arts interventions
Anderiesen et al. (2014)	ambient music, snoezelen, physical activity, multisensory, colour, sound, enjoyable, meaningful, interaction, fragrance, tactility, gardens
Gonzalez and Kirkevold (2013)	therapeutic, nature, multisensory, sensory stimulation, fragrance, passive, active, healing, restorative, snoezelen, behaviour, cognition, wellbeing
Chakravarty (2011)	creativity, new abilities, new interests, familiarity, impulsive, spatial awareness, colour, confidence, meaningful, artistic ability not required, music, literature
Caddell and Clare (2011)	identity, therapy, self-esteem, expression, spontaneity, remaining strengths, coping, mixed modalities, discussion, sharing memories, sense of achievement, communication, confidence
Cowl and Gaugler (2014)	visual art, music, drama, poetry, multiple art forms, playing, listening, storytelling, movement, communication, participation, emotional improvement, relationships, expression, stimulation, satisfaction, reminiscence

After sampling 26 full text references a saturation point was reached (Rycroft-Malone et al., 2012), because a prevalent type of literature had emerged. The majority of the literature reported analyses of individual arts and dementia studies or projects, which included the effects of particular interventions or arts programmes. This empirical research, reliant on observation or experience (Kothari, 2004) was often descriptive, and focussed mostly on short term projects, with little theoretical or conceptual

reflection. This lack of theoretical reflection in the arts and dementia evidence base has been identified by other research (Windle et al., 2017) and has been outlined as a current limitation in the field (Chapter 1, section 1.2.2).

The literature therefore offered a research opportunity. The references contained descriptive accounts of the arts and dementia, which were ideal for analysing the component parts that characterise arts interventions. However, there was also an apparent research gap that this review could fill, by synthesising these descriptions to create the basis of a common multi-disciplinary language which could also offer a theoretical explanation of arts interventions.

Consequently, it was important to devise a question for the literature review that would elicit data to support the description, communication and theoretical explanation of arts interventions. It was also necessary to capture the general and contextual ethos of arts interventions for people with dementia and generate a theory for testing (Pawson et al., 2004). Therefore, the following research question was formed:

What underpinning principles guide arts interventions for people with dementia'?

The word principle was carefully selected to accurately support the descriptive, communicative and explanatory aims of the literature review. Principle conveys something theoretical and foundational: "*a primary proposition…upon which further reasoning or belief is based*" (Oxford English Dictionary (OED), 2018a). Principle supports the task of description by identifying "*an essential characteristic or character; essence; a component part*" (OED, 2018a).

A principle "*produces or determines particular results*" (OED, 2018a), making it relevant for interventions by alluding to cause and effect. Furthermore, principles are

conceptual and allow for interpretation: "*theoretically; in general but not necessarily in individual cases*" (OED, 2018a).

A number of regulatory health service guidelines articulate best practice using principles (NICE, 2018), which shows this language is useful and familiar for practitioners and professionals. Furthermore, principles have application to real world service delivery as "*a basis of conduct or practice*" (OED, 2018a).

Finally, principle is rooted in scientific language, making it relevant for the taxonomy and this multi-disciplinary research: "*Science. A general or inclusive statement about an aspect of the natural world that has numerous special applications or is applicable in a wide variety of cases*" (OED, 2018a). In this definition, principles are both general and contextual. A principle can also be defined as "*an origin*" (OED, 2018a), which echoes the relational nature of taxonomy, and the recursive causality and emergence inherent in complex interventions (Rogers, 2008) (Chapter 2, section 2.2.1.3).

Identifying principles therefore helps to improve the description and explanation of arts interventions, as well as support their communication by classifying language that is commonly used in relation to the arts and dementia.

3.2.1.4 Selecting and appraising literature

Having identified the research question, the inclusion criteria for selecting literature were refined (Pawson et al., 2005). Judgements to include documents were based on fitness for purpose, relevance and rigour (Pawson et al., 2005; Wong et al., 2013). For realist review, rigour refers very specifically to whether the research is able to support its conclusions (Pawson et al., 2005). Some literature reported personal narrative. On the basis of rigour, this did not need excluding because the constructivist paradigm

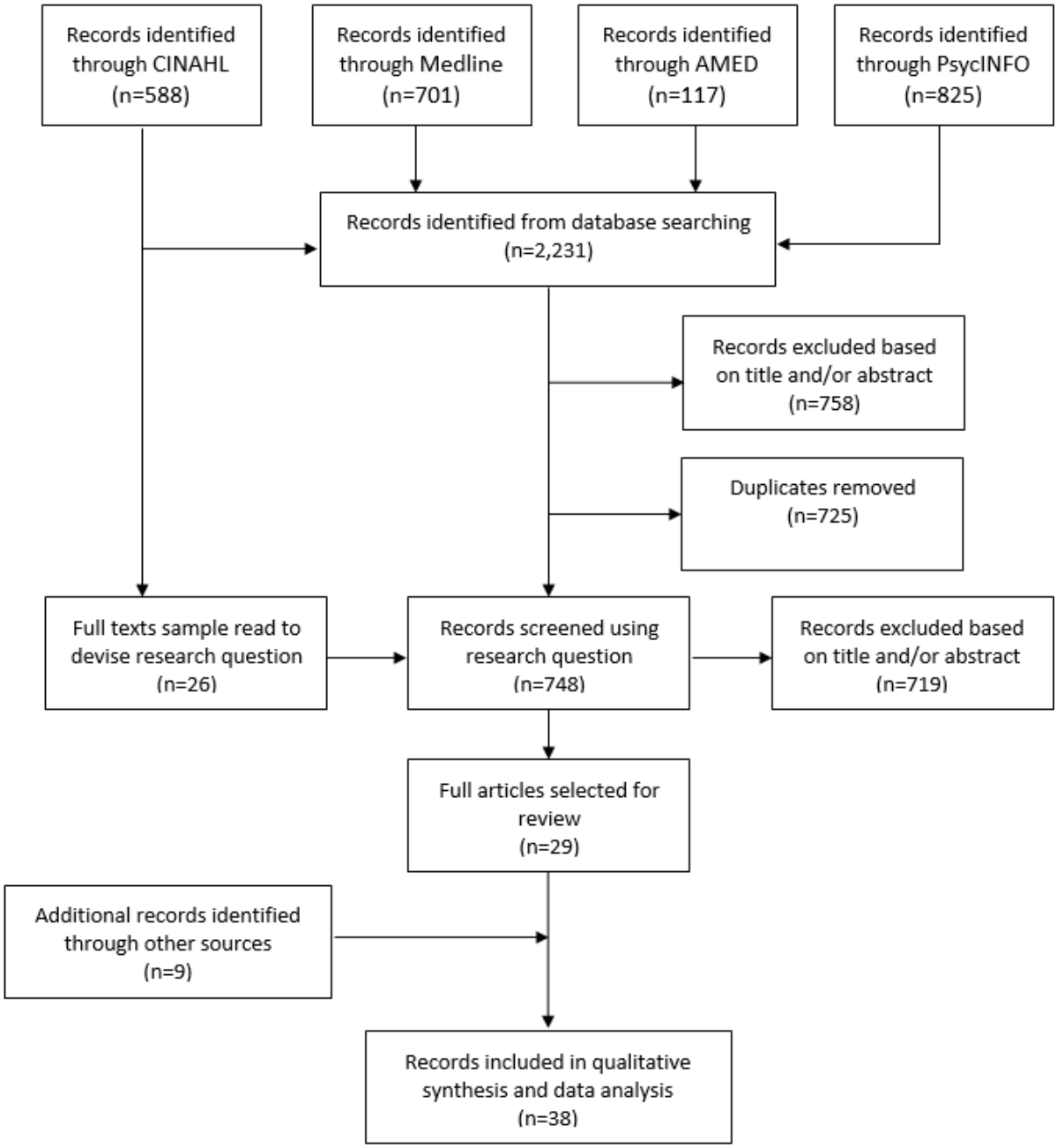
allowed the inclusion of individual insight (Lincoln, Lynham and Guba, 2018). Furthermore, Pawson et al. (2005) encourage realist reviews to use grey literature. This review follows the example of Zeilig, Killick and Fox (2014) who blended academic and grey literature in their review of participatory arts for people with dementia.

The appraisal of sources focussed on whether they contained sufficient descriptive or explanatory detail to identify principles of arts interventions for people with dementia at an appropriate level of abstraction (Merton, 1967), balancing context with generalisability for theory testing.

The remaining 748 references were screened by title or abstract, and using these criteria, 29 articles were selected for full review. To ensure completeness, additional internet searching, library hand searching, snowballing (Pawson et al., 2005) and consultation with stakeholders and experts (Wong et al., 2013) identified a further nine sources. These additional records were sought later in the search process once there was a research question to inform their selection.

Figure 3.3 shows the document flow diagram for this first literature search and selection, adapted from the PRISMA statement for systematic reviews (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (Moher et al., 2009).

Figure 3.3: Document flow diagram for the first literature search, adapted from PRISMA (Moher et al., 2009)



3.2.1.5 Updating the literature search

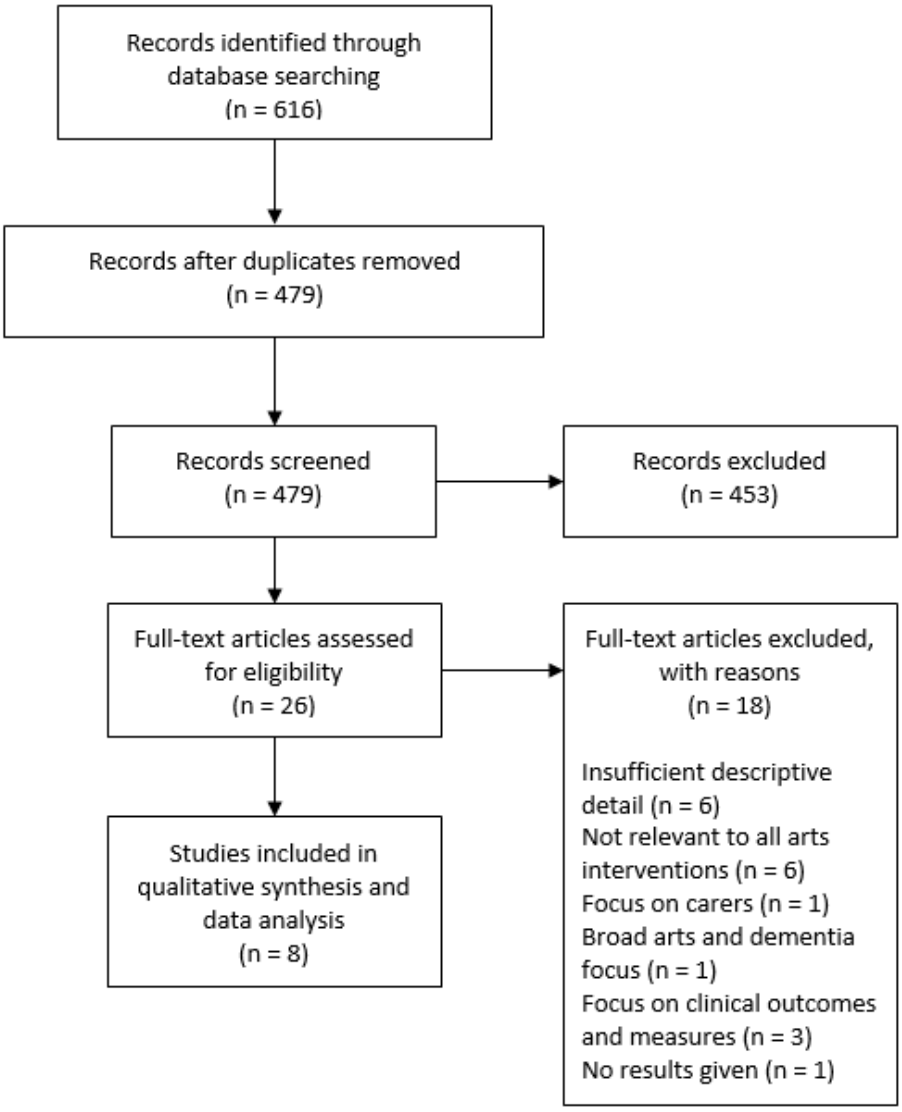
The literature search was repeated in February 2018. This gave an opportunity to appraise and include more recently published material (Galvan and Galvan, 2017), but also to reflect and improve upon the original search strategy using skills and knowledge that had been acquired since (Booth, Sutton and Papaioannou, 2016).

The same four databases were used for the search, with results limited by year from January 2016 to the present. Additional reference searches in NHS Evidence and Social Care Online were considered, but given the breadth and extent of the theory refining since the first search, it was deemed not necessary. Snowballing, internet searching and hand searching were not used for this more focussed refresh given the extensive stakeholder consultation that had occurred in subsequent stages of this project. The research question and inclusion criteria remained the same.

The search terms were updated to reflect the changes that were made during the 2016 literature search (Pawson et al., 2005). The search terms were combined as it was no longer necessary to differentiate by art form, though this had been helpful in the scoping search. 'Therapy' was changed to 'Art* Therapy' to ensure searches were more targeted. 'Alzheimer's' was added to all searches with all respective terms, where previously it had just been searched with 'Arts'. This was to ensure systematic, comprehensive searching.

The only term which required refining during searching (Pawson et al., 2005) was in the CINAHL database as the combination of 'activit*' with 'Alzheimer's', which had not been searched previously in that database, produced too many irrelevant, clinical results. Searching identified 616 references across the four databases. After removal of 137 duplicates, 479 references were screened by title or abstract. Following this, 26 references remained for full text review, from which eight articles were selected for inclusion in the qualitative analysis (Figure 3.4).

Figure 3.4: Document flow diagram for the updated literature search, adapted from PRISMA (Moher et al., 2009)



3.2.1.6 Reflections on reviewing the full texts in the second search

In contrast to the predominant type of literature identified following the 2016 search, a number of articles from the 2018 search were framed in theoretical or conceptual terms (Burnside et al., 2017; Camic, Baker and Tischler, 2016; Nyman and Szymczynska, 2016). One article even employed categories of description (Regier, Hodgson and Gitlin, 2017). There was also an emphasis on explaining the arts

(Unadkat, Camic and Vella-Burrows, 2017). These references were well suited to this conceptual review, and perhaps reflect a shift of perspective within the field – from research reporting effects, to enquiry which seeks to understand them.

Although not selected for analysis following the full text review, of note is a Cochrane Review of Dance movement therapy for dementia (Karkou and Meekums, 2017). It identified 102 studies, screened 19 full texts and concluded none were eligible for inclusion in the review. This reiterates the evidence base challenges faced by the arts and dementia, and reinforces the necessity of the strategy that was adopted for this review.

3.2.1.7 A selection of 46 sources

Findings from both literature searches are included in this chapter's analysis, results and discussion. However, due to the chronology, only findings from the 2016 literature search informed the first and subsequent iterations of the principles. Salient findings from the 2018 literature search, not already captured by its predecessor and carried into subsequent stages of theory testing, were considered when undertaking the final data synthesis to create Version 2 of the taxonomy, reported in Chapter 8.

The type and origin of the final 46 sources were characterised (Wong et al., 2013) and are presented in Table 3.5. These sources are denoted in the References with an asterisk *.

Table 3.5: The type and origin of literature for the review

Type of source		**Country of source**	
Systematic review	5	United Kingdom	20
Peer reviewed journal article	26	United States of America	9
Non-scholarly journal articles	5	Australia	6
Magazine article	1	Multiple country sources (As above, and Switzerland, Japan, Brazil)	4
Textbook chapters	5	Canada	3
Third sector report	4	Spain	2
		Sweden	2
Total	**46**		

3.2.2 Data extraction, analysis and synthesis

3.2.2.1 Data extraction

Analysis of the literature began with data extraction (Table 3.6; Appendix 4). This used complete coding across the 46 full texts to identify data associated with the research question (Braun and Clarke, 2013). The majority of the codes were data-derived or semantic, and provided a concise summary of the explicit data (Braun and Clarke, 2013), namely principles of arts interventions for people with dementia. Semantic codes use participants' words directly (Braun and Clarke, 2013) which was fitting for the development of a common language. A very small number of researcher-derived or latent codes were also used, where the researcher was able to infer a principle of an arts intervention based on assumption related to the description (Braun and Clarke, 2013). For example, where training (coded explicitly) led to quality (coded implicitly) (Coaten, 2011), or not underestimating a person with

dementia during an activity led to acknowledging their potential (coded implicitly) (Mottram, 2003).

Galvan and Galvan (2017) distinguish between empirical evidence and author assertion when extracting data. However, within qualitative research there are multiple meanings, perspectives and truths to be found in the data (Braun and Clarke, 2013). This experiential lens enabled evidence and assertions to be coded without distinction.

Data from the literature in this review were extracted using bespoke forms (Pawson et al., 2005; Table 3.6) which are vital for reliable and systematic data extraction (Higgins and Green, 2011). It was not possible in this review for more than one researcher to extract data due to resource constraints (Higgins and Green, 2011). Implications for this are covered in the limitations section of this chapter (section 3.5).

Table 3.6: A blank sample of the data extraction form

Author	Year	Title	Country	Type of source	Principles identified: explicit (e) and implicit (i)

3.2.2.2 Data analysis

After coding was completed, the codes were combined to form themes. Thematic analysis detects salient characteristics from the data that respond to the research question (Braun and Clarke, 2006). The codes were reviewed to identify similarity and intersection (Braun and Clarke, 2013) which consequently developed eight distinctive 'candidate' themes – so called as they were to be refined in the second part of the review using the discussion groups (Braun and Clarke, 2013). The eight themes

from this data analysis formed the first iteration of underpinning principles that guide arts interventions for people with dementia.

Thematic analysis was used because it describes phenomena and supports critical constructivism by identifying concepts (Braun and Clarke, 2013). This was consistent with the descriptive and explanatory aims of the literature review and the broader research paradigm. Practically, the themes functioned effectively as principles.

3.2.2.3 Data synthesis

Good quality data analysis requires interpretation using a theoretical lens (Braun and Clarke, 2013). Data synthesis within a realist review uses a realist theoretical lens (Wong et al., 2013), for example 'what works for whom' or a Context Mechanism Outcome (CMO) configuration to understand the data. Realist synthesis can also focus on the nature and content of an intervention (Booth, Sutton and Papaioannou, 2016). Realist synthesis therefore refines theory and moves towards explanation (Pawson et al., 2005), which was an aim of this review.

This review took a configurative approach to synthesis, meaning it sought a fully developed account of phenomena (Booth, Sutton and Papaioannou, 2016). Accordingly, the realist synthesis of data occurred once the review was complete following further theory building and testing during the real world discussion groups. The realist synthesis is therefore reported in Chapter 5 (section 5.4). It applied the realist theory of CMO to the proposed principles of arts interventions for people with dementia which had been identified from the literature and real world discussion groups. This realist theoretical analysis was also repeated with Version 2 of the taxonomy (Chapter 8, section 8.4).

Similarly, the comparison with other literature and reviews in the field, required as part of realist synthesis (Wong et al., 2013), can be found in Chapter 8 (section 8.5), where it sits more naturally with the discussion that accompanies the fully developed taxonomy.

3.3 Results

3.3.1 First iteration of underpinning principles that guide arts interventions for people with dementia

The data extraction and thematic analysis identified eight 'candidate' principles that characterise arts interventions for people with dementia: Animation (Table 3.7), Transcendence (Table 3.8), Selfhood (Table 3.9), Therapeutic (Table 3.10), Expression (Table 3.11), Interaction (Table 3.12), Possibility (Table 3.13), Control (Table 3.14). With the exception of Possibility, where a more all-encompassing term was needed to effectively articulate the theme (Braun and Clarke, 2013), the names of the principles are taken from explicit codes, and consequently words, found in the literature. For this reason Therapeutic was kept as an adjective, in sole contrast to the other principles that result from nouns. The principles are a first attempt at theory building to describe and explain arts interventions, using vocabulary derived from the field. The principles were tested and refined in later stages of the review using the real world discussion groups (Wong et al., 2013).

3.3.2 A general definition of principles and their features

Principles are concepts that characterise arts interventions. Principles describe the component parts of arts interventions which transform 'art' into a reflective and considered arts *intervention*, appropriate for a person with dementia. This follows previous research which shows how components of meaningful activity meet the

psychosocial needs of people with dementia (Nyman and Szymczynska, 2016). Principles outline the unique potential of the arts for meeting the needs of people with dementia.

Principles are suitably broad and general to avoid prescription. There could be several ways of 'achieving' a principle, through a variety of arts forms or approaches. Principles may be present in the experience or delivery of arts interventions, simultaneously, in combination or isolation. Principles can guide a facilitator in their arts practice, and support the replicability of conditions for an effective arts intervention. Principles offer a theory and a purpose to ensure reflective and considered arts interventions for people with dementia.

The extracted codes (Appendix 4), a fine-grained collection of descriptive, explanatory and commonly used words drawn from a cross-section of arts and dementia literature, were highly valuable in relation to the literature review's purpose. Therefore, these codes were retained as accompanying features to their relevant principle-themes in order to articulate each one coherently. The features add descriptive detail to explain the essence of each principle, using representative and recognisable vocabulary from, and for, multi-disciplinary arts and dementia stakeholders. In this way, principles and their features are a foundational nomenclature, or common language, for the arts and dementia. In future iterations, the accompanying number for each principle was standardised to ten, based on their salience.

The principles and features are relational within and between each other, so there are some areas of overlap in this first iteration. This relationship between principles and features mirrors the nested and derivative hierarchy of a taxonomy. Consequently, the

principles have been capitalised throughout this research, because they are superordinate to the features, which remain in lower case lettering.

3.3.3 Defining and describing each principle

3.3.3.1 Animation

Table 3.7: The principle of Animation, shown with its features

Animation	surprise	play	activity
	fun	stimulation	spontaneity
	improvisation	laughter	transformation
	joy	energy	motion
	humour		

This principle demonstrates agency and activeness for the person with dementia during an arts intervention, who might be involved in doing or making. Key features of Animation (Habron, 2013) include the opportunity for humour (Duffin, 2013), laughter (Spitzer, 2011) and play (Jaaniste, 2011), as well as stimulation (Kontos and Martin, 2013) and improvisation (Zeiler, 2014). Animation offers surprises (Beat it Percussion, 2015) which might challenge assumptions about people with dementia (Dupuis et al., 2016). Animation echoes the essence of music that Immanuel Kant described as 'quickening' (Scheidt, 2013).

3.3.3.2 Transcendence

Table 3.8: The principle of Transcendence, shown with its features

Transcendence	aesthetic	creativity	transformative
	spiritual	moment	combination
	imagination	artistic	flow
	mixed modes		

This principle captures art's ability to transform people with dementia during an intervention (de Medeiros and Basting, 2014). Some of these features are specifically artistic, such as aesthetics (Byers, 2011) or the simultaneous use of different art modes (Rylatt, 2012). Others describe more general attributes that could be present in a range of activities, for example imagination (Crossick and Kaszynska, 2016) and creativity (Baines, 2007). Transcendence also describes the importance of presence (Kontos and Martin, 2013) and bringing a person into the moment (Rancour and Barrett, 2011), or even beyond it. Habron (2013) refers to this as 'flow', which has been defined as a subjective state of complete experiential involvement occurring in moment-to-moment activity (Csikszentmihalyi, 2014). Burnside et al. (2017) use the term mindfulness. This can create a spiritual connection between or within participants (Sixsmith and Gibson, 2007).

3.3.3.3 Selfhood

Table 3.9: The principle of Selfhood, shown with its features

Selfhood	pride	purpose	personhood
	diversity	tailored	cultural context
	relevance	dignity	self-esteem
	appropriateness	flexibility	independence
	accessibility	personalisation	satisfaction

Concepts of the self are crucial in arts interventions. The arts are important for identity (Unadkat, Camic, Villa-Burrows, 2017) and feelings of citizenship (Dupuis et al., 2016). Art can help re-affirm a sense of self (Caddell and Clare, 2011) and personhood (Petrescu, MacFarlane and Ranzijn, 2014), leading to enhanced self-esteem (Cowl and Gaugler, 2014), dignity (Marshall and

Hutchinson, 2001) and pride (Beard, 2011). Taking part in an activity can generate a feeling of purpose (Price and Tinker, 2014) or satisfaction (Ullán et al., 2013). Tailoring an intervention might involve artistic stimuli that are new (Phillips and Conn, 2009) or familiar. Flexibility gives attention to a person's ability, stage of dementia (Regier, Hodgson and Gitlin, 2017) and cultural background (Morley et al., 2014) to ensure the activity is accessible (Mottram, 2003) and adheres to personal preference.

3.3.3.4 Therapeutic

Table 3.10: The principle of Therapeutic, shown with its features

Therapeutic	sensory	hope	embodiment
	mood	validation	containment
	mirroring	supportive	healing
	relaxing	process	trust

This principle references a clinical and theoretical approach to the arts, as well as some of its effects. Several features derive from methods specifically applied in professional arts therapy, for example containment (Byers, 2011) and healing (Jaaniste, 2011). However, these terms can also function as descriptive and explanatory concepts for a range of arts interventions. Hope relates to living well with the diagnosis (Hannemann, 2006), while embodiment can refer to memories stored in the body (Dupuis et al., 2016) as well as emotional expression or movement (Vella-Burrows and Wilson, 2016). In its general sense, a therapeutic intervention might be sensory (Behrman, Chouliaras and Ebmeier, 2014) and could lead to relaxation (Solé et al., 2014).

3.3.3.5 Expression

Table 3.11: The principle of Expression, shown with its features

Expression	non-verbal	feelings	meaningful
	subjectivity	communication	discussion
	enjoyment	participation	meaning
	pleasure	emotion	

This principle acknowledges the capacity for release, enjoyment (Tuppen, 2012) and pleasure (Marshall and Hutchinson, 2001) that the arts can provide for people with dementia. The arts might enable different emotions and feelings to be shared and processed. Expression through the arts can facilitate communication, both physical and non-verbal (Coaten, 2011). This expression may provide meaning (Sixsmith and Gibson, 2007), as well as connecting people to their opinions, rather than orientating to a reality reliant on facts. Expression can involve participation in discussion (Morley et al., 2014) which might include art appreciation (Hazzan et al., 2016).

3.3.3.6 Interaction

Table 3.12: The principle of Interaction, shown with its features

Interaction	community	connection	partnership
	respect	friendship	communication
	reminiscence	supportive	intergenerational
	relationship	bonding	integration
	morale		

This principle describes the sense of partnership and community (Vella-Burrows and Wilson, 2016) that the arts can provide, and the variety of relationships that it can sustain (Stevens, 2011) resulting from personal interactions. These relationships could

be with the self, others, carers or reality, as well as the past (Windle et al., 2014). Crossick and Kaszynska (2016) recognised the relational benefits of arts interventions shared between carers, while relationship respite was also referenced in the literature (Burnside et al., 2017). Arts interventions might enable interaction (Verity and Lee, 2011), with the outside world (Rancour and Barrett, 2011) or somewhere special (Camic, Baker and Tischler, 2016), through which connectedness (Holm, Lepp and Ringsberg, 2005) and communication (Killick and Allan, 2011) can develop.

3.3.3.7 Possibility

Table 3.13: The principle of Possibility, shown with its features

Possibility	skills	product	education
	potential	curiosity	failure free
	strengths	enrichment	achievement
	mastery	learning	accomplishment
	resilience	growth	

This principle acknowledges the abilities and potential (Tuppen, 2012) that the arts can reveal in people with dementia, rejecting an emphasis on lost competency which is often used to frame the condition (Behrman, Chouliaras and Ebmeier, 2014). The arts can unlock skills (Hulme et al., 2010), both old and new, which can be shared and showcased. This can lead to feelings of accomplishment (Marshall and Hutchinson, 2001) and resilience (Stevens, 2011) by overcoming the perceived 'deficits' of dementia (Goldstein-Levitas, 2016). The arts can also be failure free (Ullán et al., 2013) where ability is not a prerequisite for participation. Art can stimulate curiosity and personal growth (Jaaniste, 2011).

3.3.3.8 Control

Table 3.14: The principle of Control, shown with its features

Control	power	quality	empowerment
	choice	behaviour management	improving symptoms
	training		

This principle is multi-faceted and serves as both a reminder and warning related to best practice. Firstly, it references the positive sense of control (Spitzer, 2011) that people with dementia can feel when taking part in an arts intervention (Nyman and Szymczynska, 2016), particularly in relation to empowerment (Rancour and Barrett, 2011), agency, and an individual's sense of self (Petrescu, MacFarlane and Ranzijn, 2014).

However, this power dynamic shifts when the arts are used to control 'undesirable' behaviours associated with dementia (Beard, 2011; Kontos and Martin, 2013), behaviours that might be inconvenient for others, rather than the person with dementia to which they could be meaningful. Likewise, if people with dementia are not given choice about participating in the arts (Sixsmith and Gibson, 2007), if interventions are imposed rather than offered as an invitation (Regier, Hodgson and Gitlin, 2017), then the sense of control can disappear.

The principle of Control also acknowledges the necessity for maintaining standards of quality (Verity and Lee, 2011), and therefore the need for training (Woods and Jury, 2010), in order to guarantee excellence in arts interventions. Killick and Allan (2011) discuss ethical standards that should be adhered to, including equality (Camic, Baker & Tischler, 2016; Unadkat, Camic and Villa-Burrows, 2017).

3.4 Discussion

The literature review identified eight conceptual principles that characterise arts interventions for people with dementia. Each principle is expressed by features comprised of descriptive and explanatory vocabulary coded from the literature.

3.4.1 Describing opposing and contrasting approaches to the arts and dementia

This study has cautioned against a static classification (Bailey, 1994) that does not account for the individual preferences of practitioners or the needs of people with dementia (Crossick and Kaszynska, 2016; Matarasso, 2010). Identifying conceptual principles of arts interventions was a way to safeguard against a set of limiting instructions, offering instead a framework of descriptive suggestion, open to interpretation by contrasting artistic approaches. By focussing on the components which characterise arts interventions, the principles avoid prescription and maintain the subjectivity inherent to arts practice and its possible effects (Jaaniste, 2011). The principles find new ways and familiar words to describe the arts, beyond divisive terms, to support collaborative dialogue between multi-disciplinary stakeholders.

The literature review identified several differences of opinion regarding artistic approaches, reinforcing why the principles are a helpful tool for the field because they can be used to describe a variety of arts practice.

3.4.1.1 Process and product of arts interventions

Beard (2011) highlights an alternating emphasis between the product and process of arts interventions amongst practitioners. Product can refer to a tangible artefact of art making (Hazzan et al., 2016), or a clinical outcome, whereas process describes the act

of being engaged by art. Emphasising products as quantifiable outcomes of arts interventions recalls paradigm tensions from Chapter 2 (section 2.1.2), and the pressure on arts interventions to conform to positivist measures (Daykin and Joss, 2016). This review found a similar divide in the literature relating to process and product, and the principles can be used to describe both sides of it.

Some arts interventions focus on products. The principle of Possibility illustrates the sense of accomplishment that can be felt by people with dementia when they are given the opportunity to use new or existing skills, for example by making art. Ullán et al. (2013) note that participants received their work in one arts and education programme, and had a selection of it framed. This example potentially evidences both types of product: an art work, as well as possible clinical measures of wellbeing related to self-esteem and pride. These are both features associated with the principle of Selfhood.

By contrast, some arts interventions focus on process. The principle of Transcendence shows the importance of the present moment (Coaten, 2011; Unadkat, Camic and Villa-Burrows, 2017) and the experience of presence (Vella-Burrows and Wilson, 2016). Hannemann (2006) declares the process of creation to be paramount, and urges no focus on the end product.

3.4.1.2 Reality orientation in arts interventions

Another example from the literature where arts practice differed in approach relates to reality orientation. Verity and Lee (2011) remark that participants in one programme were orientated to time, dates and events. This enabled an improvement in cognitive ability, represented by the skills feature in the Possibility principle.

However, Jaaniste (2011) argues that the facilitator should work with empathy, from the person with dementia's perspective. This is supported by the Selfhood principle.

These differing approaches to reality orientation recall ontological differences between qualitative (Lincoln, Lynham and Guba, 2018) and quantitative research perspectives (Blaikie, 2003).

In these examples, the principles can be used to describe or inform different approaches to arts interventions, depending on the will of the practitioner or the needs of the person with dementia. This shows their usefulness as an applied, common language that is interpretational and person-centred.

3.4.2 Principles: An extension of 'positive person work' and 'human caring' for the arts

Kitwood (1997) identified and categorised the conceptual psychosocial needs required by all people: attachment, comfort, identity, occupation, inclusion and love. While the arts can be used to meet these psychosocial needs, they can also achieve other person-centred outcomes as well. Principles name and label the psychosocial and person-centred needs of people with dementia that might be met through an arts intervention, needs which are particular to the context of the arts (Cousins et al., 2018).

Kitwood (1997) labelled the components of warm and positive interactions which enable excellent dementia care and enhance personhood: Recognition; Negotiation; Collaboration; Play; Timalation; Celebration; Relaxation; Validation; Holding; Facilitation; Creation; Giving. The principles are a conceptual extension of this positive person work (Kitwood, 1997). They offer a description of the components of arts interventions for people with dementia in a way that is consistent with high quality dementia care.

Kitwood's (1997) positive interactions and the principles outline the component parts of their respective contexts, namely social care and arts practice. Sometimes these

intersect: play, a positive interaction, was also coded as a feature of the Animation principle. This suggests not only that some artistic components are common to general social interaction, underscoring the innate human capacity for creativity (Fancourt, 2017; Zaidel, 2014), but also that Kitwood's legacy of description has permeated the vocabulary of the arts and dementia. Burnside et al. (2017) identify positive interactions as component parts of an art program based in Seattle. The *Dementia and Imagination* handbook suggests incorporating positive interactions into visual arts practice (Parkinson, Windle and Taylor, 2017).

While some positive interactions describe quite literal states, for example relaxation, other interactions such as holding and facilitation borrow from psychotherapeutic traditions (Kitwood, 1997). The same is true of the principles. For example, Transcendence incorporates distinctly therapeutic language.

Furthermore, positive interactions recognise that the person with dementia might receive or lead the interaction (Kitwood, 1997). The principles account for a similar distinction identified in the literature between active and passive involvement within arts interventions. Much of the research reviewed argues that active participation (Stevens, 2011) is more beneficial for individuals (Phillips and Conn, 2009). The principle of Animation supports this active involvement. However, the principle of Selfhood recognises this level of engagement is dependent on the individual. Zinn (2005) refers to this as being involved in their own way. Again, this shows how the principles allow for variety within arts interventions.

Watson's *Theory of Human Caring* is another blueprint for the development and design of the principles. Watson outlined a new theory of caring for nurses defined by ten 'caritas processes, named from the Latin word *caritas*, meaning to cherish

(Sitzman and Watson, 2014). This was in response to the dominance of an institutionalised medical model which she perceived as being in conflict with patients seeking spiritual connections of wellbeing (Watson, 2009). This conceptual science of caring, with a focus on presence, love, emotional expression and healing (Sitzman and Watson, 2014), has much in common with the content of the principles and positive person work (Kitwood, 1997). Collectively, they offer vocabulary and values for shaping care practices. Their similarities demonstrate ways that arts interventions can directly respond to the priorities that Kitwood and Watson suggest are necessary for care and quality of life. In this way, the labelling and naming function of the principles helps to make a case for the arts alongside other more established interventions.

3.4.3 Using appropriate and accessible language to describe the arts

Reviewing the literature highlighted the delicacy that is required for gathering a common language, and certain words proved to be problematic. Intervention has a clinical connotation. In medical contexts this might legitimise the arts. However, others argue for a parity of esteem for arts interventions rather than assimilation into pre-existing clinical models (Gilroy, 2006).

In the philosophical and care-giving literature that was reviewed, intervention was critiqued as a term for being neither responsive nor mutual (Zeiler, 2014). In some therapeutic literature, intervention was disapproved of for lacking emotion or energy (Coaten, 2011). Pawson et al. (2005) acknowledge that the term intervention is a difficult word in a healthcare context because it can conflate diverse initiatives.

Moreover, the term art proved challenging. Mottram (2003) implicitly alluded to the hidden fear of art, and concerns about inability or lack of skill. Marshall and

Hutchinson (2001) recognised that art can be gendered or exclusive, and called for an emphasis on inclusivity and cultural differences. Despite drawing language directly from the literature to maximise authenticity, the principles are not necessarily universal within and between professions. For example, Transcendence, taken from an Australian report on arts therapy (Baines, 2007) may not be familiar or comfortable terminology for care staff or policy makers. A similar criticism could be levelled at Kitwood's (1997) neologism 'Timalation', meaning sensual interaction, and Watson's use of 'caritas' (Sitzman and Watson, 2014). While the etymology highlights their theoretical inspiration, these are not words for everyday use. To avoid disengagement with research outputs, language is crucial.

The principles, and the taxonomy, therefore need to be mindful of linguistic accuracy and accessibility when defining and describing. User-friendly language is critical for dissemination and utility. It may be necessary to consider different versions of terminology in the taxonomy that is context specific, for example intervention and activity could become interchangeable depending on the audience. This might also include the names of the principles.

3.4.4 Principles: Terminology to critically evaluate arts interventions

One important aim of defining and describing the arts and dementia is to communicate the potential benefits and impact of arts interventions to a broad audience, including members of the public, funders and commissioners. However, previous research has shown there to be a publication bias in the field of participatory arts and older people (Mental Health Foundation, 2011), with most work focussing on positive outcomes and effects. The same bias was found in this review. It is therefore equally essential to develop neutral and objective vocabulary for the taxonomy, capable of critically

evaluating the arts, highlighting risks and suggesting areas for improvement as necessary. The principle of Control accounts for this criticality by recognising features of arts practice that could be problematic, for example behaviour management.

Kontos and Martin (2013) share Beard's (2011) concerns regarding the control and regulation of bodies within care-giving institutions. It is important that the principles consider these negative aspects of interventions in their first iteration, as Kitwood (1997) did with malignant social psychology. By doing so, the principles initially offer a current state appraisal of arts interventions, rather than a proposal of best practice. This enables the comparison, analysis and improvement of arts interventions.

Another aspect of arts interventions that warranted critique in the literature was the balance of perceived positive and negative emotions that the arts might elicit. This is described by the Expression principle. There was a lot of explicit reference in the literature to pleasure and enjoyment (Byers, 2011; Sixsmith and Gibson, 2007). However, the literature was largely silent, or at least ambiguous, about whether arts interventions could be used to explore or prompt more challenging, or so called negative, emotions. Mirroring and validation (Hulme et al., 2010), features of the Therapeutic principle, might offer cathartic potential for people with dementia to explore a range of emotions. Indeed, some studies referred to art as a way of coping with diagnosis and the condition of dementia (Price and Tinker, 2014; Rylatt, 2012) or preparing for death (Nyman and Szymczynska, 2016).

Yet, the literature had a disproportionate emphasis on art generating happiness or overcoming *un*happiness (Duffin, 2013). While enhancing mood is important (Cowl and Gaugler, 2014), subsequent iterations of the principles might need to consider how the principles can describe, and encourage, a range of emotional expression for

people with dementia engaged in the arts. Without this breadth, the principles are not an adequate tool for critical evaluation.

3.5 Strengths and limitations of the literature review

The literature review, including its subsequent theory testing and synthesis resulting from the real world discussion groups, employed a novel and original strategy for appraising the field of the arts and dementia. Its considered approach enabled variety (Newman et al., 2016) and inventiveness (Mason, 2011), qualities that directly respond to the methodological challenges inherent in arts and dementia research that were outlined in Chapter 2 (section 2.1.2) of this study.

The realist framework ensured the review was rigorous and systematic (Pawson et al., 2005; Rycroft-Malone et al., 2012; Wong et al., 2013). Incorporating some methods of systematic review, for example the PRISMA diagram (Moher et al., 2009), gave the review transparency (Booth, Sutton and Papaioannou, 2016) even while it explored informal information (Pawson et al., 2005). Incorporating the grey literature enabled a range of diverse perspectives to contribute to the theory building of the principles. The selection of literature was suitably varied regarding art form, type of intervention and stakeholder identity. Including knowledge from those with lived experience remained true to this study's epistemological objectives.

Maintaining common words directly coded from the literature means the terminology of the principles should be familiar to various sections of the arts and dementia community, hopefully making it a user-friendly resource in which practitioners can recognise their craft. This strategy adheres to the function of taxonomy which states that findings should be usable and mindful of their audience (Godfray and Knapp, 2004).

One type of limitation for this review relates to the nature of the sources included. For practical reasons, only English texts were included. While international, these were not globally representative. Given the significance of folklore to artistic therapies (Watling, 1984) and the importance of using art that is culturally relevant to participants (Beard, 2011; Habron, 2013; Hannemann, 2006; Kontos and Martin, 2013; Marshall and Hutchinson, 2001; Mottram, 2003), it remains to be seen whether the principles are transferable to arts and care practices in countries and cultures whose literature was not included in the review. However, with cultural relevance enshrined in the principles – the feature of choice in the Control principle, and the feature of cultural context in the selfhood principle – the principles should be adaptable and applicable to a range of settings.

Including grey literature meant that the sources reviewed varied in quality (Booth, Sutton and Papaioannou, 2016), which could have compromised the rigour of the findings. Balancing the importance of rigour with the degree of judgement that is inevitable for research synthesis (Witherspoon, 2006) is a common research challenge. Plans to test and refine the findings, balanced with the redeeming benefits of including the grey literature, make this decision justified.

The other type of limitation refers to the replicability of the review, and potential criticisms pertaining to its robustness and validity. The selection of the literature, and the coding of the data, was a subjective process and another researcher may have reached different conclusions. While this is the nature of qualitative research (Braun and Clarke, 2013), a clear explanation of method and decision-making is required to counter this (Pawson et al., 2005). By documenting search terms, databases searched and methods of coding, underpinned by a rationale, this review set out instructions that could be followed in the future. While refreshing the literature search afforded an

opportunity to ensure the most up-to-date sources were included, one relevant reference (Windle et al., 2017) was regrettably overlooked. Fortunately, the implications of this paper for the taxonomy, particularly regarding the context of arts interventions, are discussed and included later in the thesis (Chapter 8, sections 8.4.1.2 and 8.4.1.4).

A Cochrane systematic review requires an assessment regarding the validity of findings and bias in the reviewed material or study methods (Higgins and Green, 2011). Again, within a qualitative paradigm, these concepts assume a slightly different meaning, though this is certainly not an excuse for compromising research quality. Morse (2006) argues that bias is a necessary tool for qualitative research in order to shrewdly select appropriate samples that give the best examples of the relevant phenomena, and to ensure a scope and variation that is representative of the field. Qualitative research is necessarily discriminate and interpretive (Morse, 2006).

Trialling new, blended research approaches is a required step for strengthening an evidence base (Cousins et al., 2018). However, this still needs to take account of scientific and credible research conduct. This review gives assurances regarding the reliability, validity (Pawson et al., 2005) and subjectivity (Lincoln, Lynham and Guba, 2018) of its findings through: its adherence to elements of systematic and realist review; its concession that the findings are a theoretical hypothesis requiring future iterations; and its subsequent testing of the principles with real world discussion groups, a case study and an international Delphi panel of experts.

3.6 Outstanding questions from the literature: Remaining considerations for the taxonomy

3.6.1 Principles, art forms and 'complementary' arts

The literature review suggested that certain active principles have the potential to elevate an encounter with 'art' to a meaningful and connective arts *intervention* for people with dementia, underpinned by theory and purpose. This generates questions and clarifications about art form. As stated in Chapter 1 (1.3.4.3), this study does not seek to define or place restrictions on art itself. Consequently, mindful of constructivism and personhood ontologies, any creative activity that gives meaning to an individual should be included in the taxonomy (Regier, Hodgson, Gitlin, 2017).

Previous research has acknowledged the difference between traditional visual arts for people with dementia, such as colouring, and abstract art activities that stimulate the senses and arouse curiosity (Sauer et al., 2016). The principles can be used to describe and explain both types of art. They are relevant to undisputed art forms, such as music, and other creative activities, known as 'complementary' art forms, such as crafts and gardening.

For example, in the right circumstances, a complementary creative activity such as gardening (Clatworthy, Hinds and Camic, 2013) might become an arts intervention if the principles were engaged. Without principles, a garden could be an environment of labour rather than an arts intervention. With principles, a garden could be a living art space, a dynamic canvas of colour (Chakravarty, 2011) and sensory engagement (Hannemann, 2006), which sparks reminiscence (Caddell and Clare, 2011) and presence (Rancour and Barrett, 2011). Indeed, *Spare Tyre*, a participatory arts company, devised an interactive and multi-sensory installation called *The Garden*

designed for people with dementia and their carers (The Whitworth & Manchester Museum, 2018).

Conversely, an undisputed art form such as music (Sixsmith and Gibson, 2007; Solé et al., 2014), might fail to be an arts *intervention* for a person with dementia if it is unreflective, unconsidered and not delivered in accordance with some of the principles. For example, a person being given music to listen to without personalisation or engagement.

The taxonomy would therefore benefit from gathering and mapping a range of art forms and creative or complementary arts, recognising their potential to be used individually and in combination. This would be a useful additional dimension of definition and description for the arts and dementia.

3.6.2 Considering principles within the CMO configuration

Recognising that the principles could influence the status of art forms or complementary arts as arts interventions, asks theoretical questions about what the principles are, how they work, and how they can explain the arts and dementia. Identifying words commonly used to characterise arts interventions is an informative first step for this research. But what exactly are these words describing in relation to arts interventions for people with dementia: their effects? Their methods? Their approaches?

Comprehensive consideration of these findings within a realist theoretical framework occurs within the review synthesis in Chapter 5, where it can include analysis of the real world discussion groups. At this early stage however, the principles could tentatively be interpreted as mechanisms, the hidden entities, processes, or structures

(Astbury and Leeuw, 2010) that combine with context and enable an arts intervention to 'work' and produce outcomes (Pawson et al., 2004; Pawson et al., 2005).

Windle et al. (2014) sought to identify the mechanisms of visual art interventions using realist review, acknowledging that few theories for this exist, and that there have been limited attempts to identify these mechanisms or theoretical frameworks previously (Windle et al., 2017). Other studies have concluded that future research should identify the mechanisms of creative activities that deliver outcomes for staff and care home residents (Fritsch et al., 2009). Biomedical research has sought to identify the *neural* mechanisms associated with the effects of music for people with dementia, for example dopaminergic pathways and physiological arousal (Peck et al., 2016). Understanding the relationship between principles and mechanisms within an arts intervention would be a valuable research contribution to the field.

3.6.3 Unresolved distinctions to be made about the arts and dementia

This review took a holistic view of the arts and the components that characterise arts interventions for people with dementia. This was a relevant foundational approach. However, the literature review revealed additional elements within the arts and dementia that require further exploration as this research progresses, and possibly separate categories of definition and description within the taxonomy.

Firstly, there was a lack of clarity between interventions labelled as arts therapy and therapeutic arts, a finding echoed by other research (Beard, 2011). Derivatives of the word therapy were used frequently as adjectives to describe the arts (Marshall and Hutchinson, 2001; Stevens, 2011; Zinn, 2005). This is confusing, and warrants more detailed understanding.

Secondly, the review gathered many types of arts intervention for people with dementia: some that referenced institutional settings (Kontos and Martin, 2013; Morley et al., 2014; Zinn, 2005) or community settings (Vella-Burrows and Wilson, 2016); several that required trained practitioners (Coaten, 2011; Hulme et al., 2010; Mottram, 2003; Rylatt, 2012; Ullán et al., 2013; Verity and Lee, 2011); others that were described as participatory (Crossick and Kaszynska, 2016) and occurred in groups (Solé et al., 2014; Tuppen, 2012); and those which situated the arts as an activity (Marshall and Hutchinson, 2001; Morley et al., 2014; Vella-Burrows and Wilson, 2016) rather than an intervention (Caddell and Clare, 2011; Rancour and Barrett, 2011; Windle et al., 2014). Some interventions were weekly, others part of a time-limited programme (Beard, 2011; de Medeiros and Basting, 2014). It will be necessary to explore this complexity and consider appropriate groupings for these distinct approaches to the arts and dementia in order to aid navigation of the field and its terminology.

Finally, amongst the discarded references retrieved in the initial 2016 literature search were a number of sources that recounted arts *about* people with dementia. For example the theatre production *Inside Out of Mind*, which turned ethnographic research notes from a dementia ward into a play for healthcare assistants and members of the public (Schneider and Myers, 2015). While not directly relevant to this review's research question, other literature similarly recognised the importance of art in challenging perceptions of people with dementia and offering an alternative narrative (Camic, Baker and Tischler, 2016; Dupuis et al., 2016). The taxonomy must consider this particular role of the arts and its relationship to dementia advocacy, awareness raising and education.

3.7 Conclusions

This chapter proposed a descriptive and explanatory theory of eight principles that characterise arts interventions for people with dementia. These principles were identified following a review of the literature, underpinned by systematic and realist approaches, which incorporated academic and grey literature. The principles allow description of contrasting approaches to arts practice, and offer a familiar vocabulary of common words derived from the field which is appropriate for critical reflection.

The literature review generated a number of additional considerations and questions to be addressed in future stages of this research, for example distinctions between art form and complementary arts, descriptions of arts therapy and therapeutic arts, types of intervention or activity such as community or participatory arts, and art that is about people with dementia, as well as art which involves them.

The following two chapters complete the review by continuing to build and test the theory of the principles across a series of real world discussion groups. This culminates in a realist synthesis which interprets the principles within a CMO configuration, and leads to Version 1 of the taxonomy.

4 Refining principles of arts interventions for people with dementia: Using focus groups to continue theory building

4.1 Introduction

4.1.1 Linking discussion groups to the literature review

The real world discussion groups form the second part of the adapted realist review (Pawson et al., 2005; Wong et al., 2013). As outlined in the previous chapter, there were a number of reasons for combining a review of the written literature with data gathered from those with lived experience of the arts and dementia:

- To include knowledge and expertise not available in the published evidence base (Beard, 2011; Pawson et al., 2005);
- To enable this project to keep pace with practice while formal literature was forthcoming. For example, a member of the *Created Out of Mind* management team attended one group and was able to discuss emergent insights from the project prior to publication (Brotherhood et al., 2017);
- To strengthen the validity of findings from the literature review by discussing the proposed principles of arts interventions with diverse groups of stakeholders.

4.1.2 Real word discussion group objectives: realist theory building and theory testing

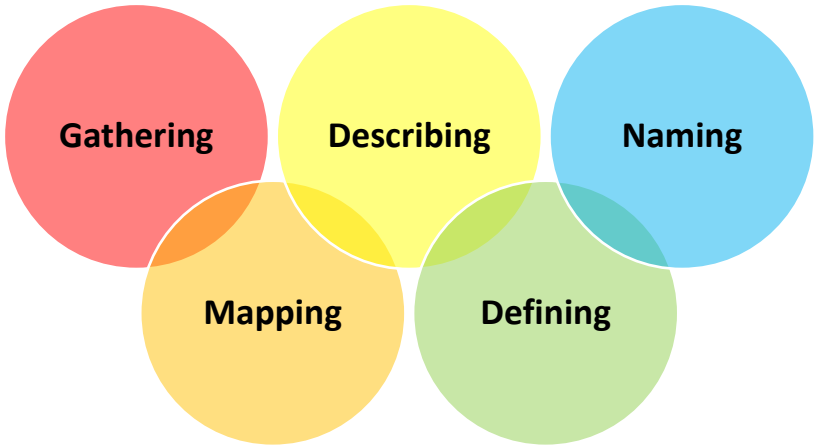
There were several objectives for the real world discussion groups:

- To gather more words that describe and explain arts interventions in order to propose a comprehensive and inclusive multi-disciplinary common language;
- To address any gaps in the written literature by identifying new principles that might need to be incorporated;
- To assess, test and consequently refine the principles developed so far.

Crucially, the focus groups offered an opportunity to engage with the spoken conversation of stakeholders, rather than solely written academic language. It is important for the taxonomy to be representative of, and relevant for, both research and practice in order to enable multi-disciplinary communication (Godfray and Knapp, 2004).

Consequently, the discussion groups contributed to the overarching research aims of describing, explaining, communicating and simplifying arts interventions, and addressed several stages of taxonomy development (Figure 4.1).

Figure 4.1: The research stages of the taxonomy addressed by the real world discussion groups



The real world discussion groups combined additional theory building with theory testing which culminated in a realist synthesis, using realist theory to analyse the complete set of findings, in order to conclude the realist review (Pawson et al., 2005; Wong et al., 2013). The theory testing included elements of realist evaluation, where discussion group participants were asked to confirm, falsify and refine theory as part of a teacher-learner cycle (Manzano, 2016).

The dual aims of continued theory building and direct theory testing required different methods. Therefore, the discussion groups comprised two waves: focus groups and Nominal Group Technique (NGT) workshops. The focus groups were designed to gather data from those with real world experience of the arts and dementia, in order to complement and develop insights from the written literature. The NGT workshops emerged from the focus groups and tested the cumulative findings from the focus groups and the literature. This chapter reports the focus groups and their findings. Chapter 5 reports the NGT workshops and findings, and the realist synthesis.

4.1.3 Focus groups: An overview

Focus groups gather information and opinions through listening and discussion in order to understand the perspectives of a group of people (Krueger and Casey, 2015), making them an appropriate method for this study's qualitative, constructivist research paradigm. Participants are chosen based on the relationship of their characteristics to a particular research enquiry (Krueger and Casey, 2015). Focus groups are often held several times with similar participants so that patterns and trends can be identified in the data (Krueger and Casey, 2015). Hosting focus groups in waves, three to five groups per project (Morgan, 1997), helpfully means the process can be dynamic and iterative (Greenbaum, 2000; Pawson et al., 2015). Advice differs regarding the optimum number of group participants: Krueger and Casey (2015) suggest five to eight, Morgan (1997) six to ten, Barbour (2007) advises a maximum of eight. Smaller mini-groups are increasingly popular for qualitative studies (Greenbaum, 2000; Krueger and Casey, 2015).

Focus groups are beneficial because participants interact and share ideas which often results in a more varied and reflective discussion than individual interviews (Greenbaum, 2000). Focus groups are an effective way to engage with several people simultaneously and are particularly useful for debating issues that are subjective, as well as refining research outputs (Greenbaum, 2000). When using focus groups, it is strongly recommended to supplement audio data with additional researcher reflections to elicit more comprehensive findings (Barbour, 2007; Krueger and Casey, 2015; Morgan, 1997).

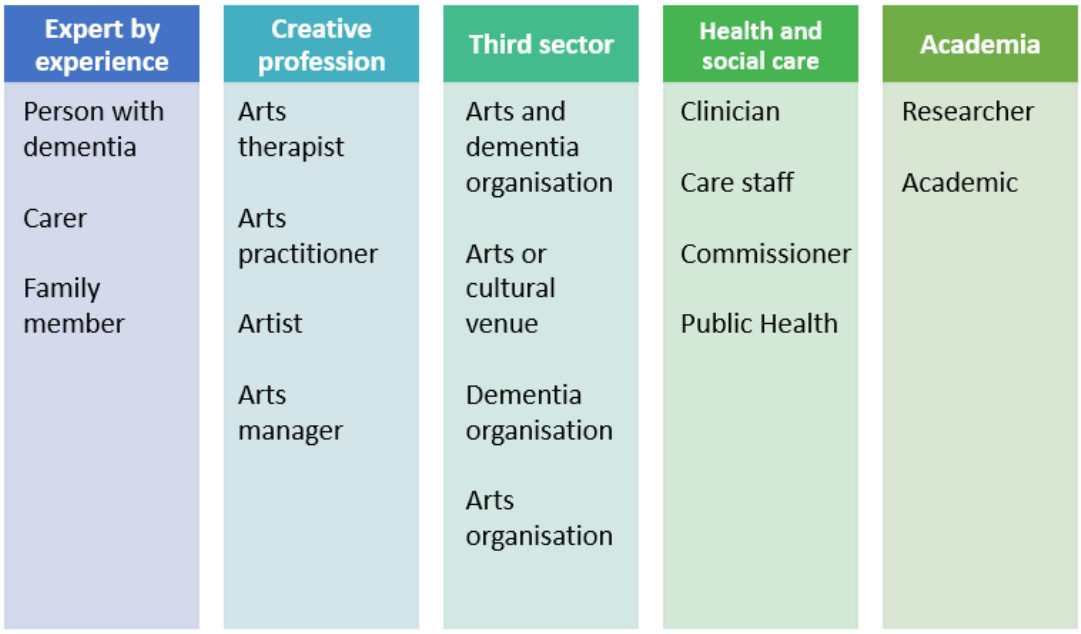
Consequently, to continue exploratory theory building of the principles, focus groups were an appropriate research method to use.

4.2 Completing the focus groups for this study

4.2.1 Identifying participants and recruitment

To begin planning the focus groups, a stakeholder mapping exercise was undertaken to identify the appropriate types of participant based on the research objectives (Bryson, 2004; Figure 4.2). Given the qualitative research paradigm of this study, the sample in the focus groups did not need to be representative of an entire population (Barbour, 2007). Furthermore, the theory building emphasis of the focus groups meant that comparison across segregated perspectives or characteristics was not a research objective, as might be the case in marketing focus groups (Barbour, 2007).

Figure 4.2: Stakeholder mapping completed for Focus Group participants



Therefore, while the research aims did not necessitate the groups being homogenous with respect to traditional background variables such as sex and class (Morgan, 1997), the participant sample was selective: participation was subject to prior experience of the arts and dementia through research or practice.

For reasons of practicality (Barbour, 2007), the prerequisite for prior experience of arts interventions was waived when recruiting those with a diagnosis of dementia or experience of caring responsibilities relating to a person with dementia. The focus groups offered an important opportunity to involve people with lived experience of dementia in research, and including their voices was prioritised over their direct experience of arts interventions (Alzheimer Europe, 2011). Where those with lived experience of dementia had not attended an arts intervention, they were still able to discuss their impressions of creativity, and the role the arts had for themselves and those they cared for. Furthermore, the principles must be appropriate for those participating in arts interventions regardless of their prior experience, so these were relevant perspectives to include.

Using the participant groups identified from the stakeholder mapping (Figure 4.2), individuals were invited and recruited to the focus groups via email and personal contact using existing professional and carers' networks, arts and care organisations and arts programmes.

4.2.2 Structure and protocol of the focus groups

Three focus groups were held in May 2016, each lasting between one and two hours. The researcher facilitated and recorded all focus groups. The focus groups varied in number and demographics (Table 4.1), reflecting the unpredictability of recruitment (Barbour, 2007). Some participants had professional and personal experience relevant to the research, for example being both a musician working with people with dementia, and a carer for a person with dementia.

Table 4.1: Stakeholder identities of focus group participants

Focus group 1 (8 participants)
Arts manager
Artist
Arts practitioner
Care home activity co-ordinator
Care home manager
Care home activity co-ordinator
Arts researcher
Art gallery community programmer
Focus group 2 (8 participants)
Carer: Father with dementia
Carer: Father-in-law with dementia
Carer: Mother-in-law with dementia, sings in care homes
Carer: both parents with dementia
Carer: both parents with dementia
Ex-carer, singing intervention volunteer
Carer, arts session leader
Person with dementia
Focus group 3 (5 participants)
Musician, parent with dementia
Arts practitioner
Writer and Theatre Director
Arts lecturer, shared reading session leader
Musician, care staff trainer, parent with dementia

Twenty one people participated in the three focus groups. Whilst this was a modestly sized sample, focus groups for qualitative research are concerned with depth rather

than breadth (Krueger and Casey, 2015). As an exploratory exercise, this sample was sufficient for the research aims (Morgan, 1997), as further data were to be collected in subsequent stages of the research. Furthermore, a saturation point was reached regarding the discussion content (Krueger and Casey, 2015).

The focus groups were heterogeneous. While mixed groups can complicate dynamics (Krueger and Casey, 2015), the multi-disciplinary group reflected the arts and dementia field, and allowed collective suggestions to be made regarding the principles of arts interventions for people with dementia (Barbour, 2007).

Focus group 1 was held at premises chosen by an arts organisation. Focus groups 2 and 3 were held on premises belonging to the University of Nottingham. Focus groups 1 and 2 were hosted as agenda items during existing meetings: an arts programme meeting and a Patient and Public Involvement (PPI) meeting. Pre-existing groups offer practical advantages for social science research, particularly easier facilitation of complex topics (Barbour, 2007). Using pre-existing groups was also a practical solution to arranging a mutually convenient date, and absorbed the focus groups into carers' existing priorities which eased the logistics of their participation. The PPI group requested that the researcher return to a subsequent meeting to report the findings from the research. This duly happened in September 2017, and sharing results from the research was important for ethical integrity (INVOLVE, 2012).

4.2.3 Ethics and consent

Ethical approval was sought for the real world discussion groups (Ethics Reference: J18032016 SoM; Appendix 1). Each participant signed a consent form giving permission for data collection, analysis and dissemination. Participants remained anonymous outside of their focus group, and agreed to the use of verbatim quotes

attributed to their role or identity, for example arts manager or carer. The threshold for inclusion was capacity to consent, so consultees were not required for this part of the study.

Self-employed artists and practitioners were offered expenses and remuneration for their time which reflected the focus group task, in consultation with Arts Council advice (Arts Council England, 2016) and Artists' Union England rates of pay. Members of the public were offered remuneration for expenses in line with local PPI rates.

At the end of the research, the necessary project report relating to this stage of the study was completed and submitted to the University of Nottingham's Faculty of Medicine and Health Sciences Research Ethics Committee as required.

4.2.4 Content and format of the focus groups

The focus groups sought to host a broad discussion to enable theory development (Wong et al., 2013), addressing the discussion group aims and exploring some of the outstanding questions from the literature review. Focus groups can generate both description and explanation (Barbour, 2007), which was the aim in this case.

Consequently, the focus group design followed a strategic questioning route devised by Krueger and Casey (2015) which created a logical flow of discussion to address the research aims (Table 4.2). The questions were rehearsed with research peers, which helped refine the wording and ensure clarity (Krueger and Casey, 2015). The focus groups were semi-structured, allowing for emergent lines of discussion, but equally to ensure that the conversation remained relevant (Pawson, 2009). The questions aimed to be interesting and engaging. Probes and follow-up questions were used to explore particularly insightful comments (Krueger and Casey, 2015).

Table 4.2: A sample of questions used for the focus groups (Krueger and Casey, 2015)

Question stage	Sample question
Opening	Please give your name, your role, and why you are here today
Introduction	Do you think the arts are important for people with dementia? Why? In what ways?
Transition	Please can you describe your experience of arts activities for people with dementia? What were they like? What did they involve?
Key	What are the essential ingredients of an arts activity? What principles should they be guided by?
Ending	Is there anything that we've missed?

4.2.5 Data collection: recording and transcribing

The main method of data collection for the focus groups was audio recording. Video recording was not necessary, as an analysis of non-verbal communication between the participants was not relevant to the research aims (Barbour, 2007).

An observation matrix was completed by the researcher during each group to record striking verbatim quotes, comments and reflections (Table 4.3). After each group, a free text narrative account was written by the researcher (Barbour, 2007; Morgan, 1997). This gave a reflective summary of the participants and the discussion.

Table 4.3: Examples from the observation matrix for focus group 2

Participant number	Real world identity e.g. artist, carer etc.	Quote, comment, observation
4	Carer	Technology will change arts in the future - iPads can be used. This same technology can be used to help explain things, via video for example. Technology can be creative.
4	Carer	Art is "that other side of us – that touchy feely side. Getting away from the white coats."
Personal observation	Researcher	Agreement from the group that music can help with memory recall and reminiscence.

The researcher used the audio recordings to produce complete verbatim transcripts for each focus group (Krueger and Casey, 2015). A transcript sample from focus group 2 is given in Appendix 5, and discussed later in this chapter as part of the results. There was no requirement to undertake conversational analysis, therefore the transcripts did not require attention to details such as pitch, volume or word emphasis (Barbour, 2007). Transcribing the data enhanced data familiarity for the researcher ahead of analysis (Barbour, 2007).

4.2.6 Data extraction, coding and analysis

Data extraction, coding and analysis for the focus groups followed a similar process to the literature review (Chapter 3, section 3.2.2).

4.2.6.1 Data extraction and coding

Data analysis began by systematically coding the transcripts to identify principles of arts interventions for people with dementia (Braun and Clarke, 2013). Salient

comments from the supplementary data sources, for example the observational matrix, were included in the analysis as codes. Like the literature review, the majority of codes were semantic, and summarised the explicit data, or used the exact words contained within it (Braun and Clarke, 2013). A few implicit codes were again inferred by the researcher (Braun and Clarke, 2013).

However, unlike the literature review sources, the transcripts were each coded twice. Deductive coding verified the validity of the previous iteration of principles and features by ensuring they could be identified in the discussion group data. Inductive coding did not use a previous theoretical model, and sought to identify new principles or features (Braun and Clarke, 2006). Principles were abbreviated using letters when coded in the transcripts. Where relevant, features were also coded in full.

Blending inductive and deductive coding is a common characteristic of qualitative research (Fereday and Muir-Cohrane, 2006). In this instance, the deductive coding was useful for theory testing by making sure the principles were common to other data, and the inductive coding was useful for theory building by identifying principles and features that had not been recorded previously. Deductive and inductive coding samples from focus group 3 are shown in the appendices (Appendix 6; Appendix 7).

The coding was completed manually within the transcript documents. For qualitative research, the decision to code manually or electronically is subjective, and can be dependent upon the amount of data and inclination of the researcher (Basit, 2003). A qualitative computer package (NVivo) was considered for this research, however the potential disadvantages of reductionism and decontextualisation made electronic coding an inappropriate option for this project (Grbich, 2013). The preference was for manual coding in order to acquire a more holistic impression of the data. Moreover,

annotating the transcripts as a text in their entirety enabled a more arts-based and literary approach to the analysis where author, reader and context could combine to interpret and derive meaning in the data (Barone and Eisner, 2012). This strategy committed to blending humanities and science research methods, and was a more appropriate and relevant process for the realist, constructivist paradigm of this study.

4.2.6.2 Grounded Theory

The act of theory building during data coding drew on elements of grounded theory (Charmaz, 2006; Urquhart, 2013), which shares its iterative process with realist methodology. Grounded theory is largely inductive, and advances theory development across multiple stages of data collection and analysis (Charmaz, 2006). Grounded theory uses conceptual coding practices which seek to name and explain phenomena, as well as to show the relationship between codes (Charmaz, 2006). This explanatory and relational coding shares ambitions with taxonomy (Godfray and Knapp, 2004). Conceptual coding was also pertinent for identifying principles.

Furthermore, grounded theory makes use of *in vivo* codes (Kelle, 1997; Barbour, 2007), words used by research participants which often reflect shared cultural meanings and vocabulary used by insiders. *In vivo* codes were particularly relevant to the research aims of this review in order to produce an authentic common language that would be familiar to stakeholders.

However, it is widely acknowledged that inductive coding cannot take place in an epistemological vacuum (Braun and Clarke, 2006) as the researcher is always bringing some previous knowledge to the analysis (Barbour, 2007). Integrative analysis (Urquhart, 2013) offers a practical solution to this by blending emergent theory with existing theory to enhance its value. This accurately describes the process

of coding and producing three iterations of the principles throughout the literature review, focus groups and NGT workshops.

4.2.6.3 Data analysis

There are a number of features unique to focus group data that had implications for data analysis. Comments can be spontaneous and therefore inconsistent, or participants repeat each other's comments which might distort their perceived significance. Participants may also use the same word to mean different things (Krueger and Casey, 2015), one reason why a taxonomy would be a helpful contribution to the field of the arts and dementia. These features were considered and mitigated during analysis by noting the origin of comments, repetition and paying close attention to any changes of opinion resulting from the discussion (Krueger and Casey, 2015).

Once the codes had been identified, they were grouped into themes, and then reviewed alongside the previous iteration of principles and features (Braun and Clarke, 2013). Where these new themes were salient or significant, the principles and features were refined to reflect the cumulative findings (Pawson et al., 2005; Wong et al., 2013).

4.3 Results and Discussion

The analysis of the focus group data resulted in a second iteration of the principles and features. This second iteration included the following main changes:

- The principle of Control was disbanded, and its relevant features maintained in other principles;
- The principle of Interaction was renamed as Connection;
- Two principles were added – Involvement and Awareness;

- The features were standardised to ten per principle, based on their salience.

These alterations to the principles and features occurred for several reasons: new findings; repetition or content overlap, which led to the removal or conflation of features; exploration of concepts in the discussion groups which clarified data from the previous study phase; and deductive coding, which applied the principles and features in a practical way and highlighted weaknesses in the clarity of their labelling.

Some of the changes responded directly to outstanding issues from the literature review, for example a necessity for the principles to represent and encourage a broader range of emotional responses and expressions:

"I think if we can bring artists, or creativity in, that challenges our own sense of self and where we're at, I think that really helps." (Arts manager, focus group 1).

The following results and discussion sections cover three main areas. Firstly, they report and reflect upon the changes that were made to the principles and features in this second iteration. Secondly, they provide an illustrative worked example of one of the principles and the alterations that were made, with justifications, as a consequence of the focus group data. And thirdly, they outline the rationale for the final phase of discussion groups in relation to the focus group findings and the literature review.

4.3.1 Removed principle: Control

The principle of Control was disbanded because it lacked cohesion. Its most vital features, identified using deductive coding, were absorbed into other principles. For example the feature of choice, which also emerged in the focus group data, moved into the principle of Selfhood:

"But it's that thing about choice…It's about looking at body language and choice." (Arts manager, focus group 1).

Choice continued to be of central importance throughout the focus groups, being pertinent both to the particular content of arts sessions, and whether an individual wished to engage with the arts at all. The transcript sample from focus group 2 (Appendix 5) was selected because it illustrates this point well.

Other features from Control were discarded because they described negative components to avoid in arts interventions, for example behaviour management (Beard, 2011). This represents a shift in how the principles were subsequently framed. The literature review was a current state appraisal of words that characterise, describe and explain arts interventions, which included some negative elements (Beard, 2011; Kontos and Martin, 2013).

However, the questions in the focus groups were deliberately aspirational, asking participants what should be included in a best practice, high quality arts intervention. Consequently, the second and third iterations of the principles describe the component parts that stakeholders believe should be present in, or enabled by, arts interventions. This positive framing can still enable critical reflection about the arts, the importance of which was outlined in the literature review (Chapter 3, section 3.4.4), for example by highlighting important aspects that may be missing from an arts intervention.

There were examples of anti-principles, things to avoid in relation to stimulating activities, in the focus groups:

"What it [the arts] *isn't, is a television stuck on a wall* [agreement] *playing all day long…nobody is engaging with anything there"* (Carer, focus group 2).

While it is important to label and name negative elements, as Kitwood (1997) demonstrated with malignant social psychology, a classification needs to be clear, and describe what things are and how they exist in positive terms (Bailey, 1994). A decision was taken therefore to represent anti-principles by affirming their opposites, so that the principles consistently describe elements to include in an arts intervention, for example stating Involvement rather than 'Avoid exclusion'. In this way detail was not lost, and the principles recounted clear, aspirational best practice.

4.3.2 Interaction renamed as Connection

The principle of Interaction was renamed as Connection. Focus group 3 in particular made a compelling argument for the importance of connection, which also implies interaction, but works as a more person-centred description:

"*I think connectivity and re-connecting people with their past, and their identity, is what music certainly does for me*" (Musician, care staff trainer, parent with dementia, focus group 3).

"And finding those ways of connection, whether that be through generally the senses, through touch, painting of nails, movement, rhythm" (Writer and Theatre Director, focus group 3).

"[We're] *trying to connect to the outside world a lot"* (Care home activity co-ordinator, focus group 1).

Connection has greater depth than interaction, and in these example quotes, it implies meaning and purpose. It was also consistently prevalent in the literature review (Goldstein-Levitas, 2016; Rancour and Barrett, 2011; Sixsmith and Gibson, 2007).

4.3.3 New principle: Involvement

The principle of Involvement describes inclusive arts interventions that are mutual, welcoming and support co-production between participants, facilitators and stakeholders. These were prevalent themes in the data:

"And I just really think that the more things that can be as inclusive as possible" (Arts practitioner, focus group 3)

"There are some ways of including people" (Carer, focus group 2).

"…one of the most important things I think for the project we're developing is the issue around co-production. So it's not just the artist doing things to people! It's kind of, you know, working with residents and their experiences and skills, and their input to create, you know, wonderful things together." (Arts manager, focus group 1).

The concept of involvement was also identified in the literature review (Beat it Percussion, 2015; Camic, Baker and Tischler, 2016; Holm, Lepp and Ringsberg, 2005). Furthermore, Involvement echoes the psychological need for social inclusion identified by Kitwood (1997).

4.3.4 New principle: Awareness

The principle of Awareness outlines the importance of listening and attuning to the needs of people with dementia who are participating in arts interventions. It also refers to the importance of a session facilitator reflecting upon their own practice. These themes were coded regularly in the data:

"You've got to be aware and receptive, to the reaction you get from different people" (Carer, focus group 2).

"What I've noticed, both within our own family and in the working context as well, is listening. There's a quality of listening." (Writer and Theatre Director, focus group 3).

"I learnt from the lessons from the first time round, and that meant I could run a better session the next time." (Care home activity co-ordinator, focus group 1).

Awareness, particularly relating to cultural diversity and relevant arts content for participants, was consistent with the literature review coding (Coaten, 2011; Hannemann, 2006; Mottram, 2003).

4.3.5 A worked example: The second iteration of the Animation principle

The principle of Animation remained fairly consistent with the literature review, though there were some changes. In particular, the focus groups highlighted the importance of live activity and active engagement with the arts:

"*I think with music, it's useful to have somebody that can actually play instruments [agreement] Rather than just listening to CDs and what have you.*" (Carer, focus group 2).

"…there are different levels of engagement…and there's so much variety now in the arts that I think most people can, from my experience, seem to access it in one way or the other" (Artist, focus group 1).

"*…we're asking people to engage like that, and use music to do that, and to get into these closer relationships…and to actually enter their world"* (Musician, care staff trainer, parent with dementia, focus group 3).

The significance of engagement was constant in the literature review (Burnside et al., 2017; Cowl and Gaugler, 2014; Hazzan et al., 2016). Engagement underscored some

of the changes that were made to the Animation principle and its features following the focus group data analysis (Table 4.4). This same process was carried out for each principle and its features.

Table 4.4: The second iteration of the Animation principle, showing changes and rationale

Animation		
First iteration (following literature review)	**Second iteration** (following focus group data analysis)	**Rationale for the change or continuation between iterations**
surprise	**surprise**	Consistently coded
play	**play**	Consistently coded
fun	removed	Fun is implied by play and joy. Furthermore, the prescriptive concept of fun became problematic as the view that art can, and should, be challenging, emerged as a central inductive code during the focus group analysis.
stimulation	**stimulation**	Consistently coded
activity	**activity**	Consistently coded
spontaneity	**spontaneity**	Consistently coded
improvisation	**improvisation**	Consistently coded
laughter	removed	Coding showed that laughter and humour were too similar and infrequent to warrant both features. Humour was kept as the more encompassing label, and captures the essence of laughter.
transformation	removed	Coding and discussion showed that transformation was more appropriate as a feature of the Transcendence principle.

joy	**joy**	Although a subjective and prescriptive feature, joy was maintained given its relationship to quality of life.
energy	**energy**	Occasionally coded in the focus groups. Importance maintained from the literature review.
motion	removed	Not coded, and the observation of motion is more appropriate as an art form distinction – a characteristic of dance, movement, or music – than an overarching feature. Its connotation of dynamism is captured by energy.
humour	**humour**	Coded and importance maintained from the literature.
	engagement	New feature. In all three focus groups there were comments about the importance of live activity and engagement.

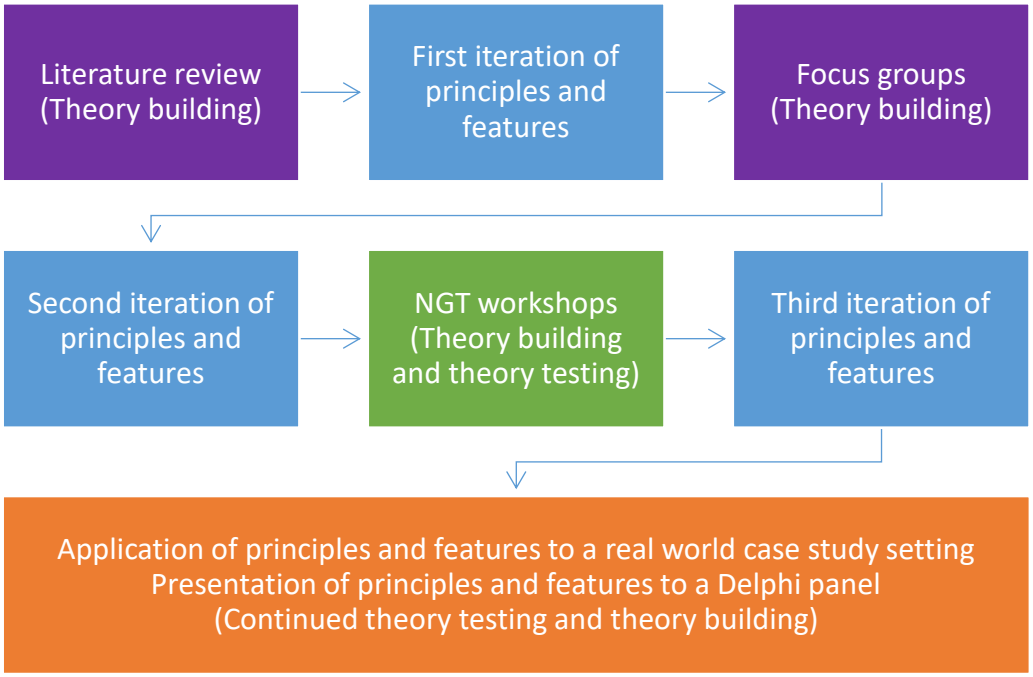
4.3.6 A second stage of real world discussion groups

Following analysis of the focus group data, it was apparent the participants were generating new information beyond the written literature. The focus groups produced a second iteration of the principles, and were therefore crucial for extending the theory building. However, they did not engage in comprehensive theory testing beyond checking the consistency of the principles using deductive coding.

Therefore, a second round of discussion groups was planned to specifically test the second iteration of the principles and gather direct feedback relating to the emergent findings from the literature and the focus groups (Figure 4.3). It was decided that a

more constrained research method would be appropriate for this theory testing task: Nominal Group Technique (NGT). This work is reported in Chapter 5.

Figure 4.3: Stages of theory building and testing throughout the research process



4.4 Strengths and limitations of the focus groups

Undertaking a review and synthesis in two parts, which combined written literature with a living library of participants engaged in discussion (Little et al., 2011), enabled this research to be creative and include a variety of epistemological approaches (Mason, 2011; Newman et al., 2016). This strategy was deliberate in order to overcome some of the limitations and methodological challenges facing the current arts and dementia evidence base (Chapter 1, section 1.2.2; Chapter 2, section 2.1.2).

The focus groups proved critical for theory building (Wong et al., 2013). The resulting data identified gaps in the written literature, confirming that the focus groups were an important and necessary part of data collection. The focus groups engaged a diverse range of arts and dementia stakeholders, including those with lived experience of

dementia, which was a strategic and ethical priority for this project (INVOLVE, 2012). Participants were able to shape and contribute to the research, allowing the findings to benefit from a variety of expertise and knowledge, which was consistent with the constructivist personhood paradigm used for this study (Lincoln, Lynham and Guba, 2018). The discussion within the focus groups explored and clarified some of the concepts from the literature review, resulting in a subsequent iteration of principles and features that was more empirical and relevant to those in the field. This is a necessary ambition for taxonomy (Godfray and Knapp, 2004).

The focus group method did present some limitations. Recruitment to the groups resulted in 21 participants. Only care staff were recruited from the health and social care stakeholder group, meaning there were no commissioners of healthcare services. Furthermore, despite broad invitations and efforts to engage, only one person with dementia attended a group (Focus group 2). The logistical challenges of involving people with dementia are well documented (Alzheimer Europe, 2011), but this was still a disappointment. However, the case study reported in Chapter 6 included many research participants living with dementia, so these crucial perspectives and insights were successfully incorporated elsewhere in the study.

Focus group dynamics also require some scrutiny. Given there was no anonymity, participants may have deferred to a vocal majority regardless of their own private opinions (Barbour, 2007; Krueger and Casey, 2015). However, there was evidence of most participants contributing, and even active statements of good humoured disagreement within the mixed groups: "*I just don't agree. I hate it. I get very sort of, arrrgh"* (Musician, care staff trainer, parent with dementia, focus group 3).

Secondly, the researcher belonged to some of the same networks and groups as those taking part, which could have created bias associated with being an insider researcher (Payne and Payne, 2004). However, based on other participant characteristics such as full time carer or professional artist status, the researcher was an outsider. The qualitative paradigm acknowledges and accommodates this potential bias (Braun and Clarke, 2013; Morse, 2006). Previous research (Dwyer and Buckle, 2009) argues that it is possible to occupy a third space between insider and outsider status in order to balance the advantages and disadvantages associated with each. This was the stance adopted by the researcher, which followed the other blended methodological approaches being used.

4.5 Conclusions

This chapter reported findings from three focus groups that continued the theory building of the realist review by including the opinions and perspectives of those with lived experience and expertise of the arts and dementia. The data from these focus groups, combined with the literature review, informed a second iteration of the principles and features which represent elements present in, or enabled by, arts interventions for people with dementia.

Analysis of the focus group data identified new information to progress the theory building of the principles and their features. However, direct theory testing was still necessary, so a second wave of discussion groups were planned to involve stakeholders in a more structured exercise of debate and prioritisation. Results from these NGT workshops, and the resulting realist synthesis including the literature review and the focus groups, are reported in the next chapter.

5 Developing dimensions of arts interventions for people with dementia: Using Nominal Group Technique workshops to continue theory testing

5.1 Introduction

This chapter reports two Nominal Group Technique (NGT) workshops conducted to test and refine the theoretical principles and features of arts interventions that were developed iteratively following the literature review (Chapter 3) and focus groups (Chapter 4). The NGT workshops were the third and final stage of data collection within the adapted realist review, following which, a comprehensive realist synthesis was undertaken using a realist theoretical lens (Booth, Sutton and Papaioannou, 2016; Braun and Clarke, 2013; Pawson et al., 2005; Wong et al., 2013).

Collectively, the literature review, focus groups and NGT workshops data analysis was used to produce the first of two versions of the taxonomy of arts interventions for people with dementia, which aimed to describe, explain, communicate and simplify the arts and dementia.

5.1.1 Nominal Group Technique: An overview

Nominal Group Technique (NGT) was designed to assist groups of decision makers and stakeholders to identify problems and plan creative programmes or solutions (Delbecq and Van De Ven, 1971). NGT is a highly structured approach to group decision-making that helps to establish priorities (Potter, Gordon and Hamer, 2004). It

is a particularly effective method for offering immediate feedback and measuring the relative importance of particular topics and discussion points amongst stakeholders (Potter, Gordon and Hamer, 2004). The structure of NGT also encourages equal input from all participants (Potter, Gordon and Hamer, 2004) and prevents strong personalities dominating discussion (Gallagher et al., 1993). This is pertinent for mixed groups within the field of arts and dementia where there could be a perceived power imbalance between contributions from those with professional or lived experience (Gilroy, 2006).

The group is nominal because discussion, essentially the formation of the group, occurs only in its later stages following an initial period of individual thought and reflection (Gallagher et al., 1993). NGT is less concerned with generating a range of ideas, and more focussed on a single goal or task designed to solve a complex problem, for example defining criteria for health care interventions (Jones and Hunter, 1995).

These features of NGT made it more appropriate for testing the theoretical principles of arts interventions than semi-structured, exploratory and discursive focus groups (Barbour, 2007; Krueger and Casey, 2015). The consensus and decision-making elements of NGT also meant it was a strategic methodological precursor to the Delphi study, which is reported in Chapter 7.

The objectives of the real world discussion groups were outlined previously (Chapter 4, section 4.1.2), specifically to continue gathering and refining descriptive and explanatory common words that characterise arts interventions for people with dementia. The NGT workshops differed to the focus groups by emphasising theory testing over theory building.

5.2 Completing the NGT workshops for this study

5.2.1 Identifying participants and recruitment

Participants were identified and recruited as for the focus groups (Chapter 4, section 4.2.1). The NGT method specifically recruits 'expert' participants, which can be interpreted democratically as those with lived experience rather than formal qualifications (McMillan, King and Tully, 2016). In this way, NGT aligns with the realist constructivist paradigm of this research. Consequently, as well as using existing networks, several arts and dementia experts were targeted specifically to participate based on the researcher's own networks and contacts.

5.2.2 Structure and protocol for the NGT workshops

Two NGT workshops were held in January and February 2017. One lasted 69 minutes, the other 135 minutes. The researcher facilitated both workshops. The groups varied in size and demographics (Table 5.1). Previous research demonstrates NGT groups can vary from three to 14 members (McMillan, King and Tully, 2016). Some participants took part in both a focus group and an NGT workshop which enabled some continuity between the research stages. Both of the groups were held at the University of Nottingham. One was facilitated as part of an existing PPI meeting, but this was a different group from the PPI focus group that appeared in the Chapter 4 study. Again, this was an effective way to include those with lived experience, redressing an imbalance that has been identified as a limitation in current arts and dementia research (Beard, 2011).

The ethics, consent and remuneration process remained the same as for the focus groups (Chapter 4, section 4.2.3).

Table 5.1: Stakeholder identities of NGT participants

NGT workshop 1 (4 participants)
Carer: Father with dementia
Carer: Father with dementia
Carer: Mother with dementia
Carer: Spouse with dementia
NGT workshop 2 (10 participants)
Musician, parent with dementia
Project manager for arts and dementia programme
Researcher
Arts workshop facilitator for people with dementia, carer
Writer and Theatre Director
Musician, working with people with dementia
Manager of arts and dementia organisation, carer of parent with dementia
Carer: parents with dementia
Musician, care staff trainer, parent with dementia
Music practitioner, researcher

5.2.3 Content and format for the NGT workshops

The NGT workshops aimed to test the theory of the conceptual principles and their descriptive features which had been developed through the literature review and the focus groups. A streamlined version of the NGT method was devised, based on only one meeting per group (Jones and Hunter, 1995). Simplified versions of NGT have been used for previous healthcare research involving people with dementia (Dening, Jones and Sampson, 2012).

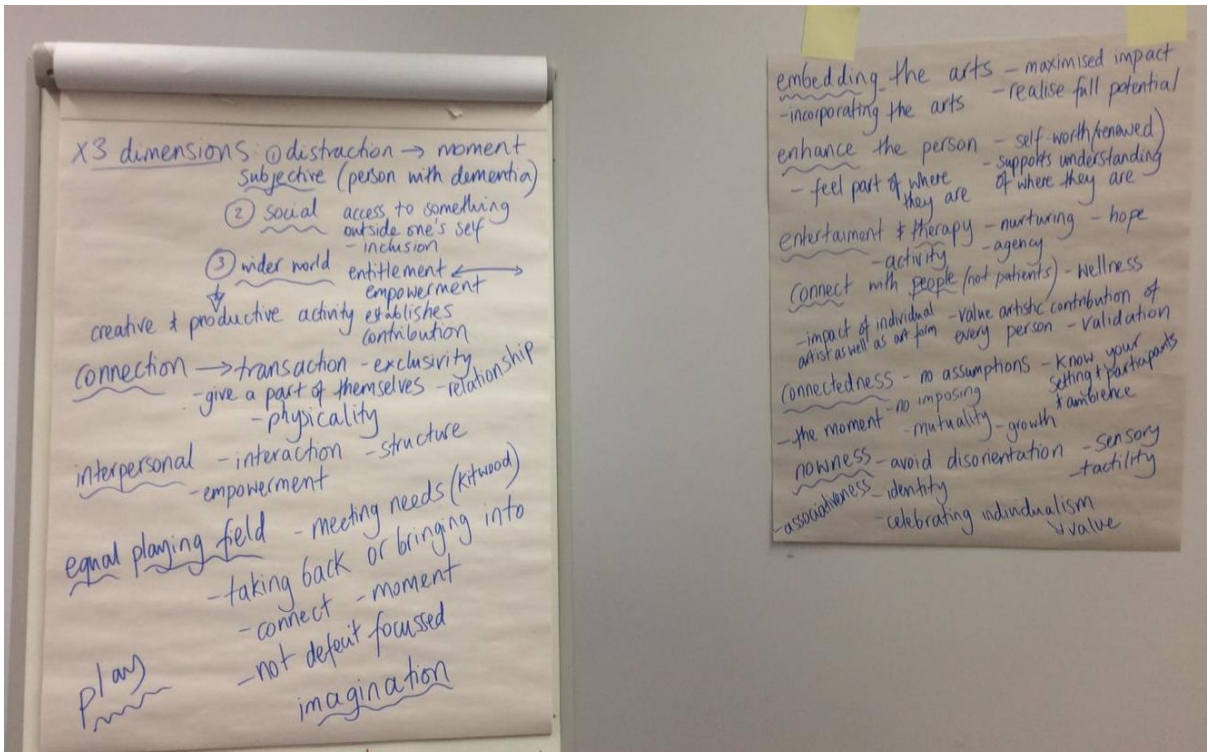
A five stage protocol was used for each NGT workshop (McMillan, King and Tully, 2016; Potter, Gordon and Hamer, 2004). The format comprised an introduction to the task and process, individual reflection and generation of principles by the participants, sharing of ideas one by one in the group, clarification and discussion, and finally voting by participants for the principles they prioritised as most important. A working lay person summary of each second iteration principle was circulated by the researcher during the ideas sharing section of the workshop, so this could be tested and critiqued by participants during the subsequent discussion (Table 5.2). The NGT protocol shared similarities with the realist interviewing process for evaluation, which consists of theory gathering, theory refining and theory consolidation (Manzano, 2016).

Table 5.2: Sample of lay person summaries of the principles tested in the NGT workshops

Animation The arts can stimulate people, making them alert, sometimes through live activity.
Transcendence The arts can transform people, changing how they feel and where they are.
Selfhood The arts can let people be themselves, and do what they want.

Each participant contribution was recorded using flip chart paper, as recommended by McMillan, King and Tully (2016) (Figure 5.1). This systematic and non-judgemental process of visibly recording each idea mirrors the methodology of *TimeSlips*, a group storytelling activity for people with dementia (Fritsch et al., 2009). NGT was therefore an appropriately creative research method which helped to blend social sciences with the arts.

Figure 5.1: Flip chart data from the second NGT workshop



5.2.4 Data collection, extraction, coding and analysis

Data collection, extraction, coding and analysis for the NGT workshops followed the same process as the focus groups (Chapter 4, section 4.2.5; section 4.2.6). The data were coded inductively and deductively (Braun and Clarke, 2006), using the second iteration of the principles and features resulting from the focus groups. A transcript sample from NGT workshop 2 is given in Appendix 8, which illustrates how the data were coded deductively.

As with the focus groups, the codes were grouped thematically and compared with the second iteration of principles and features produced from the focus groups (Braun and Clarke, 2013). Where the inductive coding identified significant omissions or differences, the principles and features were refined. When analysing the NGT data, codes and themes were incorporated from across the whole data set, not just the

priorities chosen during the voting (McMillan et al., 2014). However, these priorities proved helpful for attributing significance to particular themes and concepts.

5.3 Results and discussion of the NGT workshops

Analysis of the NGT group data resulted in a third cumulative iteration of the principles and features, with an accompanying working definition for each principle (Table 5.3). The main alterations were:

- The principle of Therapeutic was renamed as Humanity;
- A number of features were refined across the principles, in particular to include the NGT participant priorities which were voted for during the final stage of the group discussion.

As before, these changes resulted from emergent findings and clarification of concepts during the NGT workshops discussion. Any changes were considered cumulatively, accounting for the preceding data collection and findings from the literature review and focus groups.

The following sections report and discuss the amendments made to the third iteration of principles and features.

Table 5.3: The third iteration of principles, features and definitions of arts interventions for people with dementia

Principle	Descriptive features of principle	
Animation An arts intervention gives participants the choice of agency and activeness, a chance for live stimulation and an opportunity to take part in an activity themselves.	surprise	improvisation
	play	joy
	stimulation	energy
	activity	humour
	spontaneity	engagement
Transcendence An arts intervention can transform its participants using creativity, imagination and flow – transporting them to a different time, emotional space or bringing them into the present moment.	aesthetics	imagination
	creativity	flow
	spiritual	mixed modes
	transformative	entrainment
	moment	multi-reality
Selfhood An arts intervention can restore a person's sense of identity, reaffirming confidence and empowerment, while being tailored to individual needs and preferences.	purpose	independence
	relevance	accessibility
	self-esteem	personalisation
	dignity	choice
	flexibility	empowerment
Humanity An arts intervention can empathise, validate and stabilise mood, enabling a process of healing, trust and hope which might restore a feeling of embodiment.	hope	supportive
	embodiment	healing
	mood	empathy
	validation	process
	liberate	trust
Expression An arts intervention allows participants to share their thoughts and feelings, sometimes without language, generating subjective discussion or challenge to make collective and individual meaning.	non-verbal	enjoyment
	worthwhile	participation
	subjectivity	making meaning
	communication	emotion
	discussion	challenge

Connection An arts intervention brings participants together, enabling social interaction and relationship building, particularly between varied groups of individuals across society.	community	intergenerational
	partnership	relationship
	respect	bonding
	friendship	interaction
	reminiscence	morale
Possibility An arts intervention can enable achievement, learning and the development of new skills, which supports curiosity and focusses on growth, potential and the future.	skills	strengths
	product	enrichment
	potential	achievement
	curiosity	learning
	failure free	growth
Involvement An arts intervention is inclusive, mutual and equalising, encompassing a range of activities, and embedded into everyday life helping to normalise dementia.	integration	equalising
	co-production	normalising
	limitless	open minded
	embedded	mutuality
	welcoming	colleagues
Awareness An arts intervention does not cause harm and is responsive to different personal reactions, while engaging with the outside world in a way that takes account of its diversity.	quality	reflection
	practicality	authenticity
	courage	reaction
	diversity	outside world
	responsive	harmless

5.3.1 Therapeutic renamed as Humanity

The principle of Therapeutic was renamed as Humanity. There were a number of reasons for this. Echoing previous research (Crawford et al., 2015; Fancourt, 2017), the concept of arts being essential to humans and to shared humanity was a constant theme in the NGT workshops:

"You know, I just think there's something so central to what it is to be a human being" (Writer and Theatre Director, NGT workshop 2).

"…it reminds us of our humanity" (Music practitioner, researcher, NGT workshop 2).

"And how we are together is important as human beings, the artist and the person with dementia" (Musician, working with people with dementia, NGT workshop 2).

The existing features of Therapeutic described many facets of shared humanity, but as highlighted in the literature review, therapeutic had proven to be a term often conflated with therapy which caused confusion (Chapter 3, section 3.6.3). Therapy is a particular approach to, or application of, the arts (Hogan, 2001), rather than a central characterising component of arts interventions. Consequently, it needed to be captured elsewhere in the taxonomy, and along with therapeutic, explored in more detail.

Humanity was an effective substitute name. It implies holistic wellbeing, an ambition and outcome of the arts (Nyman and Szymczynska, 2016; Sixsmith and Gibson, 2007). Humanity also evokes the human rights paradigm which argues for universal access to cultural life in the community and arts participation (UN General Assembly, 1948). Specific to dementia, humanity draws on the numerous humanist inspired approaches to dementia care, such as validation therapies (Brooker, 2004). For example, the *Memory Bridge* initiative, which uses arts methods, amongst others, to connect people with dementia and a high school age 'buddy' in inter-generational relationships, similarly has the essence of shared humanity at its core (Basting, 2009).

5.3.2 Refining features to incorporate the NGT priority principles

The final stage of the NGT workshops asked participants to vote for the principle(s) of arts interventions they considered to be most important, including those that had been generated during the workshop discussion. Figure 5.2 shows these components. It

should be noted that not all of these meet the definition of principles that was supplied, and that some are more closely aligned to features. As a result of this voting, a number of features were refined for the third iteration. For example empathy was included as a feature of Humanity, and equalising as a feature of Involvement – both of which were voted priority principles in NGT workshop 2.

Figure 5.2: Priority principles voted for by NGT participants



5.4 Realist review synthesis using CMO configuration

Upon completion of the NGT data analysis, the final stage of the realist review was to conduct a cumulative and comprehensive realist synthesis. The aim of this was to incorporate all stages of data collection and use a realist theoretical lens to interpret

and explain the findings (Booth, Sutton and Papaioannou, 2016; Braun and Clarke, 2013; Pawson et al., 2005; Wong et al., 2013).

The realist theory used for this review's synthesis was the CMO configuration, which articulates the causal relationship between an intervention's contexts, mechanisms, and the outcomes they produce (Pawson et al., 2004; Pawson et al., 2005). The realist synthesis analysed the collective data from the literature review, focus groups and NGT workshops and helped to offer explanations for how arts interventions 'work', and how they might be classified and theorised. This specifically addressed one of the current gaps in the arts and dementia evidence base relating to a lack of explanatory theoretical frameworks (Chapter 1, section 1.2.3).

5.4.1 Results of the realist synthesis

Two main findings resulted from the realist synthesis:

- Principles can be interpreted as mechanisms or outcomes of arts interventions;
- A number of additional contextual, descriptive dimensions of arts interventions were identified: Arts modality, Artistic characteristics, Circumstances, Competencies, Artistic focus.

The following sections explore the principles as mechanisms and outcomes, and report the identification of additional contextual dimensions, which – together with the principles – combine to form Version 1 of the taxonomy.

5.4.2 Principles as mechanisms

The literature review suggested that the principles could be interpreted as mechanisms, the invisible properties of an arts intervention that enable them to 'work'

for people with dementia (Astbury and Leeuw, 2010). Mechanism is a technical term used by realist researchers, but it is not a word that artists, practitioners or carers would necessarily use in discussions. This highlights some of the communication and semantic issues that can exist in multi-disciplinary research (Gray et al., 2017).

The data synthesis could therefore not rely on words being used in the same way by discussion group participants (Krueger and Casey, 2015). It was therefore necessary to identify other words or phrases that participants used instead of mechanism, but that denoted the same thing. There were a number of examples in the data, explained below.

Participants talked about how interventions *work well*, what their *process* is, what makes them *effective* or *good*, or *successful*, and what the arts can *do* for people with dementia. These terms were interpreted as real world synonyms for mechanism.

Table 5.4 shows a sample of these stakeholder synonyms coded with a corresponding principle, and occasionally a feature. This shows that the discussion group data continued to identify the principles as realist mechanisms.

Table 5.4: Stakeholder 'mechanism' synonyms with corresponding principles

Synonym for mechanism	**Principle** (feature)
*"I mean obviously we try and programme things that we do think are going to be **successful**, but just because somebody hasn't liked something that doesn't necessarily mean it was **unsuccessful**"* (Arts manager, focus group 1).	Expression (challenge)
"They [people with dementia] *have lived a life, and you're trying to with the arts – whatever way it **works** or **doesn't work** – to reach in to that life."* (Music practitioner, researcher, NGT workshop 2).	Selfhood Connection
*"And when the manager came in she was really surprised and stunned, because I've never heard her talk so much…and I've seen music **do** that for people as well."* (Arts manager, focus group 1).	Possibility Animation (surprise)
*"…if the arts were used in that type of way as sort of as the relaxed, information gathering, then I think they're really **effective** as that as well as being an enjoyable experience in the moment."* (Arts practitioner, focus group 3).	Selfhood (personalisation) Expression (enjoyment)
*"And they were **good**. And the reason they were **good** is they were professional artists, because they had an idea that actually they could adapt to things not going quite the way they'd planned to do."* (Manager of arts and dementia organisation, carer of parent with dementia, NGT workshop, 2).	Awareness
*"…then we continue using the same materials for four weeks, I think kind of **worked** really well"* (Artist, focus group 1).	Transcendence (creativity)
*"And so that mixed group **worked** really well, in not excluding people"* (Artist, focus group 1).	Involvement

*"And it is about…what is the outcome that we're trying to achieve through this? Through this **process** – whatever that **process** may be."* (Musician, care staff trainer, parent with dementia).	Humanity (process)

5.4.3 Principles as outcomes

However, the discussion group data highlighted further complexity around the theory of principles as mechanisms. On occasion, principles were coded in participant descriptions as the *outcomes*, *benefits* or *effects* of arts interventions for people with dementia (Table 5.5). This suggests that principles could occupy both the mechanism and outcome parts of the CMO configuration as descriptive and explanatory terms that characterise arts interventions.

Table 5.5: Examples of principles being described as outcomes, benefits or effects

Principle (feature)	**Description of principle as an outcome**
Involvement (open minded) Animation (surprise)	*"And as long as we all stay open minded then sometimes we're surprised at what the **outcomes** are."* (Arts manager, focus group 1)
Humanity Transcendence	*"…if people got very agitated and they could play their music, then it had quite a calming **effect** and was very **beneficial**"* (Carer, focus group 2)
Possibility (product)	*"…and the sessions are sort of structured so that…everybody ideally has like an **outcome** to take home with them"* (Arts practitioner, focus group 3)
Involvement (mutuality) Possibility (growth)	*"…there's a sense of the mutuality of **benefit** actually. The artist has a sense that they are also **benefiting** from this exchange, and growing."* (Writer and Theatre Director, NGT workshop 2)

5.4.4 Principles: a synthesised summary

Principles remain, fundamentally, words that are commonly used by stakeholders to describe and characterise the conceptual components of arts interventions for people with dementia. Identifying the principles of arts interventions has implications for a range of stakeholders. People with dementia stand to benefit from increased access to higher quality arts interventions. For artists and practitioners, the principles offer guidance and ideas for evidence based practice and improvement. They are tools for planning or reflecting upon the content of arts interventions (Cousins et al., 2018). For

carers and care staff, the principles offer guidance about elements to include in arts activities.

For funders and commissioners, the principles provide information regarding the component parts of arts interventions and how they work, bringing greater clarity to service specifications and funding bids (Cousins et al., 2018). This was discussed in NGT workshop 2, echoing the epistemological challenges of this project:

"*And whilst we have this immeasurable world, then we need words like this, I think we need things that we can pin it to."* (Musician, care staff trainer, parent with dementia).

For researchers, the principles enable definition and description to support comparison, evaluation and analysis of arts interventions:

"this is why we need language, you know – every moment is unique, but language is shared, it's something common which makes those unique instances accessible to a wider group of people" (Researcher, NGT workshop 2).

The status of principles as outcomes or mechanisms was inconclusive following the literature review and discussion groups. The final stages of this project, the case study (Chapter 6) and Delphi study (Chapter 7), provided an opportunity to explore the principles further, in an applied and theoretical context.

5.4.5 Contextual dimensions

With principles potentially occupying the mechanism *and* outcome parts of the CMO configuration, it was necessary to consider the third element: context (Pawson et al., 2005). The literature review and the discussion groups identified a number of

outstanding contexts that are important dimensions of description and explanation for the arts and dementia, which detail components and concepts beyond the principles.

Five additional contextual dimensions were identified during the cumulative realist data synthesis: Arts modality, Artistic characteristics, Circumstances, Competencies and Artistic focus. These dimension names were capitalised, as with the principles, to reflect the hierarchy of the taxonomy.

5.4.5.1 Arts modality

A range of art forms and modalities were identified across the data: drama (Jaaniste, 2011); music (Sixsmith and Gibson, 2007), which can be sub-divided further, for example singing (Unadkat, Camic and Villa-Burrows, 2017); visual art (Windle et al., 2014); dance and movement (Coaten, 2011). Other arts such as photography and sculpture (Focus group 3) were also identified, including creative activities with personal meaning, for example cooking (NGT workshop 2) and knitting (Focus group 2).

Focus group 1 discussed the merits of digital art: *"We've been using a lot more digital technology"* (Care home activity co-ordinator). A participant in NGT workshop 2 offered a definition of theatre: *"If you want me to define, it's time, actions and space"* (Writer and Theatre Director). While the principles have been developed to be common across art forms, it was evident that arts modality was an integral context for defining and describing the arts and dementia.

5.4.5.2 Artistic characteristics

Artistic characteristics, for example rhythm, rhyme, texture, sensory, emerged from the Arts modality dimension, and describe the contextual properties of arts practice that people with dementia might particularly respond to. Similar distinctions for

musical characteristics have been made in other research (Snyder, 2000; Savage et al., 2015). Furthermore, the benefits of programmes that focus on sensual stimulation, such as S*noezelen* and *Namaste Care*, are well documented for people with dementia (Anderiesen et al., 2014; Simard and Volicer, 2010).

The discussion groups also confirmed the importance of artistic characteristics. A music practitioner and researcher in NGT workshop 2 commented: "*And even poetry which is weird, but even with people very advanced* [with dementia], *it does something rhythmic, it does, there's some trope to poetry that works"*. A carer in the same group remarked on the importance of colour: *"You might end up just painting yellow, because actually yellow feels quite joyous, and it's a colour which they've associated with something"*.

A participant in focus group 3 outlined some of the core features of music that can generate a response: *"…because then it has rhythm, it has assonance, it has a pattern. It has all those things that actually we're hard wired to remember, because that's – our brain – this is kind of way before written language."* (Musician, care staff trainer, parent with dementia). Much of the literature recognised the importance of sensory stimulation (Behrman, Chouliaras and Ebmeier, 2014; Caddell and Clare, 2011; de Medeiros and Basting, 2014). Further stages of this research explored whether these artistic characteristics are common or different across arts modalities.

5.4.5.3 Circumstances

Circumstances seek to capture some of the contrasting or continuum contexts of the arts that differ, or exist as a sliding scale, dependent on the practitioner and the needs of the person with dementia. It uses a word from the 'what works' realist question as its label (Wong et al., 2013). The literature review discussed several examples of

circumstances: the balance between product and process (Beard, 2011), active and passive involvement, or watching and doing (Phillips and Conn, 2009; Stevens, 2011), and reality orientation (Jaaniste, 2011; Verity and Lee, 2011). Carers in NGT workshop 1 discussed how the progression, or stage, of dementia might impact on an ability to engage with the arts:

"Any arts activities are great for up to a certain point in the disease, when they can experience it and enjoy it and get something out of it. But once they've gone past a point –

Yes, I think all these things are better for earlier stage dementia –".

Another contrasting context emerged in focus group 1, between the arts in an institution, for example a care home, and arts in the community. A care home activity co-ordinator highlighted the importance of activities external to an institutional setting: *"I've been doing a lot more community based things, getting people out, seeing things that they might not normally get to see. Reminding them that the outside world is there"*. The arts manager in the same group concurred: *"I have noticed an immense difference when we go out to* [the art gallery] *for instance, and it almost becomes a normalising experience for people"*. This follows research reported in the literature (Camic, Baker and Tischler, 2016) and other examples of arts interventions in gallery settings, such as the *Meet me at MoMA* art viewing or *Meet Me at the Albany* art club initiatives in New York and London respectively.

Artists Claire Ford and Kate Sweeney completed an arts residency in a care home which partly sought to de-institutionalise how residents could interact with the arts and be more spontaneous with sessions occurring at any time (Ford and Sweeney, 2018). A musician in focus group 3 agreed: *"You don't want it to be the Friday*

afternoon thing do you, you want it to be a core of somebody's care plan". The Penelope Project, a piece of theatre based on the *Odyssey* developed and performed in an American care home, similarly sought to dissolve the perceived boundary between institutional and community arts (Basting, 2017). Future stages of this research will explore other contextual circumstances.

5.4.5.4 Competencies

The data showed that a diverse, multi-disciplinary skill set might be required in order to deliver an effective arts intervention. In particular, the competencies of artists or therapists, and the knowledge of care staff were shown to be particularly important, as well as the necessity of training (Hulme et al., 2010; Rylatt, 2012; Woods and Jury, 2010). This complements the principle of Awareness, which articulates the interpersonal skills required by any facilitator in order to work well in a dementia care setting.

There was also agreement that care staff and artists could share skills in order to make the arts more widely accessible to people with dementia, and that this co-production would achieve better quality: *"Get the professional and practitioners to work with the caring staff or whoever it is or the practitioners, to give them the confidence to be able to deliver something."* (Musician, parent with dementia, focus group 3).

One participant also discussed the importance of practitioners and artists having business acumen and systems knowledge in order to win grants and contracts for delivering the arts: *"And if we want the arts to be shared in the real world, then we've got to fund it."* (Musician, care staff trainer, parent with dementia, NGT workshop 2).

5.4.5.5 Artistic focus

The idea for the framing of this dimension came from the researcher participant in NGT workshop 2, outside of the audio recording – permission was obtained to include it. It describes four ways of mapping the field of the arts and dementia, and was subsequently interpreted by the researcher in the following ways.

Arts *with* people with dementia describes the interventions that are designed and delivered to meet their person-centred and psychosocial needs (Beard, 2011; Caddell and Clare, 2011; Cowl and Gaugler, 2014; de Medeiros and Basting, 2014; Zeilig, Killick, and Fox, 2014).

Arts *for* people with dementia refers to creative activities or events that have purposefully been made dementia friendly. This was raised by carers in focus group 2 and NGT workshop 1: "*So there's a panto coming up at the Playhouse, and it specifies that it's for dementia friendly"* (NGT workshop 1).

Arts *by* people with dementia refers to work that is made, produced and exhibited by those living with the condition (Ullán et al., 2013). This was deemed important, to give people an opportunity *"to showcase what they're doing"* (Musician, parent with dementia, focus group 3), and is linked to the concept of product that has been discussed previously (Chapter 3, section 3.4.1.1).

Arts *about* people with dementia refers to the awareness raising arts that were mentioned in the literature review (Schneider and Myers, 2015) (Chapter 3, section 3.6.3).

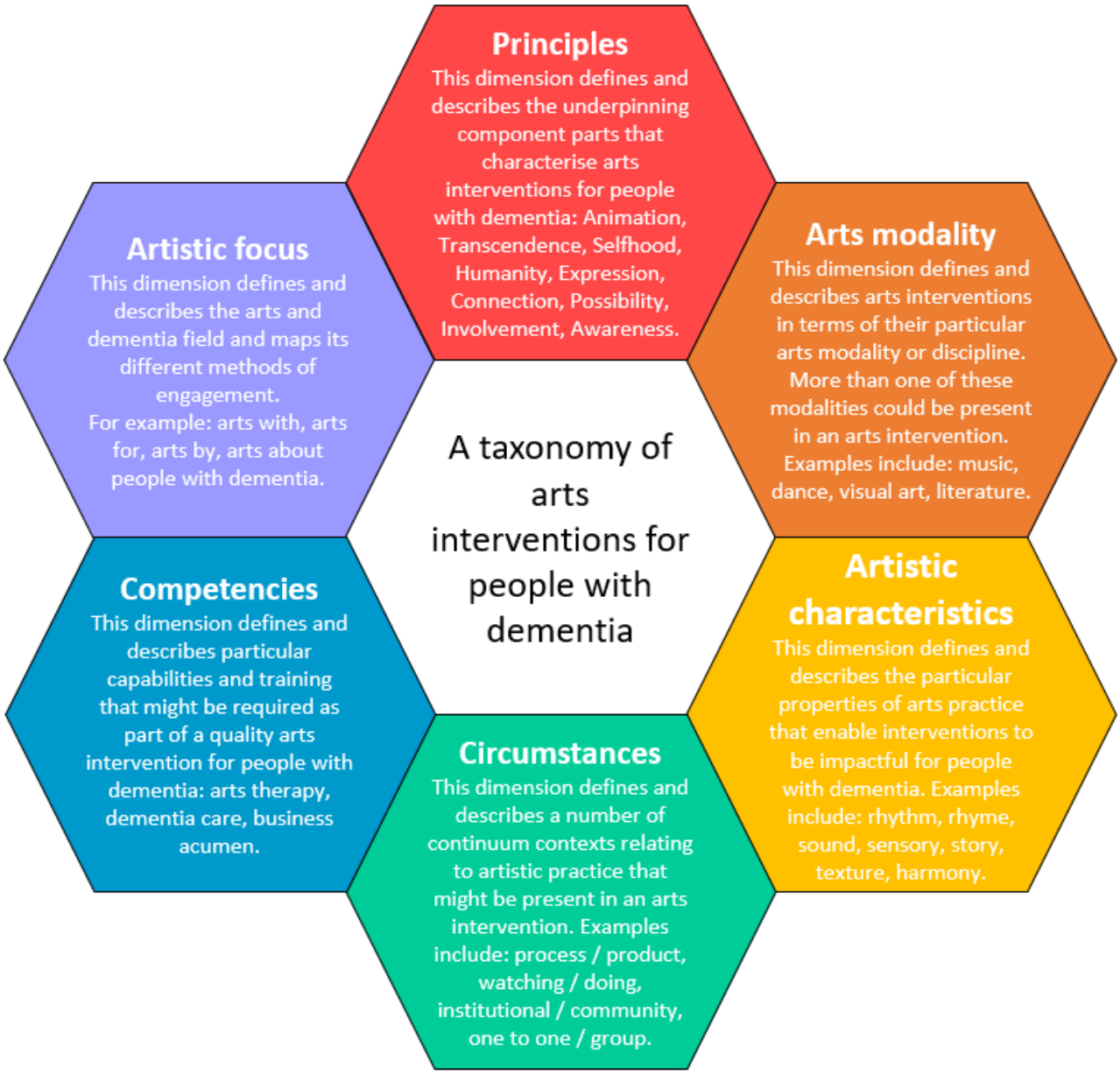
5.5 Version 1 of the taxonomy

Figure 5.3 shows the six proposed taxonomy dimensions with an accompanying description of each. The Principles dimension was first identified during the literature review, and subsequently refined following analysis of the discussion group data.

The five additional dimensions were identified from themes coded in the literature, focus group and NGT workshop data and resulted from the realist synthesis. These dimensions represent contextual elements rather than underpinning principles of arts interventions. The dimensions also offer a first attempt at clarifying some of the unresolved distinctions that remained from the literature review, including the setting and training requirements for arts interventions (Chapter 3, section 3.6.3).

Classifying multiple dimensions in this way does not preclude mixed practice between or within dimensions. The dimensions reflect the complexity of arts interventions in a simplified model, and offer an opportunity to name, describe, explain and communicate their distinct qualities.

Figure 5.3: Version 1 of the taxonomy of arts interventions for people with dementia



5.5.1 Is taxonomy the best term?

The participants in NGT workshop 2 had a spirited discussion about the use of the word taxonomy and how easily it might translate from academia into practice. One participant voiced concerns:

> *"Yeah, I think I'm just struggling – I'm going to be very honest – I'm struggling with the idea of it being a taxonomy"* (Manager of arts and dementia organisation, carer of parent with dementia).

As outlined previously, it is important that the taxonomy has application amongst stakeholders in the real world, by using language that is familiar and understandable. A musician, working with people with dementia stated that: *"it's a word that I'm used to in education circles and as such I'm comfortable with".* However, an arts workshop facilitator for people with dementia remarked: *"It's not a word I use on an everyday basis".* In short, the word taxonomy proved to be problematic for a multi-disciplinary audience.

More targeted questions about the appropriateness of the term taxonomy, and alternatives for dissemination, were explored in the Delphi study (Chapter 7) to ensure the classification met its objectives of simplifying and communicating the arts and dementia effectively.

5.6 Strengths and limitations of the NGT workshops

In combination with the focus groups, the NGT workshops contributed to a creative research design in order to progress the development of the descriptive and explanatory principles. The NGT method in particular ensured equality of contribution

and balanced participation from the arts and dementia stakeholders (McMillan, King and Tully, 2016).

Gathering the additional discussion group data enabled a thorough realist synthesis to be undertaken (Booth, Sutton and Papaioannou, 2016; Braun and Clarke, 2013; Pawson et al., 2005; Wong et al., 2013). This offered a deeper explanation of the findings using the realist CMO configuration (Pawson et al., 2004; Pawson et al., 2005), and suggested the principles by which arts interventions work and produce their outcomes, as well as identifying a number of proposed contextual dimensions. This developed the theory considerably beyond the literature review, resulting in Version 1 of the taxonomy and a theoretical model to describe, explain, communicate and simplify arts interventions for people with dementia.

The NGT workshops shared the same limitations as the focus groups regarding participant recruitment and group dynamics influenced by insider research (Dwyer and Buckle, 2009), which were discussed in the previous chapter (Chapter 4, section 4.4). Additionally, there were challenges relating to data validity, which were first discussed in the literature review. This study has previously acknowledged the potential criticisms associated with including many types of knowledge and information in the review, for example compromising rigour (Booth, Sutton and Papaioannou, 2016). However, it has equally defended the necessity and benefits of this approach, such as selecting a constructivist paradigm to blend science and humanities approaches to research (Newman et al., 2016).

One common limitation of data obtained from discussion groups is that the findings may not be generalisable because the groups are not representative of all relevant opinion (Vicsek, 2010; Willis et al., 2009). Conducting rigorous inductive and

deductive analysis (Willis et al., 2009) and synthesising the discussion group data with the written literature helped to widen the sample size for the third iteration of the principles and features. The identification of the additional dimensions enabled the generalisability of the principles to be balanced with context, which is a critical consideration for realist methodology (Pawson et al., 2004).

5.7 Conclusions

This chapter showed how the NGT workshops tested and refined the characterising principles of arts interventions. A realist synthesis was undertaken to determine the context, mechanisms and outcomes of arts interventions for people with dementia. The literature and discussion group data showed that the principles may describe mechanisms or outcomes of arts interventions. Five additional contextual dimensions of arts interventions were also identified. Together with the Principles dimension, these six dimensions formed Version 1 of the taxonomy.

Data analysis from the NGT workshops in particular showed the word taxonomy was a contested term, and possibly not appropriate for describing a classification of the arts and dementia within a multi-disciplinary professional field.

5.8 The next phase of research: Chapters 6, 7 and 8

Following the realist review, two further stages of research were completed to develop and refine Version 1 of the taxonomy: a case study of music therapy, and a three stage Delphi study.

The case study (Chapter 6) sought to test the theoretical principles and contextual dimensions in a live arts intervention setting, to determine whether they were observable and accurate definitions that helped to describe and explain arts

interventions. The case study also explored music as an arts modality, therapy as a competency, transferable components of music therapy, and the feasibility of using a common language.

The Delphi study (Chapter 7) recruited an international multi-disciplinary panel of arts and dementia experts to scrutinise, develop and improve the dimensions and descriptions contained in Version 1 of the taxonomy. The panel also provided feedback on the concept of taxonomy as an appropriate term and model for communicating and simplifying the arts and dementia.

The case study and Delphi study were completed and analysed as separate phases of this research, so their respective findings did not directly inform each other as the studies were being completed.

Following the case study and Delphi study, a final cumulative analysis was undertaken across the total project findings to produce Version 2 of the taxonomy (Chapter 8).

6 A case study of music therapy: exploring the proposed taxonomy dimensions in live arts interventions

6.1 Introduction

The literature review and real world discussion groups produced a theoretical taxonomy of arts interventions for people with dementia, resulting from several rounds of theory building, testing and development (Pawson et al., 2005; Wong et al., 2013). While this provided a strong research foundation, the principles and additional contextual dimensions remained conceptual. Consequently, they needed to be tested in a real world, empirical arts setting in order to verify their relevance, accuracy, clarity and usefulness, which are key features of a taxonomy (Bailey, 1994; Godfray and Knapp, 2004).

Further research was required in order to strengthen Version 1 of the taxonomy, and ensure it offered adequate description, explanation, communication and simplification of arts interventions. In particular:

- To verify that the principles were observable and descriptive phenomena (Bloom et al., 1956) within a live[6] arts intervention;

[6] Namely, where the researcher was present to observe in the moment.

- To understand more about how the principles make arts interventions 'work', as a mechanism or an outcome, to ensure they offer an adequate theoretical explanation;
- To explore the emergent contextual dimensions in more detail, and to verify that they were observable, descriptive and explanatory categories within a live arts intervention.

To meet these objectives, a case study of music therapy in Denmark was undertaken and is reported in this chapter.

6.1.1 Why a case study?

A case study is an empirical and iterative enquiry which investigates phenomena in detail, specifically within a real world setting with particular focus on contextual conditions (Gillham, 2000; Yin, 2014). This naturally follows from the realist review and fits with realist methodology (Pawson et al., 2005; Wong et al., 2013). Moreover, case studies are ideally suited to descriptive and explanatory questions, to understand what, and how something, happened (Yin, 2012). This fits with the overarching research objectives of this study. Insights gained from a case study can be illuminating, and knowledge drawn from a single incident may be applicable more generally (Gillham, 2000).

Case studies benefit from theoretical hypotheses to underpin their enquiry (Yin, 2014). This case study used theoretical findings from the realist review and the proposed taxonomy model. Furthermore, case studies actively engage with complexity, including multiple variables and sources of evidence (Yin, 2014). This is consistent with the multi-disciplinary nature of the arts and dementia, and the

constructivist approach framing this research which recognises personal interpretation (Lincoln, Lynham and Guba, 2018).

Case study is also an appropriate method for bridging research paradigms within the fields of health and social sciences (Luck, Jackson and Usher, 2006), something this study has identified as a methodological and epistemological requirement. More specifically, previous research proposes case study as a suitable method for contributing to the evidence base surrounding music as a health care intervention (Denora, 2013). A case study is therefore consistent with the epistemological approach and aims of this research.

6.1.2 Why music?

Music is the most well researched art form in relation to dementia (Matthews, 2015), and its evidence base, combining many types of knowledge, continues to grow (Commission on Dementia and Music, 2018).

Music is widely believed to be a unique and special art form with regards to its relationship with dementia (Spiro, 2010). Music can overcome the challenges of memory, language and cognition commonly associated with dementia, in ways that are universal and not reliant on training or ability (Cuddy and Duffin, 2005). Music has the power to restore people with dementia to themselves and those around them (Sacks, 2012).

Music can elicit a multitude of cognitive, emotional, social and neuroscientific responses (Patel, 2008; Särkämö et al., 2014). These can be measured using positivist methods, such as a randomised controlled trial (Cooke et al., 2010; Ridder et al., 2013). Music also produces a range of holistic effects and experiences which can be explored using qualitative methods (McDermott, Orrell and Ridder, 2014).

Previous research has explored elements of music and health, including dementia, which are pertinent to the development of the taxonomy. Some projects have considered the definitional and conceptual categories of music, for example the domains of *music care* (Foster, Pearson and Berends, 2016), and musicking, namely any engagement with musical activity (Dowlen et al., 2017). Other work has reviewed the individual mechanisms that make music effective for people with dementia, for example relaxation and social behaviour (Sherratt, Thornton and Hatton, 2004). Music is therefore a relevant art form for theoretical explanation as well as classification and description.

Music is often described as a universal language (Mehr et al., 2018), a concept that resonates with the development of a nomenclature. Both share the ability to communicate across perceived linguistic or semantic barriers. The categorisation of music is also acknowledged to be subjective and complex, existing on a gradient with indefinite boundaries (Levitin, 2006). Moreover, music has its own complex terminology, and is a blend of art and science (Levitin, 2006). These features resonate with challenges and circumstances this research seeks to address for the arts and dementia.

Music is a central art form in the taxonomy. It contains many artistic characteristics, for example rhythm (Savage et al., 2015; Snyder, 2000), and is frequently used in conjunction with other art forms, for example dance and movement (Coaten, 2011; Vella-Burrows and Wilson, 2016). Understanding the description and classification of music in more depth therefore addresses multiple lines of enquiry that are pertinent to the majority of the proposed taxonomy and overarching research enquiries.

6.1.3 Why music therapy?

Much of the higher quality research on music and dementia focuses on music therapy, and contains indications of effect (Hsu et al., 2015), as well as conceptual analysis of reasons for the impact (Matthews, 2015). Three Cochrane reviews have assessed the effectiveness of music therapy and music-based therapeutic interventions for people with dementia. The first (Vink, Bruinsma and Scholten, 2003) concluded that results could not be validated. The second (van der Steen et al., 2017) found there was moderate quality evidence to show therapeutic music can reduce symptoms of depression. The third (van der Steen et al., 2018), which included more studies, indicated that emotional wellbeing and quality of life could be improved. By these positivist, systematic standards, music therapy is amongst the more effective arts interventions for people with dementia, making it a good case study.

Music therapists require formal training to practice, and are consequently accustomed to analysing and describing that practice (Gilboa, 2012). Despite variability in music therapy practice (Koger, Chapin and Brotons, 1999), a guaranteed level of intervention quality could therefore be assumed, making it an appropriate case for exploring the taxonomy. Moreover, its status as a clinical intervention places music therapy at the inter-section of arts and science, which is pertinent for this multi-disciplinary research.

Like the proposed taxonomy, professional arts therapy distinguishes between arts forms (March, 2016), for example music therapy, art therapy and drama therapy. In this way, it uses categorisation to explain its complexity. Furthermore, there is a growing body of music therapy research seeking to translate and democratise expertise by identifying what happens in music therapy (Bonde, 2016). Examples

include the Person Attuned Music Interaction (PAMI) manual for people with dementia (Ridder et al., 2017), and a matrix to describe community music therapy practice (Wood, 2016). These are helpful precedents for the taxonomy, which similarly aims to be a resource of information for a range of professions and stakeholders.

Furthermore, the literature review (Beard, 2011; Marshall and Hutchinson, 2001; Stevens, 2011; Zinn, 2005) and real world discussion groups identified confusion relating to the distinction between arts therapy and therapeutic arts, which needed clarification. The Cochrane reviews similarly distinguish between music therapy and music-based therapeutic interventions, where the latter are defined as treatments involving music that could be delivered by professionals other than music therapists (van der Steen et al., 2017; van der Steen et al., 2018). Within the field of arts and health more broadly, arts therapy and community arts have shifting distinctions and definitions (Ottemiller and Awais, 2016). It is important that the taxonomy thoroughly considers and accurately represents these degrees of arts practice and their contextual skills and competencies. Consequently, these categories required further exploration in an empirical setting.

6.1.4 Why Denmark?

Undertaking the case study in a different country, within a non-English speaking environment, offered a number of benefits and opportunities for this research.

Firstly, the language barrier meant that within a musical intervention, the art form and artistic characteristics became the primary units of observation and analysis – the researcher could not rely upon conversation to interpret or understand the music therapy. Music was given the chance to truly function as a language and demonstrate

its capacity for communication (Habron, 2013; Killick and Craig, 2012). This non-lingual context created an innovative, immersive and experiential research environment that offered unique explanatory insights into how the arts 'work' to make meaning and create connection.

There were challenges relating to the Danish setting and language barrier which are detailed later in this chapter (section 6.4). Helpfully, the majority of the working age population in Denmark speak fluent English which meant there were no practical issues hindering the study design.

Secondly, the literature review identified the importance of cultural relevance when using the arts (Beard, 2011; Habron, 2013; Hannemann, 2006; Kontos and Martin, 2013; Marshall and Hutchinson, 2001; Mottram, 2003), and the same is true of arts therapies (Watling, 1984). Undertaking research in an international context allowed the inter-cultural relevance of the taxonomy to be verified.

Thirdly, conducting research abroad provided an opportunity to explore an academic and professional context beyond the United Kingdom, which had been over-represented in the literature review and discussion groups. This helped to diversify the research findings. Aalborg University in Denmark hosts an expert team of multi-disciplinary music therapists engaged in practice and research, who have generated much of the leading scholarship in the field of music therapy and dementia, and music therapy more broadly (Bonde, 2016; McDermott, Orrell and Ridder, 2014; Ridder et al., 2013; Ridder et al., 2017; Wärja and Bonde, 2014). It was therefore an ideal location for the case study.

Consequently, the researcher made an application to the INTERDEM Academy, a European network undertaking research into psychosocial interventions for people

with dementia, and was awarded a funded fellowship to complete a case study of music therapy in Denmark, based at Aalborg University. The case study took place across three months, between April and July 2017.

6.2 Case study protocol and design

The necessary components of case study protocol and design outlined by Yin (2012; 2014) were used as a framework for the study, and are reported in this section.

6.2.1 Aim of the case study

The case study was instrumental and explanatory (Yin, 2012), meaning it was used to provide insight and theoretical understanding. The case study aimed to continue testing, building and developing the theory of the principles and other emergent contextual dimensions contained in Version 1 of the taxonomy, by applying the model to an empirical setting.

The connection between observation, understanding, knowledge and classification has been outlined previously, in relation to Bloom's (1956) taxonomy (Chapter 2, section 2.3.5.2) and biological illustration (Chapter 2, section 2.3.4). The case study presented an opportunity to test that the labels and concepts of the taxonomy were observable and explanatory, and therefore useful (Godfray and Knapp, 2004), in an empirical setting.

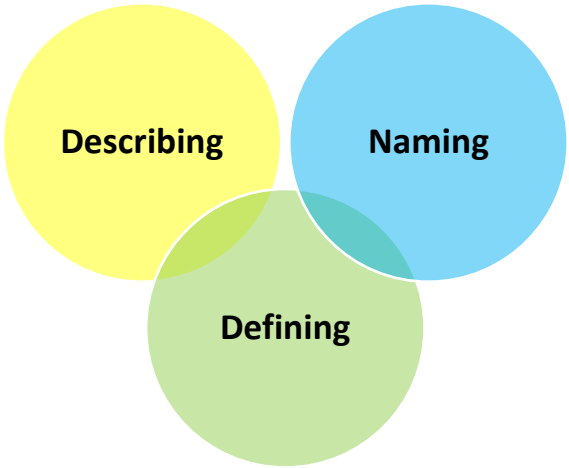
Furthermore, music therapy functioned as a prototype example (Mervis and Rosch, 1981) of an arts intervention, which helped to develop the taxonomy in two ways. Firstly, by suggesting relevant component parts of an arts intervention for people with dementia that should be included in the taxonomy. Secondly, by testing the feasibility of describing and simplifying a complex intervention using common language.

Consequently, the case study had a number of primary aims (Figure 6.1):

- To verify and explore the proposed taxonomy dimensions, particularly the Principles dimension, as observable and descriptive phenomena in a live arts intervention;
- To verify and explore the proposed taxonomy dimensions, particularly the Principles dimension, as adequate explanations of how arts interventions 'work';
- To test the feasibility of simplifying music therapy by using a common language to define and describe it;
- To identify component parts of music therapy practice that might be applicable to arts interventions for people with dementia.

This case study took an interpretive and social constructivist approach (Stake, 1995), attempting to accurately represent the collective views of the participants (Yin, 2012) while also acknowledging the personal influence of the researcher.

Figure 6.1: The research stages of the taxonomy addressed by the case study



6.2.2 Case study boundaries

Case studies need to investigate a 'case' with boundaries, namely an organisation, an event, a person, a behavioural condition or a social phenomenon (Stake, 1995; Yin, 2012). Music, and consequently music therapy, are simultaneously personal and social phenomena (Stige et al., 2010). Moreover, music therapy produces behaviour that is observable.

Therefore, the phenomenon of music therapy was selected as the 'case' for this study. Definitions of music therapy vary (Ottemiller and Awais, 2016). Contrasting working definitions are used by the *British Association for Music Therapy*, the *Australian Music Therapy Association* and the *American Music Therapy Association*, with the *World Federation of Music Therapy* (2011) offering its own all-encompassing interpretation. Consequently, for the purposes of planning the case study, music therapy included any musical engagement led by a qualified music therapist.

The case study was a holistic multiple-case study (Yin, 2012), meaning that it included multiple cases and examples of music therapy, but used an overarching set of research questions to investigate them.

6.2.3 Research questions

The research questions for the case study were consistent with those underpinning the entire project (Chapter 2, section 2.5.1), but built on the realist review findings specifically:

- How effective are the taxonomy dimensions as observable and descriptive concepts in an empirical arts intervention for people with dementia?

- How effective are components of the taxonomy as explanatory concepts that suggest how arts interventions 'work' for people with dementia?
- To what extent can the complexity of music therapy be clearly defined using a common language?
- In what ways does music therapy vary between people with dementia and other client groups?

Questions one and four relate to the description of arts interventions for people with dementia, and continue to identify their component parts. Question two relates to the theoretical classification and explanation of arts interventions. Question three explores the feasibility of simplifying and communicating a complex intervention by finding shared or common words of definition and description.

6.2.4 Case study hypotheses and theoretical propositions

The case study sought to explore a number of hypotheses and theoretical propositions relating to a real world arts intervention (Table 6.1). These had been developed during the theory building and testing stages of the realist review (Pawson et al., 2015; Wong et al., 2013) and correspond to the case study aims and research questions outlined above.

Table 6.1: Hypotheses and theoretical propositions to be explored during the case study

Hypotheses and theoretical propositions	
Principles:	Are applicable descriptions in an empirical arts intervention
	Are observable
	Are able to explain how arts interventions 'work' specifically for people with dementia
Additional contextual dimensions:	Are observable, for example art forms can be categorised for ease of description
	Are definable using a common language, for example the profession of music therapy
	Are able to identify components of arts practice that 'work' for people with dementia, for example artistic characteristics such as rhythm

6.2.5 Case study sites

The case study comprised six cases of music therapy in six different settings, all contained within institutional or organisational boundaries. These were identified through convenience sampling, co-ordinated by colleagues at Aalborg University who used their professional networks in response to a brief provided by the researcher outlining the case study aims and research questions.

All sites included professionals with experience of delivering music therapy. Live music therapy interventions were observed at four of these sites: care home, school, rehabilitation centre and hospice. Some of the sites, for example the hospital and rehabilitation centre, did not include client groups with dementia. This deliberately

and usefully brought an informative comparative dimension to the case study to better identify dementia-specific music therapy practice.

Each organisation has been anonymised for the case study, apart from Aalborg University due to the researcher's INTERDEM fellowship.

6.2.5.1 Care home

The care home was a specialist dementia facility offering residential care to 66 residents. It also had a thriving day centre, which up to 10 people with dementia living in the community would visit each day. The day centre formed the main part of this case and offered a range of arts interventions to residents, including music, dance, cooking and carpentry. The care home employed a music therapist as a member of care staff, who was on site for several full days each week. The care home was involved in research with the university investigating the impact of care staff using music and therapeutic song writing.

6.2.5.2 School

The school provided education for children with learning disabilities, as well as a programme of activities and classes for adults with dementia, including Cognitive Stimulation Therapy (CST), woodwork and music. Music classes were delivered by two music therapists, who were sometimes accompanied by a care worker. These classes often involved movement and games, as well as singing and music listening.

6.2.5.3 Hospital

The psychiatric hospital had a music therapy clinic for adult patients with a range of personality and psychiatric disorders, for example schizophrenia and post-traumatic stress disorder (PTSD). The hospital also offered music therapy in an inpatient setting.

A team of music therapists worked at the hospital clinic with a range of clients, and some were also involved in research at the university.

6.2.5.4 Rehabilitation centre

The neurological centre offered intensive residential rehabilitation to adult patients recovering from acquired brain injury. This care was delivered by a multi-disciplinary team, involving occupational, speech and music therapists. Music therapy was often use to re-initiate communication with clients and to help them process the implications of their acquired brain injuries.

6.2.5.5 Hospice

The hospice offered end of life and palliative holistic care to 12 residents, many of whom had dementia. The music therapist was part of a multi-disciplinary team who addressed health and social needs, as well as spiritual and emotional needs. All residents were offered music therapy, and music was delivered spontaneously outside of a restrictive schedule, though residents could also plan sessions with the music therapist.

6.2.5.6 University

The university hosted the researcher during the case study. The researcher was based within a team of multi-disciplinary music therapy researchers, who were involved in research and practice. This gave an opportunity for many varied and informal discussions about music therapy, as well as more formal data collection. There was a specific research group related to dementia and music therapy at the university.

6.2.6 Data collection procedures

The purpose of a case study is to gather multiple sources of evidence and perspectives to generate understanding (Gillham, 2000; Yin, 212). Case studies therefore deliberately encompass a range of data that can subsequently be validated and confirmed through triangulation (Stake, 1995).

In order to meet the research objectives, the case study data needed to include empirical arts practice, as well as conceptual reflection from a range of stakeholders. Three methods of data collection were therefore selected: observations, interviews and focus groups.

Table 6.2 shows the data that were collected for the case study, divided by each case site. In total, 11 observations, six interviews and five focus groups were undertaken.

Table 6.2: Case study participants and data collection across the six case study sites

Case site	Method of data collection	Frequency	Participant identity	Number recruited
Care home	Participant observation	6	Music therapist	1
			Care staff	3
			Person with dementia	8
	Interview	1	Music therapist	1
	Focus group	1	Care staff	2
			Care manager	1
School	Participant observation	4	Music therapist	2
			Care worker	1
			Person with dementia	6
	Interview	1	Music therapist	2
	Focus group (using live translation by music therapists)	1	Music therapist	2
			Care worker	1
			Person with dementia	6
University	Interview	2	Music therapist and researcher	1
			Music therapy researcher	1
	Focus group about music therapy	1	Music therapist and researcher	9
			Music therapy researcher	1
	Focus group about music therapy and dementia	1	Music therapist and researcher	2
			Music therapy researcher	1

Hospital	Focus group	1	Music therapist and researcher	3
			Music therapist	2
Rehabilitation Centre	Direct Observation	1	Music therapist	1
			Patient with acquired brain injury	1
	Interview	1	Music therapist	1
Hospice	Interview	1	Music therapist	1

6.2.6.1 Observation of music therapy sessions

Observations are commonly used in case studies (Gillham, 2000; Stake, 1995) because they enable the researcher to experience and focus on a real world setting (Yin, 2014). Moreover, the connections between observation and knowledge, and the arts and science, have been outlined in previous chapters (Chapter 1, section 1.2.4; Chapter 2, section 2.3.4), demonstrating this is a fitting method for the research paradigm.

Observations are frequent in dementia research because verbal methods of data collection cannot always be relied upon (Brooker, 1995). A popular method of observation is *Dementia Care Mapping* (DCM), to collect data relating to person-centred care (Chenoweth et al., 2009). However, such observational measures for dementia are not always appropriate for psychosocial interventions (Algar, Woods and Windle, 2016).

A number of observational tools were considered for the case study, for example the *Arts Observational Scale* (ArtsObs) for art activities in health care setting (Fancourt and Poon, 2016). Also the *Music in Dementia Assessment Scales* (MiDAS)

(McDermott, Orrell and Ridder, 2015) which assesses the interest, response, initiation, involvement and enjoyment of participants with dementia during a music intervention.

A review of observational measures (Algar, Woods and Windle, 2016) concluded that while no current tool captures the richness of an arts intervention, the *Greater Cincinnati Chapter Well-Being Observation Tool* (GCWBT) (Kinney and Rentz, 2005) may be the most appropriate. The GCWBT is arranged using domains of wellbeing, which echoes the principles as component parts, making it a fitting tool for the case study.

The researcher contacted the authors via email, and permission was granted from Kinney and Rentz to adapt the GCWBT to reflect the nine proposed principles (Appendix 9). The intention was to pilot the adapted tool as a means of observing the principles, recognising that the development of an observation tool for wide-spread use is a significant undertaking requiring inter-rater and test-retest reliability and validity to be established (Clare et al., 2012).

A range of data should be captured during an arts observation (Fancourt and Poon, 2016), so additional templates were devised for field notes and diary reflections. The field note questions (Appendix 10) referred specifically to the descriptive dimensions outlined in Version 1 of the taxonomy (Chapter 5, Figure 5.3). The diary reflection questions were designed to capture more open ended, or new, information (Appendix 11).

However, once the researcher began attending music therapy sessions in Denmark it became apparent that she was expected to be an active participant in the group. As a lone researcher, it was therefore not feasible for an observation tool to be completed. The practicalities of these challenges during research are well documented (Brooker,

1995). Consequently, the adapted GCWBT was not used, but the field notes and diary reflections templates were filled in directly after each session which represented an approach of pragmatism (Chapter 2, section 2.1.3.3). The modified GCWBT (Appendix 9) could be the subject of future research.

6.2.6.2 Interviews and focus groups

Interviews with key figures are critical in a case study for gathering the descriptions and interpretations of different stakeholders in depth (Stake, 1995). Interviewees can share information about their personal insights, explanations and meanings (Yin, 2014). This diversity of opinion, and the opportunity to record multiple realities, was supported by the constructivist paradigm of this research (Lincoln, Lynham and Guba, 2018).

Interviews were arranged with researchers and music therapists to engage in discussion related to the case study research questions, hypotheses and theoretical propositions. These interviews used open questions to clarify answers about the cases (Gillham, 2000). Semi-structured interviews were planned with music therapists for the purposes of participant verification, in order to validate observations of music therapy sessions made by the researcher.

Focus groups are an effective way to link individual interviews and participant observation (Morgan, 1997). Focus groups enabled member checking (Stake, 1995), which uses a group discussion to reflect on phenomena or events that have occurred during the case study to verify accuracy and personal interpretation by the researcher.

The focus group and interview questions followed the same strategic questioning route as those in the realist review (Krueger and Casey, 2015). The questions covered ways to define music therapy, components of music therapy, and the benefits,

processes and outcomes of music therapy (Table 6.3). Follow-up questions were used to distinguish between general approaches to music therapy, and music therapy specifically for people with dementia.

Table 6.3: Sample questions for the focus groups and interviews

Sample focus group and interview questions
How would you define your role as a music therapist?
Is there a difference between music therapy and music that is therapeutic?
What should a high quality music therapy session include?
Is it possible to classify different types of music therapy?
How would you describe the effects of music therapy?

The focus group conducted at the school with people with dementia was co-facilitated by the music therapists who translated the questions and answers. This required a particular and appropriate set of questions, with an emphasis on how people with dementia responded to the music classes and their personal opinions and perspectives (Table 6.4).

Table 6.4: Sample questions for the focus group for people with dementia

Sample focus group questions for people with dementia
Do you enjoy these sessions?
What is your favourite part of the session?
Is music different to other activities that you do? If so, in what ways?
Can you describe how music makes you feel?

6.2.6.3 Ethnography, participant observation, direct observation

Case study should not be confused with ethnography (Yin, 2014). Ethnography is a systematic and detailed account of prolonged and embedded participation in a particular setting, group or community (Payne and Payne, 2004). Ethnographers typically spend an extended period, sometimes up to twelve months, integrating into a particular setting (Travers, 2001). This was not the purpose or intent of this exploratory case study. However, case study and ethnography do share a research method: participant observation.

Participant observation enables the researcher to blend into a set of circumstances, perhaps adopting a real life role within the group being studied, while listening, watching, and asking questions of those involved in their usual activities (Payne and Payne, 2004; Yin, 2012).

In this case study, the researcher was a participant observer amongst colleagues at the university, and within the music therapy observations for people with dementia.

In addition, this case study utilised direct observation during the rehabilitation centre music therapy observation, which does not involve researcher interaction (Yin, 2012).

6.2.7 Participants, recruitment and ethics

Across the six case sites, 38 participants were recruited (Table 6.2). Some took part in more than one method of data collection, therefore the total participant numbers were: 14 people living with dementia, nine music therapists and researchers, seven music therapists, one music therapy researcher, six care staff (including one care manager) and one person with acquired brain injury.

Ethical approval was obtained from the University of Nottingham's Division of Psychiatry and Applied Psychology Ethics Committee (Ethics reference: 215; Appendix 3). Aalborg University supported the case study (Appendix 12) and written permission to collect data was also obtained from the managerial authority of each organisation that the researcher visited.

Participants were recruited and anonymised in accordance with the ethics application. Project information sheets and consent forms were translated into Danish (Appendix 13). The music therapists assisted with the recruitment of people with dementia, which took place in Danish. In some instances, the researcher was able to do this in English or via a family member. For people with dementia who did not have capacity to consent, consultees (spouses or adult children) were approached for proxy consent. Some people with dementia, and their consultees, declined to give consent, which positively shows people were not coerced, and felt free not to take part. In these instances, that individual was not included in the researcher's observations.

The international and observational contexts of the study required particular attention to ethical behaviours and etiquette. The researcher therefore spent time getting to know the research participants, and integrating into the different groups, before recruiting individuals to the study. It was important to avoid 'outpacing' (Kitwood, 1997), and ensure information was not given too quickly to people with dementia.

The researcher felt confident that mutually supportive and respectful relationships had been built throughout the case study:

"We talk about yesterday that you have your last day here…And people here they say – oh no! [laughter] *She belongs to us!"* (Care staff, care home focus group).

"They would like to have an invitation to your place!" (Music therapist, school focus group).

This gave the researcher assurances that despite the challenge of communicating using only music, the participants with dementia had been given a positive experience throughout the case study.

6.2.8 Data analysis

Data analysis was framed by the case study research questions, hypotheses and theoretical propositions (Table 6.1).

Thematic coding and analysis of the data was undertaken as for the discussion groups reported in Chapter 4 (section 4.2.6) and Chapter 5 (section 5.2.4) of this research (Braun and Clarke, 2006; Braun and Clarke, 2013). A blend of inductive and deductive coding was again appropriate for the case study aims and its qualitative paradigm (Fereday and Muir-Cochrane, 2006). This enabled continuity with previous stages of the research, alongside the identification of new findings.

The field note data were collected directly to identify the proposed descriptive and explanatory dimensions of the taxonomy. Consequently, this was coded deductively. The diary reflections, focus groups and interviews data were collected to further explore the proposed taxonomy within the particular context of music and therapy, its component parts and its definition. These data were therefore coded inductively to elicit new findings.

Verbatim transcripts were produced for the focus groups and interviews, as for the discussion groups (Krueger and Casey, 2015).

6.2.8.1 Triangulating and synthesising the three modes of data collection

Data analysis culminated in a cross-case synthesis that appraised the total findings across the six case sites (Yin, 2014; Figure 6.2). When synthesising the observation, focus group and interview data, distinctions were made between sessions that were specifically delivered to people with dementia, and those to different client groups. While there were minor variances between the observation data, pertaining to different music therapists and the circumstances of the case site, there were no significant differences (Gillham, 2000) between the six case sites.

The proposed taxonomy was the theoretical model that guided this data triangulation and synthesis.

6.2.8.2 Member checking and participant verification as forms of data analysis

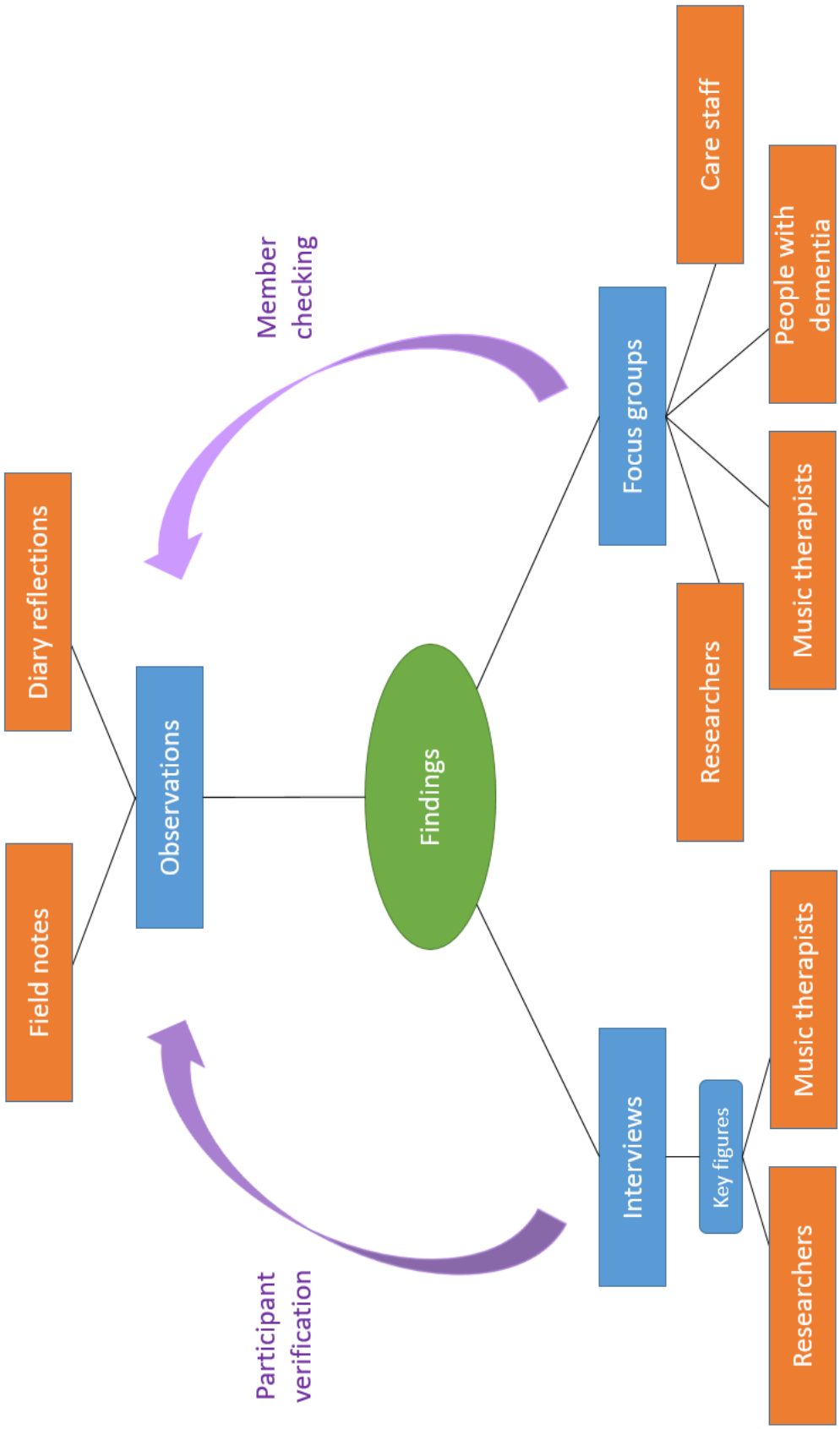
Degrees of data analysis occurred throughout the case study, by using member checking and participant verification (Stake, 1995). Member checking allowed the researcher to clarify elements of the observational data in the focus groups (Figure 6.2). For example, Appendix 14 shows a transcript sample of music therapists discussing group or one to one work, which is a relevant component of the Circumstances dimension. Participant verification was used more directly during interviews to authenticate the researcher's observations with the music therapist leading that particular session, for example relating to individual participants (Figure 6.2).

6.2.8.3 Interpreting findings and complementary explanations

The case study findings were interpreted alongside Version 1 of the taxonomy, and were used to develop and inform this theoretical model (Yin, 2014). A number of complementary theories and explanations were pertinent during data analysis. In

particular, the taxonomy of *music care* devised by Foster, Pearson and Berends (2016), and the taxonomy of music for *Guided Imagery and Music* (GIM) music therapy developed by Wärja and Bonde (2014) were significant.

Figure 6.2: Evidence convergence and triangulation for the case study (adapted from Yin, 2014)



6.3 Results and discussion

6.3.1 A summary of the case study findings

The case study findings confirmed three of the theoretical propositions. A further two required additional clarification, and one hypothesis remained unconfirmed (Table 6.5).

In addition, a number of new findings were identified:

- Features of music therapy practice that are relevant to arts interventions for people with dementia;
- A new contextual descriptive dimension that recognises particular approaches and applications of the arts for people with dementia.

What follows is a cross-case synthesis of the case study findings, presented and framed by each relevant dimension of the proposed taxonomy in turn, summarising the results and a discussion of their implications.

Artistic focus, the sixth descriptive dimension, does not appear in this synthesis as it is a dimension for the arts and dementia field more broadly. The observations in the case study were mainly classified as arts *with* people with dementia: interventions and activities designed and delivered to meet their needs (Chapter 5, section 5.4.5.5).

Table 6.5: A summary of the case study findings relating to the theoretical propositions

Hypotheses and theoretical propositions		**Case study findings**
Principles:	Are applicable descriptions in an empirical arts intervention	Confirmed – and new features of music therapy were identified which are pertinent to the arts
	Are observable	Confirmed – though further question raised during observations regarding who experiences the principles
	Are able to explain how arts interventions 'work' specifically for people with dementia	Confirmed – though status of principles as outcomes or mechanisms is still uncertain
Additional contextual dimensions:	Are observable, for example art forms can be categorised for ease of description	Confirmed – even when multiple components in each dimension are present
	Are definable using a common language, for example the profession of music therapy	Unconfirmed
	Are able to identify components of arts practice that 'work' for people with dementia, for example artistic characteristics such as rhythm	Confirmed

6.3.2 Findings related to the Principles dimension

6.3.2.1 Principles are applicable to an empirical arts intervention

The case study observations showed that principles and their features are applicable descriptions to an empirical arts intervention for people with dementia. Moreover, the

principles proved to be helpful explanatory concepts for understanding what is happening in a live arts intervention. The principles were frequently identified in the music therapy sessions at the care home and the school. An example is shown in Table 6.6.

Table 6.6: An example of principles observed during a music session at the care home

Principles observed during session 4 at the care home where researcher was a participant observer	
Animation	*For example, the humour of using rhythm and actions to connect with each other during singing, either drumming on the table or using egg shakers.*
Transcendence	*The emotion in the afternoon singing session felt transformative as a participant. One participant was visibly moved after the session – not in a negative way, simply because he was connecting with his emotions – so the music therapist took time to adjust him back to the room before leaving.*
Humanity	*The ambience of the day centre is filled with healing and empathy. For example, soft furnishings and lighting, caring gestures, kind interactions with staff, personalised homely touches, nourishing food.*
Connection	*There was a strong sense of partnership and community amongst the group which was evident from eye contact and joint music making.*

The interviews and focus groups corroborated that principles and their features are critical component parts of an empirical arts intervention, in this case, music therapy. A music therapist and researcher in the hospital focus group described his role as one of connection, one of the principles:

"All these people we meet here are disconnected from themselves and from everybody else, and my purpose is to help them try to regain this capacity for connection." (Music therapist and researcher, Hospital focus group).

A music therapist at the hospice described giving a patient resources, and consequently the hope, flow and empowerment that can be evident in sessions, features of the Humanity, Transcendence and Selfhood principles respectively:

"…when I go out of the room, there's hope and there's flow and there's a feeling of I can do something." (Music therapist, Hospice).

A music therapist working at the rehabilitation centre, identified the importance of emotions, a primary feature of the Expression principle:

"…how this relational way of working, supports actually all the emotional functions" (Music therapist, rehabilitation centre).

While the observations covered only music therapy as an example of an arts intervention, and included some participants working with client groups other than people living with dementia, the principles were shown to be relevant, applicable and identifiable as empirical descriptions and concepts.

6.3.2.2 The effects of principles are observable and suggest how interventions 'work'

Realist research states that mechanisms are hidden (Astbury and Leeuw, 2010). What was observable in the arts interventions therefore were the *effects* of the principle-mechanisms. From these, the underlying mechanisms could be inferred, which in turn suggested how the session 'worked'. The following field note sample from the final session at the school, illustrates how the principles of Animation, Connection and

Involvement can be inferred as the inherent processes which produced conversation and laughter:

"…Participant A spontaneously led the group in a little clapping improvisation exercise where he started a beat with his hands and was clearly inviting others to join in – which they did. This resulted in a shared conversation where rhythm and music was the language, and then finally, laughter." (Field note 4, school).

The status of principles as mechanisms or outcomes remains complex. The field note data showed that the principles are observable by their effects, and aligned with mechanisms – but are not mechanisms entirely. Absolute claims about the principles are not possible at this stage, though it can be stated that they are innate and intrinsic to arts processes.

6.3.2.3 Principles remained relevant in a different cultural context

The case study revealed that Denmark has a unique relationship to its arts heritage. For example, many of the participants referenced the Danish high school *sang bog* (song book), a collection of folksongs sung and known by Danish people:

"…these 'High School' songs…there is a lot of good Danish songs that we can sing and that everybody knows." (Music therapist, school).

Many participants stated that music and singing are embedded as part of Danish culture:

"There are [sic] *a lot of singing here – more than other places."* (Care manager, care home focus group).

"I have lived with music for many years...and the first thing I do in a morning is put on the radio." (Music class member with dementia, school focus group).

As a result, there were not some of the same barriers to participation in singing and music making that there may be in other countries which were identified in the literature review, for example a reticence to join in stemming from self-consciousness or concerns about ability (Mottram, 2003).

However, despite this different context, the same principles were observable and applicable to a Danish cultural setting. This indicates that the principles may be appropriate and relevant as underpinning elements across a variety of countries.

6.3.2.4 Are principles applicable to participants and practitioners?

Using the principles in an applied, observable setting raised a particular question regarding to *whom* they relate in an arts intervention, which incorporated a further level of the realist query paradigm (Pawson et al., 2004). The principles were initially devised from the perspective of the person with dementia, to articulate processes or underpinning elements that might be of particular benefit to participants.

However, the observations showed that the principle of Awareness is a particular behaviour exhibited by a practitioner or facilitator:

> *"Even when playing upbeat and rousing songs he has a kindness and reflectiveness and responsiveness to everyone around him."* (Diary reflection 3, care home).

Furthermore, features of the Involvement principle (mutuality, equalising) allude to the arts as a shared experience between facilitator and participant. Indeed, the researcher's own experience during the observed music therapy sessions was feeling safe, contained and connected in the music. This was in particular contrast to the confusion and isolation that was sometimes experienced between musical episodes due to the language barrier. Furthermore, the researcher experienced first-hand how it

was possible to build relationships through the music, a feature of the Connection principle. This suggests that the principles are as relevant to the practitioner or facilitator as the participants with dementia.

6.3.2.5 Features of music therapy are relevant for the arts and dementia

Following inductive coding of the focus group and interview transcripts, features of music therapy were identified that were not already contained in the principles and features (Table 6.7). While all of these may be relevant to an array of arts interventions at different moments, those highlighted in green were stated by participants as being particularly pertinent for the arts and dementia. These will be considered for inclusion in Version 2 of the taxonomy when it is produced in the final stage of this research.

Table 6.7: Features of music therapy practice identified in the interview and focus group data

Codes most relevant to the arts and dementia	Codes relating to music therapy more broadly
personal knowledge of the client	greeting
inclusion of family and carers	resiliency
safety	a journey
framing	alleviation of symptoms
regulation	time
tacit knowledge	legacy
smiling	taking notice
inclusion of care staff	vitalised
initiative	contact
fluidity	arousal
attuning	incremental
relaxation	generates resources
	autonomy
	new behaviours

6.3.3 Findings related to the Competencies dimension

6.3.3.1 Music therapy is not a clearly defined category

The data showed that music therapy is not a clearly defined category that can be simplified using a common language. It was not possible to confirm this theoretical hypothesis. The hospital focus group alluded to the distinct approaches within the field:

"…there are different religions in music therapy" (Music therapist and researcher, hospital focus group).

This multitude of theoretical approaches, for example receptive and improvisational music therapy, is also well documented in the literature (Ruud, 2008).

The university focus group revealed that music therapy does not have protected professional status in Denmark, which further complicates its boundaries:

"They confuse music therapy with other musical activities [agreement] …any piece of music can be therapeutic, but we are professionals. And we are trained to do something specific with the music – that's what makes it music therapy." (Music therapist and researcher, university focus group).

These concepts of therapeutic music and music therapy echo confusions identified in the literature review (Chapter 3, section 3.6.3). One music therapist suggested that deliberate intention was the difference between therapeutic music and music therapy:

"…it's also really about the goals you set. You know – why you are doing what you're doing." (Music therapist and researcher, university focus group).

This echoed a music therapist from the hospital focus group who emphasised the importance of change in music therapy:

"We are actually smugglers! We try to smuggle in change with the music." (Music therapist, hospital focus group).

Change, and subsequent development, in music therapy recalls the theory of human flourishing (Titchen and McCormack, 2010; Chapter 2, section 2.4.1).

Exploring the diversities of music therapy in greater detail is clearly beyond the scope of this project, but the data showed that even for an accredited profession, there are definitional complications. The challenge for the taxonomy therefore, is to capture these different competencies and approaches to music and the arts – community,

participatory, therapeutic, therapy – while recognising that categories are blurred and exist in degrees (Mervis and Rosch, 1981).

One music therapist and researcher was involved in a project similar to the taxonomy which seeks to identify the component parts of a music therapy session for people with dementia. She concluded that it is difficult to isolate and explain "*tacit knowledge"*, the intrinsic, sometimes sub-conscious, techniques that are developed from years of exposure and experience:

"I think somehow it is not possible. But I still think we have to try". (Music therapist and researcher, university music and dementia focus group).

This illustrates the necessity, and the challenge, of this research.

6.3.3.2 Musical engagement can be led by a range of staff members

There were debates in the university focus group exploring the relationship between a music therapist and the music they deliver, specifically whether this always amounts to music therapy:

"…some would say that all we do is music therapy because we're music therapists, but I mean some of the stuff I did wasn't music therapy, it was something else. But I'm still a music therapist. So, so is it then music therapy or not?" (Music therapist and researcher, university focus group).

The observation data from the music sessions with people with dementia, at the care home and school, aligned more with musicking than therapy:

"The music therapist's work today was perhaps most similar to that of a community practitioner. The activities were essentially group musicking." (Diary reflection 1, care home).

Musicking is a domain in the Foster, Pearson and Berends (2016) taxonomy, typified by informality and spontaneity. Previous research has identified the effectiveness of this approach to music in a care home setting for people with dementia, by including all those involved in care-giving to create a 'ripple effect' (Pavlicevic et al., 2015).

The care home observations showed staff actively engaged in musicking. Previous research has demonstrated the positive benefits that result from this (Broome et al., 2017b). On occasions where the music therapist was absent in the care home, a member of care staff led the singing, which could have been described as a music-based therapeutic intervention (van der Steen et al., 2017; van der Steen et al., 2018). This multi-disciplinary way of engaging with the arts is beneficial for everyone involved:

"But if they are, my colleagues are there and we are more among them [during singing]*, you are able to see the difference. Feel the difference"* (Care worker, care home focus group).

The implication of this for the taxonomy is that while it would be helpful to map some of the different professions and skills related to the arts and dementia, job role should not be seen as a limitation to engagement with the arts.

6.3.3.3 Music therapy varies between those with dementia and other client groups

The focus groups and interviews elicited a number of music therapy components that are specific to people with dementia, suggesting that those delivering arts to people with dementia need specific competencies to do so effectively. For example, a music therapist explained the importance of framing:

"…this is something about the situated memory, that when you are in the same place, you have all the same cues, it really helps your memory" (Music therapist, university interview).

In addition, the particular role of music therapy in regulating and attuning arousal level was discussed:

"So many people with dementia are really in a state of hyper-arousal, and not able to calm down. Or we see people really in a hypo-aroused state and they need somebody to help them up-regulate." (Music therapist, university interview).

This conscientious and considered method of modifying energy level is different to the indiscriminate behaviour management critiqued by Beard (2011) which was discussed in the literature review under the auspices of Control (Chapter 3, section 3.3.3.8).

The university focus group about music and dementia also discussed the importance of building a relational interaction and communicating using music:

"…where you have no language and you don't seem to be able to make relevant, you know, verbal sounds or maybe just, maybe you only have movements, and in those cases you can use music to frame that" (Music therapist and research, university music and dementia focus group).

The needs of people with dementia share some similarities with other client groups. The music therapist working at the rehabilitation centre described how music therapy helped people with acquired brain injury to cope with loss by "*rebuilding identity*", which has resonance for people with dementia too. Moreover, the hospital focus group

also referenced the importance of non-verbal communication for clients with depression:

"I think the non-verbal communication in general is key to our approach as music therapists." (Music therapist, hospital focus group).

This illustrates therefore that while music therapy, or arts interventions, should be person-centred and tailored to the individual, irrespective of diagnosis, there are nevertheless particular approaches that are more likely to be effective for people with dementia. The necessity for training was previously identified in the literature (Hulme et al., 2010; Rylatt, 2012; Woods and Jury, 2010). Knowledge of dementia and dementia care, and the particular relationship between the arts and dementia, is therefore a critical competency for practitioners when implementing the arts.

6.3.4 Findings related to the Arts modality dimension

6.3.4.1 Art forms are observable and classifiable

The observations demonstrated that arts forms were identifiable and describable, and therefore, as with Bloom's (1956) taxonomy, they were classifiable. Across the 11 case study observations, several art forms were identified (Table 6.8).

Table 6.8: Art forms identified during case study observations

Arts forms identified during case study observations
Music
Movement
Percussion
Dance
Drawing

It was possible to distinguish between art forms even when there were several forms present. For example, the classes at the school often incorporated music and dance, while the music therapist at the hospice included art in her music practice:

"So we make a synthesis of music and art therapy…I really gain insight through the visual. And some patients also work this way" (Music therapist, hospice interview).

Classifying art forms still allows the arts to inter-connect and be used in combination with each other. This also shows that music therapists are not necessarily restricted to their primary art form.

6.3.4.2 Distinctions can be made within art forms

The case study showed that it was also possible to make observable distinctions *within* art forms as well as between them. Previous research has demonstrated these differences stylistically, for example, the taxonomy of music for *Guided Imagery and Music* (GIM) devised by Wärja and Bonde (2014) which differentiates between supportive and challenging music.

A common distinction within the observational data was to recognise singing as a subset of music. Singing is a well-researched area in relation to dementia (Bannan and Montgomery-Smith, 2008; Osman, Tischler and Schneider, 2016; Ridder and Aldridge, 2005; Unadkat, Camic and Villa-Burrows, 2017). Within the care home site, singing was the main musical activity and had particular resonance for people with dementia:

"…the singing togetherness can bring me back to something, be a part of something… when I sing songs, they remember they can use words again" (Music therapist, care home interview).

Recognising activities within each art form is important as it allows their particular characteristics and benefits to be acknowledged. The second Version of the taxonomy would benefit from this descriptive distinction.

6.3.4.3 Music has many roles for the therapist

The analytic and reflective discussion of the focus groups and interviews showed that music can have many roles in a therapy session, which are described by music therapists in a variety of ways (Table 6.9). For example, the data showed that music can be a metaphor, which reveals how a client is feeling. Music can be an invitation, to engage in an interaction. Music can be a structure, to enable a client to feel secure.

This wide ranging description of music illustrates the importance of maintaining subjectivity in the taxonomy, to account for the highly personal nature of the arts and professional arts practice (Caddell and Clare, 2011). Moreover, by demonstrating the reality of describing such complexity, these findings show that the taxonomy cannot hope to be exhaustive. Instead, it can use categorical prototypes (Mervis and Rosch, 1981), and provide a pragmatic level of exemplifying detail in order to be insightful (Kunz, 2013).

Table 6.9: Roles of music in a therapy session inductively coded from the focus groups and interviews

Roles of music in a therapy session	
Breathing as music	Music expands in time
The voice as music	Music as an invitation
Music for emotional expression	Music as a structure
Music as history	Music as a lifeline
Music as language	Music as a metaphor
Held by music	Music as reward
Musical recall	Music for control
Music as a human right	Music for expectation
Surrender to the music	Music as existential
Trust in the music	Music to enable experience

6.3.4.4 Art forms have many applications: A new descriptive dimension

The taxonomy of *music care* devised by Foster, Pearson and Berends (2016) establishes the variable applications of music, ranging from intentionally using sound in a care environment, to therapeutic practice, music therapy and music medicine, which uses music for medically related outcomes.

The case study similarly identified numerous applications of music. At times, music was used in a very practical, task focussed way, for example the care home music therapist played the guitar to assist at meal times:

"…when I play the music for them and with them – in their tempo – they can suddenly start eating again." (Music therapist, care home interview).

The care staff taking part in the care home focus group also discussed using music, and the simple properties of music such as melody and breathing, to help with care-giving:

"We use it a lot when we help people get clothed and a wash, because they get comfort and calm…" (Care worker, care home focus group).

In the school, music was an opportunity for the group to share their common interest, a participatory hobby:

"Maybe they have been singing or they're playing or it's a special interest for them" (Music therapist, school interview).

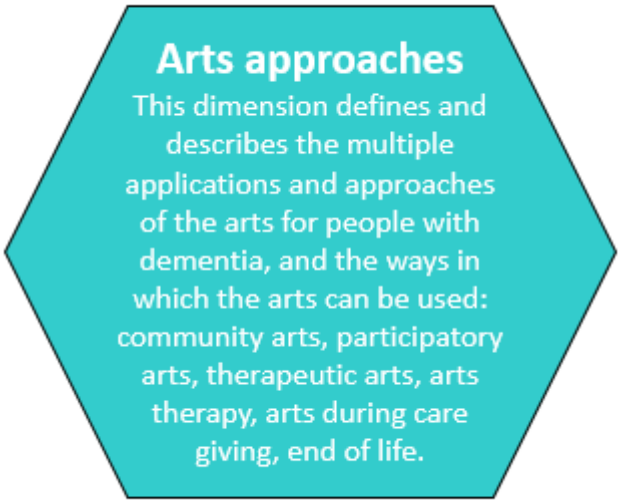
At the hospice, music had a number of applications:

"We have the four types that are rehabilitation, could be after chemotherapy or other instance, it's off load for care burden of care givers, it's symptom elevation and then it's end of life" (Music therapist, hospice interview).

Music has a broad range of applications, from helping to complete tasks during care giving through to supporting at end of life. Other distinctions within music therapy were acknowledged earlier in these results: community, participatory, therapeutic and therapy. These categories are relevant to other art forms as well.

The combined implication of these findings is a new taxonomy dimension which describes the multiple applications and approaches of the arts for people with dementia, and the many ways in which the arts can be used (Figure 6.3). This dimension focuses on the types and categories of arts practice outlining the many ways in which the arts can be implemented.

Figure 6.3: The new descriptive taxonomy dimension of Arts approaches



6.3.5 Findings related to the Artistic characteristics dimension

6.3.5.1 Artistic characteristics are observable and may explain how the arts 'work'

Artistic characteristics were consistently observable at the care home and school, as well as during the rehabilitation centre session (Table 6.10).

Table 6.10: Artistic characteristics recorded during observations

Artistic characteristics recorded during observations		
Colour	Lighting	Volume
Shape	Timbre	Pitch
Form	Lyrics	Touch
Melody	Harmony	Taste
Rhythm	Reverberation	Sensory
Rhyme	Sound	Tactility

Rhythm was the most commonly recorded artistic characteristic, and in situations where language was not being used, offered a clear explanation of how the arts 'worked' to build meaning and connection:

"Drumming with Participant 2, mirroring and repeating each other's rhythms. This generated a conversation of humour and curiosity and learning." (field notes, care home, session 4).

"Participant 2, participant 4, the music therapist and I deliberately slowed down and played a dramatic ending to each song using rhythm and percussion. This was lots of fun and we all understood each time that is what we would do, even though it was never discussed" (field notes, care home, session 3).

In these instances, rhythm became a way to connect and enact a number of principles in the music: Animation, Connection, Expression, Involvement. In this example, principles are the outcomes, and rhythm is a mechanism.

6.3.5.2 Are artistic characteristics common or particular to art forms?

In classifying artistic characteristics within the context of music therapy for this case study, it remains to be seen whether these are consistent across art forms. It is possible that certain artistic characteristics pertain only to particular art forms, and are not universal to all arts. This level of detail is required to ensure the taxonomy is comprehensive and its dimensions are truly inter-relational. Consequently, this question was addressed in the Delphi study (Chapter 7).

6.3.6 Findings related to the Circumstances dimension

6.3.6.1 Circumstances are observable and classifiable

Circumstances proved to be easily observable, for example group and one to one sessions, and institutional settings such as the care home and school. They are visible contexts for the arts, meaning they can be described and therefore classified (Bloom et al., 1956).

Conclusions could not be drawn regarding the extent to which individual circumstances influenced the music therapy, but such contexts are clearly important variables. For example, a music therapist from the school explained how some participants prefer one to one settings:

"I am making some life stories for people who are, have difficulties to participate in the groups…So I try to meet them one to one" (Music therapist, school interview).

Circumstances could become numerous, multiple aspects of the contextual setting could be described, but the taxonomy does not need to be exhaustive and list all aspects that are relevant.

6.3.6.2 Circumstances can be simultaneous: process and product

Although the Circumstances dimension was described as contrasting or continuum contexts in Version 1 of the taxonomy, the case study showed that these contexts could occur simultaneously.

Returning to the example of process and product which first emerged in the literature review (Chapter 3, section 3.4.1.1), music therapy demonstrated that both can be combined through the activity of therapeutic song writing. Song writing is a common

music therapy practice, though not one often used with people with dementia (Baker et al., 2008; Baker et al., 2009).

The music therapist at the care home and one of the university researchers were involved in a song writing project with residents living with dementia. The music therapist facilitated the group, inviting participants to share their perspectives on music, putting their words to music as lyrics:

"And it was very meaningful for them." (Music therapy researcher, university interview).

The project resulted in a song, a product, which those in the care home sang with joy and pride during the observations, often organically. Composing the song, and the subsequent singing of the song, were both therapeutic processes. This generates a point of clarification for the Circumstances dimension: that its named contexts could work together simultaneously within arts interventions.

6.3.6.3 The importance of ambience: a context for connection

The case study highlighted the importance of ambience – of the surrounding environment, and the atmosphere within the session itself – in enabling the music to be as effective as possible. Both the care home and school sessions began with sharing a meal, breakfast or lunch, which transitioned into casual musicking to engage everyone:

"we say hello and welcome, and people shake hands and we sing a song or two or three or four" (Music therapist, care home interview).

The social importance of refreshments in arts programmes for older people has been acknowledged in previous initiatives, for example the *Coffee, Cake & Culture*

programme (Roe et al., 2016). The emphasis on ambience was particularly apparent in the Danish context, a nation famed for the concept of *hygge*: "*a quality of cosiness and comfortable conviviality that engenders a feeling of contentment or well-being"* (OED, 2018b). The observations showed that the cosiness and comfortableness of the surroundings made participants more receptive to the music.

Furthermore, this social ambience was maintained within the sessions, as care workers or family members in attendance engaged directly with people with dementia who were participating. Even within a group setting, this meant individuals were given one-to-one attention. The benefits of this have been documented in previous research (Hsu et al., 2015). Consequently, the second Version of the taxonomy should include ambience as a feature relating to the intervention context.

6.4 Strengths and limitations of the case study

The case study provided an invaluable opportunity to explore Version 1 of the taxonomy within the context of music therapy, an example of an empirical arts intervention with a focus on a particular arts mode and a specific professional approach. Consequently, the case study generated further insights into the extent to which arts interventions can be described, explained, communicated and simplified, particularly relating to 'what works' (Pawson et al., 2004) for people with dementia. These findings were critical for the taxonomy, and the development of its underpinning theoretical CMO configuration (Pawson et al., 2004).

The multiple strands of data collection across six different sites, through observations, interviews and focus groups, enabled a considerable number of individuals with diverse perspectives to contribute to the research. This was consistent with the constructivist framework guiding the research, and enabled the exploration of multiple

realities (Lincoln, Lynham and Guba, 2018), as well as including people living with dementia in a way that was relevant and meaningful (Alzheimer Europe, 2011). Furthermore, some of the university researcher and music therapist participants were already involved in similar enquiries to the taxonomy – regarding how music can be classified, and the component parts of interventions described and shared – so these insights were particularly pertinent and valuable (Lund, Bertelsen and Bonde, 2016; Ridder et al., 2017; Wärja and Bonde, 2014).

However, despite this broad engagement, the limitations of the case study must be recognised. Music therapy is a vast field (Hogan, 2001; Rubin, 2001) and is not the central focus of this project. Therefore, this case study cannot claim to be anything more than a brief introductory exploration of a highly complex profession, analysed with a specific focus and a narrow remit, namely the proposed taxonomy model.

The case study was constrained by taking place across just three months, with data collected and analysed by a sole researcher. However, attempts to address concerns of validity and reliability were made through member checking and participant verification (Stake, 1995; Figure 6.2). Furthermore, the case study included only one art form and a small number of therapists and observations in relative terms. The proposed taxonomy would benefit from similar empirical case studies with a focus on different art forms and competencies.

The methods of data collection presented both benefits and challenges. The music therapy observations offered detailed insights into the contexts and happenings of a real world arts intervention. Indeed, Bloom et al. (1956) found observation to be a fundamental task for the process of description and classification, and previous research has illustrated how the arts of naming, noticing and observing are crucial for

taxonomy development (Bryant et al., 2016; Kimmerer, 2003; Lear, 2014; Popova, 2018, Tsing, 2010).

However, observations could be invalidated by the 'Hawthorne Effect' where the presence of the researcher can influence the phenomena being observed (McCambridge, Witton and Elbourne, 2014). Moreover, observations can be reductive because they are a projected assumption of what the person with dementia may be experiencing from the perspective of a researcher. There is no substitute for supporting people with dementia to report their own opinions, and they should be asked to do so where appropriate (Algar, Woods and Windle, 2016). To mitigate these limitations, the observations were triangulated with additional methods of data collection.

The Danish setting for the case study was very beneficial. The language barrier for the researcher led to an immersive participant researcher experience during the music therapy observations, where the art form was the sole unit of consideration and analysis, and the catalyst for meaning and connection. This gave the researcher experiential insights into the principles and their features. Furthermore, this different cultural context generated important findings regarding how and why the arts are effective, specifically relating to ambience.

Nevertheless, the language barrier did cause some limitations. Despite the excellent English speaking abilities of those taking part in interviews and focus groups, there was not always the same native speaker nuance. This meant that *in vivo* codes (Barbour, 2007; Kelle, 1997) could not be gathered for the common language as with previous stages of the research. The focus group that was conducted using live translation from Danish to English between the researcher, bilingual music therapists

and people with dementia presented the greatest linguistic challenge. Consequently the results of that discussion are less robust, though subsequently strengthened when triangulated with other data. However, it was ethically important to give people with dementia the opportunity to speak about their own experiences (Alzheimer Europe, 2011).

The researcher also experienced a different type of language barrier: the challenge of putting into words the essence or 'magic' of a successful, live arts intervention. The researcher sometimes felt the field notes and diary reflections inadequately captured the engagement that had been experienced in the session. This is a frequent challenge facing arts intervention research (Algar, Woods and Windle, 2016; Beard, 2011; Gilroy, 2006), and one the taxonomy hopes to address through the production of a comprehensive common language.

6.5 Conclusions

This chapter reported a six site case study of music therapy practice, undertaken in Denmark, which was designed to explore elements of the proposed taxonomy in an empirical arts intervention setting.

The case study showed that the principles and their features are applicable to, and their effects observable within, a live arts intervention. The status of principles as outcomes or mechanisms, and as phenomena relevant to the participant or practitioner, remained uncertain following the case study. This was subsequently explored in the Delphi study.

The additional descriptive and contextual dimensions of the taxonomy were shown to be relevant to an empirical arts setting, though the specific competency of music

therapy evaded a simplistic working definition. Collectively, the dimensions were useful labels for naming how the arts 'work' for people with dementia.

The case study generated a number of additional findings to contribute to Version 2 of the taxonomy. Firstly, features of music therapy relevant to arts interventions for people with dementia were identified, including the importance of ambience. Secondly, a new taxonomy dimension emerged which describes arts approaches such as community, participatory, therapeutic and therapy. Thirdly, distinctions of activity within art form were made, for example singing as a subset of music. And finally, the importance of describing and mapping competencies and job role relating to the arts and dementia was noted.

The next chapter shares findings from the Delphi study, which similarly tested, refined and improved Version 1 of the taxonomy.

7 A Delphi study with three themes and three questionnaires: Using an expert panel to improve and refine the proposed taxonomy

7.1 Introduction

This chapter reports the final phase of data collection for this research: a three stage Delphi study conducted with an expert stakeholder panel comprised of those with professional or lived experience of the arts and dementia.

Thus far, an adapted realist review has been used to develop a theoretical Version 1 taxonomy of arts interventions for people with dementia, by synthesising published literature with findings from a series of real world discussion groups (Pawson et al., 2005; Wong et al., 2013).

Recognising that the proposed taxonomy was purely theoretical, several of its hypotheses were explored in an empirical setting, using music therapy as a prototype example (Mervis and Rosch, 1981) of an arts intervention. This case study gave the opportunity to examine the definition and description of a particular art form and professional approach in more detail, within a real world, live setting. Moreover, the case study allowed an exploration of how arts interventions 'work' and the feasibility of simplifying their complexity using a common language. Consequently, a number of findings were generated which contributed to the second Version of the taxonomy.

Nevertheless, a sole researcher undertook the case study, and it was limited to just one type of arts intervention that did not represent the full diversity of the field (Zeilig, Killick and Fox, 2014). Consequently, the proposed taxonomy required more scrutiny, exploration and development to:

- Incorporate the variety of the field's stakeholders and their perspectives, including numerous types of expertise from different countries;
- Involve stakeholders in equal measure by giving all participants an opportunity to respond to the same questions in the same way;
- Ensure the taxonomy was a simplified descriptive and explanatory classification of the field that used common language accessible to a multi-disciplinary audience.

Further refinement would improve the taxonomy, and ensure it remained useful and relevant to those it aimed to assist (Bailey, 1994; Godfray and Knapp, 2004): artists and practitioners, carers and care staff, people with dementia, funders and commissioners, researchers and academics.

Accordingly, a questionnaire was the most suitable research method to gather standardised data from a breadth of participants with a range of views. Commonly used in market research, this conceptualised the taxonomy as a real world product that could be tested with its customer-stakeholders (Brace, 2013).

A Delphi study, a specific approach to using questionnaires, has certain distinguishing features that made it a fitting data collection process with which to conclude this research.

7.1.1 An overview of the Delphi method

The Delphi method is named after an ancient Grecian Oracle, underscoring a shared emphasis on forecasting and interpretation (Jones and Hunter, 1995). Using anonymity, iteration and controlled feedback, a Delphi study aggregates multiple opinions to generate a group response to a complex research enquiry (von der Gracht, 2012).

A Delphi study is comprised of a number of questionnaires which elicit data from an expert panel of participants over multiple rounds (Hsu and Sandford, 2007). Participants are provided with a summary of the panel's collective responses following each round of questioning, in order to reflect on their answers in the context of the community response (Boulkedid et al., 2011). Participants are invited to review their opinions in subsequent rounds, enabling the group to move towards a consensus perspective (Diamond et al., 2014). In this way, the Delphi process shares similarities with the Nominal Group Technique method that was used in Chapter 5 (Day and Bobeva, 2005). Used together, these methods strengthened the research by affording multi-disciplinary participants a chance to actively engage with each other's views.

Delphi panels are conducted remotely and electronically, meaning participants can be internationally dispersed and anonymous (Hsu and Sandford, 2007). This confidentiality overcomes power dynamics within a multi-disciplinary environment where there may be perceived hierarchies of knowledge, and avoids a minority of participants dominating the process (Jones and Hunter, 1995). However, it does still allow for some collaboration, as participants are asked to consider each other's responses.

The appropriate size for a Delphi panel varies, and is often related to considerations of stability, which can be achieved with panels of 20 or more participants (Jorm, 2015). Most Delphi studies use between 15 and 20 participants (Hsu and Sandford, 2007). A realist Delphi panel, convened to establish the RAMESES publication standards, used 28 members (Pawson, 2013).

Delphi studies have been used in subjective areas of healthcare, such as wellbeing (Daykin et al., 2016) and competencies for care delivery (Stanyon et al., 2017). In a mental health research context, Delphi studies have helped develop the contents of an intervention, define concepts and improve a classification (Jorm, 2015): all relevant enquiries to the taxonomy.

There are several Delphi characteristics that make the method particularly compatible with a realist methodology and relevant for the task of refining the taxonomy.

7.1.1.1 Real world expertise

A Delphi study incorporates the knowledge and opinions of a diverse, expert panel (Day and Bobeva, 2005; Jorm, 2015). This definition of expertise can be democratised to include those with real world knowledge gained from lived experience (Jones and Hunter, 1995), just like realist methodology (Pawson et al., 2004). Consequently, the Delphi method is compatible with the inclusive, constructivist epistemology that frames this research (Lincoln, Lynham and Guba, 2018).

7.1.1.2 Iterative and reflective

Participants are required to consider responses from their fellow participants, which in turn are used to build the next round of questions (Hsu and Sandford, 2007). This echoes the iterative nature of realist methodology (Pawson et al., 2004). Participants often become more collaborative as they recognise and reflect on different opinions

within their topic area (Hsu and Sandford, 2007). This is particularly pertinent for a field as inter-sectional as the arts and dementia.

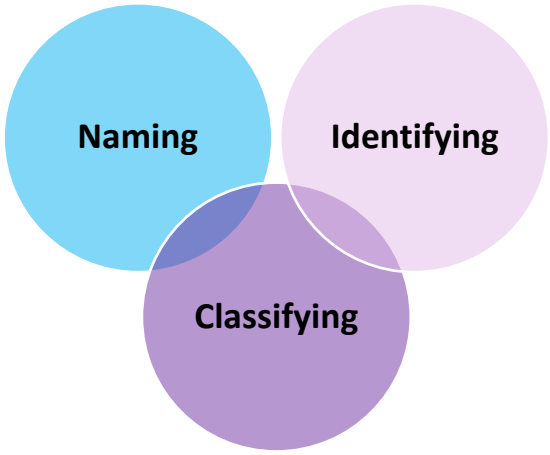
7.1.1.3 Consensus and aggregation

The definition and thresholds of Delphi consensus are subjective, though most studies opt for percentage agreement as an indicator (Diamond et al., 2014). The Delphi method aggregates the collective wisdom of a group, formed from independent and individual opinions (Jorm, 2015). Delphi studies therefore identify a range of general components suited to the majority (Hsu and Sandford, 2007). This produces findings for the taxonomy at an appropriate level of abstraction: general enough to be theorised and testable (Merton, 1967), yet still mindful of the need for flexible categories (Mervis and Rosch, 1981) and to avoid over-simplification of the arts (Crossick and Kaszynska, 2016).

7.1.2 Aims, research questions and rationale for this Delphi study

The aim of this Delphi study was to engage a diverse panel of real world experts (Jones and Hunter, 1995) to provide commentary and scrutiny on Version 1 of the taxonomy in order to develop and improve it. Feedback was particularly sought relating to its language, definitions and dimension classifications (Figure 7.1). The Delphi study aimed to test the feasibility and desirability (Day and Bobeva, 2005) of the proposed taxonomy amongst its stakeholders.

Figure 7.1: The research stages of the taxonomy addressed by the Delphi study



It was not possible to achieve absolute consensus (Diamond et al., 2014) in this study, which would require wider consultation and testing across the arts and dementia community. Therefore, this Delphi study aimed to identify areas of agreement and disagreement relating to Version 1 of the taxonomy, and consequently refine the common denominators that might classify the arts and dementia to a general level accepted by a majority. A particular aim was to test the emerging common language for the arts and dementia across a multi-disciplinary Delphi panel, by exploring the accessibility of the labels and terms, the nomenclature, used within Version 1 of the taxonomy.

Stemming from the overarching research questions (Chapter 2, section 2.5.1), the Delphi study was guided by the following questions which each address the description, explanation, communication and simplification of arts interventions:

- To what extent is taxonomy an appropriate and useful term for naming a model that defines, describes and explains arts interventions for people with dementia? What accessible alternatives might there be?

- How useful, clear and accurate are the proposed principles for describing, theorising and communicating the underpinning components of arts interventions for people with dementia?
- How useful, clear and accurate are the proposed dimensions for describing, theorising and communicating the contextual elements of arts interventions for people with dementia?

Using the Delphi method allowed participants to collaborate as equals across time zones, countries and professional boundaries. It was a practical solution for engaging with international and assorted voices (Hsu and Sandford, 2007). It was hoped that connecting stakeholders and allowing them to shape the work, would foster more buy-in and a greater sense of ownership for the taxonomy, something integral for its real world applicability (Godfray and Knapp, 2004).

7.1.2.1 Relationship to the music therapy case study

The Delphi study was conducted alongside and beyond the case study. Like the case study, its questions and enquiries follow from the realist review and refer to the overarching research questions and aims (Chapter 2, section 2.5.1; Chapter 1, section 1.3.1). The Delphi study is therefore not directly influenced by the case study findings. The results from both are comprehensively synthesised in the second Version of the taxonomy, which is reported in Chapter 8.

7.2 Planning and completing the Delphi study

The Delphi study took a mixed methods approach, combining quantitative data with primarily qualitative data collection. Including conceptual qualitative questions departed from the standard Delphi approach which usually focuses on statistical data

(Boulkedid, 2011; Holey et al., 2007; von der Gracht, 2012). However, this mixed methods approach enabled more comprehensive responses to the study's research questions, by measuring participant agreement and gathering detailed explanations of their reasoning.

A primarily qualitative Delphi study appropriately supports this research's commitment to blending methodological approaches, a strategy that is necessary when conducting arts and dementia research at the intersection of humanities and science (Newman et al., 2016).

7.2.1 Delphi study design: Three stages of questionnaire

The Delphi study had three rounds, a common format which aims to achieve adequate exploration while avoiding study fatigue and participant dropout (Day and Bobeva, 2005; Hsu and Sandford, 2007). As this Delphi was not aiming for complete consensus, it could be terminated after an arbitrary number of rounds rather than continuing until participant agreement was reached (Diamond et al., 2014).

7.2.2 Questions for the Delphi study: Three themes of enquiry

Findings and outstanding questions from the realist review and synthesis, and the resulting taxonomy model, were used to shape the content of the Delphi study (Pawson et al., 2005; Wong et al., 2013). Using preliminary phases of data gathering to inform and develop Delphi questionnaires in this way is recommended (Jorm, 2015). Emergent findings from the first and second Delphi questionnaires informed the second and third surveys.

Each Delphi questionnaire covered three themes of enquiry that matched the overarching research questions for the Delphi study (Table 7.1).

Table 7.1: Delphi enquiry themes and their question types

Enquiry theme	Quantitative questions	Qualitative questions
Questions related to taxonomy as an appropriate term.	Multiple term ranking questions.	Free-text questions to explain and justify answers;
Questions related to the principles as component parts that describe, theorise and communicate arts interventions.	Five point likert scale[7] questions measuring agreement in relation to different statements about the dimensions;	Free-text open questions to explore other relevant aspects of the enquiry.
Questions related to the additional contextual, descriptive dimensions that describe, theorise and communicate arts interventions.	Multiple choice questions.	

7.2.2.1 Questions related to taxonomy as a term

While taxonomy is undoubtedly an appropriate theoretical methodology for this project (Chapter 2, section 2.3), the issue of taxonomy as a problematic term emerged in the second NGT workshop (Chapter 5, section 5.5.1). This is an important area of consideration for three main reasons: the term needs to be useable (Godfray and Knapp, 2004); it needs to simplify the field and make sense for dissemination (Bailey, 1994); and it needs to accurately reflect the purpose and content of the classification.

[7]The scale was: Strongly agree, Agree, Disagree, Strongly disagree, Don't know.

Consequently, the first theme of enquiry for the Delphi study was to explore the concept of a taxonomy with the expert panel, to ascertain its relevance, familiarity and accessibility as a product of this research. A number of alternative terms, with abbreviated dictionary definitions, were suggested to the Delphi participants. Some of these were synonyms, others represented a shift in the research task and focus. These alternative terms were drawn from data generated by the second NGT workshop, or identified by the researcher (Table 7.2).

In the first Delphi questionnaire, participants were given 10 terms to rank in order of preference from most to least favourite. This diminished to five for the second questionnaire and three for the final questionnaire.

Table 7.2: Taxonomy related terms and their definitions ranked by the Delphi panel

Term	Definition
Classification	*"A category to which something is assigned… according to shared characteristics or perceived affinities"*
Curriculum	*"A course; a regular course of study or training"*
Directory	*"Something that serves to direct; a guide; a book of rules or directions."*
Framework	*"An essential or underlying structure; a provisional design, an outline; a conceptual scheme or system."*
Guidelines	*"With reference to conduct or procedure (guidance)."*
Language	*"To tell, describe, report…expression in a nonverbal artistic medium"*
Manifesto	*"A public declaration; A proof, a piece of evidence."*
Manual	*"A handbook or textbook…a set of instructions or procedures"*
Taxonomy	*"Classification, especially in relation to its general laws or* ***principles****."*
Toolkit	*"A collection of tools…a thing with which some operation is performed"*

7.2.2.2 Questions related to the principles

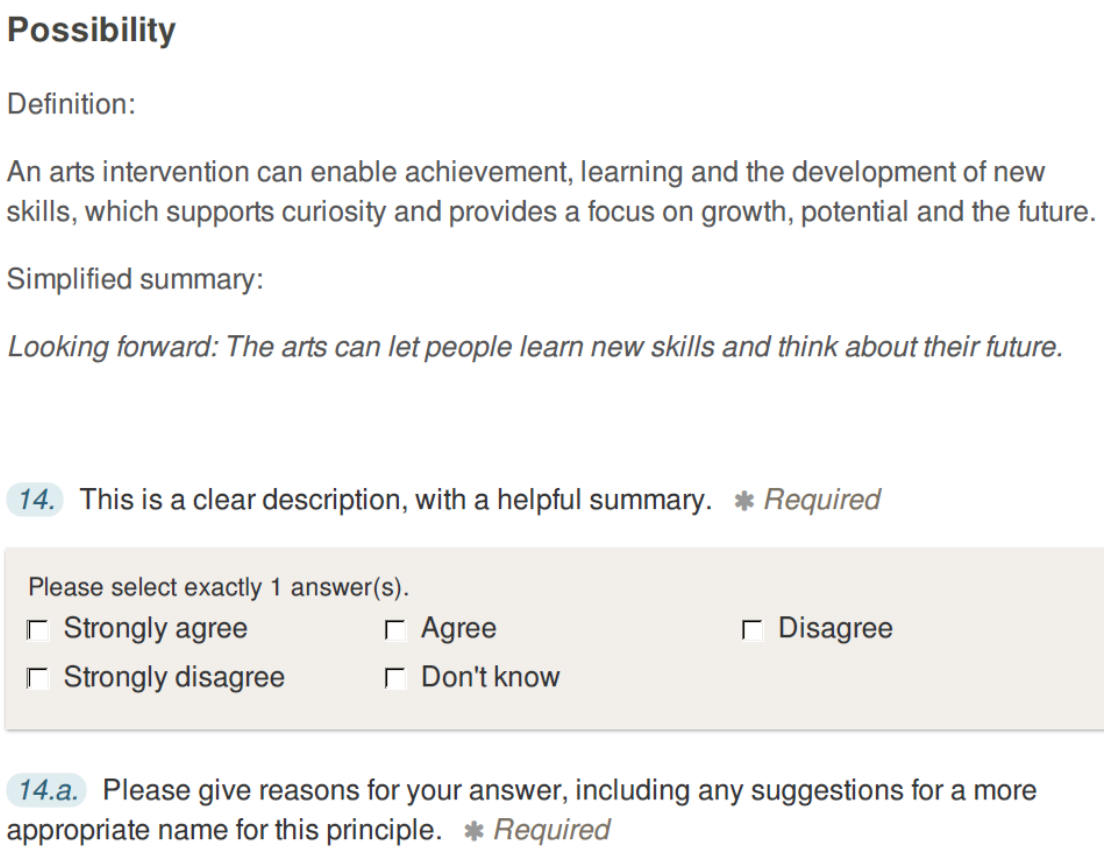
As the longest standing and most developed descriptive and explanatory dimension, and the characterising concepts of arts interventions, the principles were a discrete theme of enquiry across the questionnaires. The principles were explored as: component parts of arts interventions; elements that explain how the arts 'work';

language that simplifies the arts and dementia; and, a body of common words that might be applicable across this multi-disciplinary field.

The questions pertaining to the principles were drawn from previous findings and outstanding queries of this research. They developed across the questionnaires, responsive to participant replies, and focussed on:

- The accuracy of the definition of the Principles dimension;
- The clarity and helpfulness of the description and summary accompanying each individual principle (Figure 7.2 shows an example of this question);
- An exploration of principles as outcomes or artistic processes, where process was a synonym for mechanism;
- The appropriateness of the individual names of some of the principles;
- The omission of any principles.

Figure 7.2: Sample question taken from questionnaire two, relating to the principle of Possibility



7.2.2.3 Questions related to the contextual dimensions

In addition to the Principles dimension, the contextual dimensions in Version 1 of the taxonomy were: Arts modality, Artistic characteristics, Circumstances, Competencies and Artistic focus. The questions relating to the contextual dimensions sought to explore these definitional and theorising categories in more depth, and improve their effectiveness in describing, explaining, communicating and simplifying arts interventions.

Different dimensions were featured more prominently in various questionnaires, but collectively the surveys addressed the following:

- The accuracy and helpfulness of each dimension and its accompanying description;

- The development of the dimension contents for greater clarity and simplification;
- The theoretical implications of some dimensions, for example Artistic characteristics;
- The appropriateness and accessibility of the individual names and language of the dimensions;
- The identification of new dimensions.

7.2.3 Recruiting participants

The researcher contacted 52 arts and dementia experts via email including researchers, academics, artists, practitioners, therapists, carers, arts managers, psychiatrists, care staff and carers. Across these individuals, there was a range of experience with different arts interventions, including poetry, art galleries, music, dance, clowning, digital arts, theatre, community arts, drumming, arts therapy and shared reading, namely reading aloud in a group which incorporates discussion. These potential participants were contacted as a result of their published work or based on their professional practice. Where the researcher did not receive any response, follow-up correspondence was sent. In some instances, the potential recruit declined but offered the name of an appropriate peer or colleague. From these 52 contacts, 24 participants were recruited to the Delphi panel (Table 7.3). Some Delphi participants had taken part in the realist discussion groups, but not the case study. A number of participants with professional arts and dementia experience, also had caring experiences related to dementia.

Table 7.3: Role, nationality and expertise of Delphi panel

Identity of Delphi panel		
Role	**Country of residence**	**Particular expertise**
Academic	England	Research, evaluation
	England	Research, national policy
	United States of America	Research
	Netherlands	Evaluation, intervention development
	Canada	Research, theory developer
	England	Research, evaluation, strategy
	England	Research, reading, poetry
Practitioner	United States of America	Poetry
	England	Musician, research
	England	Dance, movement, intervention provider
	Scotland	Clowning, intervention provider
	Canada	Music, research, intervention development, trainer and provider
	England	Musician, intervention provider and trainer
Practitioner, Arts manager	United States of America	Art galleries, intervention provider
	England	Intervention provider, strategy
Therapist	England	Music, research
	Canada	Music, intervention development, trainer and provider
Artist	England	Theatre

Artist, arts manager	England	Intervention implementation, evaluation, community arts
Psychiatrist	Singapore	Clinical interventions
Carer	England	Musician
	England	Lived experience, research
Activity co-ordinator	England	Delivering interventions, care home setting
	England	Delivering interventions, care home setting

7.2.3.1 Panel size

The Delphi study aimed to recruit 30 participants to the panel, in order to build contingency against member dropout (Day and Bobeva, 2005). Recruitment proved challenging, due to the significant commitment required by a Delphi study (Hsu and Sandford, 2007), and the relatively small size of the arts and dementia field. Rather than negotiating the expertise criteria, and inviting panel members less discriminately which could have compromised research quality, a decision was taken to proceed with a smaller panel than planned. The panel size was still satisfactory (Hsu and Sandford, 2007; Jorm, 2015) and the recruits were diverse in their relevant expertise.

7.2.3.2 Insider research

As with the discussion groups, some of the Delphi participants belonged to the same networks or organisations as the researcher. This had insider research implications (Payne and Payne, 2004) relating to neutrality and the need for Delphi participants to be independent (Jorm, 2015). However, the anonymity of the Delphi panel helped to assuage these concerns. Participants were informed that the researcher was not able to trace questionnaire responses by name which created an environment of honesty.

7.2.3.3 People with dementia

Other stages of this research have discussed, and acted upon, the necessity to involve people with dementia in research (Chapter 4, section 4.2.1; Chapter 6, section 6.2.7). After extensive consideration within the multi-disciplinary supervisory team supporting this research, it was decided that the potentially burdensome demands of a Delphi study did not afford a person-centred opportunity for people with dementia to participate in the research. The highly conceptual nature of the content, coupled with the need for remote self-completion of the questionnaire meant that the Delphi study was not fairly accessible to a person with a typical diagnosis of dementia. By contrast, the case study had offered a more appropriate and meaningful opportunity for people with dementia to make a genuine and authentic contribution to the research.

7.2.3.4 Ethics procedures

Ethical approval for the Delphi study was granted by the University of Nottingham's Division of Psychiatry and Applied Psychology Ethics Committee (Ethics reference: 213; Appendix 2). Participants were recruited with informed consent via email, according to the conditions in the approved ethics application. Participants were anonymous to each other, but knew the professional or personal identity of those taking part, for example arts manager or carer. Delphi panel members agreed to their contributions being shared verbatim, throughout the Delphi study and in future dissemination, and attributed to their job role.

Additional considerations were required given that the Delphi study was conducted online (Wright, 2006), using software from a University of Nottingham approved private company, *Bristol Online Surveys* (BOS). This required the researcher to complete a BOS user agreement to ensure the necessary regulations and protocols

were adhered to. To minimize risks, additional software features could be enabled, including encryption and account security.

7.2.4 Piloting the Delphi study

The first questionnaire was piloted with a local panel of peers and colleagues (Day and Bobeva, 2005), to help ensure question quality (Jorm, 2015). The pilot panel included academics, practitioners, therapists and those with caring experience. The pilot questionnaire, intended to be the first in the real study, was sent to 15 potential participants; 9 replied. Their response data were not collected as part of the research, but those who completed the questionnaire were asked for feedback relating to survey length and duration, clarity of questions and content, formatting, instructions and explanations.

The Delphi pilot applied cognitive interviewing techniques which are increasingly used to develop surveys, and help to ensure the intended questions are accurate, especially regarding wording, technical terms and inbuilt assumptions (Willis and Artino, 2013). This was particularly relevant given the multi-disciplinary Delphi panel comprised of various professionals using language in different ways, which had been apparent in the realist synthesis (Chapter 5, 4.2).

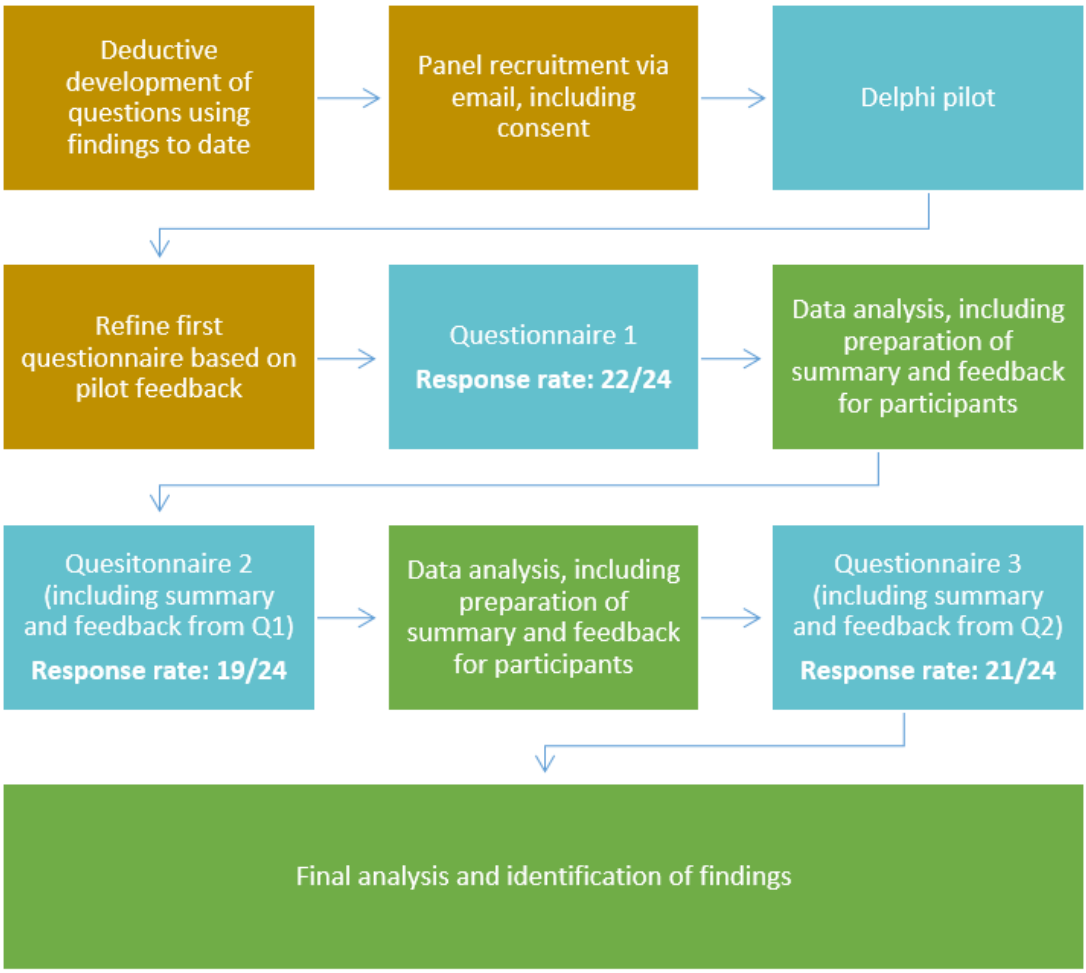
Following the pilot, a number of alterations were made to the first Delphi questionnaire including how questions were phrased and how the sections were sequenced.

7.2.5 Conducting the Delphi study

The Delphi study took place between May and October 2017. The 24 participants were emailed a link to the first questionnaire with a deadline for completion. Participants were given the option to fill out a paper survey, though no one requested

this. A software rule made all questions compulsory which ensured comprehensive sets of responses. Figure 7.3 shows how the Delphi study proceeded across the three rounds.

Figure 7.3: A flow diagram showing the stages of the Delphi study



The response rate remained steady, although this dipped for questionnaire two. This was possibly due to the summer holiday period, the particular length of questionnaire two and study fatigue (Day and Bobeva, 2005). Consequently, there was a longer gap before the third questionnaire in September 2017. This also allowed for more considered and holistic data analysis.

If participants failed to complete a questionnaire, they were not excluded from those that followed. This was to make participation as accessible as possible. Practically, the summaries and feedback ensured participants remained informed if they missed a round, and the questionnaires had continuity given that the same three themes were used for each.

7.2.5.1 Managing participant expectations

Participants were informed at the start of the Delphi process that while their collective answers would shape and inform Version 2 of the taxonomy, the Delphi responses would not entirely dictate the final classification. This was particularly relevant for the ranking questions which asked the panel to select a favoured term or name. While the Delphi study was a significant and representative stage of data collection, the findings still needed to be interpreted cumulatively alongside the preceding data, while also accounting for researcher discretion and interpretation (Morse, 2006).

7.2.6 Mixed methods data analysis

Data were analysed quantitatively and qualitatively. The data sets were collapsed across the three questionnaires and viewed collectively according to the three themes of enquiry which addressed the overarching aims and research questions of the Delphi study (section 7.1.2). Consequently, the analysis did not focus on differentiating answers by stakeholder category, tracking individual participants through the study or computing the development and stability of group opinion over time as other Delphi research has done (Diamond et al., 2014; von der Gracht, 2012). As a result, participants were not numbered for the analysis and reporting, but were distinguished by their self-defined personal or professional role, the wording of which occasionally altered slightly between questionnaires. The resulting analysis was more holistic and

conceptual in order to identify the collective, majority perspectives relating to the taxonomy (Hsu and Sandford, 2007; Jorm, 2015).

7.2.6.1 Quantitative analysis

Many Delphi studies undertake a range of detailed statistical analysis, including standard deviation and kappa coefficients (Diamond et al., 2014; Holey et al., 2007; von der Gracht, 2012). However, due to the theoretical and developmental nature of this study, most of the analysis was qualitative in order to understand *why* the panel responded as they did (Braun and Clarke, 2013). Therefore, basic descriptive statistics were sufficient for the quantitative analysis, an approach taken by other Delphi studies (von der Gracht, 2012).

Likert scale questions were used because they are an appropriate method for measuring agreement, which matched the Delphi study ambition for finding consensus relating to the proposed taxonomy. For the five point likert scale questions, percentages were calculated for those answering 'strongly agree' or 'agree', with 70 percent signalling adequate consensus amongst the panel (Hsu and Sandford, 2007). Where statements received less than 70 percent agreement, this content was re-visited and refined for approval in future questionnaires, for example definitions were re-worded.

For the ranking questions, a scoring system was devised which attributed points to each answer; for example, 10 points if the term was ranked in 1st place, 1 if the term was ranked in 10th place. The points were then totalled and each term given an overall position. Table 7.4 shows an example from questionnaire one.

For multiple choice questions, used when there were only a few options for the panel to choose from outright, the individual responses were tallied as percentages to show the preferred answer.

Table 7.4: Example to illustrate the scoring calculations for ranking terms

Taxonomy		
Preference (Where 1 = favourite, and 10 = least favourite)	Frequency	Points
1	4	40
2	4	36
3	2	16
4	3	21
5	2	12
6	0	0
7	1	4
8	3	9
9	2	4
10	1	1
Points total = 143 **Overall ranking = 3**		

7.2.6.2 Qualitative analysis

The qualitative analysis synthesised the participant explanations of their quantitative choices, and examined the exploratory free text questions in more detail. This analysis offered insight and meaning (Denzin and Lincoln, 2018).

The qualitative data were coded inductively and then grouped into themes relating to the overarching research questions that framed the Delphi study (Braun and Clarke,

2006; Braun and Clarke, 2013). Each code was supported with examples from the data. During analysis, the researcher again identified *in vivo* codes which captured terminology that was representative of different stakeholders and might be generally applicable for the common language (Barbour, 2007; Kelle, 1997). The analysis was undertaken by the researcher, and therefore represents one interpretation of constructed meaning (Grbich, 2013).

7.3 Results and discussion

7.3.1 A summary of the Delphi study findings

Following the mixed methods data analysis, these main findings were identified across the three questionnaires relating to the three themes of enquiry and the overarching Delphi study research questions.

Regarding taxonomy as an appropriate and useful term:

- The Delphi panel selected framework as the preferred term;
- Taxonomy is the most appropriate term within an academic or research context because it conveys the relational and inter-connected nature of the classification;
- Framework, and arts activity, may be more appropriate for research dissemination.

Regarding the principles as useful, clear and accurate components of arts interventions:

- The Delphi panel agreed that principles and features were important and helpful, though their definition required more clarity;

- Principles can be effectively described as artistic processes which outline the benefits of the arts for people with dementia.

Accordingly:

- The principle of Awareness was disbanded and its relevant features were moved to the Competencies dimension, as they mostly described qualities required by the facilitator;
- The principle of Transcendence was renamed Transformation;
- The principle of Animation was renamed Engagement.

Regarding the contextual dimensions as useful, clear and accurate descriptions of arts interventions:

- The Delphi panel agreed that the contextual dimensions were important and helpful, but some required more clarity;
- Artistic characteristics help the arts to 'work' for people with dementia and may be conceptualised as mechanisms;
- The Artistic focus dimension extends beyond interventions and maps the arts and dementia field.

Accordingly:

- The Circumstances dimension was renamed Intervention context;
- The Arts modality dimension was renamed Art form;
- The Artistic characteristics dimension was renamed Artistic elements, with an additional distinction being made in relation to artistic materials;

- New dimensions relating to location of intervention, complementary arts, and facilitators were developed.

The following sections present these findings in more detail by enquiry area, accompanied by a discussion and reflections on the implications these results have for the second Version of the taxonomy.

7.3.2 Taxonomy as a term

7.3.2.1 Selecting the top five terms

In questionnaire one, the Delphi panel was presented with ten possible terms to name the research product (Table 7.2), and asked to rank them from their most to least favourite. There were three clear favourite terms which could be retained for future rounds of voting, and two unpopular terms (Table 7.5). Curriculum was described as "*joy sapping*" by one academic, while manifesto was dismissed for being political, *"over the top"* and a *"public declaration"*. These terms could therefore be removed.

Table 7.5: Most and least favourite terms from Delphi questionnaire one

Terms	Overall points	Position
Framework	156	1
Classification	155	2
Taxonomy	143	3
Curriculum	59	9
Manifesto	56	10

Selecting the remaining two terms was complicated due to the recurrent theme of ranking fatigue. A number of qualitative comments indicated that participants had strong views on their most and least favourite terms, but those in the middle were harder to distinguish:

"*The first four I ranked feel very specific to your goal. The other words feel more vague*." (Music therapist).

Some participants even stated that their ranking was arbitrary:

"*I would have chosen not to rank 8 out of these items*." (Researcher).

"*In a sense my preference ticks are random, apart from 1 and 2."* (Artist/practitioner).

Consequently, to identify a more meaningful measure of preference, the middle five terms were re-scored and awarded points for each time they were ranked in a top three position (Table 7.6).

Table 7.6: The middle five terms ranked in relation to being positioned in the top three

Term	Preference	Frequency	Points
Directory	1	1	10
	2	0	0
	3	6	48
			Total = 58
Language	1	2	20
	2	2	18
	3	2	16
			Total = 54
Toolkit	1	2	20
	2	0	0
	3	4	32
			Total = 52
Manual	1	1	10
	2	1	9
	3	3	24
			Total = 43
Guidelines	1	1	10
	2	3	27
	3	0	0
			Total = 37

In addition, themes derived from qualitative analysis were used to identify perceived strengths and limitations of the five remaining terms. Toolkit was criticised for being *"overused"*, impersonal, *"unhelpful"* and implying *"physical labour"*. Manual was widely associated with the provision of "*instructions*", something this research has been cautious of given its desire to avoid prescriptiveness. Guidelines were viewed as

controlling or repetitious of framework. Language received some very positive feedback:

"Language – I like – as all languages are evolving" (Artist).

"I believe that it is extremely important to agree on a shared interdisciplinary language" (Artistic Director of arts-in-health organisation and practitioner).

Directory was supported as well as challenged, suggesting it would be helpful for participants to re-consider it after reflecting on the collective feedback:

"Directory I like because it offers possibilities – but does not pronounce" (Artist).

"'directory' seems too directive" (Academic).

Participants were asked to recommend alternative terms which they felt were appropriate for the task. Responses suggested that the given list was "*exhaustive*".

As a result of this mixed methods analysis, language and directory were selected to join framework, classification and taxonomy in the second questionnaire.

7.3.2.2 Selecting the top three terms

In questionnaire two, the Delphi panel was given a synopsis of the results from round one and asked to rank the remaining five terms as before (Table 7.7).

Table 7.7: Results from ranking terms in the second questionnaire

Terms	Overall points	Position
Framework	71	1
Classification	68	2
Taxonomy	61	3
Directory	45	4
Language	40	5

One *in vivo* theme identified in the qualitative data was preference for a term that balanced *"flexibility"* and *"credibility"*, a concept pertinent to other arts and health research (Daykin et al., 2017). Consequently, framework was a popular choice:

"I like words like framework and language as they imply more flexibility and ability to adapt" (Artist).

"*I prefer the open-ended, contextual implications of framework most"* (charity executive director and arts programming service provider).

As a result, some participants were cautious about the term taxonomy:

"*For me, taxonomy suggests a system that is rigidly defined and categorised"* (Academic).

It is possible that votes were split between taxonomy and classification due to their proximity as synonyms. This may have affected the practicalities of ranking.

Classification and taxonomy were both supported for their connotations of clarity and structure, though criticised for their associations with natural history:

"Classification – museums" (Artist).

"Taxonomy I like - but it makes me think of stuffed dead birds" (Artist).

One participant changed their mind regarding classification based on the panel feedback:

"On reflection [classification] *may usefully indicate a more general process of categorisation"* (Academic).

The issue of maintenance was raised in relation to the term directory, though this is an important consideration for any model, regardless of how it is named:

"I think there are issues with directories as they go out of date so quickly" (Arts manager).

Based on the scoring and commentary, framework, classification and taxonomy progressed to the final round of voting.

7.3.2.3 The panel's chosen term: balancing theoretical relevance with dissemination

The Delphi panel was invited to rank the remaining three terms (Table 7.8[8]). Despite being given the opportunity to reflect on their responses, the participants consistently ranked framework top throughout the questionnaires.

[8] Due to a software error, 3 of the 21 respondents were only able to register their first choice preference, resulting in an incomplete data set.

Table 7.8: Results from ranking terms in the third questionnaire

Terms	Overall points	Position
Framework	51	1
Classification	33	=2
Taxonomy	33	=2

Framework gathered support for being an "*accessible"* and *"helpful model*", that is *"flexible*" and "*responsive*". It was seen as an "*all-encompassing term"*, understood by *"everyone*". However, others found framework problematic, with concerns that it is "*vague*", and *"incorrect"* for the task because it does not adequately "*describe the process, having many and varied meanings*".

Classification did not receive as many qualitative comments as other terms. Again, this suggests that it was naturally subsumed with taxonomy as a synonym. Across the questionnaires, classification was praised for being *"simple", "accurate"* and *"organised*". Yet, it was also interpreted as *"prescriptive"*, *"formal*", "*too general"* and "*restrictive*".

Taxonomy remained a divisive term throughout the Delphi study, echoing NGT workshop 2 (Chapter 5, 5.1). Consequently, it tended to be ranked either very highly or very poorly, in contrast to framework that did not produce such strong negative responses. Supporters of taxonomy found it *"accurate"* and "*truest"* to the "*inclinations"* of the research. They believed it was a "*creative approach*" relating to "*general laws and principles*" which ensured it was "*relatively non-prescriptive*". The

relational and inter-connected connotation of taxonomy was recognised as being significant by some participants:

"[Taxonomy] *conveys something that the others do not…that the components are inter-related and moreover it shows the relationships"* (Academic).

This reinforces the important point that a distinction between artistic components and dimensions does not preclude them being used collectively within the same intervention – whether that is multiple art forms, many principles or several artistic characteristics.

The detractors of taxonomy saw it as "*rigid"*, and disliked the implications of "*ranking*" and "*hierarchical organization*" which were viewed as irrelevant and unfeasible for the arts and dementia. Moreover, there were concerns that taxonomy would be "*misinterpreted*" and not "*understood*". In order to overcome the confusion associated with taxonomy, one participant helpfully suggested that a strapline be used to define it.

The challenging conclusion therefore is that while taxonomy remains the most appropriate term for describing the research task due to its relational connotation, this becomes meaningless if the research outcomes cannot be understood and used by the stakeholders designed to benefit because there is a language barrier (Bailey, 1994; Godfray and Knapp, 2004).

Consequently, the solution is to continue using the word taxonomy within a research and academic context, of which this thesis is a prominent example, but ensure that "*practical"* and *"accessible*" terms are used for dissemination. These could include framework, common language or classification, in order to accommodate the multi-disciplinary nature of the arts and dementia.

7.3.2.4 Taxonomy, classification and intervention as relatable concepts to the arts and dementia

There were mixed views, and some reservations, from the Delphi panel regarding an attempt to classify the arts and dementia. Some participants thought it was inappropriate:

"Taxonomy sounds like the arts are trying to imitate the sciences, which is a big mistake." (Academic researcher).

"I would be very careful not to make these categories too limiting or too scientific sounding." (Academic researcher).

Others welcomed the blend of humanities and sciences:

"Taxonomy encapsulates…both science and the arts…and therefore is the most appropriate term that will apply to all sectors and groups." (Family Carer).

"It [taxonomy] *draws an analogy between natural science and the arts, and this is also a rich, implicit metaphor"* (Academic).

These disagreements recall opposing epistemological strategies for conceptualising the multi-disciplinary nature of the arts and dementia: assimilation of the arts into a positivist medical model to gain legitimacy, or parity of esteem by recognising the arts on their own constructivist terms (Gilroy, 2006). Consequently, the taxonomy attempts to create a combined approach of "*credibility*" and "*flexibility"*.

Related to this discussion is the word intervention. A few Delphi participants critiqued using the word "*intervention*" in relation to the arts:

"*Intervention implies a form of direct action…whereas in my experience the most effective arts groups have been mutual explorations*." (Academic).

"*I don't consider what I do to be an intervention; I hope that it is a shared experience that responds to and is shaped as much by the people who are involved in the process with me"* (Artist).

Other research has highlighted similar challenges relating to the word intervention (Coaten, 2011; Pawson et al., 2005; Zeiler, 2014). As justified in Chapter 1 (section 1.3.3.1), intervention was used because it is appropriately realist, and attempts to bridge the humanities and science paradigms that are pertinent to this research. However, these insights offer an important opportunity for reflection. Consequently, it would be appropriate to consider using the term activity, instead of intervention, during dissemination with certain stakeholders.

7.3.3 Principles

The principles were recognised by the Delphi panel as important components of arts interventions for a number of reasons. They challenge "*the deficit model that historically constrained approaches to people who live with a dementia*". The principles suggest how interactions can be *"deepened*" and allow people to "*stay connected to their humanity*". The principles can also help an artist to "*look after the person's needs*". They capture the essence of why the arts are significant for people with dementia.

The Delphi panel was asked to read a summary description relating to the Principles dimension, and then rate their agreement with a series of statements. While there was consensus (72.7%) regarding the usefulness of the principles, only 50% of the panel felt that the principles offered clarity. This became an area of focus for the remaining two questionnaires to ensure the principles helped to simplify and communicate arts interventions effectively.

7.3.3.1 Clarifying and improving the Principles dimension

There were several aspects to clarifying and improving the Principles dimension. Firstly, the dimension's definition was amended across the questionnaires resulting in a new one that achieved consensus (71.4%) from the panel:

Principles are creative values that define and describe the component parts of person-centred arts interventions. Principles are elements present in, or enabled by, arts interventions and identify how they operate and produce their effects.

There was criticism from a few participants that the principles were not linguistically clear, including feedback that their definitions were unhelpfully "*anthropomorphizing the arts*":

"*The arts aren't aware - the artists are*" (Artist).

"*The phrasing is wrong- I don't think 'the intervention' can empathise- this is done by a person through the art form*" (Academic and clinical music therapist).

"*You are setting the situation as the power lies with the arts…the arts do not act upon us. The arts are used by humans as a means of accomplishing something."* (Researcher).

This re-iterated findings from the case study which questioned who the principles referred to when applied to an empirical setting (Chapter 6, section 6.3.2.4). In order to address the concerns regarding personification of the arts, the principle of Awareness, which caused the most confusion in this context, was disbanded for the second Version of the taxonomy. Its relevant features were distributed to the Competencies dimension where they more appropriately described skills of a successful arts facilitator.

Some of the principles and features were criticised by Delphi panel members for not being grammatically comparable, for example transcendence is a noun, while spiritual is an adjective. The inconsistency of these descriptive words resulted from maintaining *in vivo* or verbatim vocabulary that was coded in the previous rounds of data collection (Barbour, 2007; Kelle, 1997). Therefore, these words remained for accuracy and authenticity in the pursuit of a common and shared language.

7.3.3.2 Definitively: what are principles?

The Delphi panel did not reach a consensus regarding whether principles best describe outcomes, mechanisms, processes, or a concept newly suggested by the panel: benefits of arts interventions.

Participants interpreted the principles as different parts of an arts intervention (Table 7.9). Outcomes and processes summarise these terms into two distinct categories, where an outcome is what the arts intervention achieves, and a process is how the arts intervention is delivered. The realist synthesis, and Delphi study, confirmed that process is used as a synonym for mechanism by some of the stakeholders.

Table 7.9: Interpretations of the principles suggested by Delphi panel

Interpretations of the principles	
Characteristics	Premises
Phenomena	Tenets
Fundamentals	Parameters
Theory	Standards
Models	Intentions
Outcomes	Processes
Benefits	Goals
Domains	Values
Dimension	Framework
Propositions	

There was a significant consensus (94.7%) that outcomes and processes are helpful categories for the description of arts interventions. The challenge, however, came in applying these labels to the existing principles.

The principles were tentatively divided into outcomes and processes for the second questionnaire:

- Outcomes: Animation, Transcendence, Expression, Connection
- Processes: Selfhood, Humanity, Possibility, Involvement, Awareness

Only 26.3% of the panel agreed that this was a clear and accurate representation. The two key themes in relation to this were that participants felt the principles were either interchangeable as processes or outcomes, or the principles were solely outcomes.

The cumulative findings from the realist review, case study and the Delphi study suggest that the principles have mechanism-like qualities that describe processes

occurring within an intervention, as well as potentially describing benefits, or outcomes, of the arts and dementia. Processes and benefits appear to be language that the majority of multi-disciplinary stakeholders prefer, rather than the research intensive terms outcomes and mechanisms:

"I prefer the word benefits to describe the achievements, and outcome if something is being measured more finitely." (Academic and clinical music therapist).

The status of the principles as outcomes or mechanisms, benefits or processes, depends upon the intervention context, and how the principles are configured as individual or multiple components within the intervention. Used in combination, they are susceptible to recursive causality and emergence (Rogers, 2008; Chapter 2, section 2.2.1.3) where they may influence each other as processes or outcomes.

This is a highly complex and interpretive area of research, and undoubtedly needs broader theoretical and empirical testing. A concluding discussion on the principles follows in the next chapter to accompany Version 2 of the taxonomy.

In debating the exact status of principles, several participants made observations relating to the measurability of principles. An academic had reservations about principles as outcomes because that carried "*a sense of tangible achievements / measurable goals*". Another participant advocated for both measures and descriptions. An academic and previous carer claimed the principles were only useful if they could be measured. One participant believed that the taxonomy should also include physiological and neurologic measures and outcomes.

This illustrates how imperative evaluation and proof of concept is to the field, as demonstrated by wider arts and health research (Daykin and Joss, 2016). As previous tools have shown (Chenoweth et al., 2009; Kinney and Rentz, 2005), descriptive

domains can be the basis for effective and stable methods of observation and analysis. The preliminary work that was begun for the case study, to develop and trial an observation tool using the principles as descriptive domains, could be continued and validated in the future.

7.3.3.3 Individual principles: renaming and refining

The principles were also tested as individual entities throughout the Delphi study. An example for the definition and description of Connection is given in Figure 7.4, which 100% of the Delphi panel agreed was clear and helpful. The results for all principles are shown in Table 7.10.

Figure 7.4: A sample example of Connection, shown with its definition and summary

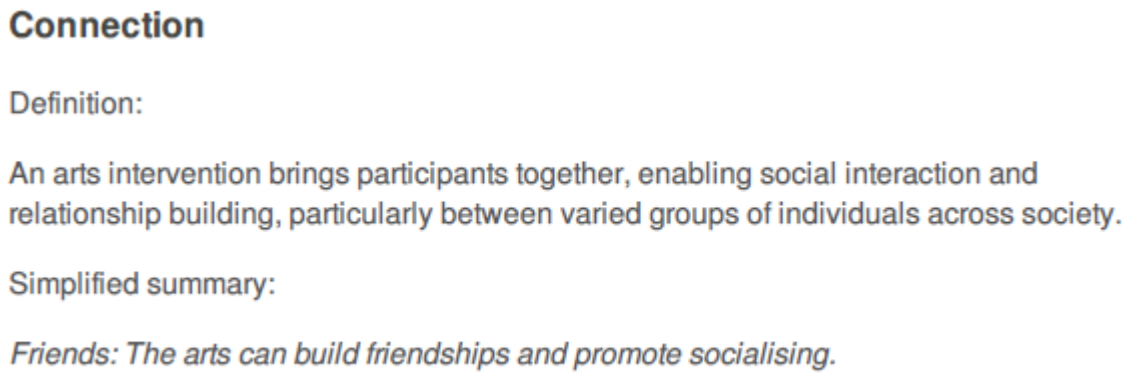


Table 7.10: Results relating to the clarity and helpfulness of the individual principle descriptions

Principle	Percentage agreement (Strongly agree/Agree) that this is a clear description (with a helpful summary)
Animation	84.3%
Transcendence	57.9%
Selfhood	63.2%
Humanity	68.5%
Expression	89.5%
Connection	100%
Possibility	84.2%
Involvement	63.2%
Awareness	68.4%

Five principles did not achieve the 70% threshold for consensus: Transcendence, Selfhood, Awareness, Humanity and Involvement. As mentioned previously, Awareness was disbanded and its features moved to the Competencies dimension.

A prominent theme of this data analysis was that confusion arose due to the name of the principle, particularly in the case of Transcendence (Table 7.11), Animation (Table 7.12), Possibility (Table 7.13) and Selfhood (Table 7.14). Consequently, the Delphi panel was asked to vote for their preference regarding principle names. This was important to establish a simple and easily communicable nomenclature for the taxonomy. These results are given below.

Table 7.11: Results for the Transcendence principle name

Transcendence	
Proposed name	**Percentage agreement for name**
Transcendence	19%
Transform or Transformation	47.6%
Transport or Transportation	28.6%
Other: Joy	 4.8%

Table 7.12: Results for the Animation principle name

Animation	
Proposed name	**Percentage agreement for name**
Animation	4.8%
Engagement	85.7%
Other: Quickening Opportunity	9.5%

Table 7.13: Results for the Possibility principle name

Possibility	
Proposed name	**Percentage agreement for name**
Possibility	38.1%
Potential	47.6%
Other: Curiosity I would not use another word Enrichment	14.3%

Table 7.14: Results for the Selfhood principle name

Selfhood	
Proposed name	**Percentage agreement for name**
Selfhood	61.9%
Individuality	28.6%
Other: Self-expression Personhood	9.5%

In accordance with these findings, the principle of Transcendence was renamed as Transformation, and the principle of Animation was renamed as Engagement. Transcendence was retained as a feature in the principle of Transformation, and animation was retained as a feature in the principle of Engagement.

Engagement was favoured because it *"implies a two way process"*, can be "*observed"* and is *"core to arts activities"*. Although Transformation did not achieve a consensus, Transcendence had proven to be problematic. The field of arts and health has previously been criticised for excessively lavish language (Zeilig, Killick and Fox, 2014). While other research acknowledges the complex meaning of transcendence, and its pertinence to human relationships and growth (Halling, 2008) – which has relevance for the arts and dementia – there were ultimately too many strong opinions arguing against Transcendence:

"A major challenge with arts research is that it is viewed as "fluffy" or "touchy-feely"...It is therefore extremely important to be mindful that things like 'transcendence' have no value." (Academic researcher).

Possibility retained its name. The quantitative results were not significant, but the qualitative data offered strong and convincing support for possibility:

"*Possibility encompasses potential - it feels like a broader term*" (Artist).

"*Possibility is more open and for me speaks more to the arts context"* (Artist, practitioner, family carer).

"I like possibility - as it implies hope and [is] *active"* (Artist).

Possibility was criticised for not being appropriate to those living with advanced dementia or at end of life. As a result, references to 'the future' in its description were removed for the second Version of the taxonomy.

A majority of the panel voted to retain the name Selfhood, though the principle and lay summaries (Figure 7.5) received criticism:

"'do what they want' is very weak and inaccurate." (Artist, practitioner).

"To 'restore' an identity is not something I have ever heard of." (Academic and previous carer).

Figure 7.5: The description and summary of the Selfhood principle

Selfhood

Definition:

An arts intervention can restore a person's sense of identity, reaffirming confidence and satisfaction, while being tailored to individual needs and preferences.

Simplified summary:

Myself: The arts can let people be themselves, and do what they want.

Consequently, the definition of Selfhood was refined. References to 'restoring' an identity, and the arts allowing people to 'do what they want', were removed.

There was a collective belief that the principle of Humanity covered too many concepts:

"I am not sure about this principle or the link between healing, trust and hope and feelings of embodiment" (Academic).

"I wonder if this principle and its definition are trying to do too much - empathy, validation, mood, stability, healing, trust and embodiment are a big package!" (Artistic, practitioner).

The use of the word healing was critiqued in relation to dementia as an incurable disease, though it was intended in its metaphorical and therapeutic sense.

The predominant feedback theme relating to Involvement was the inappropriateness of the feature normalising:

"*Dementia is not normal, it is a disease and we don't want to 'normal' a disease."* (Academic and previous carer).

Accordingly, the descriptions of Humanity and Involvement were amended for the second Version of the taxonomy to reflect these qualitative questionnaire responses.

7.3.3.4 Are any principles missing?

The Delphi panel was asked to reflect on whether any descriptive or explanatory principles were missing, and subsequently to make suggestions where they felt there were omissions. A number of proposals were made, but positively, the vast majority of these were already covered by the principle features (Table 7.15). Intuition was

suggested, which echoed the importance of tacit knowledge that was identified in the case study. As facilitator skills, these were added to the Competencies dimension.

This repetition of the features by the panel suggests that they need to be shared more prominently within the taxonomy as integral parts of each principle. A majority (78.9%) voted that the features were a helpful and appropriate supplement to the principles. Therefore, the descriptive summaries of each principle should directly use the language of the features wherever possible. This was refined for Version 2 of the taxonomy.

Table 7.15: A sample of the analysis which shows how suggested principles are already included

Suggestion of Principle	Already included in the Principles or features?	Evidence
Pleasure	Yes	Feature: enjoyment Principle: Expression
Fun	Yes	Feature: joy Principle: Engagement
Humour	Yes	Feature: humour Principle: Engagement

7.3.4 Contextual descriptive dimensions

The Delphi panel was asked to rate their agreement with a series of statements regarding the clarity and usefulness of the remaining descriptive dimensions. There was strong consensus and support, excepting the clarity of the Circumstances dimension (Table 7.16). This was addressed in subsequent questionnaires, along with other discrete areas of feedback.

Table 7.16: Results showing levels of agreement and consensus with dimensions statements

Dimension	Percentage agreement (Strongly agree/Agree) that the name of this dimension clearly describes its contents	Percentage agreement (Strongly agree/Agree) that this is a useful dimension for defining and describing arts interventions for people with dementia
Modality	81.8%	81.9%
Artistic characteristics	85.5%	95.5%
Circumstances	54.6%	77.3%
Competencies	72.7%	72.7%
Artistic focus	72.8	81.8%

7.3.4.1 Intervention context and Arts location

The Delphi panel felt that the name of the Circumstances dimension was not appropriate for its contents, being neither *"coherent*" nor "*instinctive"*. The participants suggested a number of alternative names for the dimension. The most frequently occurring of these – context, setting and scenario – were ranked, with context being voted the preferred term (Table 7.17[9]). In order to locate the context more precisely, the word intervention was added, and the dimension was renamed Intervention context. The decision to use the word intervention was outlined earlier in the research (Chapter 1, section 1.3.3.1). The dimension could be changed to Activity context for dissemination purposes.

[9] Due to a software error, 3 of the 21 respondents were only able to register their first choice preference, resulting in an incomplete data set.

Table 7.17: Results of the vote to rename the Circumstances dimension

Term	**Preference** (Where 1 = favourite, and 3 = least favourite)	**Frequency**	**Points**
Context	1 (3 points)	14	42
	2 (2 points)	5	10
	3 (1 point)	2	2
			Total = 54
Setting	1	3	9
	2	9	18
	3	6	6
			Total = 33
Scenario	1	4	12
	2	4	8
	3	10	10
			Total = 30

Naming the dimension Intervention *context* uses realist language that appears in the CMO configuration (Pawson et al., 2004), whereas it previously used realist language from the 'what works' research question (Wong et al., 2013). This does not imply that the other descriptive dimensions are no longer contextual. Rather, it recognises that the contents of this dimension are of particular contextual significance.

A number of participants felt that the dimension contained essential descriptive information relating specifically to the location of an arts intervention:

"I think of circumstances as being, principally, about geographic and spatial qualities." (Academic).

"I'd like to see a more action-oriented word…that invokes place and-space." (Music therapist).

The realist review showed that arts interventions happen in a range of places: art galleries, museums, care homes, hospitals, gardens, theatres. This "*physical space ('geography')"* element is clearly vital to an intervention, but unlike the other intervention contexts, does not exist as a pair or a continuum.

Therefore an additional Arts location dimension was devised for the second Version of the taxonomy to capture this information relating to the space and place of arts interventions (Figure 7.6).

Figure 7.6: Arts location dimension



7.3.4.2 Artistic elements and 'mechanisms'

Artistic elements was suggested by some members of the Delphi panel as an alternative name for the Artistic characteristics dimension. A considerable majority (89.5%) voted for Artistic elements as their preferred label, and so the dimension was renamed. Elements was favoured because it implies "*building blocks*", resonates with "*science*" and "*suggests a constituent part of a whole*".

While these dimensions cannot hope to be exhaustive, a number of additional artistic elements were identified by the Delphi panel (Table 7.18). These elements echo scholarship that identifies the different parts of music (Snyder, 2000). The diversity of these recommendations serves to remind that a taxonomy should be simple (Bailey, 1994) and function at an appropriate level of abstraction (Merton, 1967).

Table 7.18: A sample of artistic elements identified by the Delphi panel

Artistic elements identified by the Delphi panel		
Dynamics	Shape	Pitch
Tension	Form	Colour
Gesture	Tempo	Plasticity

The Delphi panel approached the Artistic elements dimension with critical and theoretical reflection, suggesting that these elements could also help to explain how arts interventions 'work':

*"This is good. You might also say artistic 'elements' or '**mechanisms**'…This might help give the 'why' a particular arts intervention **works**. It can help to isolate the actual element."* (artist, agency executive director and family carer).

"If these methods aren't used sessions can often exclude people with dementia from participating" (Arts manager).

It is possible therefore that artistic elements and principles are *both* types of mechanism for the arts. Principles have been devised to be common across art forms. The Delphi panel was asked whether the same was true of artistic elements. The response was not conclusive:

"Artistic elements are NOT common across art forms at all. Visual art does not [have a] *sound unless sound is added electronically or acoustically."* (Academic and clinical music therapist).

"*Of course the characteristics/elements are common across art forms."* (Academic).

"Let people choose - theatre for instance can involve all aspects." (Artist).

This research cannot draw more concrete conclusions about the universalism of artistic elements based on these findings. However, the potential connection between art forms and artistic elements shows how the taxonomy dimensions are inter-related (Godfray and Knapp, 2004).

7.3.4.3 Artistic elements incorporates Artistic materials

To further explore artistic elements as mechanisms of arts interventions, the Delphi panel was asked what artistic *materials* might be used to achieve or create them (Table 7.19). This applied realist theory to a practical and empirical setting.

Table 7.19: Examples of artistic materials of arts interventions identified by the Delphi panel

Artistic materials of arts interventions	
Paint	Instruments
Bark	Beads
Shells	Scarves
Ribbons	Feathers

Consequently, the Artistic elements dimension was twinned with a new Artistic materials dimension for the second Version of the taxonomy (Figure 7.7). This was

seen as a helpful "*practical tool"* for those planning arts interventions, for example carers, care staff, artists and practitioners. One Delphi participant, a carer, drew connections between artistic materials and art forms, for example clay and sculpture.

Figure 7.7: Artistic materials dimension



7.3.4.4 Art form and Complementary arts

A number of Delphi participants requested a more simplistic name for the Arts modality dimension, and several suggested Art form:

> *"I would find the term 'art form' much more explicit and simple."* (Artist/practitioner).

> *"'Art form' is also descriptive and useful."* (Academic).

Based on the frequency of this qualitative data, this dimension was renamed as Art form.

A number of participants commented that the concept of art form was potentially limiting, because a range of activities can be used creatively with people with dementia:

"The simplified description is not exclusive to arts activities - gardening, or playing cards are among the many things that can also stimulate people." (Artist, practitioner).

The literature review (Chapter 3, section 3.6.1) suggested a distinction between art form and complementary arts such as gardening, and that both might result in an arts *intervention* (as defined in Chapter 1, section 1.3.3.1) if they employed the principles. The Delphi study similarly demonstrated a breadth and diversity of arts practice that needed accounting for.

As a result, an additional dimension was introduced to expand the concept of art form: Complementary arts (Figure 7.8). Creative complementary arts can form the basis of arts interventions if they are underpinned by principles and artistic elements, which signify theory, purpose and reflection, enabling the person-centred and psychosocial needs of people with dementia to be met. These complementary arts relate to the concept of everyday creativity, which is discussed further in Chapter 8 (section 8.5.2.1).

Figure 7.8: Complementary arts dimension



7.3.4.5 Competencies: Awareness and Arts facilitators

The Delphi questionnaires identified components described in different parts of the taxonomy that would be more appropriately situated in the Competencies dimension. These included features of the Awareness principle. Others were suggested as necessary competencies by the panel:

"it can include…legal /registration as for arts therapists and teachers." (Music therapist and academic researcher).

The Competencies summary was therefore edited to reflect these changes:

This dimension defines and describes the skills and training which might be relevant to the delivery of a quality arts intervention: confidentiality, courage, awareness, reflection, practicality, dementia care training, intuition, tacit knowledge, business acumen, evaluation, arts training, registration for accredited professions.

Consequently, additional description and explanation was required to outline who should have these skills and training. It was necessary to map all those who may be

involved in the facilitation, delivery or participation of an arts intervention, for example artists and arts therapists, as well as care staff, carers, friends or family members. This responded to the outstanding query relating to who the principles might be referring to, and who uses the arts in an intervention. All these stakeholders need to embody the necessary skills and competencies for working with people with dementia, so the arts intervention can be presented in the right way to meet person-centred and psychosocial needs.

Therefore, a new dimension was devised: Arts facilitators (Figure 7.9). These individuals are considered equals, with complementary knowledge and expertise, as befits the epistemological framework of this research (Braun and Clarke, 2013; Denzin and Lincoln, 2018). It is assumed that these facilitators would work collaboratively in the spirits of co-production, referring to the strategic planning of interventions (Daykin et al., 2017), and co-creation, the process of mutual involvement in the design and execution of arts interventions (Zeilig, West and van der Byl Williams, 2018). There are indications that this way of working is effective for the arts and dementia (Created out of Mind, 2018), but as a concept co-creation would benefit from further empirical exploration.

Figure 7.9: Arts facilitators dimension



7.3.4.6 Artistic focus maps the arts and dementia field

The Artistic focus dimension received positive feedback for being "*simple*", "*very effective*" and "*easy to understand*". Distinguishing the different *"modes of engagement*" for the arts was seen as "*useful"*. Arts *about* people with dementia were praised for their ability to raise awareness and reduce stigma:

"*The arts also have the power to be used politically to advocate for change."* (Arts manager).

As the other dimensions developed it became clear that they refer specifically to arts interventions, while Artistic focus maps the arts and dementia field in general – of which interventions, or 'arts *with* people with dementia', are just one type.

7.4 Strengths and limitations of the Delphi study

The Delphi method offers a number of benefits which enhanced this study. An internationally diverse and expert panel (Hsu and Sandford, 2007) gave confidential and independent feedback on Version 1 of the taxonomy which led to a range of changes and improvements relating to its definitions, nomenclature, theoretical

explanation and simplicity. The Delphi process was consistent with the iterative, theory building features of realist methodology (Pawson et al., 2004) as well as the inclusive, constructivist approach to knowledge taken by this research (Lincoln, Lynham and Guba, 2018).

Proving stability (Holey et al., 2007), validity (Jones and Hunter, 1995), credibility and rigour (Day and Bobeva, 2005) are common challenges for Delphi studies. The researcher was the sole conduit for the questionnaire dialogue which can result in opinion moulding (Hsu and Sandford, 2007). However, permission to interpret meaning in this way is granted by the qualitative, phenomenological framework of this study (Braun and Clarke, 2013; Lincoln, Lynham and Guba, 2018; Morse, 2006; Taylor, Bogdan, DeVault, 2016).

Moreover, the theory being presented to the Delphi panel had undergone several rounds of testing throughout the realist review. The findings and successive Delphi questionnaires were also discussed and modified as necessary during academic supervision sessions. Therefore, the researcher's interpretation of the material had already been externally scrutinised, helping to address criticisms relating to validity and accuracy (Silverman, 2013). In this instance, the Delphi study was one round of data collection alongside the realist review and the case study. Consequently, its findings were triangulated and cumulatively analysed within the context of this other data which also strengthened its validity.

A software error caused by the researcher resulted in an incomplete data set for three participants, which affected two questions in one questionnaire. While regrettable, this did not irreparably impact the results which were conclusive for those questions. The systematic transparency of the Delphi reporting, and the relevant and considerable

expertise of its participants, offer assurances of the study's credibility and rigour (Day and Bobeva, 2005).

This study was less concerned with proving quantitative stability and achieving complete consensus (Diamond et al., 2014). This allowed findings to be aggregated at an appropriate level, maintaining the balance between generalisation and individuality which this research prioritises (Bloom et al., 1956). The Delphi panel size was defensible (Jorm, 2015) and rallied against fatigue to finish with strong participation in the last round. This indicates that participants were motivated and engaged in the work, as does the depth of thought evident in their questionnaire responses.

Interpreting panel disagreement occasionally presented a challenge. Given that professional terminologies differ, and words can carry individual associations amongst stakeholders (Willis and Artino, 2013), it was not always possible to conclude whether it was the concept, or the language, that caused divergence amongst participants. However, that illustrates precisely why this research, and a common language, is required. The Delphi process does not offer the option of clarification or discussion amongst participants as a focus group or interview might (Barbour, 2007), which could have been helpful on these occasions. However, what it does ensure instead is an equal contribution from each participant (Jones and Hunter, 1995).

Some Delphi participants found the process interesting and useful for personal reflection. Others found the lack of interaction frustrating, and the questionnaires difficult to complete due to the online remoteness and complexity of the content. While the Delphi method undoubtedly offered many strengths, it required a considerable investment of time and thought from participants (Hsu and Sandford, 2007). Furthermore, the conceptual emphasis of the questionnaires was potentially

disengaging or inaccessible for some participants. The questions could have been simplified, for example offering fewer ranking choices or reducing the realist theoretical emphasis, but this would have lessened the comprehensiveness of the findings.

Overall, this primarily qualitative Delphi study was an innovative and effective method for engaging with a diverse expert sample of representatives from the arts and dementia community. While its findings are limited by sample size, it offered detailed and practical reflections on the taxonomy which resulted in significant developments.

7.5 Conclusions

This chapter reports a three stage Delphi study conducted with an international, expert panel of those with personal or professional experience of the arts and dementia. The panel gave feedback relating to the clarity, accuracy and usefulness of the proposed taxonomy, which improved its nomenclature, description and theoretical explanation of arts interventions. The questionnaires covered three areas of enquiry: taxonomy as a term, the principles, and the additional contextual dimensions.

Several findings from the Delphi study resulted in changes to the taxonomy. Framework was the preferred term for multi-disciplinary dissemination, though taxonomy retains relevance within an academic context. Two principles were renamed, Transcendence as Transformation and Animation as Engagement, while the Awareness principle was disbanded and its relevant features added to the Competencies dimension. Principles can be viewed as a combination of benefits and processes of arts interventions, whilst also having the properties of realist mechanisms and outcomes.

Three dimensions were renamed: Circumstances as Intervention context, Arts modality as Art form, and Artistic characteristics as Artistic elements. Four new dimensions were created: Arts location, related to Intervention context; Complementary arts, related to Art form; Arts facilitators, related to Competencies; and Artistic materials, related to Artistic elements. Artistic elements help the arts to 'work' for people with dementia, and have similar mechanistic properties to principles.

The conclusion of the Delphi study signified the end of data collection. A final synthesis of the total study findings was then undertaken to produce Version 2 of the taxonomy, which is reported in the next chapter.

8 Presentation and discussion of the taxonomy of arts interventions for people with dementia: A framework to describe and explain the theory and practice of arts activities

8.1 Introducing the second taxonomy

This chapter reports Version 2 of the taxonomy of arts interventions for people with dementia, the concluding research output following all stages of this project.

The adapted realist review, the literature review, real world discussion groups and resulting realist synthesis (Pawson et al., 2005; Wong et al., 2013), produced Version 1 of the taxonomy, comprised of six dimensions (Chapter 5).

The case study (Chapter 6) and the Delphi study (Chapter 7) independently applied and tested this proposed classification, in an empirical and a theoretical setting respectively. Both of these studies identified findings to refine and improve Version 1 of the taxonomy.

This chapter synthesises the case study and Delphi study findings for the first time, along with salient findings from the updated literature review (Chapter 3, section 3.2.1.5), and combines them with the collective findings of the realist review to produce the second Version of the taxonomy. In its discussion, this chapter interprets and explains Version 2 of the taxonomy using realist theory, and compares and

contrasts the taxonomy with other relevant arts and health, creative ageing, arts therapies and arts and dementia research.

8.1.1 Synthesising the complete research findings

To produce Version 2 of the taxonomy, discrete findings from the case study, Delphi study and updated literature review were systematically combined and related to Version 1 of the taxonomy. This included new dimensions, amended definitions, principles that had been renamed, features to be included and additional content for existing dimensions.

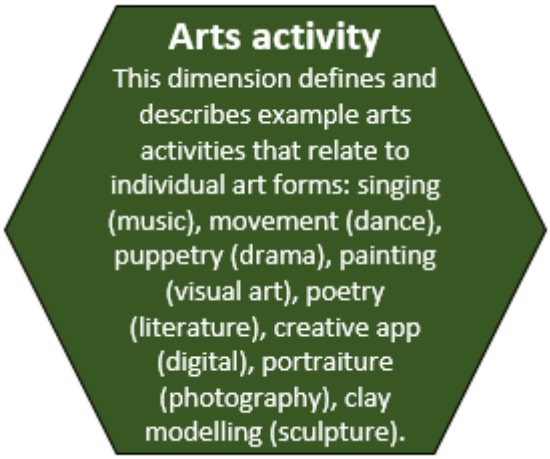
The data being synthesised included deductive and inductive codes (Fereday and Muir-Cochrane, 2006), their broader analytic themes (Braun and Clarke, 2006; Braun and Clarke, 2013) and some descriptive statistics (von der Gracht, 2012).

Version 2 of the taxonomy combined multi-disciplinary terminology and knowledge to make a common language, or nomenclature, for the description, explanation, communication and simplification of the arts and dementia.

8.1.2 A new dimension: Arts activity

One new dimension was identified during this cumulative synthesis of the total research findings: Arts activity (Figure 8.1). It is related to the Art form dimension and gives examples of individual art forms in action. If these arts activities are underpinned by, or result in, the principles or artistic elements, then they can be defined as arts interventions.

Figure 8.1: Arts activity dimension



8.1.3 Realist theory relating to Version 2 of the taxonomy

Version 2 of the taxonomy can be interpreted and explained using two realist theoretical lenses (Booth, Sutton and Papaioannou, 2016; Braun and Clarke, 2013; Pawson et al., 2005; Wong et al., 2013).

Firstly, a finalised CMO configuration which identifies the context, mechanisms and outcomes of arts interventions.

Secondly, by arranging the taxonomy dimensions in sequence to answer the following realist question, in relation to arts interventions and people with dementia: *what works for whom, in what circumstances, in what respects, and how?* (Wong et al., 2013).

An analysis of this realist theory is reported later in the chapter (section 8.4).

8.1.4 Clarifications and caveats relating to the taxonomy

As discussed throughout this research, there have been a number of objections and challenges regarding an attempt to classify the arts and dementia, mainly relating to concerns that a taxonomy would be rigid (Bailey, 1994), reductive, inaccessible and lacking personalisation (Crossick and Kaszynska, 2016).

Accordingly, a number of clarifying statements accompany this second Version of the taxonomy which respond to some of the misconceptions about the taxonomy.

Firstly, the dimensions are not exclusive. More than one dimension, and multiple contents from the same dimension, can be used together in the same arts intervention. For example, distinguishing between art forms, such as dance and music, does not prevent them from being combined and integrated into one intervention (Kang et al., 2010). This taxonomy encourages and assumes its distinct parts will be used collectively and simultaneously.

Secondly, the contents of the dimensions do not claim to be exhaustive. For example, the Delphi panel identified a large number of artistic elements, but listing all of these would increase, rather than reduce, complexity. By using categorical prototypes (Mervis and Rosch, 1981), the most relevant examples, the dimensions hope to give enough typical detail to be descriptive and generally applicable.

Thirdly, the taxonomy dimensions, and their contents, are subjective (Kunz, 2013). While the research has attempted to seek a consensus classification (Scoble, 2004), other stakeholders may group or classify components differently. The taxonomy is development and dynamic, it is a starting point, and represents one interpretation of meaning (Grbich, 2013).

Finally, not all words in the taxonomy will suit all stakeholders, but an attempt has been made to select the most appropriate, accessible and accurate vocabulary for the majority of its users and the research aims. The word taxonomy is the most suitable for this academic context because it is the only term which conveys the relational, inter-connectedness of the dimensions (Godfray and Knapp, 2004). Some members of the Delphi panel were concerned by taxonomy's connotations of hierarchy. This

classification does not seek to rank any aspect of the arts and dementia. In this instance, hierarchy applies only to how certain information is presented in degrees, for example art forms broken down into activities, or principles described in more detail by their features. To overcome the limitations of the word taxonomy, a strapline has been affixed to the title, seen in this chapter's title, which uses the dissemination friendly terms of framework and activity. This was suggested by a Delphi participant (Chapter 7, section 7.3.2.3).

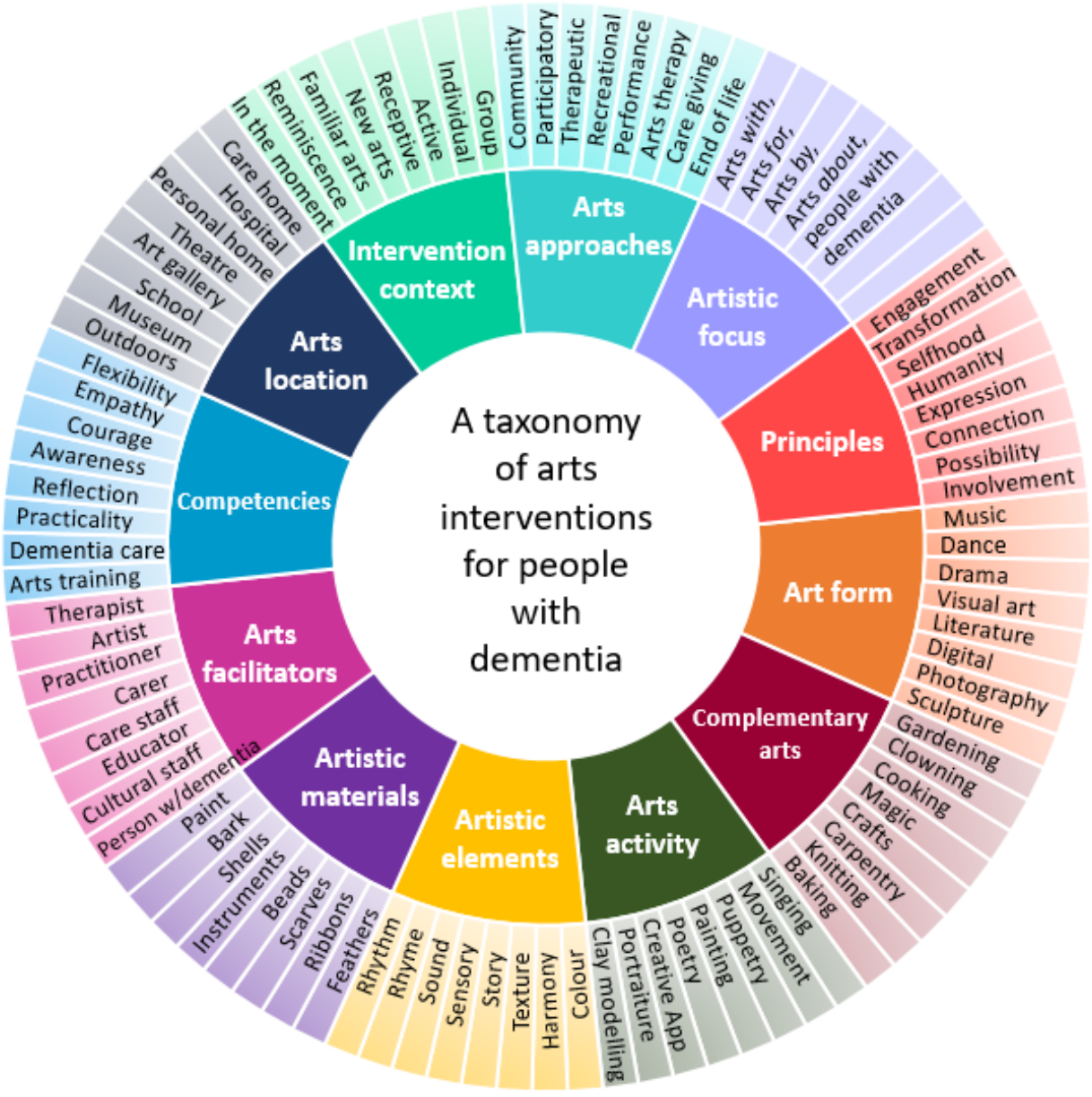
8.2 Dimensions of the taxonomy

Version 2 of the taxonomy has twelve descriptive dimensions resulting from the complete research findings: Principles; Art form; Complementary arts; Arts activity; Artistic elements; Artistic materials; Arts approaches; Intervention context; Arts location; Competencies; Arts facilitators; Artistic focus (Figure 8.2). The taxonomy dimensions are inter-related and inter-connected, meaning some intentionally precede and overlap others. Therefore, the dimensions are best used collectively.

Most dimensions include between 8 and 10 illustrative example components that have been identified during data collection. This number has not been standardised, as with the Principles and features dimension, but accurately reflects individual findings. Figure 8.2 displays up to 8 of the most prominent or prototype examples (Mervis and Rosch, 1981) for each dimension.

The following sub-sections provide an overview of each taxonomy dimension, including its summary description and points of discussion.

Figure 8.2: Version 2 of the taxonomy of arts interventions for people with dementia



8.2.1 Principles

This dimension uses prominent features to define and describe the underpinning component parts that characterise arts interventions for people with dementia. Principles are elements present in, or enabled by, arts interventions and identify how they operate and produce their effects: Engagement, Humanity, Selfhood, Involvement, Expression, Connection, Possibility, Transformation.

The literature review first identified the principles as component parts that characterise arts interventions using stakeholder vocabulary, or nomenclature. This fourth iteration (Table 8.1; Figure 8.3) incorporates findings and feedback from:

- the updated literature review: the features of citizenship (Dupuis et al., 2016), respite (Burnside et al., 2017) and somewhere different (Camic, Baker and Tischler, 2016);
- the case study: the features of framing, regulation, attuning, safety, smiling and relaxation, which had also appeared in the first iteration;
- the Delphi study, which changed the names and descriptions of some principles and features.

The definition of the Principles dimension, shown above, was simplified again following the Delphi study (Chapter 7, section 7.3.3.1). Reference to "*creative values*" was removed as, following the final data synthesis, this was deemed unnecessarily confusing.

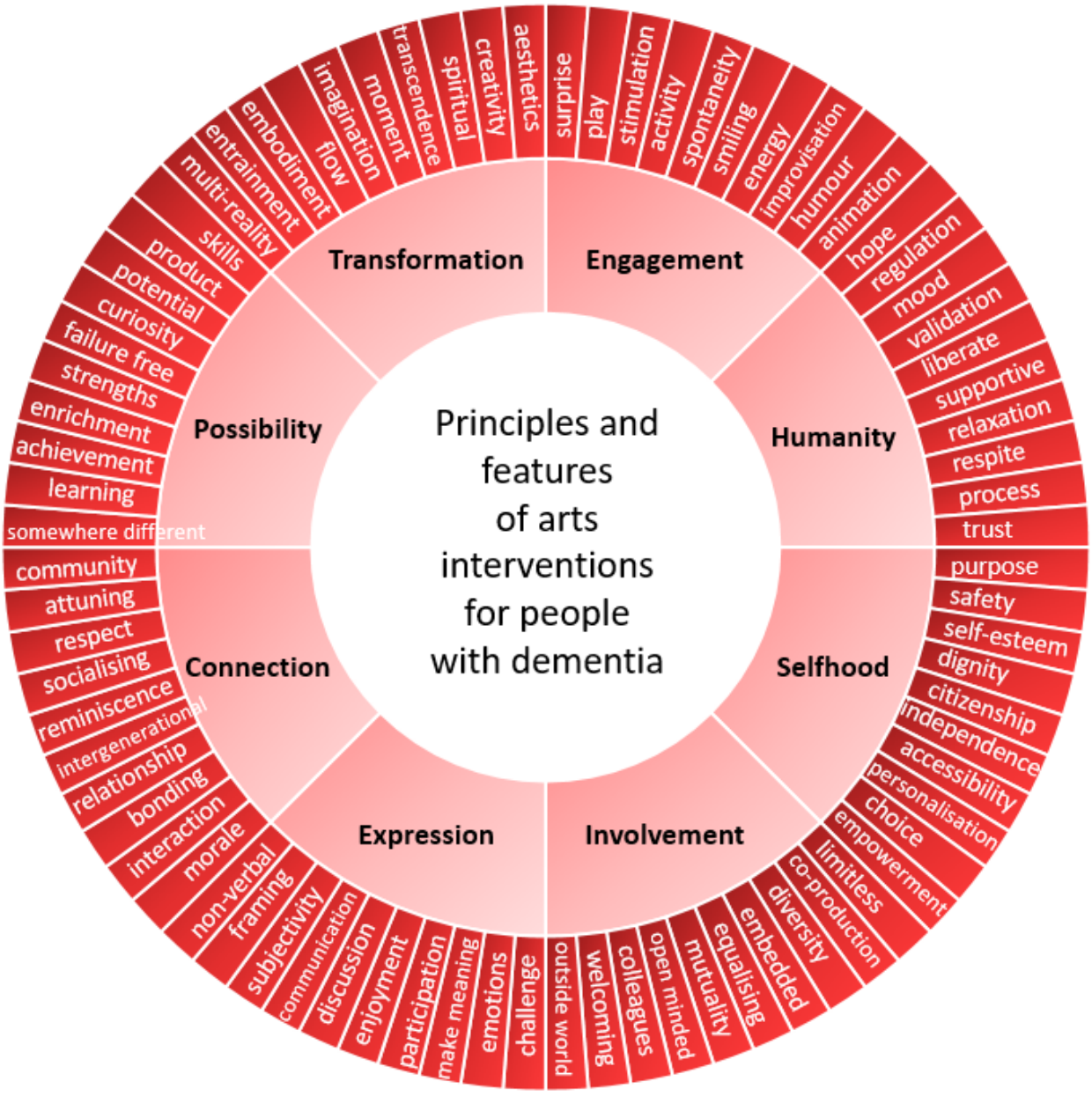
The principles might apply to anyone taking part in an intervention. They are mutual. However, extending Kitwood's (1997) positive person work, the principles chiefly characterise how the arts, distinct from any other type of meaningful activity, can meet particular person-centred and psychosocial needs of people with dementia.

Table 8.1: Principles, features, descriptions and lay summaries

Principle description (lay summary)	**Features**	
Engagement *An arts intervention engages and stimulates, possibly using improvisation or play, and gives participants an opportunity to take part in a live activity.* (The arts can be lively and fun).	surprise play stimulation activity spontaneity	smiling energy improvisation humour animation
Transformation *An arts intervention might transform its participants using creativity, imagination and flow – transporting them to a different time, emotional space or into the moment.* (The arts can transform people and change how they feel).	aesthetics creativity spiritual transcendence moment	imagination flow embodiment entrainment multi-reality
Selfhood *An arts intervention can generate purpose and feelings of independence, identity and empowerment, while being personalised and accessible to individual needs and choices.* (The arts can create a sense of identity).	purpose safety self-esteem dignity citizenship	independence accessibility personalisation choice empowerment
Humanity *An arts intervention can offer respite by validating, regulating or stabilising mood, and enabling a process of trust, relaxation and hope.* (The arts can be relaxing and supportive).	hope regulation mood validation liberate	supportive relaxation respite process trust

Expression *An arts intervention allows participants to share and frame their emotions, sometimes without language, generating enjoyment, discussion or challenge to make meaning.* (The arts can help people share and process their emotions).	non-verbal framing subjectivity communication discussion	enjoyment participation make meaning emotions challenge
Connection *An arts intervention can facilitate connection to the self and others through bonding, morale and reminiscence, enabling social interaction and relationship building.* (The arts can enable social interaction).	community attuning respect socialising reminiscence	intergenerational relationship bonding interaction morale
Possibility *An arts intervention can allow failure free achievement and the use or development of skills, encouraging curiosity in different places, and providing a focus on enrichment and potential.* (The arts can give people new experiences).	skills product potential curiosity failure free	strengths enrichment achievement learning somewhere different
Involvement *An arts intervention involves a range of participants, is welcoming, mutual and equalising, and includes limitless activities that can embed the arts into everyday life.* (The arts can include and welcome people).	limitless co-production diversity embedded equalising	mutuality open minded colleagues welcoming outside world

Figure 8.3: Principles and features of arts interventions for people with dementia



8.2.2 Art form

This dimension defines and describes arts interventions in terms of their particular arts modality or discipline. More than one of these art forms could be present in an arts intervention. Examples include: music, dance, drama, visual art, literature, digital, photography, sculpture.

The Art form dimension resulted from the realist synthesis, and its name was changed following the Delphi study. Art form alone is not sufficient enough to guarantee an arts *intervention* for people with dementia – some of the principles and artistic elements must also be present.

Art form could function as a species metaphor within the taxonomy. As Linnaeus recognised that species can exist as hybrids (Paterlini, 2007), so too can art forms. Art forms are frequently used together in arts interventions (Caddell and Clare, 2011; Kontos and Martin, 2013), for example music and dance, but ultimately they are classifiable, like flora and fauna, based on their generalisable differences.

8.2.3 Complementary arts

This dimension contains creative activities that have artistic properties and can result in an arts intervention by using principles and artistic elements. Examples include: gardening, clowning, cooking, magic, crafts, carpentry, knitting, baking.

Complementary arts allow the taxonomy to take an inclusive and limitless approach to defining the arts, which was a consistent theme in the discussion groups and Delphi study. Complementary arts include cultural engagement, such as dementia friendly heritage sites (Klug et al., 2017), and creative hobbies or leisure interests that support healthy ageing (APPG, 2017; Cutler, 2009; Mental Health Foundation, 2011). Importantly, these creative activities have personal meaning for the individual living

with dementia, and have the potential to meet their person-centred or psychosocial needs on an everyday basis (Bellass et al., 2018).

Complementary arts are distinct from 'traditional' art forms, but share a comparable relationship to the principles and artistic elements, namely that an arts *intervention* can result from engaging these mechanisms or outcomes within creative activities. For example, gardening (context) combined with relevant mechanisms, such as sensory stimulation (an artistic element) and a sense of purpose (a feature of the Selfhood principle), could result in relaxation and enhanced mood (features of the Humanity principle).

Complementary arts were acknowledged in Chapter 2 (section 2.4.1) for their contribution to the arts and health field (Clatworthy, Hinds and Camic, 2013; Koller and Gryski, 2007; Novak, 2013). They were subsequently identified in the literature review and real world discussion groups, for example knitting and cooking. Baking is another example (Majlesi and Ekström, 2016). Carpentry, including woodwork, was identified as a complementary art in the case study. Similarly in the UK, some creative activities aim to be more gender inclusive for older people, such as the popular *Men in Sheds* initiative (Age UK Nottingham & Nottinghamshire, 2015).

8.2.4 Arts activity

This dimension defines and describes example arts activities that relate to individual art forms: singing (music), movement (dance), puppetry (drama), painting (visual art), poetry (literature), creative app (digital), portraiture (photography), clay modelling (sculpture).

The case study identified that distinctions can be made within particular art forms (Chapter 6, section 6.3.4.2), for example singing as a subset of music, and that

recognising individual activities within art forms is helpful. This dimension is therefore designed to gather examples of different intervention activities, creating a useful and applied resource for stakeholders.

Previous research aiming to define arts engagement for population health (Davies et al., 2012) has also divided art forms into discrete activities in a similar way, as well as making distinctions between arts and 'non arts' as the Complementary arts dimension does. Like complementary arts, arts activities can still be classified as arts *interventions* if they include sufficient principles and artistic elements to imply purpose and best practice.

The Arts activity dimension is designed to be a practical planning tool like the Artistic materials dimension, which the Delphi panel agreed was a *"useful"* level of detail for those arranging arts interventions. It is assumed that the Arts activity dimension will similarly contribute to the usability of the taxonomy (Godfray and Knapp, 2004) and may prove particularly useful for carers, care staff, artists and practitioners.

The individual activities listed in this dimension were identified across the data. For example, puppetry and clay modelling were suggested by Delphi participants, and creative apps were discussed by members of focus group 1.

8.2.4.1 Singing: an example of an Arts activity

Each arts activity can be enacted in a number of ways, as the Arts approaches dimension explains. For example, the activity of singing can result in many types of arts interventions and produce a range of outcomes and benefits (Table 8.2).

Table 8.2: Singing as an example of an Arts activity

Singing activity	**Possible outcome or benefit (Principles and features)**
Attending a concert	Involvement in the public space aesthetic appreciation
An improvised vocal performance	interaction stimulation
Listening to a personal play list of songs	relaxation or mood change discussion or reminiscence
Singing during music therapy	Expression communication
Singing with a choir	Connection self-esteem or achievement
Community singing group	relationship enjoyment
Singing during care giving	supportive personalisation
Singing at end of life	spiritual safety

8.2.5 Artistic elements

This dimension defines and describes the particular properties of arts practice that enable interventions to be impactful for people with dementia. Examples include: rhythm, rhyme, sound, sensory, story, texture, harmony, colour.

Artistic elements can help to explain how the arts 'work' for people with dementia and produce their effects. The role of sensory stimulation in the arts was first identified in the literature review (Behrman, Chouliaras and Ebmeier, 2014; Burnside et al., 2017; Byers, 2011; de Medeiros and Basting, 2014). Artistic elements was

subsequently defined as a dimension following the realist synthesis. Its name was changed as a result of the Delphi study.

The Delphi study showed that artistic elements are numerous. They may be common to all art forms, though this can be determined by the individual practitioner or individuals taking part in an intervention. Clearly some artistic elements are more suited to certain art forms than others. For example, colour or texture could apply, in a literal or metaphorical sense, to music, visual art, dance, digital art or literature. Whereas sound might not apply to visual art, although it could be added digitally.

The realist theoretical implications of Artistic elements are discussed later in this chapter (section 8.4).

8.2.6 Artistic materials

This dimension defines and describes artistic supplies and resources that can be used in arts interventions for people with dementia. Examples include: paint, bark, shells, instruments, beads, scarves, ribbons, feathers.

This dimension developed from the Artistic elements dimension, demonstrating the evolutionary (Paterlini, 2007) and relational nature of taxonomy (Godfray and Knapp, 2004). Artistic materials offer suggestions for achieving and incorporating different artistic elements. In this way they act as contexts which, when combined with a mechanism, could trigger an outcome. For example, a shell or feather (contexts) combined with sound, colour, story or texture (mechanisms) as part of a purposeful intervention, could result in a number of outcomes for the participant, such as humour or making meaning.

This dimension is intended to be a practical tool for those delivering arts interventions, similar to the Arts activity dimension, and shares ideas for what to include in arts interventions. There are many artistic materials which could be suitable for arts interventions for people with dementia. An assessment of their relative effectiveness could be the subject of further empirical research.

This dimension could also be used to justify the costing of arts interventions (Campbell et al., 2018), relating to the procurement of props or equipment.

8.2.7 Arts approaches

This dimension contains the multiple applications and approaches of the arts for people with dementia, and the ways in which the arts can be used: community arts, participatory arts, therapeutic arts, recreational arts, performance arts, arts therapy, arts during care giving, arts at end of life, appreciative arts.

The Arts approaches dimension makes a distinction between the different ways the arts can be used with people with dementia. For example, the literature review (Chapter 3, section 3.6.3) and case study (Chapter 6, section 6.3.3.1) showed the distinction between arts therapy and therapeutic arts to be complex and blurred (Beard, 2011). The same is also true of other distinctions between arts therapy and community arts (Ottemiller and Awais, 2016). This is one reason why music therapy was selected as an empirical case study.

The case study highlighted further uses of the arts, for example during care giving and at end of life. The Delphi panel suggested other distinctions such as performance arts and recreational arts, which relate arts interventions to entertainment and leisure pursuits respectively. The latter is associated with the Complementary arts dimension.

8.2.8 Intervention context

This dimension contains a number of contextual pairings and continua related to arts practice that might be present in an arts intervention. Examples include: process and product, active and receptive arts, recorded and live arts, new and familiar cultural arts, reminiscence and in the moment, lingual and non-lingual, institutional and community, individual and group arts, stage of dementia.

This dimension resulted from the realist synthesis and was renamed and refined by the Delphi panel. Active and receptive arts were added following a suggestion by a Delphi participant. This is a critical division in music therapy (Vink, Bruinsma and Scholten, 2003) that is generally applicable to the arts and dementia.

The distinction between new and familiar cultural arts, the importance of which had featured in the literature (Coaten, 2011; Hannemann, 2006; Mottram, 2003) and focus group discussions, has been added as another pairing. Research has shown that artistic preference and appreciation can remain stable throughout dementia (Halpern et al., 2008), while people living with dementia may also develop new artistic interests and abilities (Miller et al., 1998). This dimension offers people with dementia an opportunity to explore both familiar and new experiences, connecting with, or irrespective of, historical interests.

The Delphi study, case study and NGT workshop 1 found that the stage of dementia was another pertinent contextual continuum within an arts intervention. Previous research has also recognised the relevance of dementia severity to arts engagement (Regier, Hodgson and Gitlin, 2017; Young, Camic and Tischler, 2016). In turn, this relates to dementia care training in the Competencies dimension, as artists or practitioners need to be aware of possible behaviours and symptoms at different stages

of dementia in order to deliver effective and suitable arts interventions. The relationship between the arts and type of dementia, for example dementia with Lewy bodies or frontotemporal dementia, could also be an important intervention context to consider, as previous research has observed (Harrison et al., 2017). However, this distinction did not emerge from the research data.

The case study showed that these descriptive pairs could both be present in the same intervention, for example therapeutic song writing can result in a process and a product (Baker et al., 2008; Baker et al., 2009). Sometimes however, there is a clear division between one context or another, for example whether an intervention will be delivered individually or in a group.

This dimension is one of several realist contexts which will be explained in more detail later in this chapter (section 8.4).

8.2.9 Arts location

This dimension defines and describes the potential places and spaces where an arts intervention could occur, if supported by an appropriate ambience. Examples include: care home, personal home, hospital, school, theatre, cinema, museum, library, art gallery, outdoors/garden.

The arts and dementia, and arts and health literature identified that interventions take place in a variety of settings, for example art galleries (Camic, Baker and Tischler, 2016), care homes (Zinn, 2005) and gardens (Clatworthy, Hinds and Camic, 2013). The case study sites gave further evidence of this diversity, and demonstrated how the location was an important contextual dynamic in the delivery of the arts. For example, the school environment framed the arts differently to the care home day centre.

The Arts location dimension was developed following explicit references to *"place*" and *"space*" by Delphi participants, who considered these "*geographic qualities*" central to the delivery of an arts intervention. Location is a more detailed extension of the Intervention context dimension.

The importance of ambience was added to the dimension description following the cumulative synthesis. This was drawn from the case study findings in relation to the *hygge* setting of the care home site.

8.2.10 Competencies

This dimension defines and describes the skills and training which might be relevant to the delivery of a quality arts intervention. Examples include: flexibility, empathy, courage, awareness, reflection, practicality, intuition and tacit knowledge, dementia care training, arts training, business acumen, evaluation, registration and conduct for accredited professions.

The Competencies dimension was identified following the realist review, and has developed with the subsequent rounds of data collection. Tacit knowledge was added from the case study, a consistent code from the interviews and focus groups. Following the Delphi study, several of the features from the former Awareness principle were transferred to this dimension. Delphi participants suggested others, such as registration requirements for certain regulated professions.

Competencies are connected to the Principles dimension, because those components which characterise arts interventions often result from well executed skills and abilities, for example the features of spontaneity, trust and improvisation. Consequently, competencies are critical because being a skilled artist does not necessarily equate to having the ability to facilitate effective arts *interventions* for

people with dementia. Training was consistently coded in the literature review (Hulme et al., 2010; Rylatt, 2012; Woods and Jury, 2010), which is further evidence that artists need a specific and additional set of skills for working with people with dementia.

8.2.11 Arts facilitators

This dimension identifies the range of individuals with equally valid knowledge and expertise who might facilitate, co-produce or co-create an arts intervention. Examples include: therapist, artist, practitioner, carer, care staff, activity co-ordinator, educator, cultural staff, person with dementia.

Arts facilitators is connected to the Competencies dimension and identifies individuals who might have the necessary skills, experience and training to lead, or co-create, an arts intervention for people with dementia. This dimension emerged from the Delphi study. The Delphi panel demonstrated the range of people involved in the arts, which was an important finding that needed capturing in the taxonomy.

The case study showed that job role is not a limitation to arts engagement and that care staff for example, can use their knowledge of clients to deliver personalised arts. The benefits of involving care staff in the arts have been documented (Broome et al., 2017b). However, other research has shown that training care staff to deliver arts in the same way as professionals, for example 'living room' theatre based interactions in care homes, has limitations (van Haeften-van Dijk, van Weert and Dröes, 2015). Consequently, multi-disciplinary interventions that involve a range of facilitators are likely to be most effective, which is what this dimension describes.

Some of the categories in this dimension, such as artist or practitioner, could potentially be split into further distinctions, for example community artist or

healthcare musician, but this would require further research. For now, this additional detail is reflected in the Arts approaches dimension.

8.2.12 Artistic focus

This dimension maps the arts and dementia field and its different methods of engagement: arts with people with dementia, e.g. interventions; arts for people with dementia, e.g. dementia friendly film screening; arts by people with dementia, e.g. performance or exhibition; arts about people with dementia, e.g. advocacy arts and story sharing.

This dimension was first introduced following the realist synthesis, and was based on four categories suggested by an NGT workshop participant. These have subsequently been interpreted by the researcher in the following way.

Art *with* people with dementia refers to arts interventions that engage with the principles and artistic elements, and are underpinned by the other taxonomy dimensions.

Art *for* people with dementia refers to dementia friendly arts and cultural experiences that are tailored and made accessible to particular needs. There are a growing number of policy guidelines in this area (Alzheimer's Society, 2015; Klug et al., 2017; Taylor, 2016; The Whitworth & Manchester museum, 2018).

Art *by* people with dementia refers to products that have been created, for example therapeutic songs or art work (Harrison et al., 2017; Ullán et al., 2013).

Art *about* people with dementia responds to creative work that seeks to raise awareness, share stories or use creative methods to advocate for people with dementia (Schneider and Myers, 2015). There is growing traction for dementia activism

underpinned by models of disability empowerment and human rights (Shakespeare, Zeilig and Mittler, 2017), and the arts have an integral role in furthering this cause – a belief that was raised in the Delphi study. Moreover, the updated literature review identified that the arts are important for changing the narrative around dementia and challenging assumptions, including reducing stigma (Dupuis et al., 2016). Arts *about* people with dementia also includes fiction, film and memoirs, for example *Still Alice*, *Elizabeth is Missing* and *Elegy for Iris.* Depending on authorship, these could also be Arts *by* people with dementia.

It became apparent after the case study and Delphi study that this dimension is holistic and refers to the whole field of the arts and dementia, while the other dimensions mainly relate to arts interventions, or arts *with* people with dementia.

8.3 Discussion of the taxonomy

8.3.1 Using the taxonomy to report, describe and replicate arts interventions

Previous healthcare research has developed itemised checklists for reporting interventions to ensure adequate description, and consequently, accurate replication that guarantees quality (Campbell et al., 2018; Hoffman et al., 2014). These templates for intervention description and replication (TIDieR and TIDieR-PHP) identify several elements that must be included when reporting a health related intervention – most of which are relevant to the arts and dementia. Table 8.3 shows these requirements matched to their respective dimension to illustrate the comprehensiveness, and adherence, of Version 2 of the taxonomy. All twelve dimensions correspond to domains in the TIDieR templates.

The TIDieR-PHP template, updated specifically for population health and policy interventions, asks for interventions to describe why, what, how, who and where

(Campbell et al., 2018). This mirrors realist language (Pawson et al., 2004; Wong et al., 2013), and these specific questions are explored as part of the realist theoretical analysis in section 8.4.2 of this chapter.

Table 8.3: Illustrating that the taxonomy dimensions satisfy the TIDieR requirements (Campbell et al., 2018; Hoffman et al., 2014)

TIDieR and TIDieR-PHP requirement: details of the intervention	**Corresponding taxonomy dimension**
Brief name	Artistic focus Art form Complementary arts
Mechanisms or rationale	Principles Artistic elements
Theory or goal	Principles Artistic elements
Materials or training	Artistic materials Competencies
Activity or process	Arts activity Principles
Provider	Arts facilitators
Delivery mode	Intervention context Arts approaches
Location	Arts location

The TIDieR templates also specify that dosage and tailoring should be included in intervention descriptions (Campbell et al., 2018; Hoffman et al., 2014). Regarding dosage, the principle of Involvement urges unrestricted access to the arts through its feature embedded, echoing support for every day creativity in dementia care (Bellass et al., 2018). A description of tailoring exists in the Selfhood principle, particularly

relating to the feature of personalisation. TIDieR-PHP suggests that funding sources should be articulated (Campbell et al., 2018). The taxonomy recognises this by defining the skills of business acumen in the Competencies dimension. Funding may also be relevant for the Artistic materials dimension, in terms of costings for arts intervention provisions, and the Arts facilitators dimension, regarding payment relating to wages.

8.3.2 The taxonomy as a common language

The taxonomy presents a common language for the arts and dementia. In particular, the principles and their features, along with the Arts approaches dimension, offer a collection of commonly used words, labels and terminology, a nomenclature, relating to the arts and dementia. This is a hugely beneficial resource for the definition, description, explanation and simplification of the arts and dementia across a multi-disciplinary field.

However, different stages of the research have shown that there are limits to the transferability of a common language. Indeed, one Delphi panel member questioned the feasibility of including so many diverse approaches and terms in one classification:

> *"Some of the terminology is quite alien and new to the therapies field and so perhaps it is going to be hard to find terminology to define all the different aspects clearly."* (Music therapist professor).

In some instances, it proved challenging to suggest an arts and dementia nomenclature that reflected multiple professions and remained accessible to all end users, a central requirement of taxonomy (Godfray and Knapp, 2004). Consequently, it has been

necessary to employ the use of synonyms or alternative terms to translate certain concepts.

For example, the Delphi study showed that taxonomy (Chapter 7, section 7.3.2.3) and transcendence (Chapter 7, section 7.3.3.3) are not universal terms, though they are the most pertinent for some scenarios. Furthermore, the case study found that music therapy could not be defined using common words (Chapter 6, section 6.3.3.1), and that music therapists use different terminology to describe their role (Chapter 6, section 6.3.4.3). This shows that sometimes the challenge of describing is due to subjective interpretation, rather than language. From a theoretical perspective, when undertaking the realist synthesis, it was necessary to identify practitioner synonyms for mechanism (such as process) and outcome (such as benefit) (Chapter 5, section 5.4).

The final selection of language which appears in the fourth iteration of the principles and features represents words which were consistently identified and coded across the multiple stages of data collection. Feedback since completion has suggested there are omissions within this common language, specifically relating to the concepts of mastery, agency and resilience. Indeed, resilience appeared in the first iteration of features but was not prevalent enough as a finding in the original data generated by this research to warrant inclusion at this stage, despite growing evidence of its significance (Newman et al., 2018). Moreover, while it is a common concept elsewhere, its definition varies (Newman et al., 2018). This illustrates the complex and subjective nature of suggesting a common language at a point in time, and the necessity for the taxonomy to be dynamic in the future.

These limitations of a common language for the arts and dementia have implications for disseminating the taxonomy.

8.3.3 Dissemination materials

Research dissemination, particularly within the health and social sciences, requires careful consideration. Language needs to be suitable for a public audience, and practitioners must be able to access new information and evidence into order to transfer that knowledge into practice (Mitton et al., 2007).

Consequently, it was necessary to identify different ways of sharing the taxonomy, using some variable content and terminology, depending on the dissemination audience. To contribute to the academic evidence base, taxonomy and intervention remain the most relevant terms, while publishing in a peer reviewed journal was the most appropriate way to share the study results. One academic paper has been published from these findings (Cousins et al., 2018) and future articles are planned which will include the second Version of the taxonomy, specifically Figure 8.2 and Figure 8.3.

Aside from the research community, the taxonomy also hopes to benefit artists, practitioners, carers, care staff, people with dementia, commissioners and funders (Chapter 1, section 1.3.2). Not all these individuals and organisations are able to access journal articles. Based on feedback from the Delphi study (Chapter 7, section 7.3.2.3), framework and activity are more appropriate terms for this diverse, real world audience. The term process could be more recognisable to the arts community than mechanism (Chapter 5, section 5.4.2). A two page taxonomy briefing has been produced for these stakeholders which uses the lay summaries of the principles, and simplified dimensions characterised by prominent examples, to describe, explain,

communicate and simplify the arts and dementia (Appendix 15). There are future plans to disseminate this briefing to real world stakeholders as part of a body of evidence produced by the TAnDem (The Arts and Dementia) Doctoral Training Centre.

In order to be respectful and ethical, the research findings have also been disseminated to the research participants. The academic paper (Cousins et al., 2018) has been shared with the focus group and NGT participants. In addition, the researcher returned to the PPI focus group to give a presentation outlining the findings (Chapter 4, section 4.2.2). The case study participants received a summary update of the research, and the Delphi process meant that participants in that study were informed of the results as the questionnaires unfolded. Any future academic papers will also be shared with the relevant participants from these studies.

8.3.4 Maintaining the taxonomy: what happens in the future?

"*For last year's words belong to last year's language, And next year's words await another voice*"

T.S.Eliot. Poet. (Eliot, 1974).

Throughout this research, questions and reflections have been raised relating to taxonomy ownership, custodianship, accessibility and maintenance. Now that a proposed taxonomy exists, these issues need to be considered. The taxonomy will not remain relevant in its current iteration. Language is constantly evolving and new knowledge emerging, so the taxonomy will need to keep pace with the field and its words if it is to be useful.

A huge amount of resource is required to maintain frameworks and classifications with up-to-date evidence. For example, within healthcare, updating NICE guidelines involves extensive national consultations. Furthermore, *The International Classification of Diseases and Related Health Problems* (ICD) is updated by an *Update and Revision Committee* (URC) who co-ordinate annual proposals for amendments following work produced by individual reference groups.

The taxonomy profession is required to update and maintain classifications as species are discovered and new theoretical or empirical findings emerge. Godfray and Knapp (2004) suggest several possible solutions for overcoming these challenges, which could also be pertinent for the arts and dementia taxonomy. Firstly, large museums and libraries could assume responsibility for taxonomy maintenance, alongside their custodianship of permanent physical collections (Godfray and Knapp, 2004). The *Wellcome Collection*, a library and museum in London that connects science and art, could be a candidate for hosting an arts and dementia taxonomy given their recent involvement with the field (Created out of Mind, 2018).

Secondly, publishing a taxonomy online, in the manner of folksonomy, could allow the community it serves to update it themselves (Godfray and Knapp, 2004). However, this type of open access, while democratic, could compromise research rigour (Pawson et al., 2005). Alternatively, an editorial body such as Wikipedia could host the taxonomy, though this may present similar challenges relating to sustained research quality.

Thirdly, taxonomies could be curated and regulated by a designated central authority (Godfray and Knapp, 2004). In the case of the arts and dementia, this might undermine the interpretational and subjective nature of the work. In botanical

horticulture, species registers have been successfully maintained by enthusiastic volunteers (Godfray and Knapp, 2004). The taxonomy of arts interventions could potentially leverage the newly established arts and health networks, the *APPG on Arts, Health and Wellbeing* or the *Culture, Health and Wellbeing Alliance*, to provide curation or maintenance.

However, all these solutions require considerable resources in terms of money, staff and time, as well as the generosity of input from those with expertise across the field. Due to these practical constraints, a plan for taxonomy maintenance remains purely hypothetical at this stage. For now, there are plans to publish the current taxonomy model, meaning copyright and ownership for Version 2 shall rest with those authors. Following that, this research welcomes scrutiny, updates and improvements by interested parties wishing to create future versions of the taxonomy resulting from analysis or application in practice.

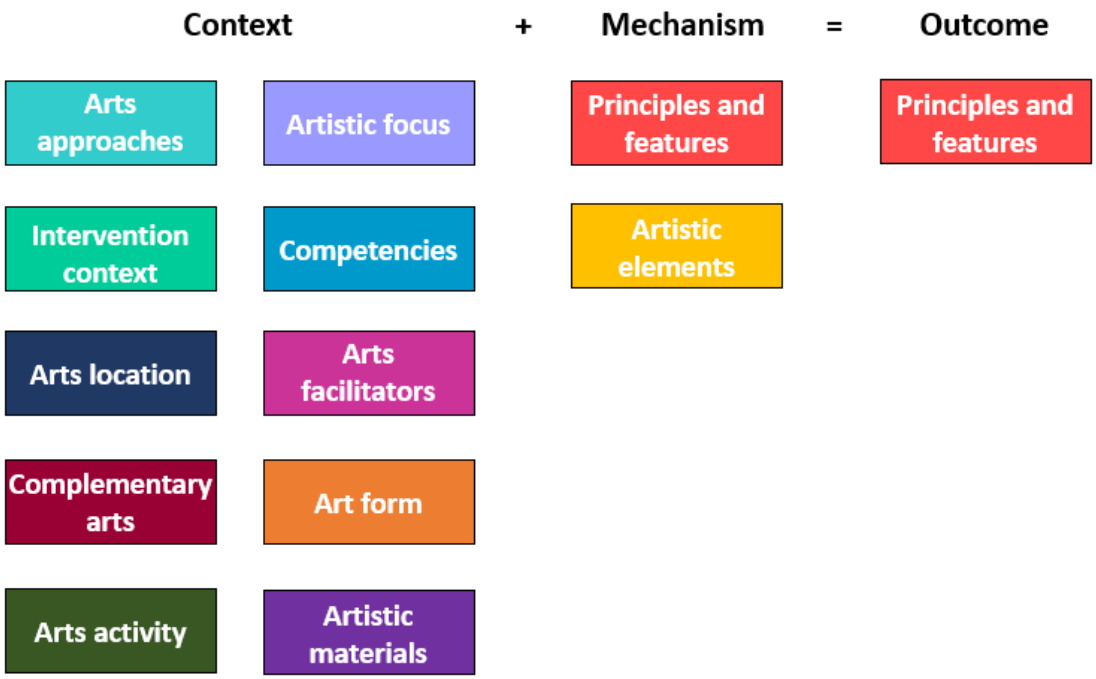
8.4 Analysing the taxonomy using realist theory

Synthesising the total research findings to produce the second Version of the taxonomy was underpinned by two components of realist theory: the CMO configuration and the realist research question 'what works' (Pawson et al., 2004; Wong et al., 2013). These theoretical lenses were used to interpret and explain the taxonomy dimensions within the framework of realist methodology, in order to enhance the understanding and insight offered by this research. The following sections report this theoretical discussion.

8.4.1 A CMO configuration of the taxonomy

Figure 8.4 shows the taxonomy dimensions aligned to the realist CMO configuration.

Figure 8.4: The taxonomy dimensions defined as contexts, mechanisms and outcomes



The literature review first interpreted the principles as mechanisms (Chapter 3, section 3.6.2), the hidden processes or structures that help the arts to be effective (Astbury and Leeuw, 2010). The case study confirmed that the effects of the principles are observable, and suggest how arts interventions 'work' (Chapter 6, section 6.3.2.2). However, the realist review and Delphi panel re-interpreted the principles as outcomes *or* process-mechanisms (Chapter 5, section 5.4.4; Chapter 7, section 7.3.3.2).

Furthermore, the case study and Delphi study identified the artistic elements as additional mechanisms that explain how arts interventions 'work' and produce their effects for people with dementia (Chapter 6, section 6.3.5.1; Chapter 7, section 7.3.4.2).

The realist review (Chapter 5, section 5.4) identified several descriptive dimensions that outline the various relevant contexts of arts interventions for people with

dementia. The second Version of the taxonomy contains ten contextual dimensions (Figure 8.4).

While the APPG Report (2017) recommended the realist approach taken by this research, other arts and health work has highlighted the benefits of alternatives such as logic models (Daykin and Joss, 2016). These similarly categorise intervention components: resources, planning, outputs, outcomes, impacts (Daykin and Joss, 2016). A logic model could be developed from this CMO configuration as an alternative framework for displaying the same information.

8.4.1.1 Examples of arts interventions as CMO configurations

As shown above, the taxonomy dimensions can be defined as contexts, mechanisms and outcomes of arts interventions. However, the complexity of the arts and dementia means that the relationships between these realist components are dynamic, rather than static. The following worked examples, showing two different types of art intervention, demonstrate how the taxonomy and resulting CMO configurations are able to present active theories of change which suggest how these arts interventions 'work' (Windle et al., 2017).

Figure 8.5 maps a musicking intervention in a care home, inspired by those observed and discussed in the music therapy case study (Chapter 6, section 6.3.3.2).

Figure 8.6 illustrates an art gallery intervention, inspired by examples found in the literature (Camic, Baker and Tischler, 2016).

Figure 8.5: A CMO example of a musicking intervention

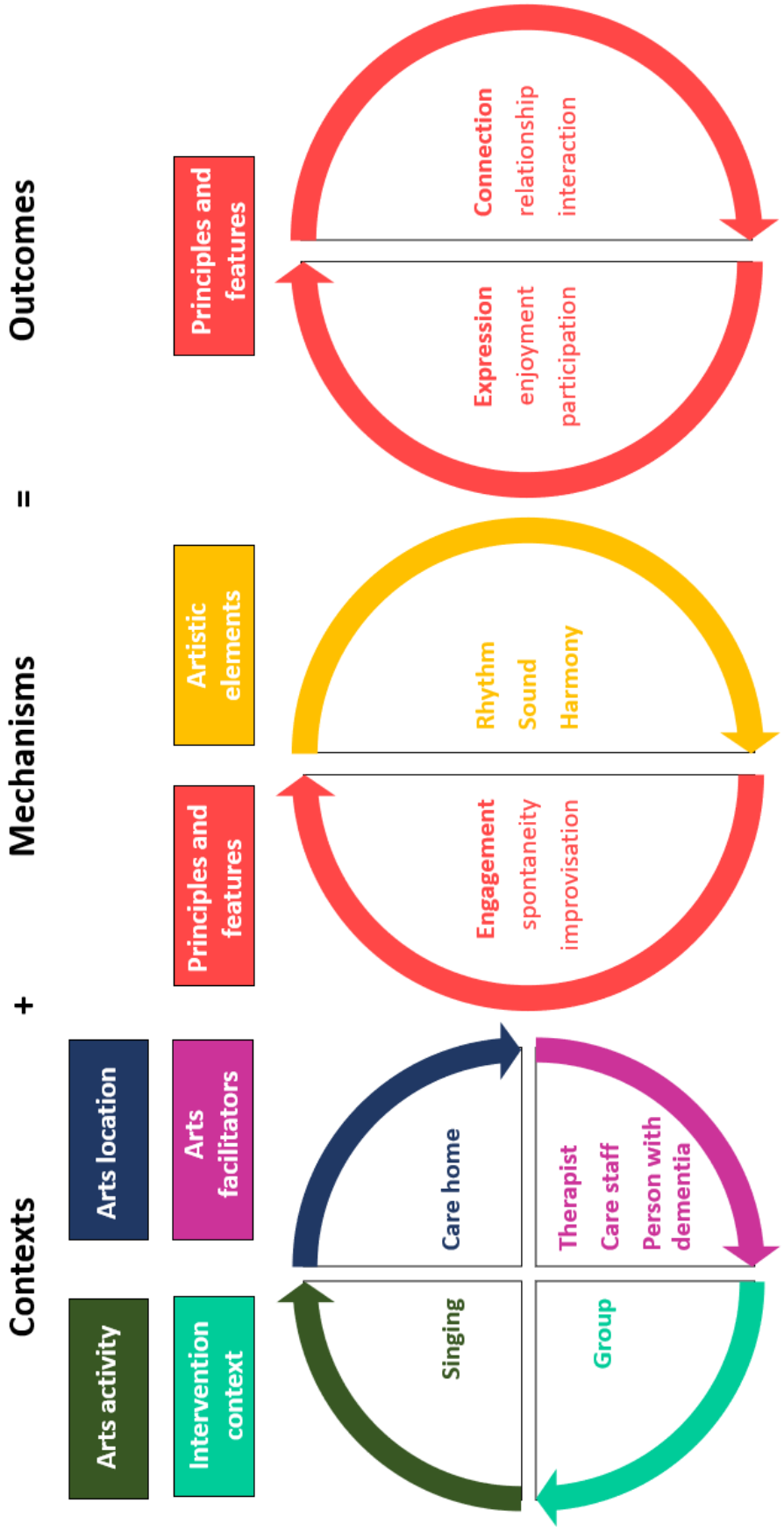
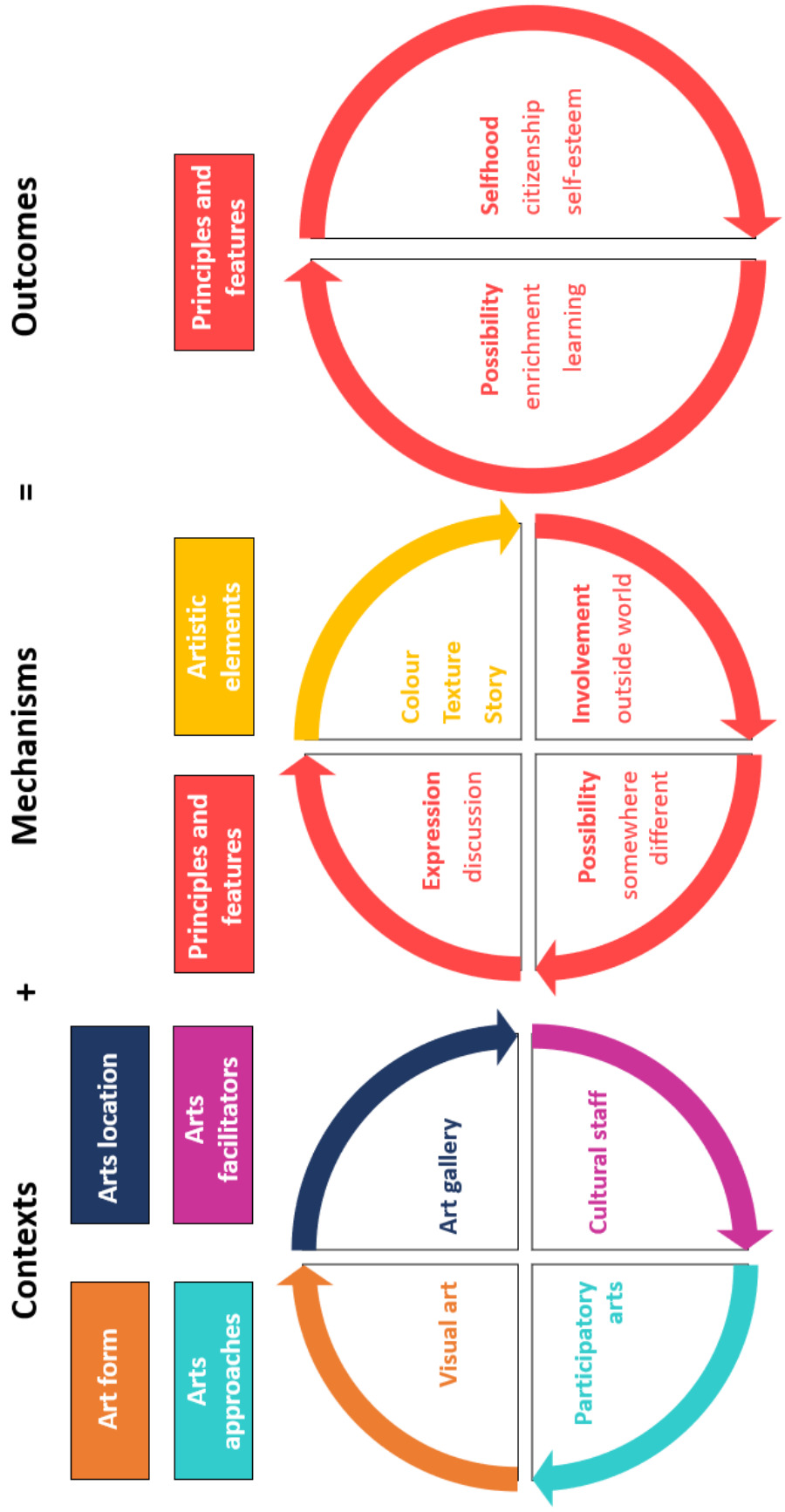


Figure 8.6: A CMO example of an art gallery intervention



8.4.1.2 Principles are outcomes and mechanisms

This research has shown that principles can be described and interpreted both as outcomes and as mechanisms of arts interventions that explain how the arts 'work' for people with dementia and meet their person-centred or psychosocial needs. Benefits and processes are suitable multi-disciplinary synonyms for this realist language.

Whether principles are outcomes or mechanisms is not pre-determined. Their status is dependent on the intention or context of the arts intervention, which may evolve during the session. For example, Engagement might be achieved from a singing group. In this instance, the principle would be a benefit or outcome. Equally, Connection in a dance session might result in Expression from a participant with dementia. For this example, the principles are simultaneously mechanisms *and* outcomes.

The fluidity of principles is due to the complexity of the arts and dementia, and the interactive nature of its components (Windle et al., 2014; Windle et al., 2017). It can be a challenge to attribute causation of effect due to recursive causality and emergence (Rogers, 2008; Chapter 2, section 2.2.1.3), namely that it is the principles working in sequence, or their combined critical mass, that produces a result. This causation is dynamic and changes from intervention to intervention: consequently, so does the status of the principles. The principles are therefore relational to each other, as well as to the other dimensions.

Previous research has categorised the principles, or equivalent words, as mechanisms or outcomes definitively, as the Delphi study attempted to do. For example, mood, enjoyment and connectedness have been defined as outcomes, while engagement, communication and creativity have been interpreted as mechanisms (Windle et al.,

2017). Other research has divided components that all resemble principles into *processes* and outcomes of arts interventions for people with dementia (Burnside et al., 2017). Some arts and health work has classified principle-like qualities, for example active, alert, enthusiastic, excited, inspired and interested, as wellbeing outcomes (Thomson and Chatterjee, 2014). Other work has identified the importance of a certain feature, for example play, but used a different theoretical framework to realist methodology to justify it (Swinnen and de Medeiros, 2018). Some arts and dementia work has acknowledged and named principle features, for example imagination, communication and relationships, without ascribing any theoretical underpinning at all (Killick and Craig, 2012). This reiterates the subjectivity and complexity of conceptualising how the arts 'work' for people with dementia.

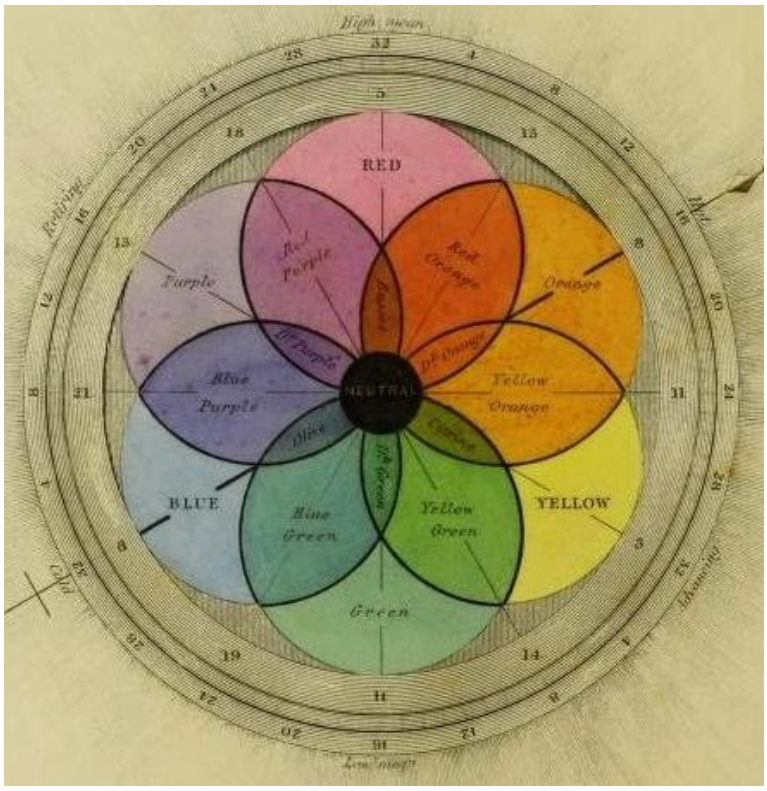
A comparative metaphor from the arts illustrates how categorised, labelled components can be conceptualised as both outcome and mechanism depending on how they are combined and configured. Field's (1841) colour wheel names a series of colours that form the basis of an artist's palette (Figure 8.7), just like the principles. Field's model crucially shows how these colours are *relational*, and that when blended in varying combinations, they yield an array of tones. In this way, Field's colours are both mechanism and outcome: yellow green is an outcome of mixing green and yellow, but is in turn a mechanism to produce citron. These colours are comprised of discrete pigments with distinct names, just like features. The principles are a comparable, foundational palette for an arts intervention.

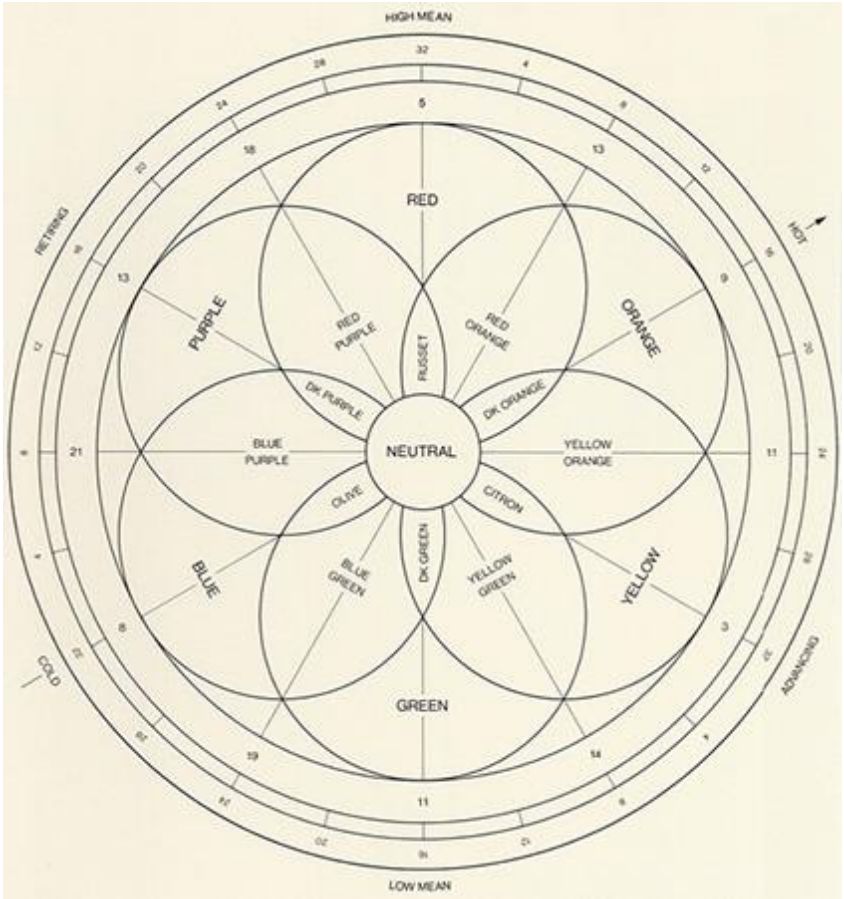
The principles have been drawn directly from the arts and dementia literature and the collected data. The case study demonstrated that the principles can be empirically identified, while throughout the Delphi study they bore scrutiny when tested by an

expert panel. Consequently, the principles are unequivocally common words used to describe the unique experiences of arts interventions.

Due to the complexity of the arts and dementia, their precise theoretical identity is debatable, and would benefit from further exploration within a wholly realist framework. This study was limited in its application of realist theory, as its primary aim was to *describe* the arts and dementia: which these words do.

Figure 8.7: Field's colour wheel (1841) shows colours as both outcomes and mechanisms





8.4.1.3 Artistic elements are mechanisms

This research has found that artistic elements are mechanisms of arts interventions that help to explain how the arts 'work' and meet the person-centred or psychosocial needs of people with dementia. Previous research has identified the mechanisms of music (Sherratt, Thornton and Hatton, 2004) as well as its component parts (Savage et al., 2015; Snyder, 2000), but these models have not been applied to an arts and dementia context specifically.

Members of the Delphi panel explained how artistic elements enable the arts to 'work' for people with dementia. The case study identified that artistic elements, in this case rhythm, could act as mechanisms in a real world arts intervention in order to achieve the principles as outcomes, for example Connection.

This shows that the principles and artistic elements are relational and inter-connected as parts of an arts intervention through their shared traits and comparability (Bailey, 1994; Godfray and Knapp, 2004). Unlike the principles, the artistic elements have not been explored or conceptualised as outcomes. It is possible that elements such as sound or harmony could also be interpreted as intervention outcomes, though this would need further investigation in an empirical setting.

8.4.1.4 Descriptive dimensions provide context

This research has identified a number of contextual dimensions that simplify and describe the fundamental characteristics of arts interventions for people with dementia. When these contexts are combined with mechanisms, their associated benefits and outcomes are produced.

These contexts are wide-ranging and by dividing them into discrete categories, the complexity of the arts and dementia is reduced (Bailey, 1994). Arts therapy research

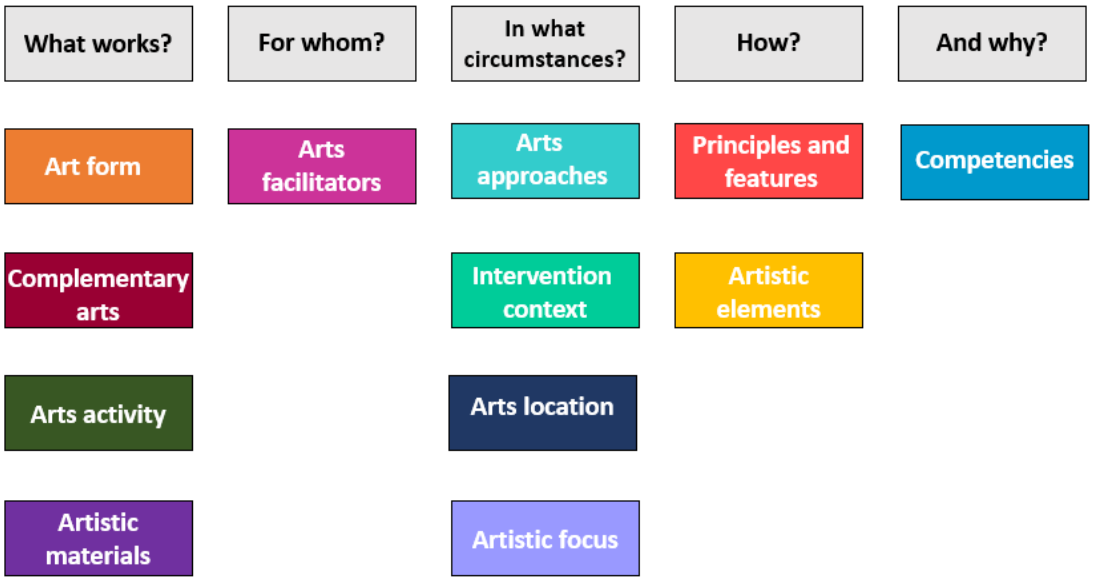
identifies the practitioner and session scenario as particularly relevant contexts (Malchiodi, 2007). Pawson (2013) states that individuals, interpersonal relations, institutional settings and infrastructure are the primary contextual layers of an intervention (Chapter 2, section 2.2.1.3). Intervention context, Arts facilitators, Arts approaches, Arts location and Artistic materials address these contexts most prominently.

The *Dementia and Imagination* project identified two critical contexts for the arts and dementia: the role of the artists and facilitators; and, a provocative and stimulating aesthetic experience (Windle et al., 2017). The former relates to the skills and training identified by the Competencies dimension. The latter evokes the Artistic materials dimension, and the ambience of the Arts location dimension.

8.4.2 What works for whom in what circumstances how and why?

Realist methodology is an iterative research process that seeks to answer 'what works' for particular interventions and populations (Pawson et al., 2005; Wong et al., 2013). Using the twelve taxonomy dimensions, the cumulative research findings are able to suggest a possible answer to this framework of enquiry, and the TIDieR-PHP template (Campbell et al., 2018), regarding arts interventions for people with dementia (Figure 8.8).

Figure 8.8: 'What works' in arts interventions for people with dementia



'What works' refers to the content or subject of the intervention, which in this case is the arts. The dimensions of Art form, Complementary arts, Arts activity and Artistic materials respond to this part of the realist question.

'For whom' asks who the intervention is aimed at. The Arts facilitators dimension answers this by naming those who may participate in an arts intervention, as interchangeable leaders and participants offering a mutual contribution, acknowledging the environment of co-production (Daykin et al., 2017).

'In what circumstances' refers to the context of the intervention. Consequently the dimensions of Arts approaches, Intervention context, Arts location and Arts focus give a detailed response to this question by detailing the place, method, structure and aims of the intervention.

'How' reiterates the mechanism section of the CMO configuration (Pawson et al., 2004). The Principles and Artistic elements dimensions explain how arts interventions

produce their effects and respond to the person-centred and psychosocial needs of people with dementia.

The Competencies dimension explains why the combination of arts, facilitators, context and mechanisms ‘work’, which is because these components are delivered using the necessary skills and training to ensure they are enacted effectively and appropriately.

The placing of the taxonomy dimensions in response to these realist questions is subjective, and some dimensions may offer insight into more than one question. For example, the Artistic focus dimension could also relate to the ‘For whom?’ question as well as the ‘In what circumstances?’ question.

8.4.3 The taxonomy and realist complexity

By developing a taxonomy to describe, explain, communicate and simplify the arts and dementia, this research hoped to reduce some of the complexity that surrounds this field (Bailey, 1994). In doing so, the research has been required to ameliorate differences in its two supporting theoretical frameworks: taxonomy, which operates using generalisable categorisation, and realist methodology, which prioritises context and causation (Pawson et al., 2004; Wong et al., 2013).

Added to this, were the epistemological perspectives of constructivism (Lincoln, Lynham and Guba, 2018) and personhood (Kitwood, 1997) which value individual interpretation.

8.4.3.1 Finding the balance between individual and general application

Arts for people with dementia are highly personal (Caddell and Clare, 2011), and research and policy agrees that quality dementia care should be person-centred and

individualised (Brooker, 2004; NICE, 2018). The multi-disciplinary nature of the arts and dementia requires an inclusive approach to knowledge based on individually constructed meaning (Lincoln, Lynham and Guba, 2018). Realist methodology is similarly cautious about generalisability (Pawson et al., 2004) which made it a compatible approach for dementia research.

Contrastingly, taxonomy uses general categories to reduce complexity (Bailey, 1994) and avoid granular fragmentation that could undermine meaning (Bloom et al., 1956). While this framework of naming, defining and describing eases multi-disciplinary communication, it could be reductive to the nature of arts practice.

However, this arts and dementia taxonomy has managed to balance the general with the personal and contextual. The category boundaries are fluid (Mervis and Rosch, 1981) and the classifications are subjective (Kunz, 2013), allowing interpretation and individual application. Meanwhile, components of the taxonomy, for example the principle of Selfhood, safeguard personalisation of the arts and dementia. The taxonomy model offers a general framework that is accessible to all stakeholders in its various forms, helping to map and explain the field.

While acknowledging the importance of context, realist methodology recognises the necessity of producing findings that are generalisable. Indeed, some degree of generalisation is permitted by realist methodology in order to produce testable theoretical models (Merton, 1967), like this taxonomy. Wong (2013) argues that mechanisms could be transferable between contexts. For the taxonomy, this means that principles and artistic mechanisms can be reasonably extrapolated across intervention contexts as explanations for how arts interventions produce their effects.

This could be irrespective of whether the scenario is a community drawing session in a gallery, or an individual music therapy session in a care home.

8.5 Comparing the taxonomy to other arts and health research

Comparing and contrasting findings with existing literature is the final stage of a realist review (Wong et al., 2013). This task was postponed from the realist review reported in Chapter 5, so that Version 2 of the taxonomy could be compared with the field once it had been further refined and developed.

Version 2 was critically analysed alongside other arts and dementia literature, as well as arts and health, creative ageing and arts therapies literature, that explicitly uses categorisation or classification, in order to explore how it relates to this previous work. The literature for this comparison was selected following database and internet searches, consultation with experts, hand searching and reference snowballing (Pawson et al., 2005; Wong et al., 2013). It contains peer reviewed work and grey sources.

What follows is a discussion that compares and contrasts existing, relevant research with Version 2 of the taxonomy. The aim of this comparison was not to elicit any further changes to the taxonomy, but to situate its contribution within the wider field of scholarship (Galvan and Galvan, 2017). It highlights the subjective nature of producing a categorical taxonomy (Kunz, 2013) and gives practical examples of how research arranges similar content in different ways.

Some implications of this discussion, namely the next steps for this research, are outlined in Chapter 9 (section 9.6) as part of the conclusion.

8.5.1 Categories and types of arts practice

8.5.1.1 Arts Enterprise with a Social Purpose (AESOP) arts and health categories

AESOP, an arts and health social enterprise that develops evidence and methodology, identifies nine categories of arts and health practice: participatory; technology; public health education; health environment; staff welfare; psychotherapy; everyday activities; system change; expressing experience of services (AESOP, 2018). The first seven of these categories are also identified by Fancourt (2017).

While arts and health has a broader scope than the arts and dementia, there are some similarities with the taxonomy. For example, participatory arts and arts in psychotherapy are listed in the Arts approaches dimension. Technology arts are covered by digital art in the Art form dimension. Staff development and welfare are alluded to by the Arts facilitators and Competencies dimensions, as well as the Involvement principle which states arts interventions should include colleagues such as care staff. Public health education echoes the advocacy function of arts *about* people with dementia in the Artistic focus dimension.

AESOP has also produced a framework for developing and researching arts in health programmes (Fancourt and Joss, 2015). This distinguishes between art form, and whether the intervention is performative or participatory, applications that are described by the Arts approaches dimension. The AESOP framework includes a detailed section on a range of outcomes: health and wellbeing, social, financial and artistic (Fancourt and Joss, 2015). By contrast, while the Principles dimension articulates wellbeing, social and artistic outcomes, the taxonomy does not include a description of financial outcomes. To do so would require detailed health economics work which was not the focus or intention of this research.

8.5.1.2 Ageing Artfully typology for arts and older people

Ageing Artfully, a case study report produced by Cutler (2009), maps the participatory arts for older people in the UK. By focussing on participatory arts, Cutler's research makes a distinction that is also recognised by the Arts approaches dimension. Other arts and dementia research divides participatory arts into two additional categories: aesthetic and therapeutic (Zeilig, Killick and Fox, 2014). The taxonomy includes therapeutic in the Arts approaches dimension, while aesthetics is a feature of the Transformation principle. Previous arts and health research (Hanna, Rollins, and Lewis, 2017) splits the field into participatory and environmental arts. The latter refers to particular places such as galleries and gardens that are described by the taxonomy's Arts location dimension.

Cutler (2009) acknowledges the challenge of categorising the arts, and simultaneously, the usefulness of differentiating their main elements for the purpose of mapping the field. The report consequently presents a typology of arts for older people with four categories: degree of specialisation, art form, setting, and personal or societal purpose (Cutler, 2009).

Degree of specialisation (Cutler, 2009) refers to the provider organisation of the arts intervention and the relevance of their expertise. Comparisons could be drawn with the Competencies dimension, though the taxonomy does not name individual organisations.

Cutler (2009) sub-divides art form into three categories: cross-media, where the arts are used in combination; performing arts, which includes dance, drama, video or film, music and singing; and visual arts, which includes drawing, painting, photography, sculpture, ceramics and textiles (Cutler, 2009). The taxonomy also has an Art form

dimension, though singing is represented in the Arts activity dimension – not as an art form, but as a sub-set of music. Cutler's (2009) art form categories contrast with other arts and dementia research. Young, Camic and Tischler (2016) identify three art form categories, literary, visual and performing, while the *Created out of Mind* residency (2018) identifies two art form categories: creative arts, and movement and gesture.

The category of setting (Cutler, 2009) is comparable to the taxonomy dimension of Arts location, particularly cultural engagement in heritage or museum locations. This echoes the taxonomy's distinction of arts *for* people with dementia in the Artistic focus dimension which recognises that these settings must be accessible for people with dementia (Alzheimer's Society, 2015; Klug et al., 2017; Taylor, 2016).

Personal and societal purpose (Cutler, 2009) refers to the benefits that can be realised from the arts, which are described by the Principles dimension.

8.5.1.3 Dementia and Imagination categories relating to the visual arts

The *Dementia and Imagination* research categorises seven ingredients for excellent arts practice: artists understanding dementia; a safe and supportive environment; a structure; inspiration, imagination, creativity, enjoyment and celebration; social connections; personal development; values and ethics (Parkinson, Windle and Taylor, 2017; Windle et al., 2018). Most of these are also referenced in the taxonomy. For example, the Competencies dimension includes artist knowledge of dementia and related training. The exact words inspiration and celebration are not included in the taxonomy, yet are highly pertinent for the arts and dementia. However, the feature of stimulation in the Engagement principle and the feature of achievement in the Possibility principle could be suitable synonyms.

The *Dementia and Imagination* findings also incorporate Kitwood's (1997) categorisation of positive person work and relate these to arts practice (Parkinson, Windle and Taylor, 2017). The principles are similarly derivative from Kitwood's work on psychosocial needs and echo the identification of arts practice 'ingredients' (Parkinson, Windle and Taylor, 2017; Windle et al., 2018).

8.5.2 Domains and dimensions of arts practice

8.5.2.1 Dimensions of creativity and dementia

Bellass et al. (2018) suggest six dimensions to describe a more inclusive approach to dementia and creativity: everyday life and creativity; power relations; operationalising creativity; affective ambivalence; difference; reciprocity.

Everyday creativity (Bellass et al., 2018) encompasses improvisation regarding daily routine and spontaneous uses of the arts. Both improvisation and spontaneity are features within the Principles dimension, and the Complementary arts dimension encourages this same inclusive approach to creativity and creative activities. Bellass et al. (2018) suggest that 'special' spaces for the arts such as art galleries, which are listed by the Arts location dimension and encouraged by other research (Camic, Baker and Tischler, 2016), could be inaccessible or intimidating for some participants. This is an important limitation to recognise.

Power relations (Bellass et al., 2018) relate to how easily people with dementia can influence creative activities, which is similarly recognised in the taxonomy by the principle of Selfhood. Moreover, there are several ways the taxonomy seeks to operationalise creativity. The features of embedded and limitless in the principle of Involvement urge frequent use of the arts, while the Arts approaches dimension suggests the arts be used during care giving as a practical creative tool.

Affective ambivalence (Bellass et al., 2018) suggests that the success of the arts should not be measured purely on perceived 'happy' outcomes, a point some arts assessment tools have addressed by including scales for positive and negative responses (Thomson and Chatterjee, 2014). The literature review noticed this same emphasis on positive outcomes (Chapter 3, section 3.4.4). While the principle of Expression includes the feature of challenge, and Humanity the neutral feature of mood, the taxonomy is more inclined towards positive emotion, which reflects the data collected for this research.

The taxonomy recognises difference (Bellass et al., 2018) through the feature of diversity in the Involvement principle, a concept other arts and dementia work has highlighted the importance of (Created out of Mind, 2018). Reciprocity (Bellass et al., 2018) relates to how living with dementia can creatively question social structures. Arts *about* people with dementia in the Artistic focus dimension shares this same ambition to challenge perceptions and assumptions (Dupuis et al., 2016).

8.5.2.2 Domains of music care and music for health

Foster, Pearson and Berends (2016) identify 10 domains of *music care*, an approach to care that uses the therapeutic potential of music to help patients and care partners. The theory of *music care* is referred to as a framework, the preferred term to replace taxonomy for dissemination. The 10 domains are: community; specialties; music therapy; musicking; programming; technology; sound environment; music medicine; training; research. The education taxonomy devised by Bloom et al. (1956) is also comprised of domains.

Bonde (2011) recognises the increasing intersection of music therapy and music for health, and identifies four domains, or quadrants, to describe this approach: develop identity; develop community; professional use; shaping musical environments.

The Arts approaches dimension includes the distinctions of community music (Bonde, 2011; Foster, Pearson and Berends, 2016) and music therapy. The taxonomy features of embedded and spontaneity capture the essence of musicking and programming (Foster, Pearson and Berends, 2016), which are comparable to operationalising creativity (Bellass et al., 2018). The development of identity (Bonde, 2011) is included in the taxonomy by the principle of Selfhood.

The taxonomy's Competencies dimension is comparable to the domains of specialities and training (Foster, Pearson and Berends, 2016) and professional use (Bonde, 2011). Following Foster, Pearson and Berends (2016), subsequent work has also identified research as a key domain of the arts and dementia (The Whitworth & Manchester Museum, 2018), something that does not feature as a category in the taxonomy. Classifying arts and dementia research was not an aim of this taxonomy; professional networks are a more up-to-date resource for that. However, research is a core component of the taxonomy as it describes evidence based, best practice.

Sound environment (Foster, Pearson and Berends, 2016) describes how music should be used with intention. For Bonde (2011) the musical environment also includes sound healing, using the physical experience of sound to influence the body, and noise reduction. Similarly, the inclusion of ambience in the Arts location dimension recognises that spaces and places must be curated appropriately to maximise arts interventions. Technology (Foster, Pearson and Berends, 2016) is conceptualised in the taxonomy as an art form: digital art. In the *music care* framework it stands alone

as a discrete category, similar to AESOP's (2018) and Fancourt's (2017) classifications.

Music medicine (Foster, Pearson and Berends, 2016) aims to support measurable, physiological outcomes, for example improving gait or managing pain. Bonde (2011) places music medicine in the professional use quadrant, in recognition that it requires skills and training. While music medicine is not featured in the taxonomy, it could be notionally placed within the Arts approaches dimension.

8.5.2.3 Elements of creative communities of care

Before launching *The Penelope Project*, a community theatre programme in a care home setting, Basting (2017) convened arts and dementia experts to discuss the project's development. The group concluded that five elements should underpin the delivery of meaningful arts experiences for people with dementia: expression; connection; purpose; pleasure; creative process and product (Basting, 2017). These are all components captured by the principles and features, though pleasure is represented through the synonym of enjoyment.

Reflecting upon the success of *The Penelope Project*, Basting (2017) identified six elements, or dimensions, of arts programmes for people with dementia that contribute to creative communities of care: open systems; accessible; immersive; existing assets; development; rigor and cultural value.

Open systems (Basting, 2017) refers to projects where partners are equal and welcome to participate, including care staff, carers, artists and people with dementia. This is similar to the features of equalising, mutuality and co-production in the taxonomy, and is underscored by the reference to co-creation in the Arts facilitators dimension

(Created out of mind, 2018; Daykin et al., 2017; Zeilig, West and van der Byl Williams, 2018).

Accessible (Basting, 2017) describes how the arts should be designed specifically for people with dementia, which supports the reference to dementia care training in the Competencies dimension. Basting (2017) argues that accessible arts can create normalising experiences for elders. This is in contrast with the taxonomy – references to normalising the arts were removed after this term proved contentious with the Delphi panel (Chapter 7, section 7.3.3.3). Immersive arts (Basting, 2017) recommend that arts engagement should not be confined to fixed or pre-determined activity slots, a re-current theme in the focus group and NGT workshop data (Chapter 5, section 5.4.5.3). Both accessible and immersive arts are supported by the Involvement principle.

Harnessing the strengths and skills of participants and facilitators enables projects to capitalise upon existing assets (Basting, 2017). The principle of Possibility similarly encourages this emphasis on remaining abilities, while the Competencies dimension describes some of these core skills. The Competencies dimension also helps to guarantee the quality and rigour that Basting (2017) insists upon. This cultural value is a key asset of the arts and dementia (Crossick and Kaszynska, 2016; Gray et al., 2017).

Finally, Basting (2017) recommends that arts and dementia projects are designed to be long term, so they have the opportunity to develop. While intervention duration is not addressed by the taxonomy, short term and long term could be absorbed as a pairing by the Intervention context dimension.

8.5.3 Can the taxonomy be applied beyond the arts and dementia?

Some of the research used for this comparison of classifications is not limited to the arts and dementia, but references the arts and health field more broadly, and proves to share similarities with the taxonomy (AESOP, 2018; Bonde, 2011; Fancourt, 2017; Foster, Pearson and Berends, 2016). This generates a further question for discussion: how applicable is Version 2 of the taxonomy to the field of the arts and health? While this question requires considerable exploration beyond the scope of this research, a limited, preliminary response is possible.

Person-centred care practices urge the dementia diagnosis to be underemphasised in favour of treating each person as an individual (Brooker, 2004). The Humanity principle recognises that artistic expression and creative appetite is intrinsic to humans, which was a common theme in the discussion group data (Chapter 5, section 5.3.1) and the literature (Crawford et al., 2015; Fancourt, 2017; Zaidel, 2014). An argument could be made therefore, that artistic engagement with people with dementia should be no different from any other population.

However, the research also shows that there is a particular relationship between the arts and dementia, which this taxonomy has sought to describe and explain. The case study showed that music therapy can be adapted to the specific needs of people with dementia in certain ways (Chapter 6, section 6.3.3.3), for example relating to regulation, framing and post-lingual communication. The principles characterise concepts of identity, connection and meaning making that are especially pertinent for people with dementia (Kitwood, 1997). Basting (2017) argues that the arts must be tailored to those with dementia, while the *Dementia and Imagination* project related the arts to the work of Kitwood (Parkinson, Windle and Taylor, 2017).

The argument is often made that person-centred care, and dementia friendly societies, benefit everyone (Green and Lakey, 2013). So while the taxonomy could undoubtedly benefit the planning and delivery of arts interventions for those without a diagnosis of dementia, it is designed to meet the particular and unique person-centred and psychosocial needs of people with dementia.

8.6 Strengths and limitations of the taxonomy

Version 2 of the taxonomy has been devised following multiple stages of theoretical and empirical data collection, consultation and development, with an array of international arts and dementia experts, including artists, practitioners, care staff, carers, researchers and people with dementia. It is the first known attempt to describe, explain, communicate and simplify the entire field of the arts and dementia. As a first attempt, it simultaneously celebrates its originality and innovation (Mason, 2011), while modestly recognising its status as a foundational piece of work that future research must scrutinise and challenge. Its caveats have been clearly stated (section 8.1.4).

The strengths and limitations of the developing taxonomy have largely been addressed in each relevant chapter, and these remain pertinent to this second Version. The merits of the iterative methodology (Pawson et al., 2004; Wong et al., 2013), the constructivist epistemology (Lincoln, Lynham and Guba, 2018), the subjective qualitative paradigm (Braun and Clarke, 2013; Morse, 2006) and the blended approach to the arts and science disciplines (Newman et al., 2016) have been discussed.

Likewise, the limitations of ensuring validity and reliability with a sole researcher (Pawson et al., 2005), sample size, occasional recruitment challenges (Barbour, 2007;

Jorm, 2015), and considerations relating to insider research (Dwyer and Buckle, 2009) have been acknowledged and counterbalanced where possible. For example, by using triangulation (Taylor, Bogdan and DeVault, 2016), member checking and participant verification (Stake, 1995).

The main change between Versions 1 and 2 of the taxonomy is the number of dimensions, and their accompanying examples, which have doubled. It is recognised that this may contain too much detail for some stakeholders. However, this is the purpose of the taxonomy: to bring all of the different strands of arts and dementia theory and practice into one collectivising framework. In order to reduce complexity, the taxonomy must be comprehensive and systematic, enabling both identification and comparison of types (Bailey, 1994). This could only be achieved through a larger number of dimensions, inclusive of examples, as it became clear that the dimensions of Version 1 did not make an adequate number of distinctions amongst certain characteristics. It is acknowledged that Version 2 of the taxonomy has not been presented to stakeholders for feedback, and it would certainly benefit from this opportunity for inspection and improvement in the future. Further work may redefine and simplify the dimensions, perhaps thereby reducing their numbers.

Another related limitation is that one set of stakeholders, funders and commissioners, have not contributed to this research as participants, though representative views have been featured from the literature (Crossick and Kaszynska, 2016). This stemmed from issues relating to recruitment, as well as methodological reasoning – it was for the artists, practitioners, carers and people with dementia to describe and explain the contexts, mechanisms and outcomes of arts interventions. Involving funders and commissioners in subsequent stages of research beyond this study, would enable their expertise and judgement to be most effectively applied to the development of the

taxonomy. For example, how the taxonomy could be optimised as a model to support funding bids for arts interventions.

The overarching challenge of producing a classification that balances person-centred context for the individual, with general applicability for the majority, has been addressed in this chapter (section 8.4.3.1). Added to this is the issue of taxonomy maintenance and ownership (section 8.3.4). Version 2 of the taxonomy represents a snapshot of the arts and dementia produced at a certain moment in time. As the evidence base continues to grow, and the taxonomy is tested through its application, it will need to be agile and dynamic, responding to new knowledge and perspectives. In this way, the taxonomy belongs to the arts and dementia community, as a tool at their service.

8.7 Conclusions

This chapter presented Version 2 of the taxonomy, which synthesised the cumulative findings from the literature review, real world discussion groups, case study and Delphi study. This synthesis produced one new dimension, Arts activity, bringing the total to twelve. Each dimension is accompanied by a definition, description and examples of its contents. The taxonomy dimensions are subjective, and can be used together in an arts intervention, but their contents are not exhaustive. The taxonomy attempts to use a common language to suit the majority of stakeholders, and is supported by dissemination materials for different audiences.

The taxonomy dimensions can be interpreted using realist theory to identify the context, mechanisms and outcomes of arts interventions, as well as illustrating ‘what works for whom’.

The taxonomy is comparable to other methods of categorisation that have been devised within the fields of arts and health, creative ageing, music therapy, and arts and dementia. There are similarities and differences with these other frameworks, but the taxonomy is unique in comprehensively addressing the whole arts and dementia field, and specifically describing how the arts can be used to meet the person-centred and psychosocial needs of people with dementia.

The taxonomy demonstrates that personalised arts interventions can be defined and described using a generally applicable common language, though some terminology remains unique to individual professions. The taxonomy presents a framework that explains and theorises arts interventions. Furthermore, the taxonomy shows that it is possible to classify the arts and dementia using a framework of inter-related and inter-connected dimensions. This in turn maps, and simplifies, the complexity of the arts and dementia.

The following chapter concludes this research by summarising the findings, outlining the main contributions and suggesting next steps for future enquiries.

9 Concluding and situating the research: Contribution, reflection and future direction of the taxonomy of arts interventions for people with dementia

9.1 Framing the research conclusions

"All models are wrong. Some are useful."

George E. P. Box. Statistician. (Welsing, 2015).

This research has recognised that the arts are subjective (Caddell and Clare, 2011), their applications unique (Malchiodi, 2007), and their definitions variable (Ottemiller and Awais, 2016). Furthermore, person-centred practice necessitates different approaches for each individual (Brooker, 2004; Kitwood, 1997; Kontos and Martin, 2013). While this is symptomatic of the qualitative, constructivist research paradigm, the above quotation shows that even positivist work can lack finality.

Consequently, the taxonomy cannot hope to be 'right' and neither does it claim to be definitive. Rather, the aim of the research was to produce a useful and useable foundational model, an interpretation of complexity, for describing, explaining, communicating and simplifying the arts and dementia (Bailey, 1994; Bloom et al., 1956; Godfray and Knapp, 2004).

9.1.1 A reminder of the overarching research aims, research questions and research beneficiaries

The starting premise of the research was to develop a taxonomy of arts interventions in order to address some of the limitations and gaps in the current arts and dementia evidence base. This research aimed to improve the description, explanation, communication and simplification of arts interventions by:

- Identifying and **describing** the component parts of an arts intervention;
- Suggesting and **explaining** how the arts 'work' and produce their effects;
- Improving multi-disciplinary **communication**;
- Mapping and **simplifying** the complex field of the arts and dementia.

Consequently, the research was framed by the following research questions (Chapter 2, section 2.5.1):

- In what ways can arts interventions for people with dementia be defined and described?
- How might it be possible to classify and theorise the arts and dementia?
- How achievable is a common language for the multi-disciplinary field of the arts and dementia?

Each subsequent chapter and stage of the research contributed to these core areas of enquiry with discrete research questions of their own.

The taxonomy was developed for five main stakeholder groups (Chapter 1, section 1.3.2):

- Artists and practitioners, to reflect and improve upon arts practice, particularly as a tool for planning the content of arts interventions;
- Carers and care staff, to generate suggestions and inspiration for arts interventions;
- People with dementia, to consider options and ideas for different types of arts intervention;
- Funders and commissioners, to define and describe the possible benefits and outcomes of arts interventions;
- Researchers and academics, to compare, analyse and evaluate arts interventions.

9.2 Summary and deductions of the research findings

9.2.1 A summary of findings from each stage of the research

Table 9.1 summarises the findings that were generated by each stage of the research.

Table 9.1: A summary of research findings across the entire project

Stage of research	Summary of findings
Methodology (Chapter 2)	Realist methodology and taxonomy are appropriate theoretical models to underpin the enquiry.
Literature review (Chapter 3)	Principles that characterise the component parts of arts interventions for people with dementia can be identified theoretically. Principles are a foundational nomenclature, or common language, for the arts and dementia.
Focus groups, NGT workshops and realist synthesis (Chapters 4 and 5)	Principles can be refined based on feedback. A number of dimensions help to define and describe arts interventions for people with dementia using language derived from stakeholders. Taxonomy is a divisive term for dissemination and classifying arts interventions can be a controversial process for stakeholders.
Music therapy case study (Chapter 6)	Principles and some dimensions of arts interventions can be observed in an empirical setting. Some descriptive dimensions help to explain how the arts 'work' for people with dementia.
Delphi study (Chapter 7)	Alternative terms, for example classification, framework and activity, are more appropriate for multi-disciplinary dissemination. Additional dimensions can be identified which make important distinctions about arts interventions for people with dementia. Components of the taxonomy can be renamed to improve clarity.
Version 2 of the taxonomy and discussion (Chapter 8)	It is possible to produce a taxonomy that balances generalisation and person-centredness. Suggested outcomes, benefits, processes and mechanisms of arts interventions can be identified. Multiple dimensions map, and help to simplify, the complexity of the arts and dementia.

Conclusion (Chapter 9)	This is useful foundational work which requires further testing across the breadth and diversity of the arts and dementia community.

9.2.2 The key arguments of this research: what the findings show and how they respond to the overarching research questions

The cumulative findings from this research were combined to produce a theoretical model: Version 2 of the taxonomy (Chapter 8, section 8.2; Figure 8.2). A number of deductions can be drawn from the taxonomy that respond to the overarching research questions, and which form the central arguments of this research (Table 9.2).

Table 9.2: Research findings contained in the taxonomy that respond to the research questions

Research question	Deduction from the taxonomy
In what ways can arts interventions for people with dementia be defined and described?	Shared characterising components, principles, can describe arts interventions for people with dementia.
	Arts interventions can be defined generally, and delivered to meet individual needs.
	Descriptions and definitions of arts interventions are inter-related and inter-connected.
How might it be possible to classify and theorise the arts and dementia?	Arts interventions can be classified using a number of dimensions.
	Arts interventions can be explained according to their relative contexts, mechanisms, outcomes, benefits and processes.
How achievable is a common language for the multi-disciplinary field of the arts and dementia?	A selection of common words can be used to describe unique arts experiences.
	There are limits to universal communication across stakeholder groups.
	Language relating to the arts and dementia can be adapted depending on the audience.

Consequently, this research makes the following claims and conclusions regarding its findings:

- The taxonomy of arts interventions offers a solution to some of the current evidence base gaps and limitations relating to the arts and dementia;
- The taxonomy helps with the definition and description of arts interventions by identifying their component parts;

- The taxonomy helps with the theoretical understanding of arts interventions by using a realist lens to explain how the arts 'work' for people with dementia and produce their effects;
- The taxonomy helps with communication relating to arts interventions by presenting a common language, or nomenclature, that can be used across a multi-disciplinary field;
- The taxonomy helps to simplify arts interventions by mapping and classifying the complexity of the arts and dementia field.

9.2.3 Situating the findings in the arts and dementia literature

Insights from the arts and dementia, creative ageing, arts therapies and arts and health bodies of literature have been used to shape the premise, content and conclusions of this research. The resulting taxonomy can be located within this literature in a number of ways.

9.2.3.1 Responding to current evidence base gaps and limitations

The research provides a contribution towards overcoming some of the limitations that have been identified in the current evidence base for the arts and dementia (Chapter 1, section 1.2.2).

Some pertinent examples that the taxonomy helps to address include the lack of theoretical frameworks, the absence of a common language, no consensus on the component parts of an arts intervention and the difficulty the arts have in demonstrating their outcomes (Burnside et al., 2017; Daykin and Joss, 2016; Gray et al., 2017; Windle et al., 2017; Young, Camic and Tischler, 2016).

Moreover, the taxonomy takes a comprehensive view of the arts and dementia, incorporating a range of arts forms and multi-disciplinary artistic approaches – a contribution that has not previously been reported in the literature. Other classifications are constrained by just one art form, for example music (Bonde, 2011; Foster, Pearson and Berends, 2016) or visual arts (Parkinson, Windle and Taylor, 2017; Windle et al., 2018). The taxonomy is also specific to people with dementia, whereas other complementary research covers creative ageing more broadly (Castora-Binkley et al., 2010; Cutler, 2009).

9.2.3.2 Directly incorporating knowledge from the literature

Knowledge and findings from the literature have been incorporated into this research at several stages. The literature review presented in Chapter 3 synthesised a diverse selection of the academic and grey arts and dementia literature most relevant to the descriptive and explanatory characteristics of arts interventions. The resulting principles formed the basis of the taxonomy, and its nomenclature or common language. The principles were inspired by Kitwood's (1997) positive person work and echo the arts intervention ingredients identified by the *Dementia and Imagination* programme (Parkinson, Windle and Taylor, 2017; Windle et al., 2018).

The case study (Chapter 6, section 6.2.6.1) was supported by literature that reported and evaluated observation tools for the evaluation of arts interventions (Algar, Woods and Windle, 2016; Kinney and Rentz, 2005). The research was underpinned by realist methodology, an approach recommended in the arts and health literature (APPG, 2017).

9.2.3.3 Similarities and differences between the findings and the literature

This research also generated original findings which were subsequently contrasted with relevant examples from the literature (Chapter 8, section 8.5). This discussion showed how the taxonomy both resembled and differed from previous research.

The taxonomy can be situated alongside arts and health research that uses categorisation to explain the field (AESOP, 2018; Cutler, 2009; Fancourt, 2017), as well as arts and dementia research that similarly identifies effective dimensions and elements of arts practice (Basting, 2017; Bellass et al., 2018). The taxonomy also considers areas of enquiry identified by other research, for example the complicated distinction between arts therapy and therapeutic arts (Beard, 2011). The principles extend Kitwood's (1997) positive person work, by describing components that allow the arts to meet the person-centred and psychosocial needs of people with dementia.

Certain distinctions made by the taxonomy differ from previous research, for example those relating to environmental arts (Hanna, Rollins, and Lewis, 2017) and aesthetic arts (Zeilig, Killick and Fox, 2014).

9.3 Applications and implications of the research and the taxonomy

9.3.1 Contribution of the taxonomy: why this research matters

The findings and outputs of this research complement and extend existing work in this field (Chapter 8, 8.5). By synthesising a breadth and depth of multi-disciplinary knowledge relating to the arts and dementia, the taxonomy hopes to improve the effectiveness and authority of arts interventions for people with dementia. Ultimately, the taxonomy aims to increase access for people with dementia to quality, evidence based arts interventions underpinned by theoretical reflection and purpose, by

improving the description, explanation, communication and simplification of the arts and dementia.

This research hypothesised the potential impact of a multi-disciplinary taxonomy of arts interventions (Chapter 1, section 1.2.5). The following section gives an overview of the salient contributions and new knowledge generated by this research. It also signposts which of the five main stakeholder groups (Chapter 1, section 1.3.2) each contribution might be most relevant to.

9.3.1.1 Mapping and simplifying the complexity of the arts and dementia

The taxonomy helps to reduce the complexity of the arts and dementia field (Bailey, 1994). It provides labels and names, a nomenclature (Chapter 1, section 1.2.4), to map the diversity of multi-disciplinary arts practice and the myriad types of arts interventions that are available to people with dementia. The importance of mapping in dementia care, of naming and noticing, is demonstrated by the DCM method (Brooker and Surr, 2006; Chenoweth et al., 2009). Moreover, improving the vocabulary of the field enhances knowledge and understanding (Kimmerer, 2003; Popova, 2018), thus further reducing complexity.

The taxonomy map is useful for those delivering, participating in, funding or researching the arts and dementia.

9.3.1.2 Theoretical explanations for how the arts 'work' for people with dementia

This research has been underpinned by elements of realist methodology which has provided a theoretical perspective and explanation of the arts and dementia. The CMO configuration details the proposed contexts, mechanisms and outcomes of arts interventions for people with dementia (Pawson et al., 2004) (Chapter 8, section 8.4.1).

Understanding the mechanisms of arts interventions is an under-researched, and therefore particularly valuable, contribution (Windle et al., 2017). The realist question of 'what works' offers insights into the causal effects and processes of arts interventions for people with dementia (Pawson et al., 2004; Wong et al., 2013; Chapter 8, section 8.4.2).

The realist theoretical explanation and analysis illustrates that many aspects of the arts and dementia are inter-related and inter-connected, just like taxonomy (Godfray and Knapp, 2004). This is of particular interest to researchers and academics, as well as artists and practitioners wishing to reflect on their practice.

9.3.1.3 Common words to improve multi-disciplinary communication

The taxonomy is comprised of words and terminology taken directly from the literature (Chapter 3), interview and focus group transcripts (Chapter 4, 5 and 6), and Delphi questionnaire responses (Chapter 7). It reflects a common language, or nomenclature, of description, definition and explanation that characterises and simplifies unique arts experiences – a language used by carers, care staff, practitioners, artists, therapists, researchers and people with dementia. The taxonomy is therefore a standardised, general classification, which can be applied in individual, personalised ways. Consequently, it eases multi-disciplinary communication and promotes understanding within and between professional boundaries. These common words are relevant for anyone involved with the arts and dementia.

The limitations of producing a common language (Chapter 8, section 8.3.2) have largely been overcome by identifying alternative terminology for dissemination in order to maximise accessibility across diverse audiences (Chapter 8, section 8.3.3).

9.3.1.4 Identifying the outcomes and benefits of arts interventions: making a case for the arts

The common words of the taxonomy found in the Principles dimension form the basis of the outcomes and benefits of arts interventions for people with dementia. Intervention outcomes are particularly prized by the positivist, medical model that dominates healthcare (Gilroy, 2006). These common words are observable in real world arts interventions (Chapter 6, section 6.3.1), and could therefore be developed into metrics that are measurable.

While caution must be exercised in reducing the arts to a formulaic intervention matrix (Crossick and Kaszynska, 2016; Matarasso, 2010), producing quantifiable evidence of the effects of the arts for people with dementia will support campaigns for their widespread use and help to establish a parity of esteem with other interventions (Daykin and Joss, 2016). This represents an approach of pragmatism (Morgan, 2014; Robson, 2011; Chapter 2, section 2.1.3.3) by seeking to generate research that satisfies a range of paradigms, including constructivist and positivist perspectives. Acceptance of the arts by positivist standards requires proof of outcomes. Naming the beneficial concepts and characteristics of the arts is the first step towards achieving that.

This is particularly relevant to those researching, delivering and funding arts interventions, as well as care providers and policy makers.

9.3.1.5 Suggesting ways to combine arts and science methodologies and approaches

In order to research the multi-disciplinary field of the arts and dementia, this research drew inspiration from humanities and science paradigms using realist methodology that situates itself between these seemingly opposing constructivist and positivist

epistemologies (Wong et al., 2013). Other arts and dementia research has made similarly strategic decisions (Newman et al., 2016).

This research has combined realist and constructivist approaches with personhood, pragmatism and taxonomy (Chapter 2, Figure 2.1). This has allowed a democratic, diverse and inclusive interpretation of relevant real world expertise, whilst also maintaining reliability, validity and rigour (Pawson et al., 2005). Individual meaning (Grbich, 2013; Lincoln, Lynham and Guba, 2018) has been combined with aggregated consensus (Chapter 7, section 7.1.1.3).

This hybrid methodology may be of interest to other researchers and academics working in this field, who are similarly attempting to strike a balance between credibility and flexibility (Daykin et al., 2017; Chapter 7, section 7.3.2.4).

9.3.1.6 Making meaning and creating connection

The taxonomy consequently makes meaning and creates connection in two ways for the field of the arts and dementia.

Firstly, by describing the characterising components that could underpin the effectiveness of arts interventions, the taxonomy facilitates the achievement of meaning and connection in arts interventions for people with dementia. Meaning and connection are both prime mechanisms and outcomes of the arts (Chapter 8, Table 8.1).

Secondly, producing a taxonomy provides a common point of reference for use by diverse stakeholders, to connect this multi-disciplinary field and create a shared sense of meaning.

9.3.2 Recommendations from the findings: stakeholder implications for research, theory and practice

Five stakeholder groups stand to benefit from this research (Chapter 1, section 1.3.2). Each is listed below with practical suggestions for how the taxonomy dimensions could inform their engagement with the arts and dementia and optimise the effectiveness of arts interventions. These are suggestions based on perceived relevance to each group according to the findings, but all dimensions could be applicable to all stakeholders.

It is assumed that, in general, artists and practitioners will lead interventions. However, if carers or care staff are leading arts interventions, rather than participating in a supporting role, they could also observe the recommendations for artists and practitioners. Overall, an equal spirit of co-production and co-creation between arts facilitators should prevail (Chapter 7, section 7.3.4.5).

9.3.2.1 Suggestions for artists and practitioners

When planning and facilitating arts interventions, artists and practitioners could:

- Consider incorporating the principles and features into their practice;
- Consider opportunities for including artistic elements in the intervention;
- Consider which art forms or complementary arts might be most appropriate for each person with dementia;
- Reflect upon the facilitator competencies when considering training needs.

9.3.2.2 Suggestions for carers and care staff

When assisting or participating in arts interventions, carers and care staff could:

- Consider incorporating the principles and features into their practice;
- Consider including artistic materials and arts activities as part of their caring duties;
- Consider which art forms or complementary arts might be most appropriate for each person with dementia;
- Consider different arts locations and arrange leisure time accordingly.

9.3.2.3 Suggestions for people with dementia

When considering arts participation, people with dementia could:

- Consult the taxonomy for ideas of different arts activities, arts locations, art forms, complementary arts, and intervention contexts that would suit them best.

If principles represent the 'ingredients' (Parkinson, Windle and Taylor, 2017; Windle et al., 2018) of arts interventions, the taxonomy could be conceptualised as a menu from which people with dementia could select arts intervention characteristics of interest. To directly benefit people with dementia, the taxonomy could be used in conjunction with primary care and community care professionals to support joint decision-making relating to social prescribing (Bungay and Clift, 2010) and arts on prescription (Goulding, 2014).

9.3.2.4 Suggestions for commissioners and funders

When investing in arts services and providers, commissioners and funders could:

- Reward bids that recognise the principles and features of arts interventions;

- Reward bids that reflect upon the competencies necessary to deliver arts interventions;
- Reward bids that involve a broad range of arts facilitators;
- Recognise the common language of the taxonomy as a description and explanation of the benefits of arts interventions for people with dementia.

9.3.2.5 Suggestions for researchers and academics

When comparing, evaluating or analysing arts interventions, researchers and academics could:

- Consider the principles and features as characterising components of arts interventions;
- Consider the arts approaches as distinguishing types of arts interventions;
- Consider intervention context and artistic focus as ways of dividing up the complex field of the arts and dementia;
- Consider principles and features, and artistic elements as mechanisms or outcomes that help to explain how the arts 'work' and produce their effects.

The implementation of innovations in healthcare is dynamic and complex, and stakeholders challenge, improve and re-design newly proposed models (Greenhalgh et al., 2004). As a healthcare innovation, the taxonomy will similarly be subject to this human factor (Greenhalgh, 2010). Consequently, there is an expectation that the taxonomy will need to be adapted and developed as stakeholders use it for the first time and put these recommendations into practice.

9.4 Summary of the research limitations and challenges

9.4.1 Research methods and taxonomy caveats

The limitations and challenges concerning individual research methods, for example reviewing the literature (Chapter 3, section 3.5), facilitating discussion groups (Chapter 4, section 4.4; Chapter 5, section 5.6), undertaking a case study (Chapter 6, section 6.4), and co-ordinating a Delphi questionnaire (Chapter 7, section 7.4), have been outlined in each respective chapter.

These were summarised in the preceding discussion (Chapter 8, section 8.6) and chiefly related to ensuring the validity and reliability of findings (Pawson et al., 2005) within a largely constructivist (Lincoln, Lynham and Guba, 2018) and qualitative study (Braun and Clarke, 2013; Morse, 2006).

The caveats and clarifications relating to the taxonomy have also been outlined previously (Chapter 8, section 8.1.4). These state that: the taxonomy dimensions and contents can be used in combination; the taxonomy does not claim to be exhaustive; and that the taxonomy is subjective, and will therefore not represent an interpretation of the arts and dementia that suits all stakeholders (Grbich, 2013).

9.4.2 Acknowledging the subjective positions taken by the taxonomy

Throughout this research a number of pragmatic (Morgan, 2014; Robson, 2011), strategic decisions have been taken relating to the process of classification and the proposed taxonomy model. The challenges relating to these decisions are explored below.

9.4.2.1 One interpretation of classifying the arts and dementia

The process of classifying the arts has proven to be contentious. This was anticipated at the start of the research (Chapter 2, section 2.3.6.2) and was subsequently proven by the real world discussion groups (Chapter 5, section 5.5.1) and the Delphi study (Chapter 7, section 7.3.2.4).

In response to the overarching research question of how it may be possible to classify the arts and dementia, the taxonomy offers one conceivable solution based on a synthesis of existing evidence and original findings. Others will doubtless disagree with this interpretation. The taxonomy recognises its limitations and imperfections, but asserts itself as a useful and practical tool for the field (Bailey, 1994; Godfray and Knapp, 2004) that welcomes future debate, scrutiny and challenge. As outlined in Chapter 8 (section 8.3.4), the taxonomy would benefit from maintenance and custodianship so it can be updated as the arts and dementia evidence base grows.

9.4.2.2 Balancing approaches to generalisation, prescriptiveness and level of detail

The taxonomy is suitable for general use, by giving a descriptive overview of the arts and dementia field. It can also be used on an individual level to tailor an arts intervention to a person living with dementia (Chapter 8, section 8.4.3.1). To achieve this, findings have been aggregated to a generally acceptable level (Chapter 7, section 7.1.1.3) while the principles ensure the arts are delivered in a personalised way (Chapter 3, section 3.4.2).

Even so, some research participants in the Delphi study viewed the taxonomy as prescriptive (Chapter 7, section 7.3.2.3) rather than being primarily descriptive as intended. The point of balance between the two is a matter of opinion. The taxonomy

clarifications and caveats (Chapter 8, section 8.1.4) intend to empower stakeholders to apply the classification to the extent that they wish.

The taxonomy also aimed to reduce complexity (Bailey, 1994) while containing enough detail to be useful. Again, finding this balance is subjective. Categorical prototypes (Mervis and Rosch, 1981) were used to illustrate and simplify each dimension. Twelve taxonomy dimensions were maintained because they represent distinct categories identified in the data. Some stakeholders may find this excessive, as has been discussed (Chapter 8, section 8.6).

9.4.3 Theoretical and epistemological research limitations

"Models, taxonomies and frameworks are like toothbrushes – no one wants to use anyone else's" (Gorman et al., 2005)

The theoretical limitations of realist methodology (Chapter 2, section 2.2.3) and taxonomy (Chapter 2, section 2.3.6) were outlined at the start of this research. Neither a wholly realist nor a completely taxonomic approach was appropriate for this work. It was necessary to blend taxonomy's generalisability (Bloom et al., 1956) with realist's consideration of context (Pawson et al., 2004; Pawson, 2013), in order to create a model that is both relevant to the majority and person-centred.

However, as the quotation from Gorman et al. (2005) illustrates, there is fatigue regarding theoretical or scientific research that seeks to impose its own interpretation of complex phenomena upon groups of stakeholders. This places a possible limitation on the taxonomy's impact. Nevertheless, it is hoped that involving a broad range of stakeholders in each stage of the research, particularly the Delphi study, will have helped to foster a sense of buy-in and ownership of this work within sections of the arts and dementia community (Chapter 7, section 7.1.2).

As a product of research that blends humanities and science paradigms, the taxonomy has encountered an epistemological challenge (Chapter 2, section 2.1.2). It is not possible to describe the arts in the same way as a pharmaceutical intervention (Beard, 2011; Gilroy, 2006). For some, the resulting taxonomy will be too scientific. For others, it will not be nearly quantifiable enough.

9.4.4 Outstanding research enquiries

On the whole, the research findings were able to respond to the proposed research questions in their entirety (section 9.2.2). However, two areas remain unresolved and merit further attention.

Firstly, opposition to certain terms, for example taxonomy (Chapter 7, section 7.3.2.3), evidences the limitations of a common language amongst such a multi-disciplinary field, which includes accredited clinical and non-clinical professions alongside a range of other roles. Even though the taxonomy vocabulary has been drawn directly from existing research and original findings (Barbour, 2007; Kelle, 1997), the extent to which all terms and words are transferable across all stakeholder groups is not conclusively known.

Secondly, the distinction between principles as mechanisms or outcomes remains undecided (Chapter 8, section 8.4.1.2). While this only matters within a realist methodological framework, and while it makes sense that principles can be both depending on the context of an arts intervention, it would strengthen the research if this was explored further in an empirical setting.

9.5 Personal reflections on the research process

Throughout this research I have kept a learning log of reflections resulting from background reading, conversations with peers and colleagues, data collection, conferences, workshops and seminars. Some were shared as blog posts (Cousins, 2016a; Cousins, 2016b; Cousins, 2017). My approach to the arts and dementia has evolved as I have grappled with new perspectives and gained a richer understanding of the subject matter and the methods. A few of these thoughts are shared below to demonstrate how the identity of the researcher (Chapter 2, section 2.5.9.1) has developed during the course of this research.

9.5.1 Learning about the arts and dementia

When I first considered how to define and describe the arts and dementia, I focussed on the definition of art itself. However, I soon realised that was a misplaced, philosophical approach. It became apparent that what mattered most in arts interventions for people with dementia was meaning and connection for the individual, which could be found in a multitude of artistic and creative activities. Therefore, the Principles and Complementary arts dimensions emerged as a way of describing the arts in a limitless way.

Attending the *Memory Bridge* dementia care training retreat in Indiana, USA in June 2016, taught me that fundamentally, the arts offer an invitation to 'be with' and be present with people with dementia.

Once data collection was underway, I also began to recognise the limitations of the arts. I heard that the arts are 'not for everyone', or that using the arts to recall memories through reminiscence is not always a positive experience, especially if generic approaches are taken. I realised that some people can find the idea of the arts

off-putting or highbrow, or that they assume specialist talent is a prerequisite for participation.

Personal experiences also informed my academic approach. After singing in a specialist dementia care home at Christmas 2015, I understood that tears in response to music do not necessarily signal a negative response, and that there can be great catharsis in the expression of emotion.

9.5.2 Learning about research paradigms

I became passionate about the epistemological tension at the centre of this multi-disciplinary work: challenging the predominantly medical perspective of 'what counts' as evidence and expertise, while maintaining scientific credibility and rigour. This felt particularly urgent as the political landscape changed throughout the course of the research, and a new post-truth discourse of 'fake news' began to threaten the notion of robust evidence.

Inspired by patient empowerment movements in the NHS, I resolved to take a democratic approach to defining expertise, in order to include the knowledge of those with lived experience relevant to the arts and dementia.

While exploring approaches to taxonomy I learnt that this scientific framework, seemingly concrete and rigid, was still very subjective.

Challenging the positivist need to measure and quantify outcomes, I wondered if, in the case of the arts and dementia, anything truly matters beyond the experience of 'the moment'.

9.5.3 What might I have done differently?

I have reflected on whether there is anything I would change about the research design in retrospect. Updating the literature review for example (Chapter 3, section 3.2.1.5) gave me the opportunity to improve upon my search strategy and incorporate new skills.

If I were to re-design the research, I would consider a series of one-to-one interviews with people with dementia, in order to gather their descriptive words for characterising the arts. This would help to ensure that the taxonomy was more genuinely representative.

9.6 Future work and further research

Taking account of the strengths and contributions of the taxonomy (section 9.3.1) as well as its limitations and challenges (section 9.4), it can be concluded that:

- The taxonomy is a comprehensive but foundational model that requires further development;
- The taxonomy and its common language would benefit from further testing across the arts and dementia community, in both a theoretical sense and through its application to a broader range of empirical arts interventions.

Consequently, a number of avenues for future work and further research are suggested. These areas of enquiry could be researched using a variety of methods, including interviews, focus groups, Delphi questionnaires and observations of arts interventions.

9.6.1 Develop the principles as measurable outcomes and mechanisms

The principles and their features would benefit from additional theoretical work, specifically continued exploration of their status as mechanisms and outcomes of arts interventions for people with dementia.

Moreover, to satisfy evaluation requirements and to prove the impact of the arts (Daykin and Joss, 2016), it would be prudent to develop the principles as observable and *measurable* benefits, processes and effects of arts interventions. Elements of taxonomy can be used for measurement (Bailey, 1994) and this would be a valuable contribution to the evidence base. The modified version of the GCWBT (Kinney and Rentz, 2005) that was developed for the case study (Chapter 6, section 6.2.6.1; Appendix 9) could be a starting point for this work.

9.6.2 Develop and test an observation tool based on the principles

Following completion of Version 2 of the taxonomy, the modified GCWBT devised for the case study was updated by the researcher to reflect the fourth iteration of the principles and features (Appendix 16). This new observation tool based on the principles and features could be used to evaluate arts interventions for people with dementia, and map the mechanisms and outcomes which suggest how they 'work'. Its indicators and operational definitions were derived from the principles' definitions and features found in the taxonomy (Table 8.1). This updated version, which now more accurately represents an original tool inspired by the work of Kinney and Rentz (2005), would benefit from validation and empirical testing. This would be contingent upon continued permission from, or collaboration with, the original authors (Kinney and Rentz, 2005). In turn, such work would help to strengthen the status of the principles as proven concepts.

9.6.3 Develop a physiological dimension for the taxonomy

The taxonomy would be enhanced by an additional dimension that details the physical and physiological effects and outcomes of the arts for people with dementia (Thomas, Crutch and Camic, 2017). This was also suggested by a Delphi participant (Chapter 7, section 7.3.3.2) and previous arts and health research has reviewed these physiological, or medically orientated, outcomes (Staricoff, 2004).

These particular quantifiable effects of the arts were considered to be outside the remit of this research (Chapter 1, section 1.3.4.1). However, the taxonomy may have wider appeal to positivist paradigms if the physiological outcomes for the arts and dementia can be defined and included.

9.6.4 Test the taxonomy amongst international cultures and different professions

The case study (Chapter 6) presented an opportunity to test Version 1 of the taxonomy in a different cultural setting. While the findings from Denmark appeared to remain relevant to other countries (Chapter 6, section 6.3.2.3), the taxonomy would benefit from greater international exposure. The literature review (Chapter 3) and Delphi study (Chapter 7) included work and participants from a range of countries, but the scope of this has still been relatively limited.

Moreover, the perceived acceptability of certain words varies amongst professions, for example transcendence (Chapter 7, section 7.3.3.3). It would be insightful to explore some of these inter-professional linguistic differences in more depth. For example, testing the taxonomy with funders and commissioners would ensure it was a useful tool for their purposes. It would be beneficial to seek feedback from health and social

care commissioners, as well as arts funders or the *Cultural Commissioning Programme* which works across all sectors.

9.6.5 Explore some of the taxonomy concepts in more detail

Within the taxonomy there are a number of concepts used as descriptive labels and terms that would benefit from further exploration and understanding in their own right. One example is co-creativity, which is emerging as an important approach for research, practice and strategy within the field of the arts and dementia (Created out of Mind, 2018; Zeilig, West and van der Byl Williams, 2018). The taxonomy references co-creativity in two ways. Firstly, as an ethos of the Arts Facilitators dimension (Chapter 8, section 8.2.11). And secondly, through the feature of co-production in the principle of Involvement, though co-production may prove to be a distinct term.

The key elements of co-creativity have been defined as improvisation, structure, leadership and equality (Zeilig, West and van der Byl Williams, 2018). As more research is done into this arts approach, the taxonomy would benefit from re-visiting how this, and other conceptual terms, are used as common descriptive labels underpinned by a shared understanding. Other examples in the taxonomy include the features of validation and embodiment.

9.6.6 Explore the transferability of the taxonomy to the arts and health field

The potential applicability of the taxonomy beyond the arts and dementia has been briefly discussed (Chapter 8, section 8.5.3). While this taxonomy has been devised specifically to meet the person-centred and psychosocial needs of people with dementia through arts interventions, exploring its transferability to other demographics and population cohorts would be worthwhile. This may generate further

insights into the particular relationship between the arts and dementia, and could lead to the development of a similar taxonomy for the arts and health more broadly.

Combined, findings from these discrete work streams could address the outstanding research enquiries (section 9.4.4), and lead to the development of Version 3 of the taxonomy. Ideally, this would also address the issues related to taxonomy maintenance and custodianship outlined in Chapter 8 (section 8.3.4).

9.7 Epilogue

"So if I'm completely lost with a question – what do I do? I step into the unknown, and I make something."

(Writer and Theatre Director, focus group 3).

This research has similarly been a process of stepping into the unknown with a question, in order to make a theoretical model, and hopefully, a difference.

The research has been ambitious in scope, and innovative in its approach. Accepting its limitations, the taxonomy of arts interventions for people with dementia offers description, explanation, communication and simplification of the field that could be applied to research, theory and practice. The taxonomy makes a novel, informative and useful contribution to the growing arts and dementia evidence base, and will hopefully support the wellbeing, quality of life and creative care of people living with dementia.

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Appendices

Appendix 1: Ethics approval for real world discussion groups

The University of Nottingham

Faculty of Medicine and Health Sciences

Research Ethics Committee
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16th March 2016

Emily Cousins
PhD in Dementia Research
c/o Professor Tom Dening
Professor of Dementia Research
Institute of Mental Health
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Dear Emily

Ethics Reference No: J18032016 SoM **– please always quote**
Study Title: An International Taxonomy of Arts Interventions for People Living with Dementia: Literature review focus groups.
Chief Investigator/Supervisor: Professor Tom Dening, Professor of Dementia Research, Institute of Mental Health, School of Medicine.
Lead Investigators/student: Emily Cousins, PhD in Dementia Research, Psychiatry and Applied Psychology, School of Medicine.
Other Key Investigators: Dr Victoria Tischler, Honorary Associate Professor, Dr Claire Garabedian, Research Associate – Creative Arts and Dementia, Association for Dementia Studies, University of Worcester.
Type of Study: PhD, focus groups
Proposed Start Date: 18/03/2016 **Proposed End Date:** 30/04/2017
No of Subjects: 35 **Age:** 18+years

Thank you for submitting the above application which was considered by the Committee at its meeting on 15th March 2016 and the following documents were received:

Lit review focus groups:

- FMHS Research Ethics Committee Application Form Version 1.0 Date 09_02_16
- Protocol Final Version 1.1 Date 16.03_16
- Participant Information Sheet Final version 1.1: 16_03_16
- Consent Form Version 1.1 Date 16_03_16
- Outline focus group schedule version 1.0 Date 09_02_16
- Fieldnotes observational data version 1.0 Date 09_02_16

These have been reviewed and are satisfactory and the study is approved.

Approval is given according to the following conditions:

1. You must follow the protocol agreed and inform the Committee of any changes using a notification of amendment form (please request a form).

2. You must notify the Chair of any serious or unexpected event.

3. This study is approved for the period of active recruitment requested. The Committee also provides a further 5 year approval for any necessary work to be performed on the study which may arise in the process of publication and peer review.

4. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely



Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Appendix 2: Ethics approval for Delphi study

The University of Nottingham

UNITED KINGDOM · CHINA · MALAYSIA

Faculty of Medicine & Health Sciences
School of Medicine
Division of Psychiatry and Applied Psychology
The University of Nottingham
YANG Fujia Building
Jubilee Campus
Nottingham
NG8 1BB
t: +44 (0)115 82 32214

www.nottingham.ac.uk/medicine

Investigators: Emily Cousins and Tom Dening

Title of study: An International Taxonomy of Arts Interventions for people with dementia: A Delphi Study

Duration of study: Until September 2019

Ethics reference number: 213

Thursday 9th March 2017

A favourable opinion is given to the above named study on the understanding that the applicants conduct their research as described in the above numbered application, and adhere to all conditions under which the ethical approval has been granted and use only materials and documentation that have been approved. If any amendments to the study are required, an amendment should be submitted to the committee for approval.

David Daley (Professor)

Co-Chair of DPAP Ethics Subcommittee

Amanda Griffiths (Professor)

Co-Chair of DPAP Ethics Subcommittee

Appendix 3: Ethics approval for music therapy case study

The University of Nottingham

UNITED KINGDOM · CHINA · MALAYSIA

Faculty of Medicine & Health Sciences
School of Medicine
Division of Psychiatry and Applied Psychology
The University of Nottingham
YANG Fujia Building
Jubilee Campus
Nottingham
NG8 1BB
t: +44 (0)115 82 32214
www.nottingham.ac.uk/medicine

Investigators: Tom Dening and Emily Cousins

Title of study: An International Taxonomy of Arts Interventions for people with dementia: A Danish music therapy case study

Duration of study: Until September 2019

Ethics reference number: 215

Friday 24th March 2017

A favourable opinion is given to the above named study on the understanding that the applicants conduct their research as described in the above numbered application, and adhere to all conditions under which the ethical approval has been granted and use only materials and documentation that have been approved. If any amendments to the study are required, an amendment should be submitted to the committee for approval.

David Daley (Professor)

Co-Chair of DPAP Ethics Subcommittee

Amanda Griffiths (Professor)

Co-Chair of DPAP Ethics Subcommittee

Appendix 4: Principles of arts interventions coded in the literature

Author	Principles of arts interventions for people with dementia coded in the literature (explicit and implicit)
Baines (2007)	Creativity, Community, Respect, Identity, Potential, Expression, Satisfaction, Communication, Pleasure, Overcome isolation, Sustenance, Transcendence, Social interaction, Positive view of ageing, New possibilities, Self-worth, Safe, Nurturing, Voluntary participation, Choice, Non-judgemental, Conversation, No denial of sadness and grief, Constancy of produced work, Valued, Acknowledged, Satisfying
Beard (2011)	Enrichment, Product, Process, Person-centred, Meaning, Well-being, Creative, Self-expression, Occupation, Managing undesirable behaviours, Negative control, Empowerment, Relaxation, Hope, Healing, Quality of life, Pleasure, Discovering ability, Self-worth, Social interaction, Validate, Stimulation, Relationships, Community, Reminiscence, Pride, Dignity, Remaining strengths, Group cohesion, Increase mood, Combination of arts, Doing, Continuity, Engaging, Tailored, Cultural awareness, Location awareness
Beat it Percussion (2015)	Involvement, Fun, Non-verbal communication, Conversation, Reminiscence, Confidence, New skills, Remember skills, Surprise, Engagement, Enjoyment, Wellbeing, Interaction, New experience, Confidence, Sensory
Behrman, Chouliaras & Ebmeier (2014)	Sensory experiences, Manage agitation, Orientation, Memory recall, Sense of competency, Interact meaningfully, Expressive, Emotional, Non-verbal communication, Multi-sensory stimulation, Environmental factors
Burnside et al. (2017)	Socialization, Community, Engagement, Mindfulness, Positive interactions, Discussion, Care partners, Dyads, Multi-sensory,

	Conversation, Facilitation, Enjoyment, Joint respite, Personhood, Relationship normalizing/affirming, Growth
Byers (2011)	Freedom, Aesthetic satisfaction, Creativity, Significance, Embodied, Containment, Validation, Choice, Pleasure, Sensory, Finished work
Caddell & Clare (2011)	Identity, Personhood, Independence, Remaining strengths, Self-esteem, Socialisation, Expression, Spontaneity, Discussion, Combining, Reminiscence, Interaction, Continuity, Coherence, Multi-sensory, New social ties, Existing relationships, Group, Individual, Tailored
Camic, Baker & Tischler (2016)	Normalization, Community, Involvement, Equality, Personhood, Valued, Somewhere different, Welcomed, Intellectual stimulation, Competency, Engagement, Universal interest, Social interaction, Caregiver respite, Enjoyable, Surprise, Inspiration
Coaten (2011)	Present moment, Embodied, Accessing the world, Holistic, Whole person, Non-verbal communication, Emotional, Humour, Hope, Training, Quality, Perception, Awareness, Identity, Integrity, Sense of self, Individualised, Creativity, Experiential, Relationships, Trust, Energy, Adventure, Embracing difference, Group need, Individual need, Practicalities, Mirroring, Reciprocal, Mutual, Mixed modes, Pleasure
Cowl & Gaugler (2014)	Improving symptoms, Personal control, Social support, Meaningful relationships, Socialization, Inclusion of carers/family members, Addresses mood, Sociability, Communication, Engagement, Participation, Cognitive, Engagement, Orientation, Participation, Pleasure, Relaxation, Self-esteem, Self-expression, Well-being, Hope, Self-satisfaction
Crossick & Kaszynska (2016)	Carer involvement, Creative engagement, Laughter, Participation, Understanding of dementia, Imagination, Interaction, Respect, Reduced stigma, Discussion, Relationships, Wellbeing , Manage symptoms, Cognitive ability, Emotional and physical memory, Achievement, Confidence, New skills, Energised, Creativity, Reminiscence

de Medeiros & Basting (2014)	Behavioural changes, Tailored, Imagination, Cognitive stimulation, Reminiscence, Sensory stimulation, Validation, Emotion focused, Quality of life, Communication, Transformative, Meaningful
Duffin (2013)	Reminiscence, Memories, Stimulate conversation, Humour, Non-verbal communication, Self-esteem, Overcome isolation, Overcome unhappiness, Tailored, Skill sharing
Dupuis et al. (2016)	Citizenship, Community, Alternative narrative, Critical reflection, Challenge assumptions, Mutual, Embodiment, Sensory, Co-create, Collaboratively, Textures, Materials, Relationships, Stories, Letting go, Possibilities, Co-transformational
Goldstein-Levitas (2016)	Sensory, Stimulation, Holistic, Economical, Complementary, Mind-body connection, Reminiscence, Self-expression, Therapeutic, Overcome deficits, Imagination, Creativity, Playful
Habron (2013)	Supportive, Communication, Conversation, Spontaneous, Creativity, Interactive, Enjoyment, Emotional engagement, Cultural context, Participate, Validate, Flow, Animation, Expression
Hannemann (2006)	Stimulating, Potential, Sensory, Enable people to act themselves, Non-verbal opportunities, Combine, Reduce isolation, Give life perspective, Hope, Spontaneity, Originality, Improvisation, Imagination, Creativity, Inventive, Innovative, Emotional expression, Self-knowledge, Integration, Personality, Process, Contact with inner self, Inquisitiveness, Improvisation, Flexibility, Invigorate, Heal, Connect, Local traditions, Intergenerational, Senses, Orientation, Self-confidence, Identification of own work, Awareness of own culture
Hazzan et al. (2016)	Collaborative, Care partner involvement, Engagement, Art appreciation, Sharing, Meaningful, Individualized, Enhancing abilities, Making, Validation, Group, Share, Moments
Holm, Lepp & Ringsberg (2005)	Conversation, Interaction, Stimulate, Well-being, Quality of life, Identity, Integrity, Connectedness, Share experiences, Express feelings, Consolation, Comfort, Communication, Self-confidence,

	Courage, Memories, Involvement, Curiosity, Address difficult subjects, Challenge, Negative emotions, Time, Fellowship
Hulme et al. (2010)	Training, Carer inclusion, Reduce certain behaviours, Problem solving, Cognitive improvements, Quality of life, Social, emotional, cognitive benefits, Address the whole person, Reality orientation, Validation, Reminiscence, Instruction
Jaaniste (2011)	Creativity, Fulfilment, Healing, Expression, Claim roles, Control, Role play, Facilitate growth, Trust, Communication, Confidence, Improvisation, Play, Embodiment, Projection, Storytelling, Shared humanity, Involvement, Curiosity, Non-verbal clues, Multiple realities, personal meaning, Client aims, Containment, Cognition, Freedom
Killick & Allan (2011)	Purpose, Identity, Confidence, Creativity, Self-esteem, Take control, Choice, Positive emotion, Communication, Learning about experiences, Non-verbal communication, Pictures, Sensory, Emotional, Stimulate feelings, Interpretation, Provide meaning, Individualised, The moment, Variety, Choice, Person-centred, Relationships, Reflection, Reminiscence, Self-esteem, Product, Imagination, Bonding, Enjoyment, Ethical standards, Ownership of any product, Equal worth, Interaction
Kontos & Martin (2013)	Embodied, Balanced power, Selfhood, Creativity, Self-expression, Subjectivity, Human agency, Personhood, Inner experience, Practitioner education, Flexible schedules, Relationships, Biographical continuity, Individual/cultural identity, Personalisation, Socialization, Meaningful, Innovation, Non-verbal communication, Emotional expression, Multiple artistic modalities, Stimulation, Overcome social isolation, Heightened presence, Engagement, Recognise diversity
Marshall & Hutchinson (2001)	Therapeutic, Quality of life, Self-esteem, Pleasure, Meaningful, Restore roles, Enable friendships, Recognise cultural differences, Accomplishment, Opportunities to assist, Nourishment, Socialization, Conflict resolution, Dignity, Familiar tasks, Reminiscence, Expression, Interaction, Increased skills, Relevance

Morley et al. (2014)	Meaningful, Enjoyable, Emotional wellbeing, Cognitive ability, Behaviour management, Discussion, Appropriately trained, Reward system, Reminiscence, Task-oriented, Social stimulus, Gender specific
Mottram (2003)	Diversion, Relaxation, Encourages concentration, Self-esteem, No requirement of skill, Expression, Spontaneous, Allow particular personality, Communication, No aesthetic merit, Trust, Relationship, Warmth, Empathy, Attention, Listening skills, Training, Cultural and contextual awareness, Sensitivity, Understanding, Dignity, Empowerment, Engagement, Reminiscence, Individualized, Ability appropriate, More than just a focus on the past, Do not underestimate, Potential
Nyman & Szymczynska (2016)	Psychosocial needs, Life review therapy, Life story, Death preparation, Intergenerational relationships, Control, Achieve life goals, Creative, Meaningful, Re-acquaintance, New activities
Petrescu, MacFarlane & Ranzijn (2014)	Opportunities to contribute, Catharsis, Personhood, Stimulating, Inspiration, Social activity, Expressing emotion, Sense of purpose, Opportunity to share stories, Sense of self, Engagement, Relevance, Challenge, Skill sharing, Emphasis on what can be achieved
Phillips & Conn (2009)	Reduce symptoms, Creative expression, Active participation, Something new, Perspective, Process, Self-expression, Social interaction, Communication, Sensory stimulation, Emotional relief, Failure free, Expression, Non-verbal communication, Reminiscence, Positive feelings, Person-centred, Ability specific, Engagement, Stimulate, Enhance mastery
Price & Tinker (2014)	Social interaction, Cognitive stimulation, Self-worth, Innovation, Appropriateness, Interpret and cope with old age, Social engagement, Communication, Self-motivation, Self-expression, Confidence, Skills development, Acknowledging the future, Purpose, Provides structure, Intergenerational, Community cohesion, Accessibility, Engagement, Relaxation, Emotion, Promote achievement

Rancour & Barrett (2011)	Connection to the larger world, Express emotion, Enhance skills, Communication, Thriving, Making, Presence, In the moment, Empathy, Empowerment, Multi-dimensional, Self-exploration, Interpretation, Process of making whole, Restoration, Learning, Hope, Respect boundaries, Experimentation, Listening, Considering, Identity, Meaning, 'Aha' moments, Reflection, Body language, Non-verbal communication, No forced participation, Potential, Give people voice, Create communal ties
Regier, Hodgson & Gitlin (2017)	Engagement, Physical, Cognitive, Entertainment, Sensory, Social, Reminiscence, Cueing, Movement
Rylatt (2012)	Self-expression, Communication, Pleasure, Enjoyment, Engagement, Multi-sensory, Self-esteem, Wellbeing, Mood and behaviour management, Learn new skills, Reminiscence, Cope with condition, Facilitator training, Enthusiasm, Perseverance, Combining art modes, Observation, Non-verbal communication, Embodiment
Sixsmith & Gibson (2007)	Everyday arts, Participation, Enjoyment, Meaningful, Social cohesion, Empowerment, Control over circumstances, Self-esteem, Feel competent, Feel independent, Lessens social isolation, Promotes social interaction, Exploration, Self-identity, Spirituality, Reminiscence, Preserve ability, Manage behaviour, Emotional response, Communicative, Stimulating, Pleasure, Soothing, Uplifting, Maintain interests, Share experiences and knowledge, Accessibility, Choice, No rules, Continuation
Solé et al. (2014)	Tailored, Quality of life, Cognitive function, Addresses mood, Self-esteem, Participation, Entertainment, Spirituality, Personal development, New knowledge, Self-fulfilment, Happiness, Relaxation, Improvisation, Fun, Discussion, Emotional expression, No pressure
Spitzer (2011)	Humour, Laughter, Staff morale, Play, Interaction, Professionalism, Quality, Enjoyment, Reduced symptoms, Tailored, Flexibility,

	Mixed modes, Reduce isolation, Return power, Give control, Supportive, Trained facilitators
Stevens (2011)	Humour, Improvisation, Creating, Learning, Sociability, Communication, Self-esteem, Resilience, Interpersonal skills, Self-belief, Relationships, Active, Self-confidence, Social interaction, Empathy, Cognition, Carer involvement, Relationships, Surprise, Recognising potential, The moment, Not demeaning, Group cohesion, Therapeutic
Tuppen (2012)	Combined arts modes, Cognitive function, Maximise potential, Developing relationships, Stimulation, No stigma, Specific to stage of dementia, Ability appropriate, Recall and develop skills, Reminiscence, Orientation, Wellbeing, Discussion, Accessibility, Communication, Enjoyment, Mood, Fun, Normalizing, Reduce isolation, Carer respite
Ullán et al. (2013)	Ability appropriate, Education, Learning new things, Generate satisfaction, Creative process, Feelings of capacity, Positive image, Tackle stigma, Enjoyment, Communication, Enforcing rights, Aesthetic appreciation, Participation, Personal value, Identity, Doing, Production of work, Newness, Technology, No fear of failure, Engagement, Training, Social relations, Reinforcement, Validation, Art beyond dementia, Reflection, No deficit emphasis, Self-image
Unadkat, Camic & Villa-Burrows (2017)	Joyful, Accessible, Affective facilitation, Active participation, Enjoyment, Group effect, Caregiver involvement, New experiences, In the moment, Creative expression, Positive affect, Artistic creation, Circumventing cognitive impairment, Relationship, Dyad, Innate, Universal, Enjoyable, Uplifting, Therapeutic, Stimulating, Equality
Vella-Burrows & Wilson (2016)	Dignity, Autonomy, Relationships, Meaning, Participation, Pleasure, Enjoyment, Purpose, Accomplishment, Confidence, Self-esteem, Learning, Communication, Manage symptoms, Well-being, Fun, Co-operation, Shared endeavour, Partnership, Self-expression, Friendship, Hope, Community integration, Creativity, Non-

	competitive, Discovery, Embodiment, Flow, Presence, Motion, Mixed modes, Aliveness, Relaxing, Joy, Individual cultural experience
Verity & Lee (2011)	Energy, Positive, Intuition, Interaction, Open-mindedness, Potential, Enrichment, Self-esteem, Confidence, Communication , Develop skills, Vitality, Reality orientation, Humour, Playful, Potential, Tackle stigma, Quality, Staff training, Recognise cultural needs, Education, Spontaneous, Transformation
Windle et al. (2014)	Participation, Feel valued, Sense of purpose, Well-being, Quality of life, Cognitive function, Creative thinking, Communication, Reminiscence, Meaningful conversation, Sense of self, Self-esteem, Reflective practice, Training, Relationships, Knowledge, Identity, Feelings, Non-verbal communication, Happiness
Woods & Jury (2010)	Daily arts, Combined arts modes, Recollection, Purposeful, Meaningful, Moral drive, Sense of duty, Quality, Sense of control, Time, Fluid structure, Trained practitioners, Accessibility
Zeiler (2014)	Personhood, Mutuality, Reciprocity, Improvisation, Involvement, Reduce isolation, Expression, Enabling, Togetherness, Intercorporeal, Interaction, Openness, Co-ordination, Engagement, Interaction, Face-to-face, Attunement, Responsive, Belonging, Quality
Zinn (2005)	Focussing on abilities, Purposeful, Meaningful, Helping others, Therapeutic, Improving cognition, Familiarity, Failure free, Enjoyment, Process focussed, Choice, Individualized complexity, Repetition, Focus on potential, Memory recall, Spontaneous, Encouragement, Engaged in own way, Sensory experiences, Focus on what remains, Pleasure, Self-directed approach

Appendix 5: Transcript sample from focus group 2

P5[10]: In the early stages you know, perhaps a piece of music from their childhood, things that meant something to them all the way along, and they have found that if people got very agitated and they could play *their* music, then it had quite a calming effect and was very beneficial.

P7: I used to have one lady when I used to go out to the old folk's homes, and she would sing continually.

[agreement]

P7: And it was lovely because we'd all join in with her.

[agreement]

P1: I think it's perhaps not for everybody though. My father would flatly refuse to join anything –

[chattering]

P5: Well yes, and some do –

P1: It isn't actually for everybody.

P4: No it's not –

P1: I appreciate it's a good thing for a lot of people.

[10] Participant number.

Appendix 6: Deductive coding sample from focus group 3

Principle (% share of coding)	Number of times coded	Feature	Number of times coded
Animation (9%)	27	Spontaneity	2
		Stimulation	4
		Energy	1
		Activity	3
		Improvisation	3
		Play	4
		Surprise	5
		Fun	1
		Humour	1

Appendix 7: Inductive coding sample from focus group 3

Data sources	Inductive codes (implicit and explicit)
Observational matrix	Listening
	Multiple realities
	What happens after the art
	Embedded art
	Human need for art
	Art can bring people back and forwards
	No strict timetable for arts interventions
	Inclusive definition of art
	Art for education about dementia
Field notes during transcription	Business awareness
	Art and humanity
	Appropriateness – not infantilising
	Stories – meaning, interpreting, telling
	Staff resilience
	Dementia is incidental to the activity
	Arts for advocacy
Systematic transcription coding	Awareness
	Art is limitless
	Inclusion
	Equalising
	Knowledge of person with dementia
	Overcoming isolation
	Listening
	Overcoming stigma
	Variety
	Normalising
	Appropriateness
	Art is embedded

	Democratising
	Dementia friendly
	Mutuality
	Awareness of practicalities
	Co-production
	Art as challenging
	Non-judgemental
	Open minded
	Tuning in
	Staff resilience
	Overcoming fear of art
	Welcoming
	Resource viability
	Legitimising
	Self-reflection

Appendix 8: Transcript sample from NGT workshop 2 showing deductive coding

P5[11]: Can I add something, there's something about the sense of being witnessed **(Th)** as well –

P10: Yes – validating **(Th – validation)** and –

P5: Yes. And there's something about when that is happening, when there's some sort of transcendence **(Tr)**, that it – it is transcendence – I think the moment that there is a creative involvement something happens. Atmosphere changes. And people witness that. It might be a nursing person. It might be a family member sitting there. There will be a sense that there is something else. There is something possible. That's about hope **(Th)**. That's about all those other emotions as well that just go into making us miserable or happy. You know, and they seem so basic, but it's so true isn't it?

P10: And it's that word entrainment –

P5: Yes, and I think –

P10: Which happens across all the activities, arts, whatever you want to call them, because that's that validation. So somebody's upset, you don't go in and start playing happy clappy music. Or just ignore it. You go – oh! You're upset. I'm going to meet you where you are **(Th – validation)** –

P5: Yeah –

P10: And then you might be able to move somewhere else, you might not, and tears are not bad **(E – challenge)**. And often you see in reports and stuff, people say well, it didn't work because Mrs. Smith either started crying or because she didn't respond at all. And then that person at the very end of the session is the one who didn't respond at all comes up to somebody and says – you know, does some incredible thing that

[11] Participant number.

shows they were taking it in. And as performers, I think that's really tricky because we are used to, I can say I am used to wanting a response –

[agreement]

P10: I want somebody to like it! And it's very hard to force oneself as a practitioner, that you're not performing – you know that in your head – but to go, it's ok if this person just sits there. Because that doesn't mean they're not taking it in.

P5: Is it also to do with the quality **(Aw)** – I felt Sam[12] was so good with this with the visual arts – this realisation that you may have a trajectory, you may have a sense of where you're going, but so often as artists we're product **(P – product)** orientated.

P10: Yep.

P5: We want this, we want achievement, we have you know. And actually working in this way, there's a certain – it doesn't mean you let go of that – there may be an aspiration that you're working towards something that actually becomes an entity of its own. But it's the quality of the process – it's the time that's actually significant. It's a moment **(Tr – moment)** in time –

P7: It's the process **(Th – process)** and the relationship **(C – relationships)** –

P5: It's the process –

P7: It's the focus on process and relationships –

P5: Not the product. And that challenges you as an artist all the time.

[12] Pseudonym.

Appendix 9: Adapted GCWBT for observations in Denmark, showing the principle of Animation as the example

Indicators for each of the Principles of Arts Interventions	
Principle of arts intervention	Indicators
Animation	1. The participant shows agency and is active 2. The participant is stimulated in a way that may be surprising 3. The participant engages in play, showing joy or humour 4. The participant is spontaneous or improvises

Operational definitions for each of the Principles of Arts Interventions	
Principle of arts intervention	Operational definitions
Animation	The participant shows agency and activeness, possibly through the action of 'doing'; the participant is stimulated by the activity; they appear energised or exhibit behaviour that might elicit surprise, such as sudden verbalisation or memory recall; the participant becomes engaged in play with the art or with others; shows joy and humour in their response; the participant reacts positively to spontaneity and improvisation.

Observation Date, Number, Location, Therapist ID:

…….

		Participant ID:									
(Minutes / interval)		5/1	10/2	15/3	20/4	25/5	30/6	35/7	40/8	45/9	50/10
Animation	Shows agency, is active	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Stimulated, may surprise	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Playful, joy or humour	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Spontaneous or improvises	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I

FREQUENCY: 5-Most of the time (4 minutes or more); 3-Some of the time (2 – 4 minutes); 1-Infrequently (2 minutes or less)

INTENSITY: 5-High; 3-Moderate; 1-Low

Appendix 10: Field note template for the case study observations

Danish music therapy case study: Field note reflections

Date, time, duration of session: Location and setting:

Music therapist: Number of participants:

What principles were particularly apparent in the session?

What modalities were used in the session?

What artistic characteristics were used in the session? What materials were used in the session?

What competencies were used in the session?

What circumstances occurred in the session?

What was the artistic focus of the session?

Describe a connection that was made in the session

Describe a moment of meaning that occurred in the session

Describe an occurrence of communication in the session, where music was the language

Describe participants' reaction and response to the session

Describe the therapeutic approach taken in the session

Describe any other observations about the session

Appendix 11: Diary reflection template for the case study observations

Danish music therapy case study: diary reflections

Date, time, duration of session: Location and setting:

Music therapist: Number of participants:

What did I notice about the session?

How did I feel during the session?

What reflections would I make about my role as a researcher?

What reflections would I make about the music therapist?

Appendix 12: Letter of support from Aalborg University

AALBORG UNIVERSITY
DENMARK

Department of Communication and Psychology
Musikkens Hus

Professor Hanne Mette Ridder
Phone:
E-mail:
www.mt-phd.aau.dk

Recommendation letter
Aalborg University, September, 5, 2016

Dear Dr Inge Klinkenberg, Professor Dr Frans Verhey and the INTERDEM Board,

I have been very pleased to talk to Emily Cousins and to plan with her a research visit at Aalborg University in Denmark. First of all, I look forward to learn more about her research about underlying principles for arts interventions for people with dementia, and secondly, to follow her work on this in relation to music therapy.

I believe that both Emily and the group of PhD students will benefit from her taking part in our PhD course in April 2017. Here she will get an insight in international music therapy research, meet leading music therapy researchers, and will have a chance to share her research with the group, receive feedback and engage in discussions. The members of our research team also look forward to meeting Emily. They are inviting her to share ideas and are willing to give her insights in on-going research in dementia, also in the areas of e.g. schizophrenia, PTSD, child care and autism. Through the team and also through alumni we can arrange site visits, especially in nursing homes, where Emily can do observations of music therapy interactions. Emily is also welcome to observe courses and workshops at our five year MA training in music therapy, and to give lectures if this would be relevant. Our training programme is located in the house of music, Musikkens Hus, in the centre of Aalborg and we will provide a desk for Emily here. Musikkens Hus has just become *Dementia Friendly* which gives us unique possibilities to use the concert hall and other facilities in ways where people with dementia are welcome. This is a new initiative, and I look forward to share ideas with Emily about further possibilities here as well.

The INTERDEM Academy Fellowship opens up for new collaborations and new networks, and I see it as a great opportunity to open our doors for Emily Cousins.

If you have any questions, please feel free to contact me.

H.M. Odsen Ridder

Programme director, Prof. Dr. Hanne Mette Ridder

Appendix 13: A sample of the ethics materials translated into Danish

PARTICIPANT CONSENT

Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Projektets titel: En international klassificering af kunst- & kulturinterventioner for personer med demens: et dansk musikterapi-casestudie

Forsker: Emily Cousins. Email: Emily.Cousins@...

Vejleder: Professor Tom Dening. Email: Tom.Dening@...

Etisk retningslinje nr 215 (England)

- Jeg har læst og forstået deltagerinformationen og fået mulighed for at stille spørgsmål?

  Ja/Nej

- Jeg er indforstået med at deltage i musikterapisessioner som vil blive observeret og audio-optaget

  Ja/Nej

- Jeg ved hvordan jeg kan kontakte forskeren hvis jeg har spørgsmål om undersøgelsen?

  Ja/Nej

- Jeg har forstået at undersøgelsen er frivillig og at jeg til enhver tid kan trække mig fra undersøgelsen uden at skulle forklare hvorfor?

  Ja/Nej

- Jeg giver tilladelse til at data fra denne undersøgelse må behandles af andre godkendte forskere (som det beskrives i deltagerinformationen) under fuld fortrolighed og med sikring af anonymitet?

  Ja/Nej

- Jeg har forstået at anonymiseret data må anvendes i videnskabelige reporter og publikationer?

  Ja/Nej

- Jeg er indforstået med at anonymiserede citater af mine udsagn muligvis vil blive anvendt og i så tilfælde med angivelse af min deltagerrolle, f.eks. musikterapeut?

  Ja/Nej

- Jeg ønsker at blive informeret om undersøgelsens resultater?

  Ja/Nej

Navn på deltager	Dato	Underskrift
Navn på person der giver samtykke	Dato	Underskrift

2 kopier: 1 til deltager, 1 til protokol

Appendix 14: Transcript sample from music therapy case study that illustrates member checking

Researcher: From what people are saying, it feels as if we're talking specifically about a one to one session, or a one to one therapeutic relationship, so I'm interested in how can that work in a group space? Because I think often particularly with some of the sessions I've been observing, for example they've been in a group setting, and I can absolutely see where the music therapist is clearly doing one to one work with an individual. But then that's quite fleeting because then also, the therapist is also responsible for sort of holding the session and everything else as well. So how does, how does that work? Is there an obvious distinction for you as therapists between working in a group and working one to one, or – yeah.

P6[13]: You can work in a group in many ways. You could as you say now go from person to person if it's not possible to make them interact, but the, I think most groups it's possible to make some interaction going on between the participants and the group.

Researcher: Ok –

P6: So you will try to facilitate that.

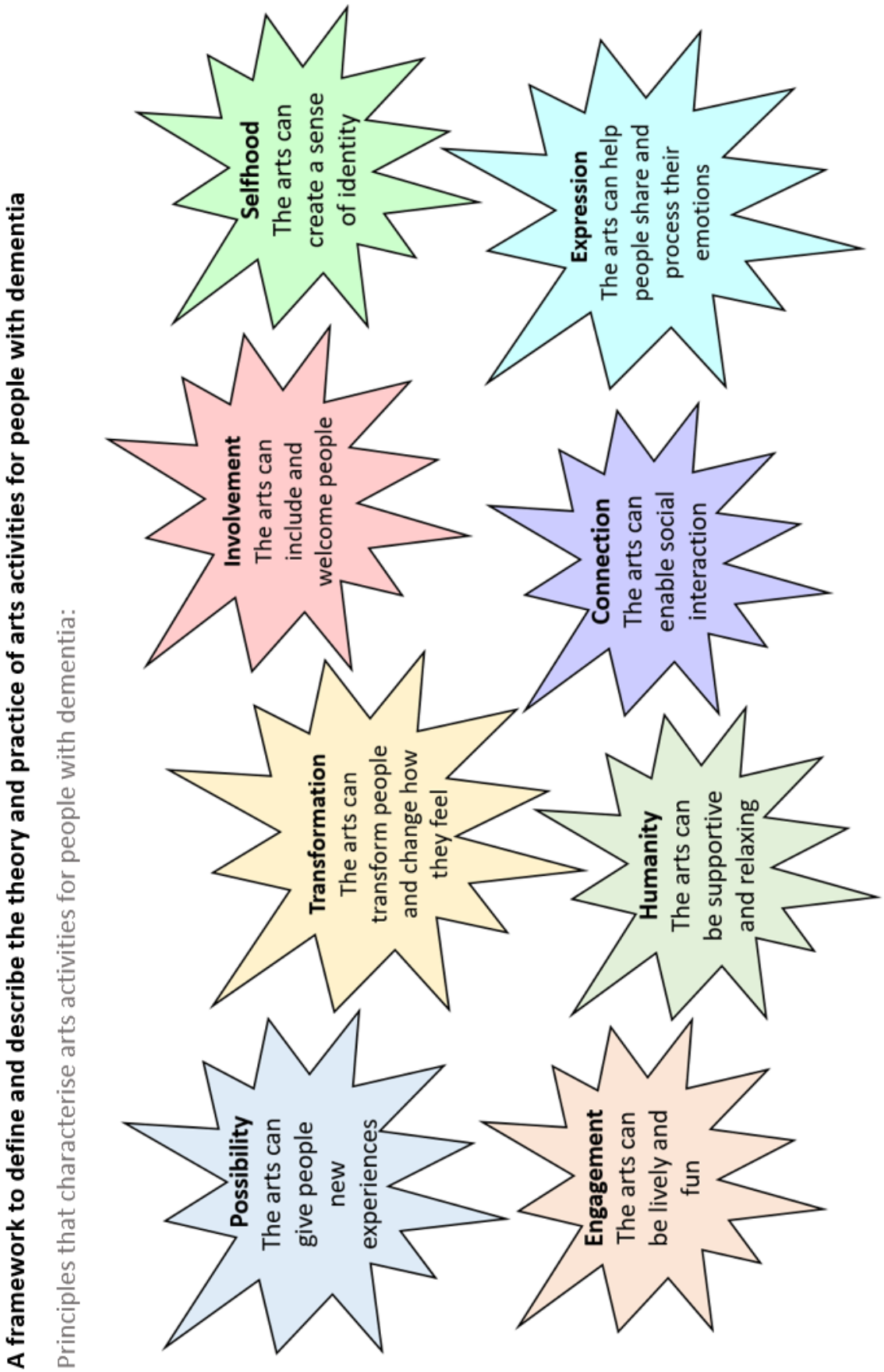
P2: Yeah most often it's about, then it's about the group, and the goal is about for the group to mostly, it has some kind of social focus in anyway. It's a much more, for me anyway working with a group than working individually, I'm much more aware of when not to do.

Researcher: Ok.

P2: Because if they can do on their own, then that's really good. But if they need me I'm there. So it's, I'm much more aware of the moving back and forth when I'm in a group.

[13] Participant number

Appendix 15: A simplified version of the taxonomy for dissemination



Other dimensions that describe arts activities for people with dementia:



Appendix 16: Principles observation tool, inspired by the GCWBT

Indicators for each of the Principles of Arts Interventions	
Principle of arts intervention	**Indicators**
Engagement	1. The participant is energised and animated 2. The participant is stimulated in a way that may be surprising 3. The participant is playful, showing humour 4. The participant is spontaneous or improvises
Transformation	1. The participant is moved by the arts 2. The participant experiences creativity 3. The participant is in the moment 4. The participant uses imagination
Selfhood	1. The participant experiences a sense of purpose 2. The participant is given dignity and self-esteem 3. The participant can exercise choice in an activity that is flexible and relevant 4. The participant can access a personalised activity
Humanity	1. The participant is focussed on the process of the activity 2. The participant is relaxed and supported 3. The participant's contribution and response is validated 4. The participant's mood is enhanced
Expression	1. The participant shares their emotions 2. The participant responds subjectively 3. The participant makes meaning during the activity 4. The participant takes enjoyment in participation
Connection	1. The participant interacts with others through the activity 2. The participant builds and shares relationships 3. The participant experiences morale and respect 4. The participant connects to different times and ages
Possibility	1. The participant develops new or existing skills 2. The participant is in a failure free environment 3. The participant feels a sense of achievement 4. The participant experiences curiosity
Involvement	1. The participant engages as an equal 2. The participant is involved in mutual co-production 3. The participant is joined by carers or family 4. The participant connects with the outside world

Operational definitions for each of the Principles of Arts Interventions	
Principle of arts intervention	**Operational definitions**
Engagement	The participant shows agency and activeness, possibly through the action of 'doing'; the participant is stimulated or animated by the activity; they appear energised or exhibit behaviour that might elicit surprise, such as sudden verbalisation or memory recall; the participant becomes engaged in play with the art or with others, showing joy or humour; the participant may improvise and be spontaneous.
Transformation	The participant appears transformed by creativity and imagination; the participant is in the moment, and may experience a sense of 'flow'; they appear captivated by the aesthetics or beauty of the arts; the participant may be affected and moved by the art with a depth that suggests a spiritual connection with themselves or others, which could result in embodiment or entrainment.
Selfhood	The participant has a sense of purpose, and is empowered in what they are doing; dignity, self-esteem and a sense of citizenship or identity are enabled; the activity is accessible to each participant, and can promote independence if required; the activity enables choice and is personalised where appropriate; the activity is relevant and flexible to the individual.
Humanity	The participant is supported to participate in the activity, and their response and current way of being is validated; the process of the activity might affect or stabilise mood, for example relaxation; the participant may experience trust and a sense of hope. The activity is liberating, and may offer respite or help the participant to regulate their emotions and feelings.
Expression	The participant shares and communicates during the activity, sometimes without words; there may be discussion or a subjective response; the activity could be challenging for the participant in a way that is positive and appropriate. The participant has a chance to feel and show their emotions through active participation, making personal or shared meaning.

Connection	The participant interacts with others during the activity, giving an opportunity to build friendships and relationships. The participant feels a sense of community, partnership and respect, which enables bonding and a shared sentiment of morale. The activity might allow intergenerational connection for participants, or reminiscence.
Possibility	The participant can be curious about exploring the activity in an environment that is failure-free. There is the opportunity to learn and develop new skills, which fosters a sense of achievement and possibly results in the making of a product. The participant may have the opportunity to use existing strengths, or develop new skills, which leads to enrichment.
Involvement	The participant engages in the activity as an equal. Carers, staff or family are welcomed and the activity is embedded into everyday life, beyond the session where possible. The participant is involved in the activity in a way that allows for a mutual exchange and co-production. A limitless breadth of diverse activities might be included.

Observation Date, Number, Location, Therapist ID:

……

		Participant ID:									
(Minutes / interval)		5/1	10/2	15/3	20/4	25/5	30/6	35/7	40/8	45/9	50/10
Engagement	Energised and animated	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Stimulated, may surprise	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Playful, humour	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Spontaneous or improvises	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
Transformation	Moved by the arts	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Experiences creativity	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Is in the moment	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Uses imagination	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
Selfhood	Shows a sense of purpose	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Has dignity and self-esteem	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Exercises choice	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Able to access the activity	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
Humanity	Focussed on process	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Relaxed and supported	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Contribution is validated	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Enhanced mood	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I

Expression	Shares own emotions	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Responds subjectively	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Makes meaning	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Takes enjoyment in participation	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
Connection	Interacts with others	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Builds and shares relationships	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Experiences morale and respect	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Connects to different times and ages	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
Possibility	Develops new or existing skills	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Failure free environment	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Sense of achievement	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Experiences curiosity	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
Involvement	Engages as an equal	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Mutual co-production	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Joined by carers or family	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I
	Connects with the outside world	F I	F I	F I	F I	F I	F I	F I	F I	F I	F I

FREQUENCY: 5-Most of the time (4 minutes or more); 3-Some of the time (2 – 4 minutes); 1-Infrequently (2 minutes or less)

INTENSITY: 5-High; 3-Moderate; 1-Low