

Creative ageing: participation, connection & flourishing

**A mixed-methods research study exploring
experiences of participatory arts engagement in later life
through a systematic review of literature
and focus groups with older people**

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requirements of the University of Derby
for the award of the degree of
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Preface

This statement of intellectual ownership confirms that the research and writing included in this doctoral thesis are the candidate's own. The research has been ethically approved by the University of Derby's Health and Social Care Research Ethics Committee. Copies of requests for ethical approval and approval letters can be found in the appendices.

Abstract

Background:

A rapidly increasing ageing population has significant consequences for the demography, health and wellbeing of our society. Participatory arts programmes and activities can contribute to health promotion in later life, by providing community-based, non-clinical opportunities for meaningful engagement and interaction. To date, academic research studies have mainly focused on people living with dementia and have investigated the benefits of therapeutic and / or musical interventions. However, little research has been conducted with healthy older people participating in other arts' domains such as the visual arts or been approached through a creative ageing lens. Creative ageing is an inherently interdisciplinary field of enquiry, which sits at the intersection of arts and health and social gerontology and places emphasis on the role of creative engagement in enhancing personal growth, creativity and building social connections in later life.

Aims:

This thesis uses a mixed-methods approach to explore experiences of participatory arts engagement in later life through a study of literature and focus-group conversations. The study considers existing theory within social gerontology, arts and health and the creative ageing movement in a conceptual review, providing the context that underpins the thesis. A mixed-methods systematic review is conducted to examine the published evidence on the effect of participatory arts on wellbeing, quality of life and cognitive function and to explore distinctions between engagement in different arts domains and levels of participation. A two-stage focus group study aims to investigate whether themes developed from the review resonate with older people's own subjective experiences of participatory arts engagement and to explore barriers to participation in the arts in later life.

Methods:

The study employs a multi-stance approach to data collection and analysis, through a mixed-methods methodology which draws on the traditions of pragmatism and phenomenography. First, a conceptual review explores key concepts in social gerontology, definitions of arts and health and approaches to ageing, including the burgeoning field of creative ageing, providing the theoretical context for the thesis. Next, a mixed-methods systematic review is conducted

to identify relevant qualitative, quantitative and mixed-methods studies of the effect of participatory arts engagement in later life and older people's subjective experiences of engagement. Quantitative results from studies in the review are analysed through an exploratory meta-analysis of the topic of subjective wellbeing and through narrative analysis, categorised by wellbeing and cognitive function domains for clarity. To employ creative methods in the analysis, as this is a study about arts engagement, qualitative findings are analysed using thematic and I-poem analysis, which places emphasis on the older people's voice. The qualitative and quantitative analyses are then integrated to provide a combined evidence synthesis of experiences and effects of participatory arts engagement in later life.

A two-stage focus group study is then carried out to explore whether the themes developed from the review resonated with participants' own subjective experiences of participatory arts engagement and to explore barriers to participation. The first stage of the study involves three focus group sessions with groups of older people, which took place at three locations in Cambridge. Themes from the review were used as the stimulus for conversation and provide the structure for analysis. The findings are further scrutinised using Seligman's (2011) PERMA model of wellbeing (Positive emotion, Engagement, Relationships, Meaning and Achievement) as a framework, focusing on the elements of wellbeing which contribute to a meaningful life. Stage two of the study examines barriers to participation with a more socio-economically diverse sample of older people. This stage involves two additional focus groups which were held in Peterborough and Wisbech. Findings are re-analysed in light of the second study and identifies both barriers and facilitators to participation in the arts.

Systematic reviews play an integral role in the production of research knowledge. However, review reports often remain in academia, without the findings being shared with relevant stakeholders. By further examining the systematic review findings through focus group interviews with older people, this thesis may help to close the gap between research and practice. Additionally, enabling groups of older people to discuss the findings meant that the study could be contextualised in contemporary group settings, increasing the quality and relevance of the review and reflecting participants' voice. Concepts developed during the analysis are discussed in the final chapter and presented in a conceptual framework of creative ageing.

Findings:

The mixed-methods systematic review identified 33 relevant studies which investigated the effects of participation in dance, visual arts, creative writing and theatre on wellbeing, quality of life and / or cognitive function for healthy older people. Quantitative analysis produced as part of the systematic review process showed statistically significant improvements to some aspects of wellbeing following engagement in dance and visual arts activities, and enhanced cognitive function in the domains of general intellectual ability and attention after participation in different art forms. The exploratory meta-analysis showed an overall combined effect size of $g=0.18$ indicating the effect of dance on enhanced subjective wellbeing. Qualitative findings were developed into five themes: **making and creating; connections and communities; identity; the ‘feel good’ factor; and body, mind & soul.** Additionally, I-poem analysis revealed an association between positive emotion and participation in dance and a poem titled ‘I feel happy when I’m dancing’ was produced as a creative output.

Findings from the review were shared in a two-stage focus group study. In the first stage of the focus group study, three supplementary themes were developed to those identified above: **engagement as ritual; emotion and engagement; and ikigai.** In stage two, an iteration of the theme of **engagement as ritual** was developed into **spiritual resonance: engagement as ritual**, along with a further theme around **transitions of ageing.** These themes elucidate the role of the arts and cultural engagement in supporting people to remain active and involved in their communities in later life and which may provide a ‘reason for being’. The study also allowed a connection to be made between the ritual of engagement in the arts and the sense of belonging felt by bringing people together creatively, in addition to the potentially detrimental effect of non-participation on subjective wellbeing. **Transitions of ageing** provides evidence for the role of creative engagement in challenging perceptions of ageing and enabling opportunities to explore a new sense of self in later life.

In the second stage of the focus study, barriers to participation were categorised as: **infrastructure, situational and dispositional** barriers, as well as factors which might facilitate participation, classified as: **intra-personal, inter-personal and external** factors. Infrastructure barriers emphasised the need for accessible transport links which enable older people to access arts and cultural activities, particularly in more rural areas. Personal circumstances including finance and relationship status were highlighted as situational

barriers preventing participation, while dispositional factors including low levels of self-efficacy and literacy may inhibit engagement. Findings also explicated factors which may provide solutions that improve access and inclusivity for older people wishing to participate in the arts, including offering taster sessions, befriending schemes and reducing financial and access restrictions. Finally, a conceptual model was developed which highlighted three key interwoven concepts of creative ageing: **participation, connection and flourishing.**

Conclusions:

This thesis substantiates existing evidence on the potential role of creative engagement in enhancing quality of life, promoting social connectedness and thus reducing loneliness in later life. It also contributes to the mixed-methods' paradigm discourse through its innovative use of a creative method within the systematic review and the multiple-stance approach to the thesis. The study contributes new knowledge by establishing a meaningful association between creative ageing and human flourishing and provides evidence for the need for more accessible community-based arts activities which encourage older people to participate and develop positive connections. Factors which might inhibit or encourage participation should be considered in the design of creative programmes to ensure that they are accessible and inclusive to a diverse range of older people. In conclusion, creative engagement may contribute to developing more resilient, creative and healthier communities within which our ageing population are enabled to flourish. With an established evidence base on the benefits of participating in the performing arts, including dance for promoting subjective wellbeing, there is now an opportunity for us to expand our perceptions and understanding of creativity in later life through further research which embraces a broader definition of creative ageing.

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Firstly, I must acknowledge Jennie Jordan my lecturer and colleague at De Montfort University who asked the question “Have you ever thought of doing a PhD?”.

Without your provocation and encouragement, I probably would not have considered entering the doctoral world and for that, thank you!

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Prologue

My PhD has been a journey of discovery.

A bit about me:

I lived in Italy

I've done a tandem skydive

I was born and raised in Cambridge

Art is, and always has been, an integral part of my life

Personal participatory arts experiences include:

Playing a teabag in an opera at the Mumford Theatre

Performing in school plays (why *was* I always the wicked witch?!)

Collecting shells from the beach with my grandparents to make collage

Watching fairies in tutus & Dr Martens in *A Midsummer Night's Dream* at the RSC

PhD journey highlights include:

Co-authored book chapter published

Creative Research Methods Symposium delivered

Invited to present at the Royal Society for Public Health

Founded the British Society of Gerontology's Creative Ageing Special Interest Group

Writing Conventions

This thesis has been written using a combination of first person and third person, to reflect the interdisciplinary nature and mixed-methods approach of the study, combining standardised processes for the reporting of a systematic review (third person) and subjective explorations and interpretations for the focus group study (first person). I have used the Harvard style of referencing, in line with the University of Derby's requirements for thesis format. When citing a new work with the same author(s) in the same year, I have used a letter to differentiate, e.g. (Bloggs, 2019a; Blogs, 2019b). British English has been used throughout, with the exception of American organisations and quotations where American spelling has been used in the original text. From the systematic review findings (Chapter 7) and thereon included studies are cited using the first author and date.

Within the systematic review, qualitative synthesis phrases *in italics* indicate themes from study authors which have been incorporated into the narrative. Participant quotes are either indented (for longer quotations) or included "*in italics and quotation marks*" within the narrative. Within the quotations included, I have used [...] to indicate where I have excluded part of the quote and ... where the study author has excluded part of the verbatim quotation. Where a word or phrase has been added, to contextualise the quote, I have used **[inserted word]** to indicate where I have added a word/phrase and **{inserted word}** where the study author had included their own word.

Throughout the thesis, quotes from other authors within the text have been italicised if short and indented when longer (e.g. longer than two lines), or for added emphasis. Verbatim quotations from participants in the focus group study are presented in the same way. All focus group participants have been anonymized by use of a pseudonym.

Figures from other publications have been included only when permission has been granted from the copyright holder for inclusion in both printed and online versions of this thesis.

For clarity, I refer to 'art-making' throughout this study in relation to *all forms* of arts participation, unless otherwise stated.

Art is not about art.
Art is about life,
and that sums it up.

Louise Bourgeois

CHAPTER 1: INTRODUCTION

This chapter provides an overview to the background and context for this thesis and introduces the reader to the key terms and concepts used throughout. The study explores participatory arts engagement in later life through an examination of the current evidence base (a systematic review) and conversations with older people (via focus groups). With an ever-increasing ageing population, social policy discourses are progressively focusing on concerns around loneliness and social isolation, quality of life and what older people can continue to contribute to their local communities. For this reason, interventions and activities which aim to improve the social and mental wellbeing of older people are becoming ever more important (Gardiner, Geldenhuys & Gott, 2018). However, whilst evidence shows that “arts engagement may lead to longer lives better lived” (All-Party Parliamentary Group on Arts, Health & Wellbeing, 2017, p.122), research into participatory arts and older people has been dominated by a focus on the outcomes of project activity, rather than examining *process* and *experience* (Wakeling, 2014). Therefore, the focus group study was designed to explore whether themes identified from the systematic review reflect older people’s understandings of their own creative experiences to contribute to theory enrichment.

The UK has a rapidly ageing population, with 12 million people currently aged 65 and over and predictions of an increase of a further 8.6 million in 50 years’ time (Age UK, 2019). The growing proportion of older people living in our communities poses challenges to individuals and organisations across the nation and has major implications for social policy and healthcare systems. Such a demographic shift requires new models of support which ensure that the health and wellbeing of individuals and communities are maintained across the life course. Initiatives such as the *Five Ways to Wellbeing* encourage people to incorporate strategies for improving their own wellbeing into their daily lives (Foresight, 2008). However, in the decade since their development, the *five ways* have yet to be firmly embedded within everyday social culture and little evaluation of the framework has taken place (What Works Wellbeing, 2017).

Age UK (2017a) published an *Index of Wellbeing in Later Life* to explore the things which are important to people, how the older population are coping, where and why people are

experiencing low levels of wellbeing and to consider ways of making improvements. The report identified participation in meaningful activities, physical activity, support for people with caring responsibilities and positive social relationships as the key factors of wellbeing in later life. Moreover, *creative and cultural activities were shown to make the highest overall contribution to wellbeing in later life*, followed by physical activity, thinking skills and mental wellbeing. Therefore, this thesis explores arts participation in later life to discover more about differences between engagement in a diverse range of art forms and varied levels of participation.

This thesis comprises three main elements. First is a conceptual review in which I explore underpinning theoretical constructs and assumptions within the interrelated fields of arts and health, social gerontology and creative ageing. Secondly, I conduct a systematic review of literature to examine the effects and perceived benefits of participatory arts engagement on wellbeing, quality of life and cognitive function in later life. Findings from the review are examined further through focus group interviews with older people, in part three of the thesis. The study purposely focuses on participatory arts initiatives taking place in the community, rather than arts-based therapies within clinical settings due to the ease with which such activities can be incorporated into everyday life.

Before moving on to consider definitions and frameworks within the interdisciplinary field of creative ageing which provide the context for this thesis, the following sections introduce relevant debates around ‘participatory arts’ and considerations for social gerontological research. The first section presents a discussion of the participatory arts discourse and sets the parameters for ‘healthy older’ people in this study, including an introduction to existing research and practice on arts and ageing and the broader field of arts and health. This is followed by an examination of the key concepts in social gerontology explored within this thesis (quality of life and cognitive function) and an introduction to positive psychology and its potential application within the creative ageing field of inquiry. Definitions of ‘participatory arts’ are interrogated in detail in Chapter 2, as the way the term is applied varies and its various connotations are worthy of further discussion. The following section of this introduction presents a definition and brief discussion of the term.

1.1 Participatory arts

Participatory arts can broadly be defined as “individual and group arts activities aimed at attaining and maintaining health and wellbeing, in health and social care settings and community locations” (All-Party Parliamentary Group on Arts, Health & Wellbeing, 2017, p.21). However, as a concept the term ‘participatory arts’ is highly contested and politicised, which invites diverse interpretations and understandings (Hogan, 2016). Furthermore, the terms ‘arts participation’ and ‘arts engagement’ are often used interchangeably. Fancourt (2017) made a distinction between *participatory arts programmes* which are often targeted at specific patient groups, aiming to “get people taking part” (p.76), and more *general arts and cultural engagement*. Such engagement may be more focused on public enjoyment, rather than targeting specific health outcomes. However, she acknowledged the blurred line which remains between the two types of engagement. The following section introduces the reader to some of the recognised definitions of the term ‘participatory arts’ and presents the definition employed throughout this thesis.

1.1.1 Definitions

Zeilig, Killick and Fox (2014) used the term ‘participative’ arts in relation to “professional artists that conduct creative or performing arts projects in community settings” (p.13). While the aim of such projects tends to focus on the promotion of health and wellbeing, they acknowledged that sometimes the use of arts can also be “primarily for aesthetic purposes” (ibid). Participatory arts can also be user-led and participatory ideals are those which situate the locus of control more fully with the recipients of services. Some participatory arts work has evolved out of attempts by communities to represent themselves or an issue through the production of art (Hogan, 2016a). The term therefore has potentially radical or empowering connotations, which may or may not be intended by authors. The All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG) stated that:

participatory arts provide a prime site for co-production – equal involvement by people using services and people responsible for them, not only in the design and delivery but also in evaluation and refinement (2017, p.11).

The term ‘participatory arts’ is also used to mean ‘active’ doing – joining in, as noted by Fancourt (2017). Indeed, the ‘participatory’ nature of arts engagement can be defined broadly as activities “in which people are involved in artistic production by making, doing or creating something, or contributing ideas to a work of art, regardless of skills level” (Brown & Novak-Leonard, 2011, p.6). In this definition, participatory art is concerned with production and active engagement towards production. Noice, Noice and Kramer (2013) make a distinction between art ‘making’ and art ‘observing’, in their definition of participatory arts for older adults. However, according to Brown and Novak-Leonard (2011) it is the ‘expressive’ nature of the activity which makes it ‘participatory’. It is the degree of creative control which can distinguish between more ‘active’ levels of participation and those more ‘passive’ or receptive activities, such as attending a concert or visiting an art gallery. The latter is usually defined as ‘cultural engagement’.

There is a lack of consensus evident on the meaning of the term ‘participatory arts’. Hogan (2016a) notes that ‘participatory’ can imply user-led activity where the locus of control shifts towards the participants and away from the facilitator. In contrast, Fancourt (2017) emphasises people joining in and taking part, which is rather philosophically different, and this dichotomy is evident in much writing on this subject. Moreover, in the debate around levels of engagement, Brown and Novak-Leonard (2011) suggest that within participatory practice audience membership should be regarded as ‘active’ and therefore the connotations associated with these distinctions are in a state of flux. It might be argued that they are here conflating ‘participatory arts’ with ‘cultural participation’.

In the context of this thesis therefore, I shall be adopting a very broad definition of ‘participatory arts’ so as not to lose sight of potentially useful research or perspectives, with the exception of music-based activities for which the value is already well established. This is discussed below. A key distinction for this thesis, however, is that of separating ‘participatory arts’ activities from any form of creative ‘art therapy’, as discussed in Chapter 2. White (2009) used the term ‘arts in community health’ to distinguish “a distinct area of activity operating outside of acute healthcare settings and is characterised by the use of participatory arts to promote health” (p.3). He suggested that the emergence of the field has been “fuelled by an awareness of the wider determinants of health, which requires a more holistic approach to health inequalities (p.35). A decade on, there is increasing evidence which shows the

potential of participatory arts activities in supporting older people to lead active, healthy and connected lives in their own communities (APPG, 2017; Fancourt & Steptoe, 2018; Hogan & Bradfield, 2019).

1.1.2 Levels of engagement

Within arts and health research, the distinction is often made between ‘participatory engagement’ and ‘receptive engagement’, or spectator participation (Tyמושuk et al., 2019). Put another way, arts engagement has been described as *receptive* where individuals “receive the artistic process as audiences or consumers” or *creative* where people actively make art (Dunphy, 2015, p.243). However, in practice the distinction between levels of participation is often not made. For example, both attendance at an arts event and participation in an arts activity appeared together in the *Taking Part Survey* (Department for Culture, Media & Sport, 2016b). Similarly, whilst Age UK (2018a) make a distinction between ‘attendance’ and ‘taking part’ in creative and cultural activities, analysis was grouped under art form domains (literature; visual & performing arts; historical; music; crafts and dance), rather than by level of engagement.

It is important to emphasise that within many arts projects there can be multiple roles available, so the opportunities for engagement are varied and complex and may shift as projects develop, highlighting the active/passive debate as rather reductive and crude (Facer & Enright, 2016; Hogan & Bradfield, 2019). Just as there are different levels of engagement, so there are a diverse range of definitions of what we mean by ‘the arts’, which commonly include the “visual and performing arts, crafts, dance, film, literature, music and singing” (APPG, 2017, p.19). However, broader definitions may also include cultural engagement or other creative activities which take place in people’s homes and communities. If we are to consider everyday activities such as attending an arts or dance class as ‘participatory’, then the definition of participatory arts inherently becomes broader.

The definition of the term adopted for this thesis embraces a wide range of experiences including more receptive or ‘passive’ levels of ‘cultural’ engagement, such as attending the theatre or visiting an art gallery, as well as ‘active’ doing and regular ‘everyday’ participation. Indeed, Fancourt and Steptoe (2018) posited that ‘cultural engagement’ can

help to maintain aspects of cognitive function in ageing and that more ‘passive’ levels of engagement may in fact be as equally beneficial as activities considered to be more productive, or ‘active’. This supports my inclusion of activities which some writers would define as ‘cultural engagement’. For me, an essential consideration for this thesis is that in their varying guises participatory arts have the potential to provide opportunities for “social interaction, engagement and connectivity” (de Medeiros & Swinnen, 2018, p.67). The following section introduces the reader to the strong corpus of existing literature on the benefits music and singing and provides the rationale for excluding studies of musical activities from this study.

1.1.3 Music and singing: the evidence base

It is widely recognised that music is beneficial in enhancing subjective wellbeing and physical health (MacDonald, Kreutz & Mitchell, 2012; Staricoff & Clift, 2011; Västfjäll, Juslin & Hartig, 2012). Indeed, the use of music in supporting people’s health and wellbeing throughout the life course is well documented, ranging from playing music to babies in neonatal intensive care units, to music and singing for wellbeing in healthy adults and those with health conditions, including dementia and in stroke recovery (APPG, 2017; Cohen, 2009; Creech et al., 2014; Daykin et al., 2016; Raglio et al., 2012; Särkämö & Soto, 2012; Staricoff & Clift, 2011). Moreover, the National Institute for Health and Care Excellence (NICE, 2015) recognised the value of singing for wellbeing in their guidelines for independence and mental wellbeing of older people.

A strong focus on evidencing the potential value of music and singing on the health and wellbeing of individuals and communities is evident in research outputs from the Sidney De Haan Research Centre for Arts and Health. The Centre has been examining the role of participatory arts in promoting wellbeing and good health since 2005 (Canterbury Christ Church University, 2019). Research conducted at the Centre includes evidence on the positive benefits of group singing for people with mental health challenges (Clift et al., 2017), chronic obstructive pulmonary disease (Skingley et al., 2017) and dementia (Camic, Williams & Meeten, 2011). The Centre also conducted the first randomised control trial for singing and older people (Coulton et al., 2015) and evaluated the *Silver Song Club* for older people (Skingley & Bungay, 2010). It was one of the lead organisations involved in a

national initiative ‘A Choir in Every Care Home’, with research outputs including a literature review on the value of singing for older people (Clift, Gilbert & Vella-Burrows, 2016). Although the Centre purports to examine the role of participation in the creative arts, there is a clear focus and interest in researching the value of music and singing for promoting wellbeing and health. Thus, considering the strong evidence base and formal recognition of the benefits of participating in music and singing, engagement in musical activities was excluded from this study to focus on exploration of other domains of participatory arts engagement.

1.1.4 Summary

This section has examined definitions of ‘participatory arts’ and identified the broad interpretation of the term used throughout this thesis, incorporating different levels of engagement and participation in diverse art forms. Finally, the section has presented the rationale for focusing on domains of arts engagement other than musical activities. Further rationale for the exclusion of musical activities in this thesis is provided in subsequent sections. The following section begins by setting the parameters of ‘healthy’ older people for this thesis through an exploration of different categories of ‘older’ age. This is followed by a presentation of existing systematic reviews in the field, which again highlights the dominance of research which has investigated the benefits of musical activities and creative therapies for people living with dementia, including those living in care homes. The subsequent sections explore existing reviews of participatory arts and older people, including a comparison of the studies they included to highlight the need for the current systematic review.

1.2 Older people

Throughout this thesis, older people are defined as individuals aged 50 years and above who are living independently in their own homes, i.e. not in a residential care setting.

Additionally, the definition of ‘healthy’ older people refers to a person living without a formal diagnosis of a life-limiting illness, age-related condition or disease, e.g. Parkinson’s, diabetes, physical disability or stroke. The use of 50+ for defining later life is also supported by existing literature in which many studies with older people particularly those published less recently, use ‘aged 50’ as their baseline. However, two of the previous reviews of

participatory arts with older people (Noice, Noice & Kramer, 2013; Mental Health Foundation, 2011) set the age parameters at 60+. Thus, expanding the parameters within the current study broadens the healthy ageing cohort to include people in ‘early old age’, defined by the World Health Organization (2012) as “those aged 50 years or more” (p.9). Additionally, the English Longitudinal Study of Ageing (ELSA) includes objective and subjective data relating to the health and wellbeing of the English population aged 50 and older (2019).

Many third-sector organisations working with older people (such as Age UK) also adopt 50 or 55 plus as the baseline, and therefore this research will align with their client groups, making it more relevant for practice. In an email on 5th June 2017, David McDough (Flourishing Lives – a London-based coalition of organisations taking a creative, relational approach to supporting older people) stated that the age parameter of ‘aged 55 and over’ was originally established by their funders with a view to focus the initiative.

on aiding prevention and developing opportunities for both ‘younger older’ and ‘older older’ people [...] *to put the mechanisms and connections in place as early as possible to ensure that people over the age of 55 are active agents* in steering and creating opportunities to maintain their mental and physical health, as well as developing social connections, well into later life (McDough, 2017; *my emphasis*).

1.2.1 Existing systematic reviews in the field

Arts and health research on arts for promoting positive health and wellbeing for older people has mainly focused on the efficacy of arts-based therapies or arts-based interventions for people living with dementia. In addition, there is a strong body of evidence on the positive effects of music-based activities. Interestingly, one of the earliest arts and health related systematic reviews examined music therapy for people living with dementia (Vink, Bruinsma & Scholten, 2003) and was recently updated (van de Steen et al., 2018). Other reviews have investigated the effects of music therapy on behavioural and psychological symptoms and cognitive function in elderly dementia patients (Li et al., 2015; McDermott et al., 2013; Ueda et al., 2013; Zhang et al., 2017) and music-based activities with older adults (Clark, Taylor & Baker, 2012; Creech et al., 2013a; Zhao et al., 2016). Additionally, Clift, Gilbert and Vella-

Burrows (2016) conducted a systematic review of singing for older adults living in care homes, as mentioned above. Other reviews have investigated musical practice in healthy ageing (Román-Caballero et al., 2018), instrument playing as a cognitive intervention task for older adults (Kim & Yoo, 2019), and a qualitative thematic synthesis on the personal benefits of ‘musicking’ for people living with dementia (Dowlen et al., 2018). This growing number of systematic reviews is certainly a reflection of the increasing interest within research and practice on the effects of participation in music, especially focused on music therapy and / or for people living with dementia.

By contrast, there has been much less research investigating the effects of participation in other types of participatory arts activities such as the visual and literary arts. Research into arts activities for people living with dementia or older people in residential care includes reviews of creative therapies (Beard, 2012; Cowl & Gaugler, 2014; Deshmukh, Holmes & Cardno, 2018); community-based interventions (Young, Camic & Tischler, 2016); participative arts (Zeilig, Killick & Fox, 2014) and visual arts interventions in museums and galleries (Windle et al., 2017). There has also been a research focus on older people residing in care homes, including a systematic review of arts for health activities on health, wellbeing and quality of life (Curtis et al., 2018) and a rapid review of participatory arts activities to enhance wellbeing (Fraser, Bungay & Munn-Giddings, 2014). Other related reviews include broader synopses of *The Connection between Art, Health and Public Health* (Stuckley & Nobel, 2010) and *A Scoping Review of Research on the Arts, Aging, and Quality of Life* (Fraser et al., 2015).

Despite a strong research focus on creative therapies and music-based interventions, including activities for participants living with dementia and / or those living in residential care, three previous reviews have explored participatory arts with older adults, as discussed below (Castora-Binkley et al., 2010; Mental Health Foundation, 2011; Noice, Noice & Kramer, 2013). Additionally, Dunphy et al. (2019) published a systematic review of creative arts interventions to address depression in older adults. Focusing on four arts modalities (arts, dance movement, drama and music), the review explored effects of both creative arts therapies and participatory arts interventions on *depression* in older adults. Thus, the included studies remain outside the parameters of this thesis which explores the role of the arts in promoting wellbeing for ‘healthy’ older people.

The three existing reviews of arts and older people all included musical interventions and / or people living with dementia in their eligibility criteria, unlike the current study which focuses on healthy older people and excludes studies investigating music, as highlighted previously. Studies of musical interventions were excluded from the systematic review due to the prevalence of research investigating the effect of music activities on the health and wellbeing of older adults (Creech et al., 2013b; Hallam et al., 2014; Hays & Minichiello, 2005; Skingley & Vella-Burrows, 2010; Solé et al., 2010;). Furthermore, Noice, Noice and Kramer (2013) recommended that research into ‘un-investigated’ arts activities would be useful, including art forms such as “fiction writing, sketching, interpretive dancing, and photography” (p. 751). Therefore, this study focuses on older people’s engagement in different art forms to complement the existing literature on music and singing activities.

1.2.2 Reviews of participatory arts and older people

Whilst the section above demonstrated a prevalence of research into musical activities and creative therapies with older people living with dementia, this section explores three previous reviews into participatory arts and older people more broadly. Castora-Binkley et al. (2010) conducted a literature review on the impact of arts participation on health outcomes for older adults. Whilst the study stated that it was a ‘systematic review’ of literature, the reporting of the process does not follow standard systematic reporting criteria or terminology. For example, the article listed the keywords used to search for all eligible studies but provided no detail on the search strategy employed. Furthermore, searches were conducted using only three databases, a limitation highlighted in the review (Gough, Oliver & Thomas, 2012; Liberati et al., 2009). There was also ambiguity around the definition of ‘health’ outcomes, which was not clarified when the study was designed. Though published in 2010, the review only included studies published up to 2006 which is already over a decade ago.

The Mental Health Foundation (2011) was commissioned by The Baring Foundation to produce a comprehensive synthesis on the impact of participative arts on the health and wellbeing of older people, having identified this as a gap in the evidence base. Searches were date-restricted to cover the decade from 2001 to 2011 and included literature reviews in addition to primary research studies. All studies were assessed in terms of quality and their relevance to the UK. The review postulated that participatory art was an emerging field and

thus presented little high-quality evidence. Despite limitations of the evidence however, the study concluded that participatory arts engagement could improve older people's wellbeing and included a number of recommendations. These include increasing support and access to those most vulnerable; challenging expectations regarding older people's abilities; and that further high-quality research was needed into the key elements of participatory arts which make such activities so beneficial.

Most recently, Noice, Noice and Kramer (2013) investigated participatory arts and older people, with a focus on 'active' rather than 'passive' participation (or cultural engagement). As seen in the first review (Castora-Binkley et al., 2010), key words were used when searching databases and authors also consulted the two preceding reviews. Whilst Noice, Noice and Kramer (2013) reported on studies categorised by arts domain, the review remained mainly descriptive with little evidence of critical appraisal of the included studies. However, it did highlight the need for "Standardized measures, common vocabulary, and comparable behavioural outcomes" so that reviews of effectiveness may be conducted more effectively (p.20). Additionally, the authors called for more consistency in study design, larger sample sizes and more assessment of the long-term effects of engagement.

Thus, in a rapidly developing field of interest in which new research is constantly being published, the current systematic review provides a coherent synthesis of the effects of participatory arts for promoting wellbeing and quality of life for healthy older people. By conducting this review a decade after the first review on arts participation and older people was carried out (Castora-Binkley et al., 2010), it is possible to explore how the field has evolved in that time. The most striking development has been the significant increase in the number of studies being conducted within the field, with almost half of the studies included in the current review having been published in the past five years. Despite this increase in publication, limitations regarding the lack of standardised measures, inconsistency in study design and assessment of long-term effects in diverse populations remain, as discussed further in Chapter 7. Indeed, while evidence base for arts and health increases, it "spans a wide range of methodologies and practices [and is] unevenly distributed across the field, concentrated in such areas of scholarly interest as arts and dementia" (APPG, 2017, p.34). This provides further support for this study to focus on participatory arts for 'healthy' older people. Having identified existing reviews of participatory arts and older people, the

following section provides a critical comparison of the reviews and in doing so highlights some of the distinguishing elements of conducting a systematic review.

1.2.3 Comparison of studies in reviews of participatory arts & older people

Considering that the three previous reviews of participatory arts and older people covered a similar area of research, it is important to consider why they did not consistently include the same studies (Castora-Binkley et al., 2010; Mental Health Foundation, 2011; Noice, Noice & Kramer, 2013). This is pertinent to note as it demonstrates that they were not ‘systematic’ and exhaustive in their search strategies, otherwise we might expect to see more cross-over in the included studies. In fact, Noice, Noice and Staines (2004) is the only study which appears in all four reviews, including the systematic review presented in this thesis. Table 1 shows the studies which appear in more than one review, including those which appear in the current systematic review and in other relevant reviews in the field.

First author (year)	Castora-Binkley et al. (2010)	Mental Health Foundation (2011)	Noice, Noice & Kramer (2013)	Current systematic review	Included in other reviews
Alpert et al. (2009)	√			√	
Bugos et al. (2007)	√		√		
Cohen et al. (2007)		√	√		
Cohen et al. (2006)	√		√		
Davis (1985)	√		√		
de Medeiros et al. (2011)			√	√	
de Medeiros et al. (2007)			√	√	
Eyigor et al. (2009)				√	Hwang & Braun (2015); Keogh et al. (2009)
Hillman (2002)		√	√		
Hui, Chui & Woo (2009)		√	√		
Kattenstroth et al. (2013)			√	√	
Kattenstroth et al. (2010)			√	√	
Kinney & Rentz (2005)	√		√		
Mavrovouniotis, Argiriadou & Papiroannou (2010)				√	Fraser et al. (2015)
Murray & Crummett (2010)		√		√	Fraser et al. (2015)
Noice & Noice (2009)	√		√		
Noice & Noice (2006)	√		√		
Noice, Noice & Staines (2004)	√	√	√	√	Fraser et al. (2015))
Noice et al. (1999)	√		√		
Pyman & Rugg (2006)		√	√		
Reynolds (2010)		√	√		
Tzanidaki & Reynolds (2011)				√	Fraser et al. (2015)

Table 1: Comparison of studies in review(s)

The studies highlighted in grey in the table are those which appear in the current study, *plus at least one other review* of participatory arts and older people. Each review had a slightly different focus with subtly different eligibility criteria, demonstrating the importance of providing clear definitions on the types of study included. In a systematic review of effectiveness, eligibility criteria are typically reported using PICO criteria, which stands for: Population, Intervention, Comparison (control group) and Outcome(s). Using a structured approach such as PICO provides transparency of process, making the review replicable (Gough, Oliver & Thomas, 2012). To provide an example of the subtle distinctions amongst these different reviews, there were a number of studies which appeared in one or more of the earlier reviews, but not in the current systematic review. These studies were excluded from this review based on the following criteria: participants were not all described as healthy (Davis, 1985; Kinney & Rentz, 2005; Reynolds, 2010) or not living in the community (Noice & Noice, 2006 & 2009); interventions were focused on music (Bugos et al., 2007; Cohen et al., 2006; 2007; Hillman, 2002); arts-based therapy (Pyman & Rugg, 2006) or were not participatory arts-based (Hui, Chui & Woo, 2009).

The final column in Table 1 includes studies which are included in the current systematic review, in addition to appearing in other related arts and health reviews, but not in any of the three earlier reviews of participatory arts and older people. Hwang and Braun (2015) and Keogh et al. (2009) specifically reviewed the effectiveness of dance in improving older people's mental and physical health, whilst Fraser et al. (2015) provided an overview of research on the arts, ageing and quality of life. It is not the intention here to provide a comprehensive review of reviews. Nonetheless, it is important to highlight some of the key distinctions between different types of review and to demonstrate the transparency and rigour required in conducting a systematic review. To illustrate this further, Noice, Noice and Kramer (2013) provided little rationale to allow us to understand why certain potentially relevant studies were not included in their review.

Noice, Noice and Kramer (2013) stated that their review aimed to identify all relevant evidence, with the exception of "case studies, small-n experiments, reports in non-peer reviewed journals, and articles not written in English" (p.742). However, no specification on what constituted a 'small-n' experiment was provided, nor any information on rationale for excluding studies. Indeed, a number of studies appeared in their searches but were not

included in the review (Bedding & Sadlo, 2008; Maidment & Macfarlane, 2011a; Mavrovouniotis, Argiriadou & Papiroannou, 2010; Murray & Crummett, 2010; Tzanidaki & Reynolds, 2011). Additionally, it is not insignificant to highlight that the review included four of the author's own studies (Noice & Noice, 2006; 2009; Noice, Noice & Staines, 2004; Noice et al., 1999). This suggests a lack of methodological rigour in terms of running an exhaustive search of eligible research and the review runs the risk of being seen to be 'cherry-picking' studies of interest and thus does not provide a comprehensive search of the literature. This being said, the review provided an insight into what the authors then described as a "vastly under-investigated area" which has rapidly evolved and expanded since the review was published (Noice, Noice & Kramer, 2013, p.752).

1.2.4 Summary

This introductory section has provided the background for this thesis and briefly set out the parameters of the research project. In summary, the study aims to explore a gap in the existing evidence base through an investigation of the effect of participatory arts activities (but excluding music) and to explore contemporary experiences of creative engagement through focused discussions with older people in the community. This thesis moves away from the prevalence of research focused on musical interventions and those for people with dementia (or other diagnostic categories), to explore the potential benefits of participating in the arts as a means of maintaining quality of life and cognitive function in everyday ageing. Further rationale for choosing to focus on wellbeing, quality of life and cognitive function is provided in section 1.5 below. This section has introduced the reader to elements relating to the arts and ageing through a brief discussion of existing evidence reviews within the field.

The following section will elucidate some of the key concepts relating to creativity in later life, including consideration of the concomitant aspects of arts and ageing. This starts with an overview of arts and ageing research and practice from a UK perspective, followed by a discussion of the arts and health field more broadly. This will be followed by a critical examination of key concepts of social gerontology which are explored in this thesis: wellbeing, quality of life and cognitive function, and in doing so introduces the reader to the interdisciplinary nature of creative ageing research and practice. The final section in this chapter provides a discussion on mixed-methods research, including a brief rationale for the

mixed-methods methodology employed in this thesis which involved conducting a mixed-methods systematic review and a two-stage focus group study.

1.3 Overview of arts and ageing

The UK's rapidly increasing ageing population has significant consequences for the health of our society and thus, it has become increasingly important to find meaningful ways for people to stay connected and engaged in later life. One of the biggest challenges lies in combatting loneliness and social isolation, to the extent that a lack of appropriate social relationships "can be as harmful for our health as smoking 15 cigarettes a day" (Age UK, 2018b, p.10). Participatory arts programmes which run alongside healthcare settings can contribute to the health promotion of older people, including enhanced wellbeing and quality of life. Such programmes also offer community-based, non-clinical opportunities for creative engagement in the company of others, which promotes positive relationships and encourages social connectedness.

I have always believed that arts need no other justification than their own intrinsic value, their capacity to lift the spirit and give us experiences of transcendental and inspirational power. And that remains true. But there are adjacent benefits that hold particular force in the lives of the elderly. [...] participation in the arts increases our personal sense of wellbeing, often in some cases actual physical improvement (Bakewell, 2009, quoted in Cutler, 2009, p.1).

This statement made a decade ago by Dame Joan Bakewell, introduces a vision of enabling an ageing population to enjoy a rich, creative later life (Cutler, 2009). Developing out of the broader community arts movement of the 1970s, arts organisations in the UK began working specifically with older groups in the 1980s. *Age Exchange*, one of the most established organisations in the field was founded in 1983 in recognition of the significance of *reminiscence arts*' programmes for older people who were lonely, frail or being cared for in residential settings. Defined by Age Exchange (n.d.) as "creative exploration of memories", reminiscence arts offer a unique approach towards exploring shared heritage and building bridges with past memories (para.1). Age Exchange's portfolio of work currently includes

supporting carers of older relatives and storytelling projects to explore feelings of isolation across generations.

Cutler (2009) proposed a typology of distinguishing elements of creative ageing practice: degree of specialism; art form; setting; personal or societal purpose. Whilst acknowledging a small number of specialist arts organisations working with older people, including *Age Exchange* and *Green Candle Dance*, the report included over 60 case studies of organisations including older people in their overall arts programming. These organisations were working in a variety of settings from arts venues to community centres, residential homes to hospice care. Their work involved a broad range of art forms, categorised in the report as performing arts (e.g. dance, drama, music and singing), visual arts (drawing, painting and textiles) and cross-media. Significantly, Cutler (2009) included a list of art forms taken from Age Concern's (now Age UK) *Good Practice Guidance for arts and older people* (2001), which I include here for context:

Painting; drawing; sketching; portraiture; printmaking; photography; digital imaging; illustration; cartooning; graphics; design; sculpture; pottery; ceramics; mosaics; modelling; woodcarving; silversmithing; engraving; enamelling; etching; metalwork; glassmaking; lace making; basketry; marquetry; batik; screen printing; embroidery; tapestry; papermaking; acting; theatre; mime; improvisation; drama; cabaret; musical; music hall; revue; vaudeville; circus arts; variety; improvisation and sounds arts; composition; instrumental; recital; writing; creative writing; playwriting and screenwriting; poetry; storytelling; fiction; film-making; cinematography; video; animation; and creative work for television and radio (Age Concern, 2011, cited in Cutler, 2009, p.13).

The reason for including this list of art forms is that it demonstrates the vast array of creative activities which may be of interest when working with older people. Despite the variety of creative options available however, music, singing and dance have been the most extensively researched as discussed and are also highly represented in the examples in *Ageing Artfully* (Cutler, 2009). A decade on, Amigoni and McMullan (2019) reflecting on art forms commonly associated with arts and ageing, postulated

the need for a new and nuanced understanding of the sheer range of forms in which creativity can manifest itself, one that runs beyond traditional boundaries and offers a set of fresh narratives for reflecting on the nature of creativity in later life (Amigoni & McMullan, 2019, p.13).

The challenge then, is how we develop an understanding of arts and ageing which encompasses and embraces the range of art forms and settings available to older people and the extent to which these are evident in research and practice. In the systematic review presented in this thesis therefore, various activities are investigated, ranging from regular social-dance and craft groups, to randomised control trials investigating the effect of participation in dance on maintaining cognitive function in later life. Moreover, focus group interviews with groups of older people reveal the diverse range of creative activities older people are engaging with in their everyday lives and the perceived benefits of participating in such activities on their psychosocial and subjective wellbeing.

Cutler's (2009) typology of creative ageing included personal and societal benefits including: physical and mental health; and relationships with friends, family and wider community connections. These benefits can be interrelated and may also potentially correlate to some extent with the art form. In other words, there may be some associations between participation in particular arts activities and the subsequent benefits. However, when the typology was published, there was no national policy framework for arts and older people and funding for such programmes had been coming from trusts and foundations in the main. Fortunately, over the past decade Britain has seen some advancements in the policy landscape, as responsibilities have shifted to finding ways of supporting individuals to live well in their own communities (Hogan & Bradfield, 2019).

Noteworthy policy developments include the publication of a *Culture White Paper* by the Department for Culture, Media and Sport (DCMS, 2016) which stated that "engaging with culture (visiting, attending and participation) significantly increases overall life satisfaction" (p.15). The report also acknowledged the growing evidence base for the benefits of cultural engagement for older people. The following year, the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG, 2017) published an inquiry report titled *Creative Health* which provided examples of creative and cultural contributions to healthy ageing, whilst

highlighting ongoing gaps in academic research, including prevention of health conditions. Furthermore, Age UK (2017a) published their *Index of Wellbeing in Later Life* in recognition of the limited guidance on measuring older people's wellbeing. The index provided 40 indicators of wellbeing categorised under personal, social, health, resources and local domains and showed that the highest contribution to overall wellbeing comes from engagement in creative and cultural activities.

Age UK's follow-up report *Creative and Cultural Activities and Wellbeing in Later Life* demonstrated that "even for people with very low wellbeing overall, having something creative to do really helps" (2018a, p.3). The report divided creative and cultural participation into six categories: literature, visual and performing arts, historical, music, crafts and dance. The most popular category for people aged 60 and over was literature (80% of respondents); followed by visual and performing arts (71%), and historical (68%). Interestingly, by comparison with *Ageing Artfully* (Cutler, 2009) where music and dance were highly represented, the least commonly reported categories of engagement in the report were music (37%); then crafts (36%) and dance (20%). Overall, the most common activity was reading for pleasure (74%), followed by visiting a city or town with historical character (51%), whilst all other activities reported under half of respondents being involved.

In addition to reporting on levels of involvement, Age UK (2018a) highlighted factors associated with facilitating or impeding participation, categorised as: transport, health, caring responsibilities, friends, wealth, and urban living. Barriers and facilitators to participation are discussed in the focus group study presented in Chapter 9. The report also offered a number of conclusions and policy recommendations. These included ensuring that all older people are able to engage in the arts, definitions of creative activities should be extended to include activities such as gardening, creative networks should be developed, and that partnerships should be encouraged. Finally, the report concluded that our national arts and cultural organisations need to show leadership and demonstrate best practice (Age UK, 2018a). The following section introduces further context on the field of arts and health, which is discussed in more depth in Chapter 2.

1.4 Arts for health and wellbeing

There is an increasing recognition of the potential of the arts as a means for promoting and maintaining health and wellbeing (Fancourt, 2017). As seen above, the arts can encompass a wide range of creative activities, from the more well-known drawing and painting to perhaps less commonly known activities such as vaudeville or marquetry. However, activities are often categorised broadly as visual arts (e.g. drawing, painting, photography), literary arts (e.g. poetry and creative writing) and performing arts (e.g. theatre, dance and music). In his typology, Cutler (2009) included degree of specialism in addition to the actual art form; however, this or the level of participation are rarely specified in the literature around arts and health (Skingley, Bungay & Clift, 2011).

Evidence suggests that “Participation in the arts and creativity can enhance engagement in both individuals and communities” (Department of Health, 2010, p.15) and thus, potential impact must be considered at the individual and societal level (Cutler, 2009). The Department of Health (2010) listed the use of a life course approach in their *framework for developing well-being*, which promotes creative, purposeful and participative activities as the key message for ensuring a positive start in life which continues throughout life. A life course approach was also adopted in *Creative Health* which brought together arts and health research and evaluation across a range of methodologies and practices to make recommendations for policy and practice (APPG, 2017). This was a welcome move away from diagnostic categorisation towards a more person-centred, place-based approach to supporting health and wellbeing. The report highlighted a rapidly increasing ageing population as the most significant challenge currently facing our health and social care systems, with the need for dramatic improvements in prevention and the vital role of the arts in public health.

In addition to the type of activity, the particular setting in which arts and health activities take place has subtle implications for the activity, for whom, and whether it is being carried out for personal or societal purposes. Broadly speaking, *arts and health* refers to creative activities which seek to improve the health and wellbeing of individuals or communities (Fancourt, 2017). However, there are a wealth of arts-based activities which take place within a variety of healthcare or community settings and are embedded in academic training and

health promotion. These all fall within the interdisciplinary field of arts and health, as explored in more depth in Chapter 2. Throughout the life course and particularly as we move into later life, place, environment and community can have a profound impact on our health and wellbeing. Indeed, the arts should form an integral part of healthy ageing, age-friendly cities and dementia-friendly communities (APPG, 2017).

People forget things – a name, where they put their keys, a phone number – and yet what is dismissed as a minor inconvenience at 25 years of age can evolve into a momentary anxiety at 35, and a major source of personal worry at age 55 or 60. Forgetfulness at older ages is often equated with a decline in cognition – a public health issue that goes beyond memory lapses and one that can have significant impacts on dependent living and healthy aging. [...] As human life expectancy increases, maintaining one's cognitive abilities is key to assuring the quality of those added years (Institute of Medicine, 2015, p.1).

An emphasis on art and health activities is understandably placed on supporting people living with dementia, with an estimated prediction of one million people having a diagnosis of dementia in the UK by 2021 (APPG, 2017). It is perhaps unsurprising then, that the majority of the evidence for participatory arts amongst older people relates to people living with dementia, including those living in residential care. Studies have focused on assessment of quality of life, mood and levels of engagement using a variation of measures (Fraser, Bungay & Munn-Giddings, 2014). Overall, participatory arts activities have been shown to enrich the lives of older people living in residential care settings and make them meaningful.

Participation in meaningful activity was defined by the National Institute for Health and Care Excellence (NICE) as:

physical, social and leisure activities that are tailored to the person's needs and preferences [...] from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts and crafts, conversation, and singing (NICE, 2013, p.17).

NICE (2013) stated that meaningful activities should take place in environments which are “appropriate to the person's needs and preferences”, including outdoor spaces which may

provide “emotional, creative, intellectual and spiritual stimulation” (p.17). However, if participation in the arts can help to maintain cognitive function and reduce social isolation, integrating creativity into people’s everyday lives could potentially delay the onset of diseases such as dementia and improve the wellbeing and quality of life of older people. Wellbeing broadly relates to an individual’s level of health and happiness, but as seen above, natural and built environments can “have a profound impact upon [the] health and wellbeing” of our communities (APPG, 2017, p.11). As such, wellbeing also draws on the sociological concept of social capital (Billington et al., 2014). The following section explores the key social gerontological concepts of quality of life and cognitive function which are explored in this thesis in relation to older people’s participatory arts engagement. Due to the focus of this study on ‘healthy’ older people, arts for therapeutic purposes i.e. creative arts therapies are not included, though this area of arts and health activity is discussed in Chapter 2.

1.5 Key concepts in Social Gerontology

Over the past few decades a social perspective to the study of ageing has been evolving. This is reflected in the flourishing literature in social gerontology, which attracts interest from researchers across a range of disciplines including sociology and psychology. Phillips, Ajrouch and Hillcoat-Nallétamby (2010) presented 50 of the key concepts of social gerontology, drawing on their diverse disciplinary backgrounds of geography, social work, social policy, demography and sociology. In the context of this thesis, relevant social gerontological concepts include global ageing, quality of life, social relations and successful ageing. The following section introduces the concept of ‘successful’ ageing, before moving on to explore the concepts of quality of life and cognitive function in more depth. The section ends with an introduction to positive psychology and the rationale for using this approach to wellbeing as a framework in this thesis.

1.5.1 Successful ageing

Successful ageing is associated with “a time of potential health and wellbeing” (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010, p.209) and has been defined as “low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life” (Rowe & Kahn, 1997, p.433). Whilst the paradigm of ‘successful’ ageing has been critiqued for its emphasis on the biomedical model and the

unrealistic idea of ageing without disease (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010), the concept remains relevant to the field of creative ageing which focuses on “what is possible with aging” (Cohen, 2001, p.4). As life expectancy increases, expectations for later life are evolving to ensure that we “maintain the optimal quality of life as long as possible within the boundaries of the human life span” (Cohen, 2001, p.45). It is the combination of active social engagement with the absence of disease and functional capacities that is key to the concept of ‘successful’ ageing (Rowe & Kahn, 1997).

We live in a creative age. The focus on creativity and the use of the term is entering more and more spheres in our lives...What gerontology is increasingly showing us is that later life can be an especially creative age (Cohen, 2001, pp.6-7).

Creative Health (APPG, 2017) recommended that local authorities and directors of public health should promote engagement in creative activities as a component of ‘successful’ or ‘healthy’ ageing (concepts which are discussed further in Chapter 4). The report featured some of the potential benefits of participating in the arts in later life, including combatting social isolation, maintaining cognitive function and enriching quality of life. Furthermore, sociopsychological models have placed emphasis on “life satisfaction, social functioning and participation, or psychological resources” (Bowling & Dieppe, 2005, p.1550). Advocates of successful ageing use a number of indicators of ‘success’, including physical and psychological health, cognitive function and so on.

Whilst there is evidence which connects positive wellbeing to slower physical decline, less research has explored the relationship between positive wellbeing and cognitive function in later life (Allerhand, Gale & Deary, 2014; Llewellyn et al., 2008). Indeed, it is understood that with ageing can come an array of physical health conditions, which can be somewhat mitigated through purposeful arts engagement. However, this thesis moves away from the biomedical model to explore more psychosocial approaches which emphasise “life satisfaction, social participation and function, and psychological resources, including personal growth” (Bowling & Dieppe, 2005). A psychological focus considers resources such as self-efficacy and autonomy, which links well with concepts such as resilience and flourishing. Thus, this thesis draws on positive psychology to explore wellbeing in relation to

creative engagement (APPG, 2017; Goulding, Davenport & Newman, 2018; Wilson & Bennett, 2017).

In order to ‘objectively’ explore the effect of an intervention on health and wellbeing, reliable measurement tools, scales or questionnaires are required to measure changes in the particular concept of health being examined. Measurement tools should also be appropriate for the target group, in this case older people. However, a review of subjective wellbeing measurement scales demonstrated diversity across tools, in relation to content, number of items on the scale, and minute focus on the particular aspect of wellbeing being monitored (Lindert et al., 2015). In this vein, the following sections aim to provide an insight into the various domains included within the broader concepts of quality of life and cognitive function, to contextualise those explored in this thesis and to provide a justification for their inclusion. Firstly, the reader is introduced to the concept of quality of life, distinguishing it from the related concept of wellbeing. This is followed by a discussion of varying aspects of cognitive function; and finally introduces positive psychology and Seligman’s (2011) model of wellbeing.

1.5.2 Quality of life (wellbeing)

The concepts of *wellbeing* and *quality of life* are sometimes referred to independently but often used interchangeably, and there remains a lack of consensus over both definition and appropriate measurement for each concept. In a review of quality of life measurement scales, Bowling (2005) examined a range of concepts and tools across functioning, health, wellbeing and quality of life, and grouped the most widely used concepts into the following domains:

- functional ability
- broader health status
- psychological wellbeing
- social networks and support
- subjective wellbeing

Bowling (2005) describes *broader health status* instruments as focusing on “individual’s subjective perceptions of their health” (p.43). There are numerous scales of *psychological*

wellbeing, which are often used to detect specific disorders such as anxiety or depression. Bowling (2005) identifies the following dimensions of *subjective wellbeing*: happiness, life satisfaction, morale, self-esteem and self-concept and sense of coherence. More recently, in a systematic review of measurement tools of health and wellbeing, Dronavalli and Thompson (2015) highlighted the need for information on the types of measurement tools available for those evaluating community-based interventions, and on which tool might be best suited to an intervention. The review included articles which reported on wellbeing in the general population. Thus, the findings are of relevance to this thesis, as they relate to tools which can be used with any demographic group. Of the 27 health and wellbeing measurement tools assessed for reliability and validity within the review, the following five tools were rated as excellent:

1. Quality of Life Scale (QOLS)
2. Personal Wellbeing Index
3. Community Wellbeing Index
4. WHO Quality of Life – BREF (WHOQOL-BREF)
5. Health Related Quality of Life

The review concluded that for a detailed assessment of wellbeing, WHOQOL-BREF is “ideal and the QOLS is also suitable, but less generalizable” (Dronavalli & Thompson, 2015, p.813). The Satisfaction with Life Scale was classified as ‘mediocre’ due to the poor rating of responsiveness, measuring life in general and not the immediate past (Dronavalli & Thompson, 2015). However, Seligman’s (2011) theory of wellbeing theory views life satisfaction and happiness as two factors which impact on subjective (hedonic) wellbeing and are indicators of the ‘good life’. He refers to ‘in the present’ positive emotion as a distinct element of wellbeing from a retrospective subjective state, e.g. ‘that was fun’. According to Seligman (2011), whilst “no one element defines wellbeing, [...] each contributes to it” (p.24).

The Centre for Ageing Better (2019b) published the *Measuring Ageing Framework*, which includes 63 measures, scales and data sources for individual outcomes associated with ageing and later life. The measures are divided into 12 categories including the health and wellbeing domain, which is relevant to the context of this study. The framework is aimed at a range of

audiences from the private, voluntary and public sectors and is freely available to download and search. Whilst the framework is a useful resource, a considerable amount of effort and time needs to be invested in supporting practitioners, researchers and policy makers to make the most of it. Furthermore, wellbeing is a theoretical construct which encompasses emotion, psychological, social and spiritual aspects and as such, the method of data collection, including the choice of measurement tool, is dependent upon the aims and objectives of the particular study (Lindert et al., 2015).

Forgeard et al. (2011) referred to wellbeing as a ‘multifaced phenomenon’ and recommended the use of a combination of objective and subjective indicators, which clearly state which domains of wellbeing are being prioritised. Though there are differing and sometimes conflicting categorisations of wellbeing and quality of life, the structure provided by Bowling (2005) resonates strongly with gerontological concepts of ‘healthy’ and ‘successful’ ageing in terms of functional ability and social engagement and as such relates to aspects of cognitive ageing (Rowe & Kahn, 1997; Lara et al., 2013; World Health Organization, 2015). Thus, due to the broad-ranging approaches and focuses of the studies included in this systematic review, Bowling’s (2005) categories have been used to provide structure and definition to discussions relating to wellbeing and quality of life throughout this thesis. The following section discusses various domains of cognitive function to provide context for the categories adopted in this thesis.

1.5.3 Cognitive function

Cognition is a fundamental aspect of a person’s ability to “engage in activities, accomplish goals, and successfully negotiate the world” (Institute of Medicine, 2015, p.2). As we age, changes occur within the brain and are seen as a normal part of ageing. Whilst we would generally associate age-related cognitive changes with a decline in capability, some cognitive abilities might even improve with age. The specific changes that occur will vary widely from person to person. Patterns of cognitive change can be described by the concepts of *crystallized* and *fluid* intelligence. Crystallized intelligence refers to “skills, ability, and knowledge that is overlearned, well-practised, and familiar”, while fluid intelligence refers to “abilities involving problem-solving and reasoning about things that are less familiar and are independent of what one has learned” (Harada, Natelson & Triebel, 2013, pp.2-3).

Crystallized abilities such as vocabulary generally improve throughout the life course as knowledge develops as we age, while fluid cognitive abilities involving learning and processing new information are more likely to decline. Thus, participating in creative and cultural activities which combine “cognitive complexity and mental creativity” has the potential to protect against cognitive ageing (Fancourt & Steptoe, 2019, p.1).

To fully understand which aspect of cognitive function is being examined and measured, it is helpful to organise different aspects into domains (Strauss, Sherman & Spreen, 2006). However, standard groups of tests often encompass a measurement of general intellectual ability, in addition to assessments of specific cognitive domains, without necessarily clarifying exactly what is being measured. Furthermore, research studies often employ a range of different measures and definitions, making comparison difficult. The Centre for Ageing Better’s Measurement Framework (2019b) includes two measurement tools in the health and wellbeing domain, under the sub domain of ‘cognitive health’: the *English Longitudinal Study of Ageing (ELSA) Mean Cognitive Function Score* (which assesses memory, attention and comprehension) and the *Understanding Society, the UK Household Longitudinal Study Cognitive Health Score* (which assesses word recall, verbal fluency and numeric ability).

However, none of the tools recommended in the framework were employed in any of the studies included in the systematic review presented in this thesis. Moreover, while from a clinical perspective there are some generally accepted domains of cognitive function, terminology sometimes varies slightly. Within research, clear categorisation, definition and measurement of the appropriate cognitive function domain(s) can provide potential “markers of healthy cognitive ageing” and make comparison across studies more straightforward and meaningful (Lara et al., 2013, p.193). Green (2000) and Strauss, Sherman and Spreen (2006) employed domain distinctions taken from neuropsychological clinical guides, whilst Harada, Natelson and Triebel (2013) provided a gerontological perspective on normal cognitive ageing in the categories they defined (Table 2).

Green (2000) <i>Neuropsychological Evaluation of the Older Adult: A Clinician's Guidebook</i>	Strauss, Sherman & Spreen (2006) <i>A Compendium of Neuropsychological Tests: Administration, Norms, and Commentary</i>	Harada, Natelson & Triebel (2013) <i>Normal Cognitive Ageing</i>
General intellectual function	General intellectual ability	Crystallized / Fluid intelligence
Attention	Attention / Concentration	Attention
Executive function	Executive Function	Executive Functioning / Reasoning
Verbal abilities	Language	Language
Visuospatial & visuoconstructive abilities	Visuospatial ability	Visuospatial abilities
Memory	Learning / Memory	Memory
	Achievement	
	Motor function	Processing speed
	Sensory function	
	Personality / Mood	

Table 2: Cognitive function domains

However, while it is useful to consider aspects of cognitive function, it should be noted that each of these domains is rich with its own concepts and understandings, each of which can be broken down into further subsections. Nonetheless, for the purposes of this thesis, the domains specified by Strauss, Sherman and Spreen (2006) have been adopted as they link most succinctly with the aspects of cognitive function explored within the studies included in the systematic review. They also employ a reasonably straightforward lexicon which is more easily transferable to a non-academic audience. The following section provides the rationale for drawing on positive psychology which provides a connection between functional ability and wellbeing.

1.5.4 Positive psychology and wellbeing

Drawing on the World Health Organization's (1946) definition of health, as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (p.1), positive psychology focuses on the positive aspects of human life, including wellbeing and flourishing. Positive psychology operates on the subjective, individual and group level, i.e. feeling well, the good life and citizenship and communities. It is defined as the "scientific study of optimal human functioning [that] aims to discover and promote the factors that allow individuals and communities to thrive" (Positive Psychology, 2004, para.2). Thus, positive psychology can be assimilated with the gerontological concepts relating to wellbeing and cognitive function discussed above and provides an interesting perspective through which to explore wellbeing. Though certainly not without its criticisms for its narrow range of emotional response (Miller, 2008), positive psychology sets the scene for a

theoretical model of wellbeing, focusing on core elements of wellbeing which contribute towards the meaningful life.

Seligman (2011) developed the PERMA model of wellbeing (**P**ositive emotion, **E**ngagement, **R**elationships, **M**eaning and **A**ccomplishment), which offers a framework for meaning and fulfilment in life. Like other wellbeing frameworks such as the *five ways to wellbeing*, PERMA epitomises a continuing interest to move away from biomedical models of health and wellbeing towards a psychosocial approach (Bowling & Dieppe, 2005; Foresight, 2008). The model's emphasis on the role of meaningful engagement and positive relationships in addition to having a purpose, feeling good and establishing achievable goals resonates with the ethos of the creative ageing agenda. Moreover, PERMA offers a multidimensional approach to wellbeing. The model considers various individual yet correlated domains of wellbeing, including feeling good and functioning well, both critical concepts within social gerontological research. Thus, within this interdisciplinary study PERMA provides a useful framework through which to explore participatory arts engagement in later life. The following section provides an introduction to the practice of mixed-methods research, which is explored in greater depth in Chapter 5.

1.6 Mixed-methods research

This thesis is situated at the intersection between the interdisciplinary fields of social gerontology and arts and health. Consequently, the study required a research methodology which would “embrace the multiple perspectives that behavioural, social, and professional complexities [of these fields] demand[s]” (Bazeley, 2018, p.4). Indeed, mixed-methods approaches have become increasingly popular in the social sciences and health research, not to mention within gerontological research, as more attention is given to the psychosocial and behavioural aspects of health (Happ, 2009; Weil, 2017). Therefore, a mixed-methods research methodology was appropriate for this doctoral research thesis as it offered multiple ways of addressing the research questions and provided a flexible research strategy which reflected the distinct nuances and multidisciplinary nature of the burgeoning field of creative ageing.

Within the paradigm debate, mixed-methods research has been described as “a third major approach to social science research, or as a methodological movement” (Bazeley, 2018, p.5), which complements the more well-established qualitative and quantitative paradigms (Hall, 2012; Teddlie & Tashakkori, 2010). However, within gerontological research the term *mixed methods* has not been used consistently, creating “considerable methodological confusion” (Happ, 2009, p.2). Nonetheless, gerontologists have been leaders in employing mixed-methods strategies which integrate qualitative and quantitative approaches and allow the tensions between the opposing paradigms and methods to generate new insights into complex issues (Lingard, Albert & Levinson, 2008; Bazeley, 2018; Happ, 2009). Greene (2007) described mixed-methods research as facilitating “multiple ways of seeing and hearing” (p.20), which can promote greater depth of understanding than when using a single approach. A major challenge when conducting mixed-methods research, however, is selecting an appropriate approach and providing the rationale for employing it.

A range of approaches have been developed to justify the combination of seemingly incompatible paradigms, which include: the a-paradigmatic stance; the multiple paradigm approach; and the single paradigm approach (Bazeley, 2018; Hall, 2012; Creswell & Plano Clark, 2007). Whilst combining divergent data can be challenging, “mixed data integration can be fruitful in extending explanation of study results, dimensionalization of conceptual frameworks, and exploration of new relationships” (Happ, 2009, p.6). In gerontological research, analyses of qualitative and quantitative data are typically conducted separately, then integrated at the interpretive level of analysis. Gerontologists explore the lived experience of older adults in their research but must also be aware of age-related physical and cognitive changes (Weil, 2017). Therefore, this thesis required a research strategy which could capture the subjective experiences of older people participating in the arts, combined with quantitative measures of psychological and cognitive health characteristics relevant to the cohort, e.g. quality of life and cognitive function.

1.6.1 Mixed-methods methodology for this thesis

The complexity that comes with conducting any interdisciplinary research study requires the researcher(s) to select appropriate methods which can “investigate a problem from multiple viewpoints, with flexibility to adapt to changing situations, yet able to produce credible

results convincing to diverse audiences” (Bazeley, 2018, p.4). The mixed-methods methodology needed for this thesis was particularly complex. The study combines a systematic review of qualitative and quantitative research to maximise the findings and enhance the ‘utility and impact’ of the review (Harden, 2010), with focus group interviews which further enhance the relevance and applicability of the study. Thus, a “paradigmatic framework that recognises and draws on both qualitative and quantitative approaches” was required (Bazeley, 2018, p.16). This section briefly introduces the multiple-stance approach employed for this thesis. A more detailed discussion of the mixed-methods paradigm debate is presented in Chapter 5.

Firstly, this thesis involves a mixed-methods systematic review of participatory arts engagement in later life. A typical systematic review focuses on whether an intervention works or not, i.e. effectiveness. However, with a range of perspectives and priorities coming from research, policy and practice, including “diverse forms of evidence is one way to increase the relevance of systematic reviews” (Harden, 2010, p.7). In a mixed-methods systematic review, studies with different research designs and methodologies are brought together to provide an overall synthesis of a problem. This enables researchers to integrate quantitative syntheses of effectiveness with richer qualitative understanding from participants’ own lived experiences. Whilst mixed-methods reviews have the benefit of drawing on the skills and experiences of people participating in the interventions under investigation, combining studies from different approaches does not come without its challenges, as is elucidated further in Chapters 5 and 6.

Any phenomenon has both qualities and quantities, *each of which* might be described both objectively and subjectively. Quantitative data do not necessarily require a deductive logic, nor should it be assumed that qualitative data have no place in an experimental study (Bazeley, 2018, p.28).

Secondly, the focus group study examines and contextualises the review findings to further increase the relevance of the study and to emphasise the older person’s voice. The sessions were used to explore whether the themes I had developed from the review resonated with people’s own experiences of participatory arts engagement in later life. The groups also considered barriers to participation. The focus groups were not intended to be a

representative sample of the population as a whole and were located within a specific geographical area, Cambridgeshire. Nevertheless, whilst not claiming to be a representative sample, an attempt was made to reach different demographic groups to enhance the diversity of the sample, as will be elaborated further. Analysis from the systematic review and focus group studies was then integrated, using Seligman's (2011) model of wellbeing and the concepts of participation, connection and flourishing as a framework to draw together the divergent findings into a model of creative ageing.

1.7 Summary

This chapter has set out the parameters of this research project, including providing preliminary and recognised definitions of 'participatory arts' and 'older' people. It has introduced the reader to some of the key concepts underpinning this thesis, starting with an overview of research and practice, including a focus on relevant reviews which augment the literature. Subsequently, the chapter considered the interdisciplinary nature of creative ageing research by briefly introducing the fields of arts and health and social gerontology. This led to an examination of the key concepts— wellbeing and cognitive function — which are investigated in the systematic review. The focus group study enabled a deeper exploration of contemporary experiences of creative engagement, including consideration of barriers to participation. This chapter has also introduced the reader to the concept of mixed-methods research and the methodology which underpins the research design for this thesis.

The arts and health field continues to rapidly gather momentum and the magnitude of the evidence base for the role of the arts for improving the health and wellbeing of people in later life increases. Thus, the current study provides a cogent synthesis of participatory arts for promoting wellbeing in later life through an examination of literature and conversations. The mixed-methods systematic review addresses questions relating to arts engagement across different art forms. It also explores perceived benefits gained through different levels of arts participation or modes of engagement, which has not previously been examined. The review is combined with a focus group study which explores contemporary conversations on experiences of art-making and factors which might inhibit participation. The use of focus group interviews with older people provides an innovative method for exploring and

contextualising the review findings to see whether the research reflects older people's own experiences of participatory arts engagement.

A more detailed discussion on methodology and the methods employed in this mixed-methods study is presented in Chapters 5 (methodology), 6 (systematic review methods) and 8 (focus group methods). The next chapter presents a more detailed examination of the broader field of arts and health, providing the wider conceptual framework for the study. This is followed by an investigation into finding a conceptual model of arts and health, before presenting a detailed overview of the interrelated field of creative ageing. The conceptual review is followed by a discussion relating to the research methodologies and methods employed across the multidisciplinary fields relating to the arts and ageing, providing the rationale for the multi-stance approach adopted for this doctoral thesis.

The purpose of art is
washing the dust of daily life
off our souls

Pablo Picasso

CHAPTER 2: DEFINITIONS OF ARTS AND HEALTH

2.1 Introduction

Over a decade ago, *A prospectus for arts and health* (ACE, 2007a) was published following the launch of a working group to review the role of the Department of Health in promoting arts and health (Royal Society for Public Health, 2013). The *Prospectus* affirmed that “the arts are, and should be firmly recognised as being, integral to health, healthcare provision and healthcare environments” (ACE, 2007a, p.13). It also suggested that arts and health is not “a new, untested or fringe activity. It has long been delivering robust improvements to our health services” (p.11). The *Prospectus* was immediately criticised by Stickley (2007) who described it as “little more than (another review)” which was “full of air” and had “little substance” (p.336). For Stickley (2007), the problem within arts and health research was that there had been “too much recycling of information” and that, while there *is* evidence on the efficacy of the arts for personal and social outcomes “until the right *kind* of evidence is produced, [it] remains marginalized” (p.336).

This ‘lack’ of evidence was highlighted in the *Prospectus*, which identified that barriers relating to implications for policy included a lack of understanding of what the field involved, as well as “access to good practice and evidence” (p.12). In the same year, Arts Council England published *The Arts, Health and Wellbeing* (ACE, 2007b), a framework set to complement the *Prospectus* and make a case for the role of the arts in promoting health and wellbeing. As the first national strategy for arts and health, aiming to encourage development of the field, the framework defined the relationship between arts and health as:

arts-based activities that aim to improve individual and community health and healthcare delivery, and which enhance the healthcare environment by providing artwork or performances (ACE, 2007b, p.2).

Two years on, Clift et al. (2009) were clearly disappointed to note that the national leadership promised in the *Prospectus* and accompanying *Arts, Health and Wellbeing* framework had not yet materialised. A decade later, things seem to have moved forwards with the

publication of *Creative Health* (APPG, 2017) and the launch of the Culture, Health and Wellbeing Alliance, in March 2019. The *Arts, Health and Wellbeing* framework set out two aims: “to integrate the arts into mainstream health strategy and policy making” and “to increase, and more effectively deploy, resources for arts and health initiatives” (ACE, 2007b, p.8), placing ACE as a ‘broker’ between the two sectors. However, while “the practice of using the arts to promote healing and happiness is as old as the arts themselves” (Royal Society for Public Health, 2013, p.4), there is still no standard agreement on a definition of the field (Center for Arts in Medicine, 2017; Fancourt, 2017). Broadly speaking, arts and health can be described as the intersection between the creative arts and health promotion. It is based on the idea that “exposure to the arts, and more importantly, participation in creative activities, is life-enhancing and can promote wellbeing” (Clift, 2011, p.8). The following section explicates *arts and health* in more detail.

2.2 Defining arts and health

Hartwell (2013) commented on the growing body of evidence for arts and health, but that a certain level of confidence was necessary in order to translate the research into practice. Most notable arts and health activity to date has taken place across the Anglosphere, although there is increasing development in other areas, including the ‘Asia Pacific Art and Mental Health Network’ and advancements in national policy in Finland. A *National Arts and Health Framework* was published in Australia, “to enhance the profile of arts and health [...] and to promote greater integration of arts and health practice and approaches into health promotion, services, settings and faculties” (Institute for Creative Health, 2013, p.1). The framework introduces a broad definition of arts and health as:

The practice of applying arts initiatives to health problems and health promoting settings. It involves all art forms and may be focused at any point in the health care continuum [...] by changing individual’s attitudes to health risks and supporting community resilience (Institute for Creative Health, 2013, p.2).

Just as in the *Prospectus* in the UK, the *National Arts and Health Framework* highlighted a wealth of examples of organisations and publications which have the potential to inform and inspire the field. However, as with other reports (ACE, 2007; Royal Society for Public

Health, 2013) these are presented as a list, with little analysis of quality or discussion of relevance or consideration of connections. This brings us back to Stickley's (2007) criticism of arts and health literature, which has tended to showcase examples of practice and previous research rather than contributing fresh and innovative knowledge.

Recent developments at the Manchester Institute for Arts, Health and Social Change (MIAHSC) towards developing a more nuanced arts and health agenda which focuses on social change may at last provoke a change in attitudes to health risks and supporting resilience in communities (MIAHSC, 2018). Indeed, Greater Manchester seems determined to be the driving force for the arts, health and social change, launching *The Manchester Declaration* at the World Healthcare Congress Europe in March 2019. The *Declaration* sets out an agenda for social change which re-imagines, recognises, celebrates and considers the role of participation in the arts and culture in everyone's lives, stating that, within five years:

Greater Manchester will be a city region where arts and culture are seen as central to the wellbeing of its diverse residents and workforce, a global leader exemplifying the very best in arts, health and social change (MIAHSC, 2019, p.4).

One would hope that this fresh focus on activism and social change will provide the impetus to push the arts and health agenda forward as 'the' approach for coping with contemporary health and social concerns. Returning briefly to Australia, the NSW (New South Wales) Ministry of Health (2016) published their own framework to reflect activities and strengthen the role of local services and agencies. The *NSW Health and The Arts Framework* provided an interesting addition to the discourse, by incorporating important examples of best practice for developing successful arts and health initiatives into the debate. The framework, which adopted Australia's national *Arts and Health Framework* definition of arts and health, stated that a strategic approach is required to be able to fully integrate the arts into health services.

Also worthy of note was the inclusion in the *NSW Framework* of 'digital arts' and the 'built environment', in addition to the more traditionally recognised visual, literary and performing arts. As we are currently living in a digital age, where the potential for innovative approaches to arts engagement and creative promotion of health messages is literally at our fingertips, digital arts are an essential addition to the scope and reach of arts and health activity.

Furthermore, consideration of environmental public health and an understanding of the impact that bringing more culture and arts into our built environment can have on the health and wellbeing of communities should also be at the forefront of arts and health research and policy (MIAHSC, 2018).

2.2.1 Arts and health lexicon

In addition to there being no agreed definition of arts and health, there is an array of terms used across the world to refer to the field. In an attempt to decipher these terms: *arts and health* could be viewed as an umbrella term for a multi-faceted field; *art for health* could refer to the use of arts in health promotion; and *art(s) in health* and *art in healthcare* for arts within a healthcare setting. However, terminology remains elusive and the use of arts in ‘healthcare’ can be problematic, ignoring the wealth of underplayed community-based activities, which do not take place within the healthcare environment (Royal Society for Public Health, 2013). Indeed, within community settings “participation in arts activities brings people together with a sense of purpose in a common creative endeavour” (Clift, 2011, p.8), and thus is an essential component of arts and health practice. Furthermore, Fancourt (2017) includes ‘general arts activities in everyday life’ in addition to arts activities for people with diagnosed conditions, which incorporates more receptive levels of participation such as visiting cultural sites from which “benefits can be felt from taking part without specific health-related aims” (p.79). This links succinctly with the ethos of the creative ageing field which has a focus on everyday creativity (Gross, 2018), discussed further in Chapter 3.

Researchers at the Center for Arts in Medicine (2017) based at the University of Florida, addressed inconsistencies in related terminology, using *arts and health* as an umbrella term “to reference use of the arts in a health context, including the creative arts therapies and arts in health” (p.5). Their report acknowledged a distinction between the lexicon used in America and that employed in the UK, where the use of *arts, health and wellbeing* has been used for related special interest groups, e.g. the National Alliance for Arts, Health and Wellbeing (NAAHW) and the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG). Nonetheless, the report did not provide any consensus on terminology or definition for the field. It did however report on findings from a survey the centre in Florida had

conducted in 2016, which considered the language preferences of arts and health professionals and educators worldwide. Overall, the most popular terminology for the overarching field was *arts and health* (25.79%), closely followed by *arts, health and wellbeing* (22.40%) and *arts in health* (20.81%). Intriguingly, when asked which language they preferred to refer to professional artists working in healthcare settings, the favoured terminology was *arts in healthcare* (30.58%). Over 50% of respondents thought that a sub-discipline for arts in community settings and public health programmes should be defined, suggesting the terms *arts and community health* and *arts in public health* respectively (Center for Arts in Medicine, 2017).

In the UK, the NAAHW stated that *arts and health* relates to “the effect that active engagement [in the arts] can have on the health and wellbeing of individuals and communities” (NAAHW, 2012a). Their Charter (2012b), which has been adopted by the recently established Culture, Health and Wellbeing Alliance, stated that “the arts, creativity and the imagination are agents of wellness; they help keep the individual *resilient*, aid recovery and foster a *flourishing* society” (para.1; *my emphasis*). Interestingly, this statement includes the term ‘resilient’, which connects with recent dialogue around resilience and ageing (Goulding, Davenport & Newman, 2018; Institute for Creative Health, 2013). The term ‘flourishing’ is also relevant for this thesis in relation to positive psychology, which suggests that when individuals flourish, “health, productivity and peace follow” (Seligman, 2011, p.240).

2.3 Arts and health practice

Whilst the phrase *arts in health* is commonly employed, I have chosen to refer to *arts and health* throughout this thesis, as I believe it best reflects the intersection and balance between the two aspects overall. The NAAHW (2012a) categorised arts and health practice as: **arts in the healthcare environment; participatory arts programmes; medical training and medical humanities; arts therapy; and arts on prescription** (Figure 1). Interestingly, these categories resonate with an earlier definition of arts and health as:

all activities that aim to use arts-based approaches to improve individual and community health, health promotion and healthcare, or that seek to enhance the healthcare environment through provision of artworks or performances” (Macnaughton, White and Stacy, 2005, p.333).

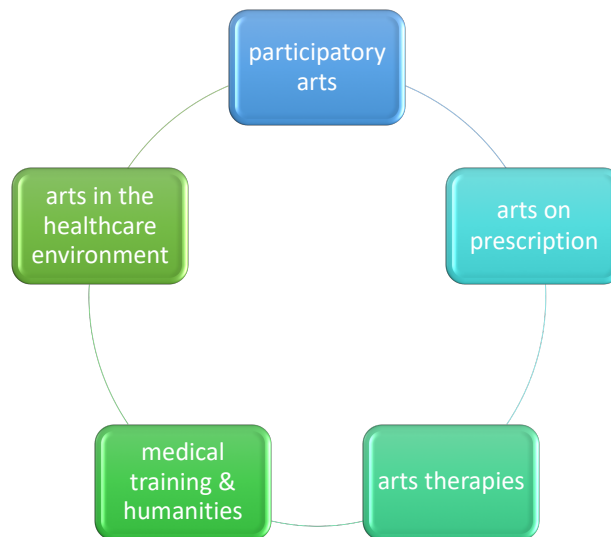


Figure 1: Arts and health categories

While there have been some attempts to conceptualise the various aspects of arts and health practice, the sheer diversity of activity makes the development of a conceptual model or framework challenging. Fancourt (2017) raised the question of whether a model of arts and health activity actually exists, given the challenges around definition and terminology. While touching on a few of the models which are discussed further in the following sections (Macnaughton, White and Stacy, 2005; Macdonald, Kreutz & Mitchell, 2012), Fancourt (2017) listed key areas of activity under the following seven categories:

Arts in the healthcare environment, participatory arts programmes for specific patient groups, general arts activities in everyday life, arts in psychotherapy, arts in healthcare technology, arts-based training for staff, arts in health education (p.73).

Confusingly, in more detailed discussions of the categories, Fancourt (2017) introduced another domain of ‘arts in health promotion’ which focuses on the ‘arts in public health’ but

did not appear in her catalogue of arts and health categories. However, she did acknowledge that this is not an exhaustive list, recognising the regular emergence of new activity and the significant overlap between some of the categories. Whilst the classifications defined by the NAAHW (2012) and Fancourt (2017) include some overlap, neither provides an entirely satisfactorily complete overview.

Arguably, Fancourt's groupings of arts and health activities expand on the NAAHW's definitions, by drawing on multiple models. However, she encourages the use of caution when referencing the categories and seeking rigid models, suggesting that researchers should be open to the "flexibility and creativity" of the field as it continues to evolve (Fancourt, 2017, p.95). However, it is useful to have an understanding of the breadth and diversity of the field. The following sections provide brief introductions to the most commonly referred to areas of arts and health practice. The reader is also introduced to the health humanities, a related sub-section of interest. Whilst acknowledging that this does not provide a fully comprehensive overview of the field, in the context of this thesis a critical distinction I wish to highlight is between the 'participatory arts' and arts 'therapies'.

2.3.1 Arts in the healthcare environment

The integration of artwork into the healthcare environment is in itself multi-faceted. Essentially it refers to the use of the arts in the "design or enhancement of spaces within healthcare institutions such as hospitals, doctors' surgeries, hospices, care homes, and community clinics" (Fancourt, 2017, p.73). As early as the 1940s, there were examples of artworks being displayed in hospitals, sponsored by the National Association for the Prevention of Tuberculosis and the British Red Cross, for example. Early art therapists saw exhibiting art works as part of their role. Indeed, there is a long history of arts in hospitals which pre-dates the NHS (Hogan, 2001). Founded in 1959 by Sheridan Russell on noticing the positive reaction to the artworks he displayed at the National Hospital, *Paintings in Hospitals* now cares for just under 4,000 artworks used to "create care spaces that are **encouraging, enriching and empowering**" (Paintings in Hospitals, n.d., para.6).

Originally affiliated with Paintings in Hospitals, *Art in Healthcare* is an independent charity which uses visual art "to improve and humanise the healthcare environment" (Mitchell,

2017). Additionally, programmes such as *Addenbrooke's Arts*, at Addenbrooke's Hospital in Cambridge, seek to enhance the hospital environment and improve the experience of patients, visitors and staff through the integration of arts. They do so through a diverse arts programme which includes gallery spaces, musical performances and participatory arts projects for patients and staff, often working with artist practitioners or artists in residence. Interestingly, Van Lith and Spooner (2018) also referred to 'artists in healthcare' and 'arts therapists working in the healthcare environment'. However, these categories often interlink and overlap, as discussed in Chapter 3.

2.3.2 Participatory arts programmes / Arts in community health

Often referred to as 'community arts' or 'participatory arts', arts in community health can be viewed as "a distinct strand of arts in health practice, having its own developmental framework and intellectual base" (White, 2009, p.75). While highly contested and often used synonymously, Matarasso (2016) made a distinction between *participatory art* as "the whole field of collaborative arts work [...] where artists involve the public in making art" and *community art* as "a radical rights-based approach to participation in art characterised by a critical social engagement" (para.4). For this thesis, social engagement is a vital characteristic of participatory arts programmes which seek to provide opportunities to "get people taking part" as a tool for improving their wellbeing (Fancourt, 2017, p.76). Participatory arts activities often target a specific audience or patient group and take place in a variety of settings. However, they are generally community-based with a non-clinical focus. This area of arts and health activity resonates most strongly with the creative ageing movement, as discussed in more detail in Chapter 3.

There are of course different types and levels of participation. Some participatory arts activities are very much participant designed and led, and others less so. Brown (2006) classified arts participation based on the level of creative control expressed, leading to two broad levels of participation: (i) activity which involves some level of personal artistic expression, which he terms as: inventive; interpretive; or curatorial participation, and (ii) that which involves experiencing the art of others, classified as: observational; and ambient participation. Davies et al. (2012) provided an alternative, and perhaps more simplified approach which defined arts engagement or 'participation' based on the level of engagement.

Their study explored other definitions which distinguished between being engaged or not engaged, and a quantification of level of engagement.

In their review of literature, Davies et al. (2012) distinguished between creative and interpretative arts engagement; creative participation or receptive attendance; and creative, sociable and physically demanding activities. Furthermore, their analysis of an online survey completed by professionals in the fields of arts, arts and health, health and evaluation cogently reported two dominant factors in terms of participation. *Active* arts engagement, relating to “making, creating, writing and teaching art” and *passive* engagement, which involves “visiting, attending, listening, viewing, watching and discussing art” (p.208). However, binary distinctions of engagement have been challenged, arguing that more receptive levels of engagement may in fact involve an ‘active’ relationship with the activity or performance (Brown & Novak-Leonard, 2011; Reason, 2015). Indeed, recent research suggests that cultural engagement may be protective against cognitive decline “independent of a range of potential demographic, health-related and activity-related variables” (Fancourt & Steptoe, 2018, p.4).

Distinctions between levels of participation can be related to different categorisations of arts and health activity, such as the difference between *participatory arts* and *general arts activities in everyday life*, as highlighted by Fancourt (2017). Such variations also question what we understand by the term ‘participatory’, and potentially relate back to the idea of ‘critical social engagement’, referred to by Matarasso (2016). However, whichever level of participation is involved, a primary role of participatory arts initiatives is to “use creativity as a vehicle to address personal development and wellbeing” (Bradfield, 2015, p.10). Moreover, successful participatory arts programmes are those which “lay down a social pathway to channel awakened enthusiasms” (White, 2009, p.204) and offer “the transitional place and space for [a] ‘tiny little thing’ to be enabled” (Sagan, 2015, p.51).

Whilst the benefits of participatory arts engagement can be indicated by more than ‘tiny’ changes, Sagan (2015) emphasised the significance that any positive change following creative engagement, small or large, can have for the individual who has participated. Therefore, this thesis adopts a definition of participatory arts which encompasses participation in a broad range of arts and cultural activities, including those which involve

more receptive levels of engagement such as attending the theatre or visiting an art gallery. Arts and cultural activities which are not inherently productive can provide the participant with a multimodal, stimulating experience which requires active participation through the social contact the activity facilitates. The systematic review presented in this thesis identified studies which overall investigated more ‘active’ forms of engagement. However, this was not based on the search criteria, rather it highlights an identified gap in the literature in relation to more receptive levels of engagement (Fancourt & Steoptoe, 2018).

2.3.3 Medical Training and Medical Humanities

Evans and Greaves (2002) explored the role of the *medical humanities* within the arts and health field, which they view to have “therapeutic roles, and a shared concern with creative imagination in health care” (p.57). Greaves and Evans (2000) had previously distinguished between an ‘additive’ approach which viewed the *medical arts* as an ‘ornament’ to medicine (Greaves, 2001), and an ‘integrated’ approach which sees the *medical humanities* as an integral part of medicine, with a theoretical role.

The [additive] is concerned with complementing medical science and technology through the contrasting perspective of the arts and humanities, but without either side impinging on the other. The [integrated] aims to refocus the whole of medicine in relation to an understanding of what it is to be fully human; the reuniting of technical and humanistic knowledge and practice is central to this enterprise (Greaves & Evans, 2000, pp.1-2).

However, these distinctions can be misleading as the *medical arts* could be viewed as synonymous with *arts and health*, and therefore potentially “as a kind of subset of medical humanities” (Evans & Greaves, 2002, p. 57). Furthermore, such distinctions could lead to an assumption that all medical humanities practice is the same, and that all arts and health activity is alike. There is also of course some cross-over between the two approaches, with arts and health activity providing more than “merely adjunct activities” and medical humanities “not necessarily a detached undertaking with no therapeutic implications” (p.57). Once again, we are seeing the blurred lines between categories and that this type of pigeonholing is not truly reflective of either domain. Evans and Greaves (2002) concluded that while an

operational distinction between the two may be useful, we should accept the diversity of and within the two approaches.

More recently, Dennardt et al. (2016) highlighted variation amongst areas of practice in a systematic review of medical humanities teaching in medical education. As part of the review, they developed a framework to explore the underlying assumptions around the arts in medicine and medical education. While it is beyond the scope of this thesis to explore these subtle nuances in categorisation in more detail, it is important to highlight the abundance of alternative and sometimes conflicting approaches to and definitions of the medical humanities. This is particularly relevant if we relate back to the category name ‘Medical Training and Medical Humanities’, which implies a relationship with education and training. While recognising the complex nature of the field Dennardt et al. (2016) adopted a definition of the medical humanities, taken from Kirklin (2003).

[The Medical Humanities is an interdisciplinary field] that draws on the creative and intellectual strengths of diverse disciplines, including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology, and history, in pursuit of medical educational goals (Kirklin, 2003, quoted in Dennhardt et al., 2016, p.286).

Of further interest before moving on, is that Fancourt (2017) included the *medical humanities* under a section of ‘related fields’. This immediately places this area of work outside the arts and health paradigm as a distinct field. She did however discuss the complexity of these distinctly interrelated and overlapping fields, drawing comparisons between *medical and health humanities* and *arts in health* (and also *arts-based training for healthcare professionals*). Moreover, she warned against trying to force an artificial separation between the fields which although distinct are very much related and that “the opportunities for intersect between the two are blossoming” (Fancourt, 2017, p.94).

2.3.4 Health humanities: the future of medical humanities?

Moving off track briefly, Crawford et al. (2010) proposed the term *health humanities* which aims to embrace interdisciplinarity and recognise that “in a whole range of healthcare

disciplines, there are signals that the humanities are being called upon to play a role in education and practice” (p.6). They referred to occupational therapy, mental health care and physiotherapy, as examples of a variety of healthcare disciplines which are embracing the arts and humanities in both education and practice, though certainly not an extensive list. Moreover, they called for more cross-fertilisation of the variety of healthcare disciplines and activities, to move the agenda forward to expand across all aspects of health, rather than focusing solely on medicine. However, Atkinson et al. (2015) suggested that such distinctions evaded a critical engagement with understandings of the concepts of ‘medical’ and ‘health’. They called for the development of a new field of inquiry which they referred to as the “*critical* medical humanities” (p.78). Interestingly, the Trinity College Dublin Medical and Health Humanities Initiative (2017) celebrate the diversity and multidisciplinary of these interrelated approaches, articulated succinctly in their mission statement:

To cultivate a richer understanding of the interactions and synergies between practices and discourses of wellness, health or medicine and the arts, humanities or culture through interdisciplinary research and education (Trinity College Dublin, 2017, para.4).

Similarly, Crawford et al. (2015) described the health humanities as “an evolution of medical humanities” (p.2). This growth is marked by an ambition to develop new combinations of pedagogic approaches in education, advancing the benefits of involvement in arts and humanities to carers and the public, sustaining and democratising therapeutic interventions and championing an increased sharing of resources to enhance healthcare environments. It was this definition, and ideas around interdisciplinary working which led me to introduce the health humanities, as such attitudes have close associations to research and practice within the field of creative ageing. Indeed, the term ‘health humanities’ is increasingly being used as an overarching term to encompass a range of activities, including arts and health. I return here, however, to classifications of arts and health practice, and the therapeutic potential of the arts.

2.3.5 Arts therapies / Arts in psychotherapy

One of the key areas of arts and health activity and perhaps the most well-known is ‘arts therapy’ (NAAHW, 2012) or ‘arts in psychotherapy’ (Fancourt, 2017). However, this distinction is not overly important for the purposes of this discussion, since “In many instances the difference between art psychotherapists and art therapists is primarily one of nomenclature” (Hogan, 2001, p.21). Arts-based therapy is delivered by professional therapists in individual or group settings and includes a range of art forms, such as drama, art, music, dance and poetry. While there remains confusion around how ‘creative’ forms of therapy differ from participatory arts programmes, the most common distinction is that arts therapies are delivered by trained therapists and have specific psychotherapeutic aims (Fancourt, 2017). Indeed, Van Lith and Spooner (2018) identified the need for ‘formal training’ of therapists as one distinguishing feature, in addition to the art therapist being guided by therapeutic goals. Moreover, the involvement of ‘therapeutic’ goals appears prominently in descriptions on various arts therapy organisation websites:

- “a form of psychotherapy that uses art media as its primary mode of expression” (British Association of Art Therapists, 2017, para.1)
- “dramatherapy is a form of psychological therapy in which all of the performance arts are utilised within the therapeutic relationships” (British Association of Drama Therapists, 2017, para.2)
- “an established psychological clinical intervention, which is delivered by HCPC [Health and Care Professions Council] registered therapists...” (British Association for Music Therapy, 2017, para.5).

Interestingly, however, in the context of conceptualising arts and health, only the British Association of Drama Therapists (2017) provides any distinction between art ‘therapy’ and participatory arts, stating that

Dramatherapy is a psychological therapy. This means that the process of the therapy and *the relationship between the therapist and client is of prime importance*, [while] Artists working in health care or educational settings may engage people in creative projects that will enhance well-being and increase self-esteem. Their input may be

deemed to be *therapeutic* rather than providing the in-depth therapy offered by Arts Therapists (British Association of Drama Therapists, 2017; *my emphasis*).

Van Lith and Spooner (2018) made a similar distinction between a focus by arts therapists on ‘art for *wellness*’ and arts practitioners who more commonly refer to ‘art for *wellbeing*’, whilst acknowledging these terms are regularly used interchangeably. However, the term ‘wellness’ is much more commonly used in the United States, and therefore this particular distinction is not so useful in a British context. Just as there are divergent practices within other realms of arts and health, Hogan (2001) conceptualised three main approaches in British art therapy, which demonstrate differences in philosophical perspectives and practice. These are: *analytic art therapy*, which emphasises the “*transference* relationship between client and therapist”; *art psychotherapy* with emphasis on the “importance of verbal analysis of the art work of their patients”; and *art therapists* whose emphasis may be more on “the actual production of art work” (p. 21). However, these distinctions are not rigorously applied in the literature.

There are a number of distinct models of art therapy, some of which are more akin to other forms of arts and health interventions, such as feminist or socially orientated approaches (art therapy as social action). Thus, art therapy is not one blanket thing but represents a diversity of practice. Drawing on published art therapy literature, Hogan (2016a) identified a number of predominant approaches, which illustrate a wider diversity of practice than acknowledged in the British Association of Art Therapists’ definition. These art therapy approaches are namely: cognitive behavioural; psychoanalytic; analytical (Jungian); Gestalt; person-centred; mindfulness; integrative; feminist; and social (as social action & as a research tool). These are philosophically different approaches (though not all antithetical to each other). Furthermore, some art therapists practice an ‘eclectic’ approach, rather than using one particular model. Consequently, the field is complex.

As noted above, some models of art therapy are more akin to participatory arts programmes for specific patient groups, which can again lead to confusion around the distinctions between these differing yet overlapping approaches to arts and health. Furthermore, the common use of ‘arts’ therapies can lead to a misconception that ‘visual art’ is the only mode of arts engagement utilised in therapy, which can leave other arts-based therapies such as drama,

music, dance/movement, poetry, play, psychodrama and sand-boxing, in the shadows. In summary, the most obvious distinction between creative therapies and participatory arts initiatives is usually the involvement of a trained therapist (Fancourt, 2017). However, this differentiation does not always provide clarity and as such the distinctions remain, for some, ambiguous.

2.3.6 Arts on Prescription

Arts on Prescription (AoP), sometimes referred to as *Arts on Referral* or *Arts-based Social Prescribing*, involves health or social care practitioners referring people to a service which provides “creative and participatory workshops (e.g. dance, drama, music, painting and poetry) to support patients with mental and physical health issues” (Chatterjee et al., 2018, p.98). While there are a range of approaches to AoP, essentially the aim is to prescribe a creative activity rather than medicine, to promote health and wellbeing. Whilst the benefits of such schemes may be experienced by the individual, the group nature of AoP initiatives inherently promotes social engagement, and thus reduces loneliness and isolation (Bungay & Clift, 2010). AoP programmes aim to act as an adjunct to conventional therapies, with the distinctive feature that programmes are facilitated, not by a trained therapist, but “by artists or musicians and engage groups of people living in the community” (Bungay & Clift, 2010, p.277). Through prescribing an activity, there is an inference that it “has the potential to benefit the health and well-being of recipients” (*ibid*, p.278).

A recent systematic review of social prescribing schemes (Chatterjee et al., 2018) concluded that robust evaluation of such schemes is required, to integrate the views of all key stakeholders and ensure that they “meet primary health objectives as well as delivering the wider quality-of-life outcomes characteristic of non-clinical interventions” (p.22).

Furthermore, Arts Enterprise with a Social Purpose (AESOP) announced ‘dramatic’ results of a survey of health professionals’ attitudes to the role of arts in social prescribing. The study revealed that “two thirds (66%) of GPs agree that public engagement with the arts can make a significant contribution towards preventing ill health among the public” (AESOP, 2018, para.1). Dr Michael Dixon, Chair of the College of Medicine and former President of NHS Clinical Commissioners, stated

This study is dramatic proof that most GPs recognize the potential of the arts to provide health benefits and healing for their patients. Its implications are clear – we need to make arts interventions much more available. The NHS needs to reach beyond its conventional medical box and now regard arts interventions as mainstream (AESOP, 2018, para.4).

Over the past few years there has been increased interest in the role of social prescribing, including AoP schemes. Headlines have hit the media, including “Doctors urged to offer more gardening courses and fewer pills” appearing in The Times newspaper (Smyth, 2018) and on localised news websites “Creative New Zealand advocates art prescription in Governments’ mental health inquiry” (McDonald, 2018). This flurry of activity and discussion has also seen the development of resources and surveys. The Social Prescribing Network has set up a number of regional networks across England, Ireland and Scotland, as well as holding the 2nd International Social Prescribing Network Conference in July 2019. Most recently, a National Academy for Social Prescribing was launched in October 2019. Additional resources relating to social prescribing include a free webinar on *Core Principles of Social Prescribing* (Chocolate Films, 2018), a guide for local authorities (Local Government Association, 2016) and a summary of *Social prescribing and community-based support* (NHS England, 2019).

Additionally, there have been increasing numbers of related articles and systematic reviews (Bickerdike et al., 2017; Chatterjee et al., 2018; Polley et al., 2017). Finally, the National Academy for Social Prescribing (2019), which is “dedicated to the advancement of social prescribing through promotion, collaboration and innovation” aims to raise awareness, explore new sources of funding, broker relationships, build the evidence base and promote accredited education and training. Whilst these are exciting developments for the field, we need to be cautious that the arts are not reduced to being something that we prescribe or do *only* when we are not feeling well and that the arts are not lost within broader social prescribing initiatives focused on sports and leisure. However, it was reassuring to see that one of the first articles which appeared on the National Academy for Social Prescribing’s website was from Matt Hancock (Health and Social Care Secretary), who paid tribute to the All-Party Parliamentary Group on Arts, Health and Wellbeing’s Inquiry Report (2017). Interestingly, Hancock (2018) focused on the theme of ‘personal creativity’ and finding the

art form (or social activity) that is right for the individual, which links succinctly with the concept of creative ageing, as discussed further in Chapter 4.

2.4 Summary

The arts and health are rapidly advancing as a field, with significant developments in the last few years. Advancements include several noteworthy publications: *Arts in Health: Designing and Researching Interventions* (Fancourt, 2017); *Arts, Health and Wellbeing* (Clift & Stickley, 2017) and the *Oxford Textbook of Creative Arts, Health, and Wellbeing* (Clift & Camic, 2015). Furthermore, following the recommendation in *Creative Health* (APPG, 2017) for the development of a strategic centre, a new Culture, Health and Wellbeing Alliance was established in 2019, aiming to represent “everyone who believes that cultural engagement and participation can transform our health and wellbeing” (2019). What is interesting to note, is the range of affiliated alliance members. Membership includes organisations as one might expect, such as the British Associations of Arts Therapists and the Society Prescribing Network, but also includes heritage, libraries and digital culture.

However, what is particularly noteworthy for this thesis is the inclusion of several affiliated member networks relating more specifically to the field of creative ageing, i.e. Age Friendly Museums Network; Age of Creativity; and the Creative Dementia Art Network. Inclusion of age-related networks in this newly formed alliance demonstrates the expanding reach and focus of the creative ageing field, and an emphasis on the need to support a rapidly growing ageing population. Furthermore, the *Manchester Declaration* highlighted contemporary health and social care concerns relating to later life, including an ageing population, loneliness and mental health issues, and the role that participation in the arts can play (MIAHSC, 2019). Additionally, contributions to publications in the field of arts and health include two books relating to creative ageing: *Resilience and ageing: Creativity, culture and community* (Goulding, Davenport & Newman, 2018) and *Creativity in Later Life: Beyond Late Style* (Amigoni & McMullan, 2019).

In summary, Van Lith and Spooner (2018) concluded that in spite of the diversity of activity across research and practice, all arts and health initiatives share common core qualities. These include: an inherent belief in the healing capacity of creativity; the creative process as a

means for expression; act as an enabler for social engagement and inclusion; serve as a tool for empowerment and a means of enhancing wellbeing and quality of life. This provides a good overarching description, though as this discussion has illustrated, approaches vary and may evolve as the field continues to develop. The following chapter reviews conceptual models and frameworks of arts and health.

CHAPTER 3: CONCEPTUAL REVIEW

3.1 Introduction

Despite burgeoning activity within arts and health research, confusion remains in terms of a definition of the field and the range of accomplishments and applications it has to offer (Center for Arts in Medicine: Florida, 2017; Fancourt, 2017). However, the debate is not new. A decade ago, Dileo and Bradt (2009) highlighted a need for definitions, standard language and categorisation of practices and methods within arts in healthcare, for the field to become a recognised discipline. How realistic these disciplinary aspirations are for a wide range of practices remains open for debate. One of the issues has been that until recently there has been no reference point for research or for the development, design and delivery of arts and health projects. Fancourt and Joss (2015) provided a framework for developing and researching arts and health programmes, which has been further developed by Fancourt (2017) who posed the question ‘What is arts in health?’ in a chapter on defining the field. She referred to influential proposals of definitions (White, 2009; Arts Council of Ireland, 2010), but acknowledged that there is still no prevailing definition. Indeed, confusion remains around distinctions between arts and health and arts therapies, as previously discussed.

Macnaughton, White and Stacy (2005) considered arts and health to be distinct from ‘therapy’, whilst elsewhere arts therapies are included as one aspect of arts and health activity (Fancourt, 2017; NAAHW, 2012a). Disciplinary aspirations distinguish art therapists (Health & Care Professions Council registered practitioners) from arts and health practitioners more generally. However, there is considerable overlap between practices in the two fields, especially with arts therapists adopting more social and public health orientated approaches (Hogan, 2016a). That being said, the involvement of a trained therapist and the therapeutic aims of the sessions provides a useful distinction (Fancourt, 2017). In the absence of a clear definition of the field of arts and health, the following section explores existing conceptual models, frameworks and paradigmatic diagrams which have been developed over the past decade or so, to demonstrate, understand and define the key dimensions of arts and health practice.

3.2 Arts and Health Diamond

Over a decade ago, Macnaughton, White and Stacy (2005) attempted to provide some parameters of the arts and health field, whilst highlighting the diversity of practice and the need for different approaches to evaluation. They proposed the *Arts and Health Diamond*, a continua model which suggests that ‘arts’ and ‘health’ activities move along a continuum across two axes: from art to health; and from individual effects to social effects. While the diagram does include the ‘key dimensions’ of arts and health, the diamond visually appears outward facing, rather than illustrating the complexity of the ‘arts-health nexus’ and its potential outcomes, confounders and effect modifiers (Davies et al. 2014).

3.3 Music, Health and Wellbeing

Macdonald, Kreutz and Mitchell (2012)¹ proposed a conceptual framework for music, health and wellbeing, using a Venn diagram which acknowledged the integrated and inter-related component parts (Figure 2). Whilst this framework provides a visual representation of the over-lapping domains within music and health, it does not help to provide an understanding of the relationship between musical engagement, health and wellbeing. Of course, this framework is not directly comparable with the art and health diamond, as it is focuses specifically on music, rather than the overall arts and health discourse. However, this is not insignificant, as it highlights the dominance that music has played within research in the field (Clift et al., 2008; Daykin et al., 2018; Staricoff & Clift, 2011) and further supports the exclusion of music-based activities from the systematic review presented in this thesis.

¹ Figure 2: A conceptual framework for music, health and wellbeing. Originally published in Raymond MacDonald, Gunter Kreutz, & Laura Mitchell, ‘What is Music, Health, and Wellbeing and Why is it important?’ in *Music, Health, and Wellbeing*, edited by Raymond MacDonald, Gunter Kreutz, and Laura Mitchell, p.8, Figure 1.1. © Oxford University Press, 2012. Reproduced with permission of the Licensor through PLSclear.

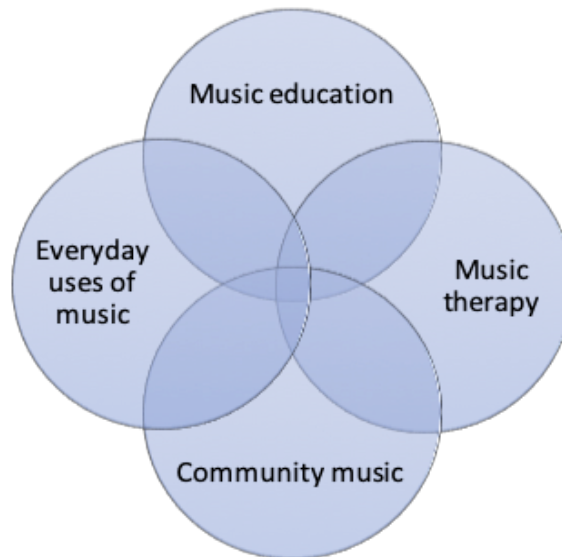


Figure 2: *Music, health & wellbeing* (MacDonald, Kreutz & Mitchell, 2012)

A year later, MacDonald (2013)² updated the *music, health and wellbeing model* with the addition of ‘music medicine’ as a sub-set of music therapy (Figure 3). He described music medicine as an area of work being carried out within ‘medical’ contexts. Additionally, music medicine interventions focus on therapeutic outcomes as their main objective but can have no connection with community music or music education, hence being depicted as a sub-section of music therapy within the diagram. It is the therapeutic outcomes which connect music medicine with music therapy and distinguish these two areas of work from the other broader categories within the model, using ‘prescribed music’ to support “patients’ psychological and physiological functioning” (p.7).

Macdonald (2013) cited the work of Ralph Spintge, who he believed to have been influential in developing music medicine practice and was involved in the development of ‘MusicMedicine’. Spintge went on to become the second President of the *International Society for Music in Medicine* in 1982 and later published a definition at the International MusicMedicine Symposium:

² Figure 3: © 2013 R. MacDonald. This is an Open Access article distributed under the terms of the Creative Commons Attribution 3.0 Unported (CC BY 3.0) License (<http://creativecommons.org/licenses/by/3.0/>), which permits all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

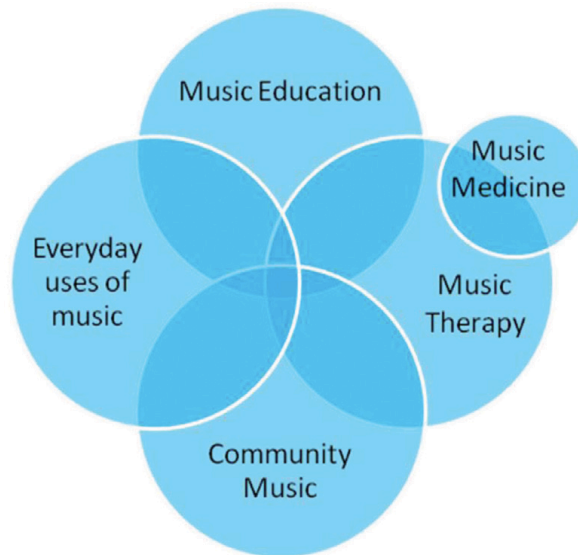


Figure 3: Music, health & wellbeing (MacDonald, 2013)

MusicMedicine is the scientific evaluation of musical stimuli in medical settings, especially through mathematical, physical, physiological, and medical research, as well as therapeutic application, in order to complement traditional medical treatment, with regard to the particular illness, medication, and procedures involved in each individual case (Spintge and Droh, 1989, p.411).

Through his conceptual model of music and wellbeing, MacDonald (2013) aimed to highlight the multidisciplinary relevance of music across all areas of health and social care and thus presented a pluralistic approach to health and wellbeing. He also stressed the importance of qualitative research methods in the exploration of musical experience. An interesting element of the two models of music, health and wellbeing (MacDonald, Kreutz & Mitchell, 2012; MacDonald, 2013) is the inclusion of *everyday music listening* as a crucial element of the field. This relates to Fancourt’s (2017) category of *general arts activities in everyday life* and is a key component within the field of creative ageing. The inclusion of everyday creativity highlights the widening of arts and health activity “beyond the confines of hospital walls to include community health centres, public spaces, and, more generally, people’s individual daily lives” (p.80).

3.4 Wellbeing and theatre involvement

In their study of theatre involvement, Meeks, Shryock and Vandembroucke (2017) developed two models of wellbeing and theatre. Firstly, a *Conceptual model of wellbeing related to involvement in theatre*³ depicted benefit from theatre engagement in terms of flow, social connection and belonging, while considering aspects of theatre involvement in relation to attendance, subscribing, volunteering and philanthropy (Figure 4). The model considered three aspects of wellbeing: hedonic, psychological and social functioning. It was tested in a mixed-methods study, involving a cross-sectional survey of theatre audience members and focus groups with older audience members (aged 60 years and older). Findings from the qualitative element of the study are included in the systematic review presented in this thesis.

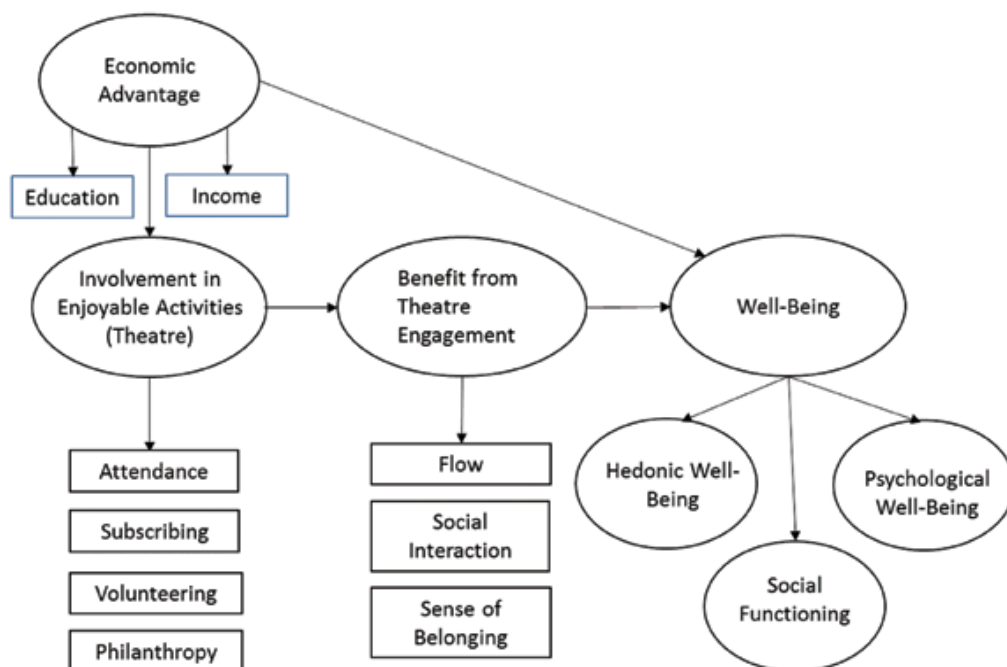


Figure 4: Conceptual model of wellbeing / theatre (Meeks, Shryock & Vandembroucke, 2017)

Secondly, they produced a *Structural model for theatre involvement and benefit related to psychological well-being* which showed a direct link with theatre engagement and wellbeing, but interestingly no direct path between involvement (volunteer and philanthropy) and wellbeing. Evaluation of the model highlighted unique aspects of theatre involvement, such as the magic of live performance and memories associated with both “beloved and unpopular

³ Figure 4: Conceptual model of well-being related to involvement in theatre. Suzanne Meeks, Sarah Shryock & Russell Vandembroucke (2017) Theatre Involvement and Well-Being, Age Differences, and Lessons From Long-Time Subscribers. *The Gerontologist*, 00:00, 1-12, by permission of Oxford University Press.

performances” as well as the role of the dynamic interchange between performer and audience (Meeks, Shryock and Vandenbroucke, 2017, p.10). Interestingly, participants reported that negative experiences such as being bored or dislike of a play could be meaningful, since this led to discussion and critique with other members of the audience after the performance. They viewed this as integral to their ‘participation’.

In a later publication, Meeks, Vandenbroucke and Shryock (2018) reported that feelings of social engagement, belonging and flow contributed to older people’s subjective reports of cumulative positive affect following attendance at theatre performances. Based on the findings of their study they modified the previous conceptual model to include a link with positive affect and wellbeing for older people following repeated theatre engagement. This framework is a useful addition to the field as it highlights the psychosocial benefits of theatre attendance, which contribute to ‘flourishing’ in later life.

3.5 Thematic Framework: health and the arts

Moving back to the desire to understand the relationship between health and the arts more broadly, Davies et al. (2014) stated that a “clear framework and scientific approach [was] needed if we are to move the health and arts debate beyond anecdote and opinion” (p.2). In terms of defining arts and health, they referred to arts engagement and related individual and community outcomes, health and health determinants. To understand the contribution of the arts to health and to develop a framework which demonstrated the relationship between the two, they conducted a qualitative study. The study involved semi-structured interviews with 33 adults from the general population in Australia, using a thematic approach to analysis. The thematic framework developed from the study (Figure 5)⁴ sought to understand the relationship between arts engagement and health outcomes, rather than to visualise the diversity of practice, as was seen in the *Arts & Health Diamond* (Macnaughton, White and Stacy, 2005).

⁴ Figure 5: Arts and health framework. © 2014. C. Davies, M. Knuiman, P. Wright & M. Rosenberg. This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 3.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and licence their derivative works on different terms, provided the original work is properly cite and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/3.0/>

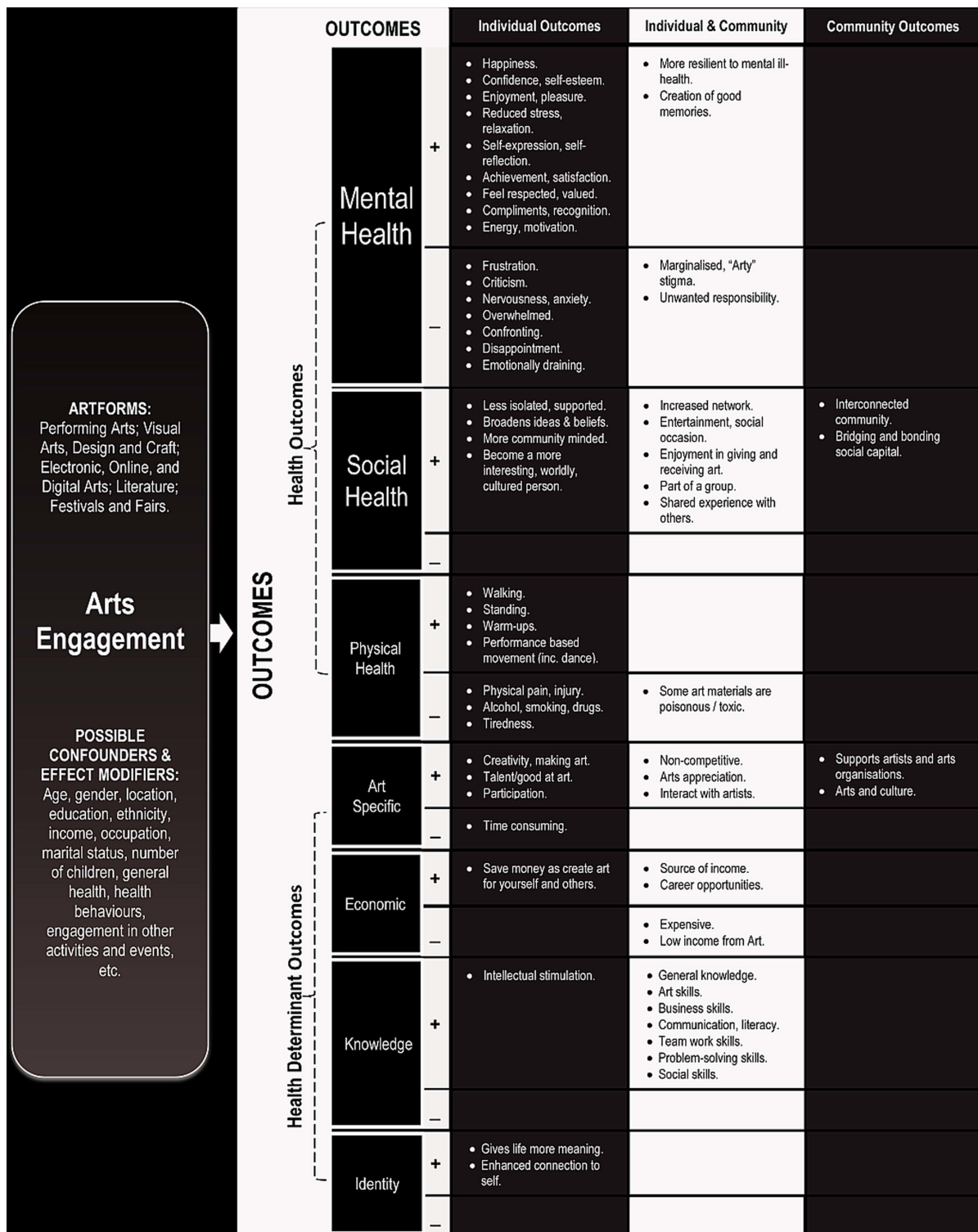


Figure 5: Thematic framework arts & health (Davies et al., 2014)

A strength of this study is that it acknowledged that there may be less positive, unintended outcomes of arts engagement, as seen in study of theatre attendance where participants valued the negative aspects of performances (Meeks, Shryock & Vandenbroucke, 2017). Davies et al. (2014) identified seven primary outcome themes: mental health, social health and physical health (health outcomes), and art-specific, economic, knowledge and identity outcomes (health determinant outcomes). The outcomes were then categorised into those relevant to the individual, community or both, with feelings of frustration and disappointment appearing much more on an individual level. A further strength of the framework is that it identified possible confounders and effect modifiers which may offer opportunity for further consideration of the relationship between arts engagement and health, based on demographic details of age and gender (Davies et al., 2014). However, the authors recognised that their framework should be a starting point for discussion and that further research was required to move towards developing a causal art-health theory. Recommendations for further research included quantifying the strength of the relationship between engagement and related outcomes, and exploration into whether there is a threshold level of arts engagement at which outcomes accumulate.

Davies et al. (2014) also highlighted a need for future research into the mode of engagement or level of participation (e.g. 'active' vs 'passive' engagement) and the domain of arts (e.g. visual, performing, literary arts), which are explored in this doctoral thesis. They did not see their framework as static, rather something that would be reviewed as more was learnt "about the relationship between arts engagement and general population health" (p.9). In a later study, Davies, Knuiman & Rosenberg (2016) showed an association between subjective wellbeing and arts engagement in the general population, suggesting that two or more hours of arts participation per week has the potential to promote wellbeing. Their evolving framework of the arts-mental health relationship this time called for investigation into enablers and barriers, in addition to the influence art form, type and mode of engagement, e.g. active versus passive, participation versus attendance. Barriers and facilitators to arts participation are explored in the focus group study presented in this thesis.

Age UK (2018a) addressed factors linked to arts participation in their investigation into creative and cultural activities in later life, reporting transport, health, caring responsibilities, friends, urban living and wealth as the most influential factors acting as either barriers or enablers to older people's creative participation. Additionally, Davies, Knuiman and

Rosenberg (2016) suggested the need to explore the arts-social health and the arts-physical health relationship, which is particularly relevant to a study of creative ageing where physical functioning can be equally as important to older individuals as social interaction. Indeed, these relationships are now starting to be explored with the creative ageing arena. Goulding (2018) postulates that “cultural engagement contributes to the psychological, social and cultural aspects of older people’s resilience” (p.37), whilst Miller et al. (2018) indicate that village life can lead to older people living physically active lives through “walking, dancing and lawn bowls” (p.253). The inclusion of such a diverse range of activities moves us towards a much broader definition of creative engagement.

3.6 Arts and Health: A New Paradigm

Moss (2016) argued for a new paradigm to redefine the term *arts and health*, which she believed to be problematic. Coming from a background as both a music therapist and music and health practitioner, she suggested that the arts and health arena had primarily been embraced by the participatory arts community. As seen previously, she highlighted some level of confusion as to whether arts therapies belonged alongside arts and health activity. She also identified a lack of understanding of the work carried out by artists in healthcare settings, on the part of some arts therapists. This lack of consensus, from practitioners and researchers working within the field, does not aid in providing clarity in defining the concepts included in the vast array of arts and health activity she attested. The paradigm model Moss (2016)⁵ proposed encompassed a wide range of activity, including more receptive levels of engagement, arts residencies, and performances and exhibitions (Figure 6). These are aspects of arts and health activity which have not been explored within previous attempts to conceptualise the field. Therefore, the model represents an exciting departure in opening up the arts and health agenda, through the inclusion of a broader range of ‘creative’ practices and modes of engagement.

⁵ Figure 6: A new paradigm for arts and health / Figure 7: Music and health paradigm. / Figure 7: Arts and health: a continuum of practice. Originally published online in: Moss, H. (2016) Arts and Health: A New Paradigm. *Voices: A World Forum for Music Therapy*, 16:3. Used with the kind permission of H. Moss.



Figure 6: A new paradigm for arts and health (Moss, 2016)

Moss (2016) also proposed that her model could be adapted to any art form, providing an example of a music and health model (Figure 7). The only difference between the two models is that the health humanities are not included in the music diagram, suggesting that music cannot, or is not, being integrated into the medical humanities. There is no rationale provided for this exclusion, which was possibly just an oversight. Nonetheless, this is an interesting distinction in comparison to the inclusion of ‘music education’ in the music, health and wellbeing models (MacDonald, Kreutz & Mitchell, 2012; MacDonald, 2013). While music education relates to the development of music skills and thus is linked with everyday uses of music, “music educationalists are interested in the wider benefits of music teaching” (MacDonald, 2013, p.5). Therefore, there could be an interesting connection between music medicine and the health humanities.



Figure 7: Music and health paradigm (Moss, 2016)

Moss (2016) also developed a continuum of practice, which aimed to assist practitioners in identifying their role within arts and health activity (Figure 8). In her discussion of this model, she indicates the need for specialised skills or training, despite stating that someone can move along the continuum in either direction, with no information provided on the type of training necessary. Indeed, if one distinction between arts and health activities and arts’ therapy is the involvement of a trained therapist, more clarification is required to understand the difference between a trained arts and health practitioner and an art therapist. An example of such training is the continuing professional development programme for arts and health professionals run by the Aesop Institute, which provides “accredited, quality-assured arts in health training” in response to demand from health and arts professionals working in the field (AESOP, 2019, para.2). Though Moss (2016) tried to justify the validity of her *continuum of practice*, her sample of practitioners did not represent an equal spread across the professions, with half of interviewees being therapists. However, she did acknowledge that further research on the validity of the proposed paradigm and continuum of practice was needed.



Figure 8: Continuum of practice (Moss, 2016)

Interestingly, a decade ago, White (2009) referred to “the continuum of creative health promotion [that] goes from the nursery to the rest home, [and] embraces whole communities” (p.5), reflecting a need to focus on engagement in the arts across the life course. He argued that “a cross-sector, relationship-based approach to the planning of work and research can unify a diverse range of art interventions in both institutional and community healthcare settings” (p.7). As such, there remains a need for a conceptual framework which represents diversity across arts and health practice, as well as the individuals and communities being supported. However, as discussed previously any model needs to remain flexible in order to evolve as the field continues to develop (Fancourt, 2017).

3.7 Arts and Humanities in Human Flourishing

Tay, Pawelski and Keith (2017)⁶ proposed a *conceptual model of the arts and humanities in human flourishing* (Figure 9). They believe that the absence of a conceptual model of arts and health to date could be associated with a lack of rigorous evidence. Furthermore, they suggest that a definition listing the various related disciplines should be considered, in addition to a functional analysis of the field, as proposed by Moss (2016). They postulate that this latter analysis should reflect the ‘modes of engagement’ (e.g. how people engage with the arts) and the variety of ‘activities of involvement’ (such as listening, dancing, painting), as these are likely to have different effects on human flourishing and produce distinctive wellbeing outcomes. We are reminded again therefore of the need to consider the scope of the arts under study, as has been addressed in this thesis.

⁶ Figure 9: Conceptual framework for the role of the arts and humanities in human flourishing. Originally published in Louis Tay, James Pawelski & Melissa Keith (2017) The role of the arts and humanities in human flourishing: A conceptual model. *The Journal of Positive Psychology*, 13:3, 215-225. Used with the kind permission of Taylor & Francis <http://www.tandfonline.com>

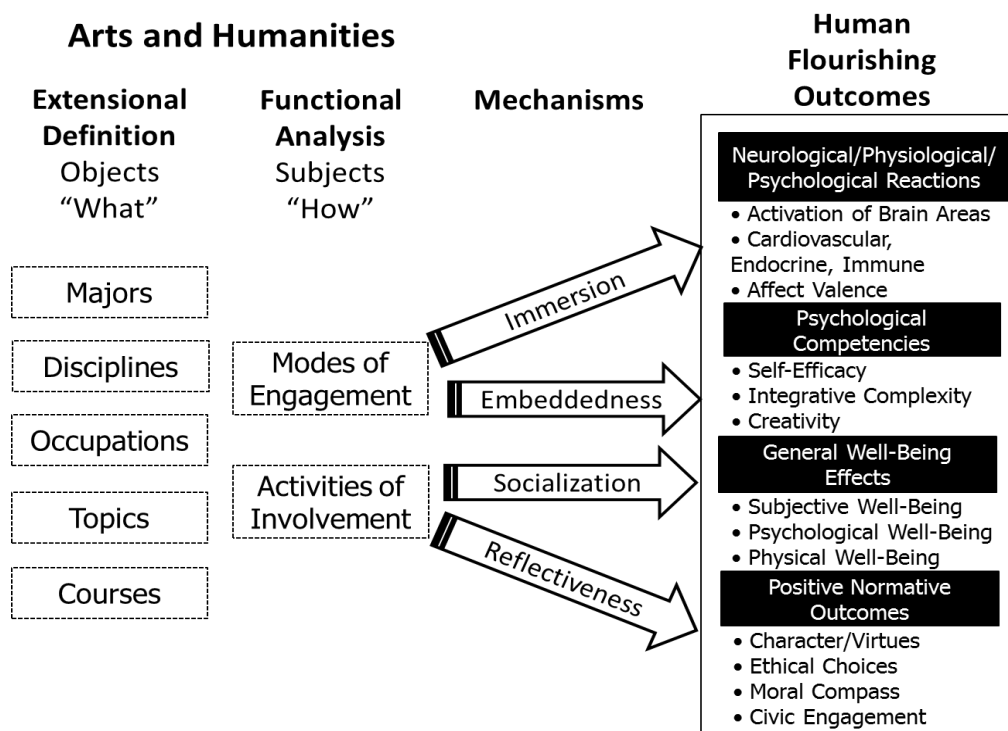


Figure 9: Arts & humanities in human flourishing (Tay, Pawelski & Keith, 2017)

While Davies et al. (2014) had included consideration of possible confounders and effect modifiers within their framework, Tay, Pawelski and Keith (2017) propose mechanisms which they believe to be most likely to lead to positive flourishing outcomes. These are: immersion, embeddedness, socialization, and reflectiveness. Taking each in turn, *immersion* can be compared with Csikszentmihalyi’s (1990) theory of flow, the idea of ‘being in-the-moment’. *Embeddedness* refers to cognitive processes such as ‘mastery’ where having more experience of an activity leads to more positive outcomes experienced, highlighting the intersecting concepts of creativity and cultural capital. *Socialization* is a mechanism which links seamlessly with concepts of social connectedness, the development of social capital and reduced loneliness. Finally, *reflectiveness* encourages critical thinking, which can lead to an enhanced sense of purpose and cultural value in relation to health and wellbeing, relationships and the subjective and transformative effects of creative expression (Bernard & Rickett, 2019).

While these mechanisms are depicted in their conceptual model, Tay, Pawelski and Keith (2017) also refer to other factors which might moderate the effects of arts engagement on outcomes at individual, institutional and societal levels. Similarly, Davies et al. (2014) included 63 individual outcomes (including happiness, self-expression and feeling less

isolated) and community outcomes (such as interconnected community and bridging and bonding social capital) under their seven primary outcome themes. However, Tay, Pawelski and Keith (2017) suggest that including such level of detail in their own model would have impacted on the simplicity of the visual framework. Additionally, they note that the flourishing outcome variables represented in their conceptual framework are illustrative, not exhaustive. Nonetheless, it is important to consider the range of outcomes addressed, as this large range of factors reiterates the complexity of the arts and health discourse and the difficulty in producing a coherent and comprehensive conceptual model.

While Tay, Pawelski and Keith (2017) did not provide detail in terms of listing outcomes, they did appear to have taken their conceptual model to the next level of detail, by attempting to delineate the ways in which the concept of flourishing can be understood. Their framework focuses on four aspects of flourishing, providing an insight into the foundations of the term. These are: immediate positive neurological, physiological, and affective changes; psychological competencies; general well-being effects; and positive normative outcomes “such as character, values, civic engagement, and morality” (p.6). They also provide examples of previous studies which are indicative of the positive effects of the arts and humanities to support each component of flourishing. Examples include two studies included in the current systematic review (Alpert et al., 2009; O’Toole et al., 2015), both demonstrating general wellbeing effects, e.g. psychological and physical flourishing.

Interestingly, despite their consideration of definitions and mechanisms, Tay, Pawelski and Keith (2017) did not provide a definition of *flourishing*. However, this concept is being increasingly used in relation to arts and health activity, including in the National Alliance for Arts, Health and Wellbeing’s (2012b) statement on resilience, recovery and a flourishing society. According to Seligman (2011) flourishing is “in the spirit of well-being theory” (p. 26). Indeed, Professor Paul Dieppe introduced the Culture, Health and Wellbeing Conference in Bristol, in July 2017, by stating that “We need to move from pathogenesis to salutogenesis to help all of us flourish together in our communities”. Huppert and So (2013) provided a useful operational definition of flourishing:

the experience of life going well. It is a combination of feeling good and functioning effectively. Flourishing is synonymous with a high level of mental well-being, and it epitomises mental health [...] In order to understand the characteristics and causes of flourishing, we need to study flourishing in its own right, and not as the mere absence of mental disorder (p.838).

According to Seligman (2011), in order to flourish an individual must have all the core features of wellbeing: positive emotions; engagement; and meaning, plus three of the following additional features: self-esteem; optimism; resilience; vitality; self-determination; positive relationships. However, whilst Huppert and So (2013) included hedonic and eudaimonic aspects of wellbeing in their conceptual framework of wellbeing, they highlighted the need for multi-dimensional measures of wellbeing. Furthermore, whilst there are various definitions and scales by which to measure flourishing, there is no consensus on which or how these should be used within research or policy (Huppert & So, 2013).

Nonetheless, Tay, Pawelski and Keith (2017) demonstrate a thorough investigation of the plethora of factors which affect the relationship between arts engagement and positive health outcomes, while maintaining a relatively simple visual framework. They believe that their model may be used to advance research on the effects of arts engagement for human flourishing, and raised some pertinent questions for further research, around modes and levels of engagement. Such questions highlight some of the methodological challenges within arts and health research, which are discussed in more detail in Chapter 5.

3.8 Summary

Whilst there have been a number of attempts to develop a conceptual model of arts and health, these have only highlighted the sheer heterogeneity of activities and levels of engagement within the field, and the need for further investigation. The chapter has provided an overview of modes of practice which fall under the umbrella of arts and health activity, focusing on the dominant areas of arts in the healthcare environment, participatory arts, medical humanities, creative therapies and arts on prescription. However, it should be noted that these modes of practice are illustrative of the field, rather than an exhaustive list of all arts and health related activity. Furthermore, the arts intervention itself is not always explicated in detail in the literature on arts and health interventions, nor are the underpinning conceptual assumptions always articulated. This is important because the theoretical model

being applied can have profound consequences for how the intervention is delivered, understood, articulated and presented in terms of setting participant expectations and for the actual experience.

Furthermore, a decade ago, Dileo and Bradt (2009) stated that it was important to consider the intersection at which the range of disciplines that arts and health practice traverses. This should include both settings (e.g. community, public health and educational) and recipients (e.g. patients, families, caregivers, practitioners and students). It is time to take a more interactive approach to developing a conceptual framework, which explores and celebrates the intricate nuances of each individual aspect embedded within this porous and evolving field, rather than trying to over-simplify the complexities of the relationship between arts, health and wellbeing. In this vein, I propose the concept of a ‘tapestry’ of arts and health, since a tapestry is something that continues to be woven, a metaphor which aptly reflects the fluid and porous nature of arts and health in all its diverse forms.

We all should know that diversity makes for a rich tapestry,
and we must understand that all the threads of the tapestry are equal in value
no matter what their color; equal in importance no matter their texture
(Maya Angelou, quoted by McIntyre, 2014, para.2).

Having explored the lexicon used to describe the field of arts and health in Chapter 2, this chapter has explored attempts to conceptualise arts and health practice in more detail, through a conceptual review of frameworks and models. Whilst some frameworks simply highlight the range of practice within the field, the conceptual models which considered more of the how and why of the perceived benefits of creative engagement provoked more debate and sparked intrigue (Davies et al., 2014; Davies, Knuiman & Rosenberg, 2016; Tay, Pawelski & Keith, 2017). Moreover, central to any arts and health activity is of course the impact on the people involved. This was illustrated in the models proposed by Davies et al. (2014) which elucidated outcomes at individual and community level, and the model linked older people’s theatre attendance with enhanced wellbeing and positive affect (Meeks, Vandenbroucke & Shryock, 2018).

The range of individuals and communities who have the potential to benefit from arts and health activity and the possible outcomes experienced is clearly immense. For example, if

arts in the healthcare environment refers to the enhancement of healthcare environments, then those benefitting could extend from patients, to clinicians, staff members to visitors; patients receiving creative therapy could include children with autism spectrum disorders or people living with chronic illness; and arts on prescription programmes may target individuals at risk of loneliness and isolation. Similarly, participatory arts programmes are often targeted at a specific patient groups, examples include: museum object handling for people living with dementia and their carers, singing workshops for people with chronic lung disease, and dance for people with Parkinson's (Fancourt, 2017). Thus, it is necessary to distinguish and highlight the focus on participatory arts engagement in later life being investigated in this thesis. Having explored some of the complexities of arts and health practice, the following chapter introduces the phenomenon of ageing to the discussion and demonstrates the value of recognising creative ageing as a field of enquiry within its own right.

Chapter 4: (CREATIVE) AGEING

4.1 Introduction

A rapidly increasing ageing population has significant consequences for health and health systems worldwide, leading to a heightened need to identify alternative approaches to maintaining functional ability and physical, mental and psychosocial capacities in older age (Mental Health Foundation, 2016; World Health Organization, 2016a). In contrast to a focus on decline, increased life expectancy provides the potential for people to experience healthy and fulfilling lives in later life (Centre for Ageing Better, 2015). Explorations of creativity in later life have included debate around whether late-life creativity is limited to artistic achievement by professional artists or can include engagement in activities from a much broader definition of creativity which help people to thrive in post-retirement life (Amigoni & McMullan, 2019; Goulding, Davenport & Newman, 2018). This chapter explores definitions and key gerontological concepts of ageing, before moving on to explicate ideas of creative ageing.

The first section considers varying conceptualisations of later life, including categorisations of ‘older age’ and provides further rationale for the inclusion of people aged 50 or over in defining ‘older people’ in this thesis. Following the discussion of definitions of ageing and later life, the reader will be introduced briefly to the concepts of *successful*, *healthy* and *cognitive* ageing, before moving on to consider the field of creative ageing. The chapter then provides a brief history of the field before presenting examples of research and practice, including festivals of arts and ageing and other innovative initiatives. As seen in the previous chapter on arts and health frameworks, there have been some attempts at conceptualising the field, which are introduced and followed by short introduction to related networks which have recently been launched.

4.2 Definitions of ageing and later life

To explore concepts of ‘ageing’ and ‘later life’ and consider the potential for ageing to be an “active, creative process” it is important to first consider what we mean by the terms (Ager et al., 1981, p.68). Dating back to 1875, the Friendly Societies Act in Britain provided a definition of old age as “any age after fifty” (Holdsworth, 1875, p.13). Interestingly, almost a

century and a half later, *Later Life* included views and experiences of people ‘aged 50 and over’ (Centre for Ageing Better, 2015). Additionally, the *English Longitudinal Study of Ageing* (ELSA) includes the English population ‘aged 50 and over’ in their longitudinal research into understanding the ageing process (ELSA, 2019). Nevertheless, in developed countries the chronological age of 65 years old is most commonly adopted as the definition of an older person (WHO, 2002). However, there is no consensus on the use of ‘aged 65’ or indeed on the terminology used to describe someone who is experiencing later life.

The United Nations uses 60 years and over to refer to the ‘older’ population, despite having no standard criteria for older age and acknowledging that the “loss of ability typically associated with ageing is only loosely related to a person’s chronological age” (WHO, 2015). Within the social sciences, the term ‘older adults’ is generally used to describe people aged 65 and older, due to a more positive association with ageing. By contrast, ‘elderly’ has the “social connotation of being white haired and medically fragile” (Robnett & Chop, 2015, p.21). While older adults are often viewed as “senile, rigid in thought and manner”, they can also be portrayed as “eccentric or overly happy about life, perceiving it as rosy and carefree” (p.22). Clearly, and unsurprisingly, older people are not a homogenous entity, indeed:

[There is] no such thing as the typical experience of old age, nor the typical older person. At no point in one’s life does a person stop being himself and suddenly turn into an ‘old person’, with all the myths and stereotypes that the term involves [...]
Older people share with each other their chronological age, but factors more powerful than age alone determine the conditions of their later years (Harris et al., 1975, p.129).

However, such a heterogeneous group becomes even more complex when you consider other terms such as *later life* or the *oldest old*. *Later life* has been used to refer to individuals aged 60 onwards (Department for Work and Pensions, 2011, p.1), and *the very old* for people aged 90 and over (Office for National Statistics, n.d.). In the United States, the *oldest old* is used to distinguish people who are aged 85 and over while centenarians are described as people of *extreme old age* (National Institute on Aging, 2011a). However, if ageing is defined as “the eventual decline in personal, physical, cognitive and social resources of capacity” (Swedish National Institute of Public Health, 2006, p.17), perhaps we should be referring to an ‘ageing continuum’ and using terms such as *later life*, the *very old* and *oldest old* merely as markers.

Nevertheless, the process of ageing does not necessarily follow the same chronological pattern for everyone, as quoted in a social gerontological critique on perceptions of age and women titled “Age is just a number, init?” (Hogan, 2016b). Indeed, almost thirty years ago Laslett (1991) indicated that the search for definitions of ageing is “as old as the study of age and ageing” (p. 3). He called for a new outlook and language around ageing, in an attempt to move away from derogatory adjectives such as *senile*, or *geriatric*. In his *Fresh Map of Life*, Laslett (1991) encouraged the description of phases of life as the ‘four ages’ which are not experienced at birthdays, i.e. not related to chronological ageing.

First comes an era of dependence, socialization, immaturity and education; second an era of independence, maturity and responsibility, of earning and of saving; third an era of personal fulfilment; and fourth an era of final dependence, decrepitude and death (p.4).

For Laslett (1991), the life career culminates in the third age “the age of personal achievement and fulfilment” (p.4) and is described as “a period of personal growth, creativity and productivity” (WHO, 2016b, p.7). However, if healthy life expectancy is defined as the “average number of years that a person can expect to live in ‘full health’” (WHO, n.d., para.2), with an increasingly ageing population life expectancy may be on the increase. Indeed, if later life stages are said to begin from 50 years onwards, how and when people age, and experience ageing, is surely evolving as quickly as population trends are shifting. Fortunately, we have moved on from a period of time when people were left “Sans teeth, sans eyes, sans taste, sans everything”, as stated in the last line of Jaques’ famous ‘all the world’s a stage’ speech in Shakespeare’s *As You Like It* (Act 2, Scene 17).

Cohen (2001) believed that through middle age and beyond, in what he termed ‘the second half of life’, we all have the capacity to develop our *creative* potential. Ageing therefore, can be seen as a journey with the experiences we gain throughout the journey adding to our potential in later life. Thus, we need to ensure that this period of fulfilment is maintained for as long as possible, assuming we get to the point of fulfilment. In fact, Cohen (2001) believed the goal of modern gerontology is just that - “to maintain the optimal quality of life as long as possible within the boundaries of the human life span” (p.45). However, “Whilst no one theory exists to explain the process of ageing...theory is increasingly important in gerontology” (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010). Indeed, concepts of ageing

‘well’ have been increasingly explored from various perspectives within social gerontology and other disciplines. The following sections provide a brief introduction to some of these key concepts, before moving on to introduce the flourishing field of creative ageing, which brings the focus back round to the role of arts and ageing.

4.2.1 Successful ageing

Successful ageing has featured in social gerontology research since Rowe and Kahn (1987; 1997) coined the phrase. The concept distinguishes between ‘usual’ and ‘successful’ ageing to differentiate between older people with diseases and/or disabilities, and those without. Rowe and Kahn (1997) defined successful ageing as “low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life” (p.433). While each component is important in the ageing process, it is the combination of the absence of disease, maintenance of functional capacities and active engagement which “represents the concept of successful aging most fully” (*ibid*). However, the concept has not been without critique due to the notion of ‘success’ and the neoliberal underpinnings which place responsibility on the individual to maintain physical and cognitive function (Rubinstein & de Medeiros, 2015). In a systematic review of social gerontology literature, Martinson and Berridge (2015) highlighted an overall concern towards the actual number of older people who meet the ‘successful’ ageing criteria. They suggested we move away from trying to identify ideal models of ageing, towards a focus on “creating the conditions in which people can thrive, on their own terms, as they age” (p.66).

Promoting psychological resources is crucial for optimising both ageing well or successfully, and enhancing the quality of later life, enabling older people to feel confident in living in their own homes, and with wider benefits to society (Bowling & Iliffe, 2011, p.9).

One of the aspects required for people to live independently in their own homes, is for the individual to experience ageing in reasonably good health. This could refer to physical health and mobility, lack of life-limiting disease or condition, but also relates to mental health, all of which impact on an individual’s ability to function with activities of daily living. Indeed, critique of ‘successful ageing’ relates to the unconscious creation of the concept of ‘unsuccessful’ ageing, which implies a level of failing on the part of the individual. Either

that, or that it is impossible to age successfully with disease (Rubinstein & de Medeiros, 2015). Public health policy has instead migrated towards the concept of ‘healthy ageing’ which is based on patterns of health, functional capability and meaning in life (Sowa et al., 2016), as discussed in the section below.

4.2.2 Healthy ageing

The concept of healthy ageing relates to elements of ‘successful’ ageing but focusses on the idea that maintaining functional ability as people age can lead to a more fulfilling later life. However, the concept was criticised by the World Health Organization (WHO, 2015), due to its distinction between healthy and *un*healthy individuals, as seen previously with perceptions of ‘success’. Rather than adopting a binary approach, WHO (2015) suggested a more holistic definition of ‘healthy’ ageing as “the process of developing and maintaining the functional ability that enables wellbeing in older age” (p.28). They described ‘functional ability’ as comprising the “health related attributes that enable people to be and to do what they have reason to value”, based on “the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics” (*ibid*).

Lara et al. (2013)⁷ developed a *Healthy Ageing Phenotype*, which aimed to encapsulate the domains relevant to maintaining health and wellbeing throughout the life course. The model referred to an individual’s “ability to be socially engaged, productive and to function independently both at physical and cognitive levels” (p.190). These factors can also be associated with components of successful ageing (Rowe and Kahn, 1997). Following an assessment of literature, Lara et al. (2013) explored the concept of healthy ageing and selected the following domains which they believed to be useful in conceptualising and facilitating this: psychological wellbeing, social wellbeing, physiological and metabolic health, physical capability and cognitive function (Figure 10). The healthy ageing phenotype is useful as it highlights key aspects of ageing which are explored in relation to participatory arts engagement in this doctoral thesis. Taken from the diagram, these are psychological wellbeing, social wellbeing and cognitive function. In relation to the last domain, the following section introduces the concept of cognitive ageing.

⁷ Figure 10: Proposed measurement domains for the Healthy Ageing Phenotype. Reprinted from *Maturias*, 72:2, Jose Lara, Alan Godfrey, Elizabeth Evans, Ben Heaven, Lara Brown, Evelyn Barron, Lynn Rochester, Thomas Meyer & John Mathers, Towards measurement of the Healthy Ageing Phenotype in lifestyle-based intervention studies, 189-199, Copyright (2013), with permission from Elsevier.

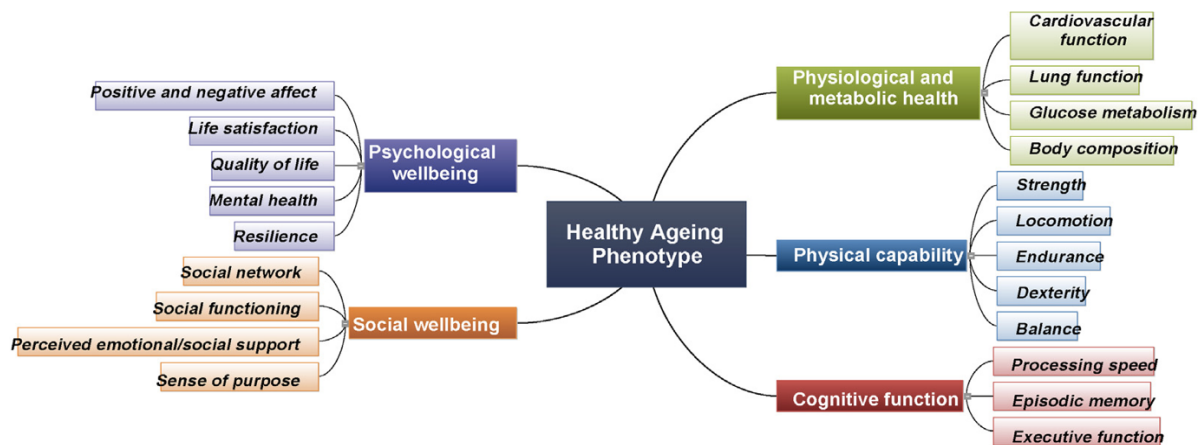


Figure 10: Healthy ageing phenotype (Lara et al., 2013)

4.2.3 Cognitive ageing

Cognitive ageing is a lifelong process, with cognitive health being “exemplified by an individual who maintains his or her optimal cognitive function with age” (Institute of Medicine, 2015, p.2). Due to the multidimensionality of cognition and associated age-related changes, cognitive ageing is very difficult to define succinctly. However, the Institute of Medicine provided a conceptual definition as “a process of gradual, ongoing, yet highly variable changes in cognitive functions that occur as people get older” (p.20). The term successful ageing was not employed by the Institute, as it was believed that ‘successful’ could imply a value judgement, as does the term ‘normal’ ageing. Despite the lack of consensus on how to define or measure concepts of ageing, what seems apparent is the considerable overlap between definitions of the various terms and the characteristics involved.

Of all the abilities people hope will remain intact as they get older, perhaps the most treasured is to “stay sharp” – to think clearly, remember accurately, and make decisions with careful thought. Yet the brain ages (Institute of Medicine, 2015, p.ix).

Essentially, if we are to age ‘well’ we need to maintain a level of social engagement, in addition to maintaining cognitive and physical functional capacity, or ‘functional ability’. In relation to creativity, a recent study by Fancourt and Steptoe (2018) suggested that it is not only that “cultural activities are proxies for wider social engagement, but [it is] the specific cultural component [which] is important for cognition” (p.4). Furthermore, the study demonstrated that more receptive levels of engagement, such as going to an art gallery or

museum, or attending the theatre or a concert, have potentially beneficial effects on cognitive function. The following section provides an introduction to the field of creative ageing and current research and practice.

4.3 What is creative ageing?

Broadly speaking, creative ageing could be defined as creative engagement in later life. However, this is a very narrow definition of late-life creativity as it fails to take into account dimensions of human creativity beyond art-making, such as applying problem-solving strategies developed through creative engagement to other aspects of one's life. Moreover, an emphasis within the field on the significance of creative practice in everyday life does not distinguish between “the production and consumption of the arts, but incorporates both” (Goulding, 2018, p.3). In defining creative ageing, Thwaite (2017) made an important distinction between artists working with older people and arts therapy, a form of psychotherapy. Whilst we have already seen this distinction being made within the arts and health (Chapter 2), clarification of these terms is even more important within creative ageing programmes, which tend to take place in care home or community settings, rather than in clinical, healthcare environments.

More commonly then, the term is used to refer to a burgeoning field of practice which engages older adults in professionally run arts programmes, typically with a focus on social engagement and developing creative skills. However, Fancourt (2017) also made a distinction in classification between the more medicalised arts in psychotherapy and arts in the healthcare environment, and participatory arts programmes and general arts activities in everyday life. I would argue that the latter two aspects of arts and health activity fit most comfortably within the creative ageing ethos. Whereas taken separately, the words creative and ageing could be seen as antithetical, “‘create’ being explicitly described as an active process and ‘aging’ implicitly defined as a passive reactive one” (Ager et al., 1981, p.67), the term ‘creative ageing’ is far from paradoxical. Indeed, in its various guises it is “hopeful, often transformative and usually fun” (Lifetime Arts, n.d., para.3).

While there is “little question that the process of aging is potentially a creative one” (Ager et al. 1981, p.67), we do need to adopt a flexible definition of creativity which draws on a broad range of creative and cultural practices including some which might not usually be associated

with the arts (Goulding, 2018). Taking on board a more flexible definition, “when you add the arts to aging, you can be more resilient, more engaged, happier and healthier” (Aroha Philanthropies, 2014). It is interesting to note the concept of resilience appearing again, this time in relation to creativity and ageing. Indeed, a link between resilience and creativity is rapidly gaining momentum, with resilience being increasingly described as “an integral yet distinct component of well-being and quality of life” (Goulding, 2018, p.1). Whilst generally I think it is important to be forward thinking in our approach to research, I want to just take a brief step back in time to consider the history of creative ageing.

4.3.1 A brief history

Over fifty years ago, Stern (1967) published an article entitled *Creative Aging Is Within the Reach of All*. While his article essentially discussed ‘newly-developed creativity’ in later life, it raised some interesting points which carry resonance today. Stern (1967) started his article by stating that “the present so-called problem of old age is not a new problem, but one that has been with the peoples of all civilisations since creation” (p.59). Yet, we are still referring to the ageing ‘epidemic’ over fifty years later. Furthermore, as discussed previously chronological age is not necessarily a defining characteristic of being ‘old’. Nor are all older people one homogenous group, rather the “aspects of this group are as varied as the colours of Joseph’s coat” (*ibid*) - what a beautiful metaphor.

An increasingly pertinent point highlighted by Stern (1967) is that *age* is not the problem, rather it is *attitudes* towards ageing which need to be challenged. He concluded by stating that creative ageing is a “dynamic experience within the reach of all of us...Creative aging begins now - if we wish to be creative when we are fortunate enough to be aged” (p.62). This last point resonates with my rationale for using people aged 50+ as the baseline for ‘older people’ in this study. It seems logical that the earlier we engage in creativity the better.

A decade after Stern’s article saw the publication of two annotated bibliographies of *arts and leisure* (Hoffman & Masem, 1977) and *art and the elderly* (Jones, 1978) which included notes on examples of programming and arts practice, rather than more specifically referencing research studies. However, the very fact that they were published demonstrates an early interest in the relationship between arts and ageing whilst also highlighting examples of evidence dating back to the 1950s. Another annotated bibliography on *arts and aging* was

later published as a resource for arts programmers and teachers, stating that the “quality of an individual’s life can be enhanced through exposure to the arts regardless of age or disability” (Di Giammarino et al., 1992, p.39).

The emergence of the field of creative ageing is most commonly attributed to the work of Dr Gene Cohen, who founded the National Center for Aging in the United States in 1975 and later conducted seminal research on the subject in the early 2000s. Thwaite (2017) in her introduction to the creative ageing movement immediately refers to Cohen, before acknowledging that the field has “been evolving slowly but steadily since the 1980s” (p.3). Moreover, earlier explorations of the juxtaposition of creativity and ageing from the 1960s and 70s have been notably absent from the creative ageing dialogue in more recent years (Hoffman & Masem, 1977; Jones, 1978; Stern, 1967). Nonetheless, there is no doubt that the United States has made major contributions to the development of the creative ageing field and that the UK has learnt and can continue to learn from their exemplary practices. Indeed, Cutler (2018a) suggested that we should “celebrate the international nature of creative ageing and how much we have learned from our colleagues around the world” (para.3).

The recent flurry of activity and public interest in the UK around creative ageing is something that I believe we should be proud of and should certainly not be afraid of celebrating. Having presented on *Creative Ageing* at the University of Derby’s Postgraduate Conference in May 2017, I was surprised by the audience’s response to the concept, based on negative associations of the term ‘ageing’. But, aren’t we all ageing? We start ageing the day we are born and therefore it is a very real and inescapable process for us all. When I discovered the annotated bibliographies, that had been published over forty years ago, the development of the creative ageing field took on a real personal significance to me. The second bibliography, *art and the elderly*, was published in November 1978, the year I was born. Although this is a complete coincidence, I found that I suddenly developed a stronger affinity to the field. It almost felt like it was my birth right to pursue it and bring it back into the limelight.

4.3.2 Summary of relevant publications

An increased research interest into creative and cultural engagement throughout the life course is evident through a number of recent publications. *Creative Health* (APPG, 2017) includes sections on ‘older adulthood’ and ‘end of life’; and more recently, Age UK (2018a) published *Creative and Cultural Activities and Wellbeing in Later Life*. There have also been reports focussed on dance and ageing, including: *Dance for Lifelong Wellbeing* (Royal Academy of Dance, 2017) and *Older people’s dance activities* (People Dancing, 2016). Additionally, *Ageing, Drama and Creativity* was developed out of the ‘Ages and Stages’ project which began in 2009 at Keele University (Rickett & Bernard, 2014). Thwaite (2017) provided examples of good practice across a range of art forms: storytelling and poetry, visual arts music, dance, theatre and digital arts, concentrating on creativity with people living with dementia. Additionally, *New Dynamics of Ageing* (NDA), was a seminal eight-year multidisciplinary research programme, which aimed to improve quality of life of older people (Harding, 2014). The programme involved creative projects including making music, representing age in the theatre and the stimulus of contemporary art, in addition to a variety of other projects which explored other aspects of ageing.

In addition to these reports, a couple of academic books on creativity in later life which were edited by researchers involved in NDA, have recently been published (Amigoni & McMullan, 2019; Goulding, Davenport & Newman, 2018). *Late Life Creativity* was developed following a grant from the Arts and Humanities Research Council (AHRC) for a series of workshops on ‘Late-life creativity and the “new old age”, run by Keele University and King’s College London. The collection represents current understandings of late-life creativity, aiming to inform and inspire “further interdisciplinary dialogue between scholars and practitioners in gerontology and in the arts and humanities” (Amigoni & McMullan, 2019, p.15). *Resilience and ageing: Creativity, culture and community* meanwhile, was developed from the AHRC’s Connected Communities programme and aims to “act as a magnet and focus [which] showcases critical discussion of the latest methods and theoretical resources for combining academic and public knowledge” (Facer & McKay, 2019, p.xiii).

These publications highlight the interdisciplinary nature of creative ageing and the wide diversity of practice, through exciting celebratory collections which aim to stimulate and enthuse. In doing so, the collections intend to connect researchers and practitioners from

varied disciplines in a shared dialogue. In addition to highlighting the multidisciplinary and cross-sectoral working in the field, the books draw on a broad range of methodological approaches and creative research methods, including participatory research and oral histories (Goulding, Davenport & Newman, 2018); and case-studies and visual diaries (Amigoni & McMullan, 2019). Furthermore, the volumes critically reflect on challenges of later life and finding ways of demonstrating the role of arts and cultural activities in enabling people to build resilience and thrive in their communities.

The chapters in each collection provide examples of the ways which creativity and cultural engagement can support policy initiatives around improving wellbeing (Hogan & Bradfield, 2019) and reducing social isolation and loneliness (De Medeiros & Swinnen, 2018). As discussed above, with the terms *creative* and *ageing*, the “link between resilience and creativity may at first glance seem tenuous, as both terms come from such different disciplinary paradigms” (Goulding, Davenport & Newman, 2018, p.1). However, the editors defined resilience as a ‘negotiated process’ rather than an inherent ability and consider which types of creativity and cultural engagement can be beneficial in building or maintaining resilience in later life.

One of the features which distinguishes creative ageing from the broader field of arts and health, is the diversity of creative and cultural practices which are more widely drawn upon, including those which are not usually associated with the arts. Activities such as gardening, housing design and popular culture are embraced within creative ageing practice, which is “about possibilities, freeing ourselves of limiting beliefs about aging and embracing the reality that individuals can continue to grow, learn and contribute to their communities throughout the life journey” (Spadafora, 2012).

This movement is about providing opportunity for meaningful creative expression through visual, literary & performing arts workshops; it is not about making macaroni necklaces (Lifetime Arts, 2011).

Creative ageing also moves away from stereotypical ideas of activities which are ‘suitable’ for older people, highlighted in the title of a report from Orchestras Live (2019) - *From Bingo to Bartok* (Orchestras Live, 2019). Creative engagement in later life can be associated with the development of resilience, social capital and a sense of self-identity, which can be linked

to the concept of *resourceful ageing* (Reynolds, 2015). The following section introduces an overview of creative ageing programmes throughout the UK, followed by an introduction to some of the more innovative examples from around the world. The chapter will conclude with a brief discussion around the ‘festivalisation’ of contemporary life (Newbold & Jordan, 2016), providing examples of well-established creative ageing festivals.

4.3.3 Overview of practice

The Baring Foundation has been instrumental in providing financial support over the past decade through their ‘arts and older people’ funding programme, which has facilitated the development of creative ageing projects throughout the UK. The programme was informed by *Ageing Artfully: Older People and Professional Arts in the UK* (Cutler, 2009) which aimed to map creative ageing practice through interviews with over 30 arts organisations and analysis of over 120 case studies. The report highlighted the wealth of arts organisations working with older people, contrasted with the then limited academic evidence base and policy focus. Baring has since contributed significantly to growth of arts participation for older people and highlighted key developments along the way. Their publications include: the role of local authorities (Cutler, 2013; 2017a) and arts in care homes (Allen, 2018; Cutler et al., 2011; Dix, Gregory & Harris, 2018), as well as providing international perspectives from the Netherlands (Cutler, 2017b), Germany (Lowe, 2017) and further afield (Lynch, 2019; Thwaite, 2017).

The Baring Foundation has also provided funding in partnership with Arts Councils. For example, an arts & older people programme run by the Arts Council of Northern Ireland as a pilot in 2010, has subsequently received funding in partnership with The Baring Foundation and the Public Health Agency, since 2013. The Arts Council of Northern Ireland (2018) summarised the impact the programme has shown in terms of reducing isolation and loneliness, improving social inclusion and reducing barriers to participation and engagement. Additionally, it highlighted significant improvements to physical health and enjoyment of life and strengthening the voice of older people. If we compare this to their previous programme report, it is evident how much the programme has developed from a focus on addressing isolation and loneliness, to a much broader impact in terms of increased participation and engagement in the arts (Lynch & Alexander, 2016).

Arts Council England (ACE) also support work which encourages arts engagement, including a focus on older people. Audiences London (2011) published *Sharing the Learning: Arts Engagement with older people and families*, which evaluated programmes run by a partnership of a number of organisations: CGP London, Capital Age Festival, Entelechy Arts and Silver (Southwark's festival for older people). The report showcased and reflected on twelve examples of arts engagement projects in London. These included *Akademi's* interaction research and development project around South Asian dance and *Entelechy Arts'* family programme which created a dialogue between artists, adult children with disabilities and their older parents and carers (Audiences London, 2011).

In 2017, ACE joined forces with Baring, investing £1.5 million in *Celebrating Age: a* programme to support cultural spaces and organisations to be open, positive and welcoming spaces for older people. Funding has been awarded to a range of creative organisations, including: *Helix Arts* for development of their Falling on your Feet dance engagement programme; *Midlands Arts Centre* for 'Culture Club', a creative programme for people aged 70+; and *Suffolk Artlink* to explore a creative outreach programme to reach rurally isolated older people (ACE, n.d.). The Baring Foundation marked the coming of age of their ten-year arts and older people funding programme with the publication of *Towards the End*. The report explained why they had funded arts and older people, what they funded and acknowledged the wider development of the field (Cutler, 2017c).

More recently, Baring published a *Treasury of arts activities for older people* which includes 50 activities for use in any setting (Postlethwaite, 2019). Activities encompass a range of art forms ranging from music and stories and poetry, to visual art and performance, which were shared by artists and organisations experienced in working with older people. Creative ageing initiatives such as these focus on the prevention of illness, reducing of loneliness and enriching of lives and the activities are presented in an accessible format for use in a range of community settings. Baring were also keen to ensure a legacy for their arts and older people programme, leading to advertisements of two invitations to tender. Kings College London was successful in receiving funding to work with Baring to research and produce a public report on the development of the creative ageing field in the UK over the past decade, *Older and wiser? Creative ageing in the UK 2010-2019* (Gordon-Nesbitt, 2019). Secondly, they announced a £250k award for a new agency to be led in partnership by Manchester Museum, the Whitworth, Manchester Art Gallery and Greater Manchester Combined Authority.

These are exciting developments, described as a “step change” in the field (Gordon-Nesbitt, 2019, p.79), reflecting an increasing focus on a diverse range of creative projects which are challenging perceptions of ageing. The following section introduces a few notable examples of creative ageing practice which have particularly inspired me. A far stretch from the traditional tea dance or reminiscence session, these pioneering projects break away from the expected e.g. *Hip Op-eration Crew* and the *Posh Club*; and embrace the use of technology as a tool for creative engagement in the final example of the *Armchair Gallery*.

4.3.4 Inspiring creative ageing programmes

Hip Op-eration Crew is a hip hop dance group based in New Zealand, made up of dancers aged up to 99 years old. Founded in 2012, performing as flash mobs, the dance crew was official formed in 2013 with the aim of using “hip hop dance as a vehicle to promote attitudinal change in our society towards aged persons and also to form stronger connections with young people” (Hip Op-eration Foundation, 2016). In addition to entering the Guinness World Records as the world’s oldest dance troupe, the group produced a documentary movie, *Hip Hop-eration* in 2014. The film followed their journey to Las Vegas for the World Hip Hop Dance Championships. Programmes such as this embrace intergenerational interactions which are often an integral part, but also challenge stereotypical views of later life.

The Posh Club describes itself as “a weekly social and showbiz event for swanky senior citizens, elegant elders and glamorous golden girls”, which runs across towns in south east England (Duckie, n.d., para.1). The emphasis is on “working class entertainment” and was designed to encourage people aged 60+ to get out, have fun and feel involved in their local community (The Posh Club, n.d., para.4). The Posh Club is an initiative of Duckie, a London-based arts organisation who are currently conducting research with Queen Mary University. Funded by an Arts Council England research grant, the study is exploring the impact of the programme on older people at risk of isolation, in terms of social connections, reduced isolation and improved health and wellbeing. The Posh Club also received a grant from *Celebrating Age*, to pilot new sessions in Hastings and Brighton. In addition to the club’s social events, the *Posh Dance Club* participatory dance project for people aged 60 and over is another initiative of Duckie which culminates in performances at The Posh Club in Hackney.

Armchair Gallery is an app which offers bespoke virtual tours of museum collections to engage older people who are unable to visit a museum in person. The programme, managed by City Arts Nottingham and funded by the Baring Foundation and Nominet Trust, aimed to explore the use of the app with older people and consider the benefits of digital technology and creativity in later life. City Arts worked with researchers at the Institute of Mental Health, University of Nottingham to conduct an evaluation of the Armchair Gallery app. Qualitative data was collected on experiences and perceptions of the app through interviews with care staff, volunteers and older people. Findings highlighted the accessibility of the app, which normalises technology, is versatile, portable and provides access to cultural engagement, which would not otherwise be possible (Duncan, 2018).

Arts Council England (ACE) ran an innovative research grants programme between 2015 and 2018, which demonstrated a departure from their usual strategy of funding arts activities. The funding programme aimed to enhance our understanding of “the value and impact of arts and culture on individuals and society as a whole” (ACE, n.d., para.2). Notably, three of the fourteen projects funded involved research projects of creative ageing programmes: *The Posh Club* introduced above; *Not So Grim Up North* discussed below; and *Creative Journeys* which is introduced in the following chapter. This was a cutting-edge development for ACE who had not previously funded research but ensured that lead applicants were the arts organisations running the projects, with a named research partner commissioned to conduct the research.

Whilst there are many other examples of innovative projects across the globe (including Cocktails in Care Homes, Meet Me at the MoMa and Tango for Parkinson’s), I chose the three examples presented above as illustrations of programmes which challenge assumptions on the kinds of activities which older people might enjoy or be able to participate in. What is also exciting, is the openness of the organisations running them to work with academics to demonstrate the impact of participating and engaging. Collaborations such as these are a welcome addition to the field, which cultivate cross-sectoral relationships and provide rigorous contributions to the evidence base, which reflect the significance of creative and cultural engagement in everyday life (Conner, DeYoung & Silver, 2018; Goulding, Davenport & Newman, 2018). This collaborative approach demonstrates a subtle nuance of creative ageing activity, which seeks to narrow the gap between research and practice. The following section moves on to explore the successful ‘festivalisation’ of creative ageing.

4.3.5 Festivals

There has been a growing interest over the past few decades in celebrating arts and ageing through festivals. *Bealtaine*, which celebrates the arts and creativity in later life, has been running in Ireland since 1995. A decade after its launch, Age & Opportunity who run the festival, published guidelines for organisations involved in the festival and other organisations working with older people in the arts. The guidelines were produced “in response to the rapid growth in the number of individuals, groups and organisations that organise arts events with older people at local, regional and national level, and the diversity of backgrounds from which they come” (Moloney, 2006, p.7). This is clear testament to the success and impact of the festival. However, whilst the benefits of arts participation may be acknowledged, the guidelines emphasised the need for “positive, meaningful experiences of the arts” (p.19).

Bealtaine was the first national festival of creativity in older age worldwide and has set a precedent which has inspired other festivals around the world. In the UK, Luminate, Scotland’s creative ageing organization, launched a biennial *Luminate Festival* in 2012 and in Wales, *Gwanwyn* is a month-long national festival, running since 2006 which celebrates creativity in older age. More recently, *Age of Creativity* launched an annual festival of age-friendly creative and cultural work in England, in 2018. There are also a growing number of regional festivals, including *Live Age Festival* which has been running in North Staffordshire since 2014, and the *Festival of Creative Ageing* which launched in September 2019 in the borough of Lewisham, South London. Further afield there are festivals including the Mid North Coast Creative Ageing Festival (Australia) and Creative Age Festival (Canada).

Back in the UK, Flourishing Lives, a London-based coalition of arts, health and wellbeing organisations supporting people aged 55+, created an oral history project entitled *When Are We ‘Old’?* on perceptions of ageing. The project was based on conversations which took place at *re:GENERATION*, a week of events, activities, performances and talks celebrating creativity and ageing, at Tate Exchange (Flourishing Lives, 2018). A year later, to mark the 50th anniversary of the anti-ageism movement, Flourishing Lives collaborated with Tate Exchange to hold an intergenerational arts exchange called *Age/ncy: Arts, Ageing and Transition*. The event took place in April 2019 and provided an interactive space to reflect and celebrate ageing through engaging in activities including parkour (free running), comedy

and circus skills, echoing the novelty of projects discussed above, which aim to “shatter sedate stereotypes of ageing and older people” (Tate, 2019, para.2).

To mark the end of the *Age of Creativity Festival* in May 2019, Age UK launched a new *Inspiration Pack* to inspire creative and cultural partnerships between the ageing and cultural sectors (Curran & Kohler, 2019). The report aims to build on Age UK’s *Index of Wellbeing in Later Life* (2017a) and subsequent report *Creative and Cultural Participation and Wellbeing* (2018a) by offering a practical resource for organisations working in the creative ageing sector. The resource includes suggestions of opportunities and barriers for partnership in addition to guidance on communication, accessibility, offer and sustainability for the cultural sector. It then presents creative models for the age sector to explore including creative volunteering, voluntary arts, cultural venues clinical commissioning group commissioning and social prescribing. The resource is presented in an accessible format with links to more in-depth reports and recommendations for best practice. Age UK’s intention is to interact with Age UK network partners to run training sessions and offer support, which will be essential for the inspiration pack to have any impact across the sector.

4.3.6 Manchester: a new era for creative ageing?

With the launch of the *Manchester Institute for Arts, Health and Social Change* (MIAHSC) and more recently, their *Manchester Declaration* (MIAHSC, 2019), we should be keeping an eye firmly on activities taking place in this thriving metropolitan city in the north of England, both in terms of research and practice. As mentioned above, *Not So Grim Up North* was a collaborative research project between University College London and a combination of local museum, third sector and NHS partners, funded by ACE. The project investigated the contribution of the vibrant arts and cultural scene across Manchester and Tyne and Wear to the health and wellbeing of individuals and communities across these regions. Findings of the study demonstrated the psychosocial benefits of participating in museum programmes. The report also made recommendations for further research into the potential of museum object handling in rehabilitation and stroke recovery and the integration of museum activities for people living with dementia, as part of cognitive stimulation (ACE, 2018).

Informed by the findings, a *Cultural First Aid Kit* was developed which provides 30 creative activities which can easily be integrated into day to day care, convalescence and

rehabilitation (Gallagher et al., n.d.). Activities focus on enhancement of physical, emotional and psychological wellbeing, by providing access to meaningful cultural activity, based on insight from the partner museums. As with the *Treasury of Arts Activities for Older People*, the *Cultural First Aid Kit* includes a range of activities across different art forms, this time spanning music, storytelling and craft exercises and art-based (visual) activities.

Manchester became the first city in the UK to join the World Health Organization's (WHO) *Global Network of Age Friendly Cities and Communities* in 2010. Subsequently, Greater Manchester was recognised as the UK's first 'age-friendly city region' in 2018. Additionally, a five-year partnership with the Centre for Ageing Better seeks to find innovative solutions for improving the lives of people aged 50 and over in the region. Greater Manchester demonstrates a clear commitment to becoming the global leader in arts, health and social change (MIAHSC, 2019) and "a global centre of excellence for ageing, pioneering research, technology and new ideas" (Greater Manchester Combined Authority, 2018). The combination of proven success in establishing an age-friendly model, combined with a collective of people driven to inspire cultural and social change is a persuasive permutation at this pivotal point for the creative ageing agenda. Furthermore, Manchester's position as a leader in creative ageing was further affirmed with the recent announcement that Manchester Museums will lead the country's new sector support agency for arts and older people, funded by the Baring Foundation.

4.3.7 Networks and events

In addition to creative ageing festivals, research and practice, a variety of networks and events are starting to be developed within the field. The *Age Friendly Culture Network* is a Welsh collaborative initiative established in 2018 between National Museum Wales, Ageing Well in Wales, Arts Council Wales, Gwanwyn (festival) and Age Cymru. The network aims to bring together individuals and organisations to share skills, knowledge and best practice (Age Friendly Culture Network, 2018). Additionally, Age UK Oxfordshire recently launched the *Oxfordshire Age Friendly Cultural Network* which adopts an asset-based approach to support development of cultural and creative opportunities for older people across the county (Age UK Oxfordshire, 2019). The development of these networks demonstrates the level of interest in bringing together individuals and organisations working to improve the lives of older people locally.

However, if such networks are to survive, the sector needs to work together rather than operating in silos. As recognition of this, I was fortunate to work with a group of doctoral students and early career researchers to establish a new *Creative Ageing Special Interest Group* (SIG) through the British Society of Gerontology (BSG, 2019). The strategic statement for the SIG states an aim to explore and advocate for the contribution that creativity and the arts make to ageing, through development of a collaborative, cross-disciplinary community of interest. The SIG held its inaugural launch at the BSG Annual Conference in Liverpool in July 2019, with a further workshop held in November 2019 as part of the Economic and Social Research Council's *Festival of Social Science*. Going forward, the SIG hope to work alongside the national agency for creative ageing as it evolves.

4.5 Conceptual model of creative ageing?

It has become clear that any attempts to conceptualise the field of arts and health have either lacked focus or have tried to provide a framework which encompasses a broad range of arts and health focused activities, with no relation to specific individuals or communities. Given the focus of this thesis on later life, I sought to explore whether any models of creative ageing already exist. Bearing in mind the heavy weighting placed on research into the benefits of engagement in musical activities, it was not surprising to find a conceptual framework on *Healthy ageing through music and the arts* (Boog & Burt-Perkins, 2009). The framework highlighted the interconnectivity of the main concepts within music learning in older adulthood, which they postulated as expansive and transformative learning, subjective wellbeing, cognitive scope/skills and musical geragogy. However, for the current study it was more relevant to search for any existing conceptual models specifically examining participatory arts and ageing.

Two models which attempt to conceptualise creativity in later life were found. In the first, Wood, Jepson and Stadler (2018) present a framework of critical gerontological approaches to understanding personal impacts of participatory arts events for the over 70s (Figure 11)⁸. The second framework considers the effect of painting, drawing, mixed media and creative

⁸ Figure 11: Conceptual framework – critical gerontological approaches to understanding personal impacts of participatory arts events. Originally published in Emma Wood, Allan Jepson & Raphaela Stadler (2010) *Understanding the Well-being Potential of Participatory Arts Events for the Over 70s: A Conceptual Framework and Research Agenda*. *Event Management*, 22, p.1085. DOI: 10.3727/152599518X15346132863283. Used with the kind permission of Cognizant Communication Corporation.

writing on improved psychosocial and mental wellbeing which includes: sense of calm and peace; sense of belonging; self-understanding and empowerment; happiness and cognitive focus (Cantu & Fleuriet, 2018). Wood, Jepson and Stadler’s (2018) model posits that it is the intersection between the creative and social elements of participatory arts activities which “is likely to create a synergy that increases both in the moment enjoyment and the longer-lasting benefits” (p.1085). The two models are discussed briefly below.

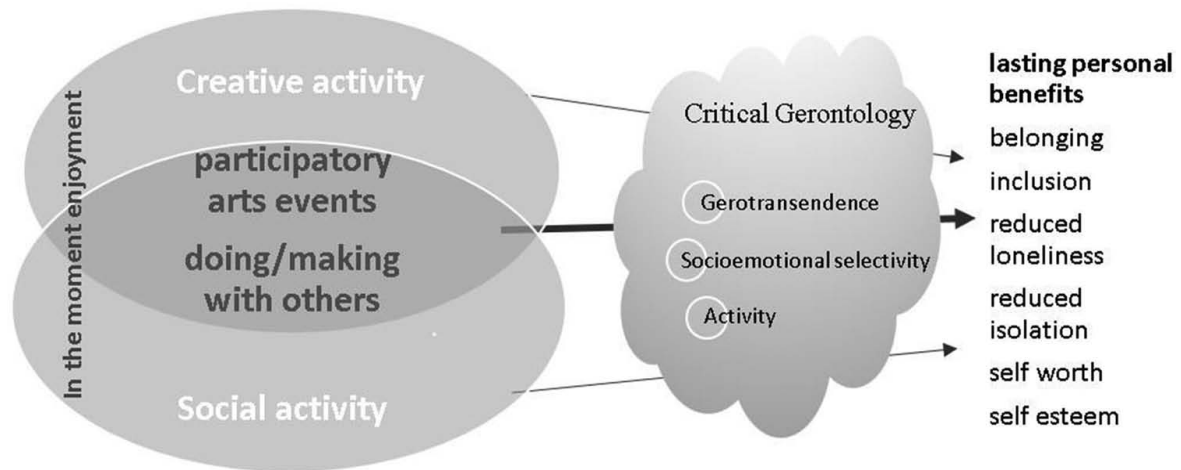


Figure 11: Personal impacts of participatory arts events for the over 70s (Wood, Jepson & Stadler, 2018)

Wood, Jepson and Stadler (2018) believe that it is this intersection which leads to lasting benefits such as a sense of belonging and inclusion, reduced loneliness and isolation and enhanced self-worth and self-esteem. They employed critical gerontological approaches of gerotranscendence (Tornstam, 2005), socioemotional selectivity theory (Carstensen, 1992) and activity theory (Havighurst, 1961) to provide a gerontological framework on the nature of these individual responses to creative participation, in what they term “fuzzy” concepts of wellbeing and quality of life (p.1089). Wood, Jepson and Stadler (2018) presented their conceptual framework to inform future research and stimulate development of a cohesive body of evidence, through their critical gerontological and critical events studies perspective. As such, the framework introduces a new disciplinary approach to creative ageing, through an arts and cultural events lens.

The model proposed by Cantu and Fleuriet (2018) illustrates the effect of creative engagement on maintenance of cognitive focus and improved mental and social wellbeing, in a revision from their earlier investigation into the effects of creative engagement among older

adults (Greer, Feluriet & Cantu, 2012). This framework presents an interesting approach through its integration of both wellbeing and cognitive function outcomes, which as discussed in this thesis are two disparate yet interconnected concepts. They posit that it would not be surprising for creative engagement to contribute to the maintenance of cognition, based on an understanding of the connection between social interaction and the prevention of cognitive decline. Rather than offering the answer however, they suggest that their conceptual model act a stimulus for further research into creativity and cognition to examine whether creative engagement is linked to positive brain health in later life (Cantu & Fleuriet, 2018). This model compliments the framework from Wood, Jepson and Stadler (2018), which introduces a novel disciplinary perspective to the field and merges well with the increasing number of age-friendly cultural networks and festivals which are being established across the UK.

4.5 Summary

This chapter has attempted to explore the background and scope of arts and ageing initiatives, which moves far away from the expected, towards some pioneering and innovative programmes taking place across the UK, and beyond. As I have illustrated, creative ageing is far from a new field, with roots dating back over forty years ago with the publication of two annotated bibliographies of arts and ageing (Hoffman & Masem, 1977; Jones, 1978) and the earlier provocation from Stern (1967) that creative ageing begins now! Thus, as seen within the arts and health field more broadly, there seems an element of self-doubt within the field of creative ageing, with continuous calls for more rigorous evidence. Though models of best practice are being developed and innovative programming is seeking to challenge stereotypical participatory arts activities for older people, to date programmes have operated individually in very localised areas. Additionally, programmes tend to rely on available funding and therefore their sustainability comes into question.

This chapter has sought to provide insight into the collaborative nature of the creative ageing field. Indeed, there does seem to be an interest in developing partnerships between research and practice within the field, which will bring in turn further contributions to the evidence base. Such partnerships have been illustrated using examples such as the study being conducted by *The Posh Club* and Queen Mary University of London, who have been exploring a theory of change model which sees older people thriving as members of their

community (The Posh Club, 2019). The Baring Foundation has undoubtedly played a huge part in the development and advocacy for innovative participatory arts practice with older people throughout the country, culminating in a report on the state of play (Gordon-Nesbitt, 2019) and the development of new sector support body (Baring Foundation, 2019). It is essential going forwards that the support agency works with existing age-friendly cultural networks and the BSG's Creative Ageing SIG to ensure that the field moves forward collaboratively, rather than continuing to operate in silos. Through an examination of creative ageing research and practice, this chapter has demonstrated that creative ageing is now truly coming of age and should be recognised as a field within its own right.

The following chapter moves on to present the research design and strategy employed in this doctoral study into participatory arts engagement in later life. The chapter starts with an introduction to methodology and a discussion on mixed-methods' approaches and the paradigm debate. This is followed by an overview of research methods and methodologies employed across the fields of arts and health, social gerontology and creative ageing, which provides the rationale for the adoption of a mixed-methods methodology in this thesis. The research methodology employed is presented in the final section of the chapter. Presentation of the methods adopted for the systematic review and focus group studies are presented separately in Chapters 6 (systematic review) and 8 (focus groups).

I found I could say things
with colour and shapes that
I couldn't say any other way

Georgia O'Keeffe

CHAPTER 5: RESEARCH METHODOLOGY

5.1 Introduction

The first section of this thesis presented a conceptual review of creative ageing and the broader field of arts and health, through an exploration of definitions and terminology (Chapter 2), critique of conceptual frameworks (Chapter 3) and a presentation of developments in creative ageing research and practice (Chapter 4). Additionally, the reader was introduced to *creative ageing* as a field within its own right, sitting at the intersection between arts and health and social gerontology. Consequently, this thesis required a methodological approach which would both embrace *and* challenge the multifaceted and multidisciplinary essence of creative ageing, whilst providing an intuitive and accessible way of approaching various methods, techniques and perspectives (Creswell & Plano Clark, 2018).

Disciplines establish a body of knowledge about a subject, have methods to enquire about it, and theories to help order that knowledge. Disciplines are constantly generating new knowledge and theories. They are relatively self-contained, having their own communities of experts and specialist trainings (Hogan, 2019, p.144).

Different disciplines create distinctive perspectives on a subject which have their own conceptual limitations. Conducting research across disciplines can therefore be challenging, due to the potentially divergent disciplinary philosophical and paradigmatic stances. This is the fundamental argument for using a mixed-methods approach in this thesis, positing that a multiple-stance approach will best do justice to the examination of a complex and inherently interdisciplinary field. Nonetheless, definitions of mixed-methods approaches vary and may incorporate various aspects of research such as methods, processes and philosophy, or indeed a combination of these (Creswell & Plano Clark, 2018). The definition from Johnson, Onwuegbuzie and Turner (2007) below is useful as it describes mixed methods as a *methodology* that integrates divergent viewpoints and combinations of research, as seen in this thesis which combines a mixed-methods systematic review with focus group interviews.

Mixed methods research is the type of research in which a researcher [...] combines elements of qualitative and quantitative research approaches (e.g. use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the purposes of breadth and depth of understanding and corroboration (Johnson, Onwuegbuzie & Turner, 2007, p.123).

Creswell and Plano Clark (2018) discussed a wide range of classifications of mixed-methods designs, emphasising the diverse range of terminologies and features employed by methodologists. Their own typology of mixed-methods research comprised four basic designs: convergent parallel; explanatory sequential; exploratory sequential; and embedded, which distinguish *how* and *when* data collection and analysis take place. While one of the initial challenges of utilising a mixed-methods approach is ensuring that the research design is appropriate, the main considerations for mixed-methods researchers are: the timing of data collection, the weighting of different methods within the overall study and how the methods are integrated (Fancourt, 2017). Rationale for the research strategy developed for this thesis is discussed below.

The following section explores definitions methodology, including an introduction to mixed-methods approaches, before moving on to provide examples of research methods and methodologies being used in arts and health, social gerontology and creative ageing research. This is followed by a presentation of the research mixed-methods methodology employed in this thesis and rationale for its use. Before doing so however, it is important to highlight that whilst often used synonymously, the terms ‘methodology’ and ‘methods’ relate to distinctly different facets of research (Kara, 2015). The methods involved in conducting the systematic review (Chapter 6) and focus group study (Chapter 8) are therefore presented separately.

5.1.1 What is methodology?

Methodology has been defined as “the description, the explanation and the justification of *methods*” (Kaplan, 1964, p.18, *my italics*) and is particular to both the individual researcher and the specific study of investigation. In clarifying the distinction, Kara (2015) posits that *methodology* provides the contextual framework, “a coherent and logical scheme based on views, beliefs and values, that guides the choices researchers make” (p.4). By contrast, research *methods* are the “tools that researchers use to gather and analyse data, write and

present their findings” (p.4). Social science researchers who are interested in complex human behaviour and life in society need to “flexibly employ a diversity of approaches to embrace multiple perspectives” (Bazeley, 2018, p.4), but which also appropriately address the research question under investigation. Unfortunately, as noted above the terms *method* and *methodology* are frequently used interchangeably, often with no clear distinction between the two. Indeed, methodology is sometimes confused with research *strategies* and *design*. Moreover, *qualitative* and *quantitative* methodologies are defined as the ‘two’ research paradigms, each with their own distinct orientation, epistemology and ontology (Bryman, 2012). However, some might argue that a mixed-methods approach should be considered as the ‘third’ research paradigm (Gunasekare, 2015). That being said, methodological definitions are not always so clear-cut and binary distinctions which are based solely on a broad classification of research paradigm can be confusing and unjustified (Creswell & Plano Clark, 2018; Crotty, 1998).

Even within social research there are different terminologies employed and distinctions made. According to Crotty (1998) for example, ontology, the study of social reality (what is), sits alongside epistemology, which relates to understanding what it means to know, which in turn informs the theoretical perspective - methodology. By contrast, Bryman (2012) distinguishes between the three characteristics which make up qualitative and quantitative research *methodologies*: orientation, epistemology and ontology. In addition, different terms are used to describe the combination of different methods in research, such as triangulation, combining methods or using multiple methods, which again leads to confusion (Timans, Wouters & Jeilbron, 2019; Gunasekare, 2015). Therefore, it is essential for researchers to provide clarification on the terminology they adopt and the rationale for the particular approach(es) they employ. This chapter aims to provide justification for the multi-stance methodological approach adopted for this thesis.

5.1.2 Summary

This section has provided the reader with understanding of the distinction between research methodology and methods, and an introduction to the mixed-methods paradigm debate. The chapter continues with an insight into methodological approaches employed within arts and health, social gerontology and creative ageing research. This includes a discussion around the disparity between research and practice and demonstrates how this thesis aims to work

towards bridging this gap by addressing some of the methodological challenges of working across disciplines. The chapter also considers the dissemination strategy for the study findings. This is followed by an exploration of the research methodology which underpins the structure of this thesis, including the ontological and epistemological grounds of the study and the rationale for adopting a mixed-methods approach.

5.2 Research design and strategy

The following section provides an overview of existing practice in research methodologies and methods within the interrelated fields of arts and health, social gerontology and creative ageing. The discussions provide the background and context for the choice of research methodology for this interdisciplinary doctoral thesis, which is situated within the creative ageing field, at the intersection between arts and health and social gerontology. Each section considers the strengths and limitations of the discipline's current practices and highlights areas within the research design and strategy for this thesis which attempt to address some of the challenges identified within existing research practice.

5.2.1 Research methodologies and methods in arts and health

Considering the intrinsic interdisciplinary nature of arts and health research and practice, it is unsurprising that there is some debate around appropriate approaches to conducting research within the field. Some arts and health studies have adopted a 'positivist' approach to research, for example. However, experimental scientific methods such as randomised control trials (RCTs) which test the effect of a particular intervention by randomly assigning participants to the intervention group or a comparison group, are not necessarily the most suitable study designs to employ (Skingley, Bungay & Clift, 2011). Indeed, Parkinson and White (2013) postulated that, with a vast arts and health research agenda spanning an extensive spectrum of innovative practice, experimental and controlled designs can actually "stifle [the] emergent vision and potential" of arts and health research (p.186). This is because such approaches require uniformity of interventions with 'fidelity' checks to ensure that there is no spontaneous deviation.

Stickley (2012) believed that a qualitative approach can be more suitable for studies of the creative arts, as the research can "be made creative, non-intrusive and fun" (p.viii), with some

research approaches and methods being artistic, arts-based or creative in their very nature (Kara, 2015). Furthermore, “the very nature of arts demands that the focus of research inquiry be more upon the individual’s personal experiences, perception and unique expression of their inner world” (Stickley, 2012, p.213). However, whilst evidence on the impact of creative *therapies* has been on the rise, research into participatory arts activity with a focus on experience and process has remained less common (APPG, 2017). Skingley, Bungay and Clift (2011) highlighted some of the distinctive methodological challenges within research into participatory arts, wellbeing and health, suggesting that a clear theoretical approach which addresses the epistemological positioning of the study is required to develop a robust evidence base. Moreover, they postulated that whichever methodological approach is adopted, studies should always provide: a clear definition of the scope of the art(s) under investigation; a concept of health relevant for the participants; appropriate research method(s) for the field and specific research question being addressed; and suitable methods for data collection and communication.

Daykin and Joss (2016) developed an evaluation framework to provide guidance on appropriate ways of conducting robust research on the arts, health and wellbeing, based on public health evaluation frameworks. Their aim was to propose a standard framework for reporting to ensure consistency and to simplify the process of making comparisons across research studies and interventions. In theory this was a good idea, particularly in relation to conducting a systematic review which involves assessment of findings across a number of studies. Indeed, the tool itself is very clear and straightforward, eliciting answers to a standard set of criteria regarding the project including aims and objectives, details on the intervention and target population, followed by evaluation details. However, the framework is rather lengthy and presented in a very academic manner which may not be accessible to the arts organisations who could potentially benefit from it most.

From a research perspective, the framework provides brief details on outcome measurement tools currently being used to assess wellbeing in arts and health projects; including the EQ-5D, a standard tool which measures health-related quality of life (van Reenen & Janssen, 2015) which was employed in two studies included in the systematic review presented in this thesis (O’Toole et al., 2015; Shanahan et al., 2016). The evaluation framework also refers to the ArtsObs tools for evaluation of performing arts interventions in healthcare settings (Fancourt & Poon, 2015) and the Warwick-Edinburgh Mental Wellbeing Scale, a popular

scale within practice due to its simple application (Tennant et al., 2007). However, whilst the framework purported to offer “a pathway to greater transparency, more effective comparisons of diverse interventions, and more robust evaluations” (p.7) the format is more suited to academia than practice. Additionally, whilst acknowledging a distinction between research and evaluation, the terms are used synonymously within the framework when describing ‘types of evaluation design’, leading to confusion rather than clarification. However, it does signpost the user to relevant organisations including the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG) and the Arts Enterprise with a Social Purpose (AESOP), an arts charity which supports arts organisations through developing evidence, sustainability and growth (Daykin & Joss, 2016).

Interestingly, Fancourt and Joss (2015) had already published their own framework for developing and researching arts and health programmes the previous year, in a much more user-friendly document. It is presented more like a workbook, with checklists and a scoring system which guide the user through the entire research process. Key features include: a diagrammatic overview of the framework illustrating the development and reporting on an arts intervention research study as a cyclical process of development and implementation; and a colour-coded framework structure for each section in the process. In spite of the more practice-based format, the framework clearly states the methodological guidelines which informed its development, maintaining a level of academic rigour. It is unclear what the more recent framework (Daykin & Joss, 2016) hoped to contribute beyond that which had been developed by Fancourt and Joss (2015).

Whilst these evaluation frameworks indicate attempts to standardise approaches to arts and health research and evaluation, White (2013) was wary of determining a common research design focused on cause and effect which “reduces the whole arts and health field to being some kind of ancillary treatment in healthcare” (para.2). Rather, he called for a research practice which integrates experimental models with narrative-based research to provide insight into how it actually ‘feels’ to participate in the arts. However, to ensure a level of rigour it is essential to relate narrative findings back to the project’s objectives and present evidence which demonstrates how the objectives have been met, or at least demonstrate that they have been responded to (Matarasso, 1996).

A similar approach was visited more recently in a synthesis of literature and systematic reviews of arts and health practice which called for a widening of the range of methodologies employed across the field, including encouraging the use of mixed methodologies, participatory research and arts-based research (Munn-Giddings & Bungay, 2017). The review highlighted the importance of considering the involvement of key stakeholders in the development, conduct and ownership of the research. They also highlighted the emphasis within the evidence base on music-related arts activities and arts therapies in clinical as opposed to community settings. This prevalence of research into music-based activities has been acknowledged in this thesis and provides the rationale for the focus on participatory arts activities taking place outside healthcare settings.

One of the issues within arts and health practice is the sheer diversity of disciplines and institutions involved (Jenson, 2019). Indeed, in her study into the interdisciplinary relationships of stakeholders engaged in arts and health practice, Jenson (2019) showed that the nature of logics within different institutions plays a significant role in the amalgamation of arts and health. Whilst joining alternative and interdisciplinary perspectives can present challenges, bringing together disciplines and sectors can produce new insights particularly within a mixed-methods approach which enables the researcher to answer questions that “cannot be answered by quantitative or qualitative approaches alone” (Creswell & Plano Clark, 2017, p.13).

... interactive work in arts and health might, to some extent, bridge the gaps between the humanities and sciences, joining perspectives from arts and health and offering an interdisciplinary solution to some of the complex health issues that the health sector cannot solve alone (Jenson, 2019, p.228).

Jenson (2019) posits that a key factor in the success of interdisciplinary research is the opportunities it presents to share and gain new knowledge. However, for such projects to be successful, clear definition of roles and responsibilities and an understanding of the relationships between stakeholders is essential. Therefore, this doctoral thesis adopts a pragmatic approach to its examination of the interdisciplinary nature of participatory arts activities for older people and the research methods the study employs. It does so through the adoption of a mixed-methods methodology, offering new insights and combining the rigour of a systematic review with the subjective meaning making of participants in the focus group

interviews (Creswell & Plano Clark, 2017). The study explores the effect of participatory arts engagement on social health through consideration of older people's perceptions of their social networks and interactions and mental health, through qualitative and quantitative reports of enhanced wellbeing and quality of life. However, given the target cohort of the study – healthy older people – it was also necessary to draw on knowledge and expertise from the discipline of social gerontology, in addition to relevant arts and health frameworks. The following section discusses methods and methodologies being used within social gerontological research.

5.2.2 Research methodologies and methods in social gerontology

Social gerontology is a multidisciplinary field concerned with the study of ageing in a social context, using a life course perspective. As the theory and practice of gerontology has expanded, so too have the methodologies adopted by researchers. Central to the life course perspective are methodological challenges of distinguishing between 'ageing' effects and 'social' factors, referred to as the "age/period/cohort (APC) problem" (Jamieson & Victor, 2002, p.21). What this means in practice is that there is a need to establish the most appropriate way to approach different aspects of ageing research into chronological changes experienced by individuals (age), comparisons between different age groups (cohorts), or general social change which affects all ages (period) (Jamieson & Victor, 2002).

By adopting 'aged 50 and above' as the age parameter for 'older people' within this thesis, the research has the potential to be relevant to various facets of ageing. For example, many of the qualitative interviews and focus groups discussions included in the systematic review in this study involve discussions around transitions of ageing and how participating in the arts provides an opportunity to explore and support chronological changes. There is also the potential of comparing the findings from this study of healthy older people with other cohorts, for example forcibly displaced people (Clini, Thompson & Chatterjee, 2019) or young people 'at risk' (Walsh, 2014) engaged in participatory arts. These findings could also be compared with findings from other systematic reviews, for example arts for health activities for the health, wellbeing and quality of life of older people living in care homes (Curtis et al., 2018).

Quality of life has been a longstanding topic of investigation within social gerontology but has also increasingly become a priority for social policy (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010). The current policy landscape marks a paradigm shift from deficit models of health towards a model which supports individuals to take responsibility for their own quality of life (Hogan & Bradfield, 2019). Indeed, imaginative approaches to research and indeed systematic reviews which synthesise current research on a specific area of interest, can make significant and comprehensive contributions to the field (Jamieson & Victor, 2002). Therefore, this thesis contributes to the field of social gerontology by providing a synthesis of participatory arts for promoting wellbeing and quality of life for healthy older people. By focusing on healthy older people, aged 50 and above, the findings in my thesis have the potential to inform policy on encouraging people to support their own ageing through creative engagement.

However, lack of consistency in use of outcome measurement across studies makes comparison challenging. The Centre for Ageing Better recently published the *Ageing Better Measures Framework* (2019a) which includes 63 measures, survey scales and associated data sources for assessing ageing related outcomes at an individual level. The tool is presented as an excel spreadsheet, readily available for anyone to download, and is accompanied by an introduction to using the tool (Centre for Ageing Better, 2019b). Hopefully this framework will encourage more uniformity across research into ageing and later life going forward. However, in order to instigate change, significant effort needs to be placed on dissemination of the framework and educating researchers and practitioners on the benefits of more consistent use of outcomes measurement.

This thesis examines the range of outcome measurement tools employed across studies included in the review to measure the effect of participatory arts on wellbeing and cognitive function with healthy older people. As the review explores the existing evidence base the aim here is not to apply the measures identified in the framework to the current study. Rather, the framework will be used to support the investigation of measurement tools currently being employed to collect data within arts and health research with older people and to assist in providing recommendations for future research. Reflections on methodological challenges within the fields of arts and health and social gerontology are used to explore research methodologies and methods in creative ageing and support the rationale for the flexible, multi-stance approach adopted in this study (Gray et al., 2018).

5.2.3 Research methodologies and methods in creative ageing

Whilst the evidence base for arts and health is escalating with our rapidly growing ageing population, a large amount of research around the role of the arts in fostering ‘creative’ ageing and increasing confidence and purpose in later life has been emerging over the past decade. With singing being shown to promote the health of older people (Skingley & Bungay, 2010), dance being investigated for its potential for reducing falls in older adults (Merom et al., 2016), and evidence demonstrating the psychological, social and emotional benefits of engaging with music for people living with dementia (Dowlen et al., 2018), the arts are also increasingly playing a crucial role in end of life care (APPG, 2017).

Furthermore, there has been a rise in innovative, creative programming for older people, which has been funded over the past decade by research councils and other funding bodies in the UK, including The Baring Foundation and Arts Council England. From a methodological perspective, the following three projects have been selected as exemplary research programmes which demonstrate diversity in approach and design and highlight some of the methodological challenges encountered within creative ageing research and practice.

Dementia and Imagination (2017) developed *Research Informed Approaches to Visual Arts Programmes*, following a research project which explored how art could improve the quality of life and social connections of people living with dementia in different settings. This national project was jointly funded by the Arts & Humanities Research Council (AHRC) and the Economic & Social Research Council (ESRC). Led by researchers at Bangor University the project was delivered in hospital settings in the Midlands, care homes in the North East and domestic environments in North Wales. The research was based on methodologies from the social sciences and arts and sciences, and adopted positivist, non-positivist and arts and humanities derived epistemologies. Thus, the research required, and subsequently employed, a mixed-methods design which included quantitative outcome measures, semi-structured interviews, socio-demographic data, health economics (to enable a Social Return on Investment analysis) and visual art as both a research method and public engagement tool (Newman et al., 2016).

Museums on Prescription connected older people at risk of social isolation, who were referred to the programme through a social prescribing model of creative activities in the museum. The project was funded by the AHRC and conducted by University College London

and Canterbury Christchurch University in partnership with seven museums (Veall, 2017). A research study was conducted to explore twelve Museums on Prescription programmes, through interviews (end of programme and three-month follow-up), quantitative outcome measures (R-UCLA Loneliness Scale, Warwick Edinburgh Mental Wellbeing Scale and UCL Museums Wellbeing Measure – Older Adult) and weekly diaries. Data were analysed using grounded theory which identified four explanatory components: interacting social context, museum as a positive enabler, individual journey and relational processes (Todd et al., 2017).

Finally, *Creative Journeys* explored the impact of participatory arts on the social relationships of older people in care settings. The programme was funded by an Arts Council England research grant, led by Anglia Ruskin University and Essex County Council and delivered in partnership with Green Candle Dance Company, Magic Me, Sinfonia Viva with Orchestras Live and Age Exchange Reminiscence Arts. The project employed a mixed research method approach, including a scoping review and case-study research which explored how engagement in participatory arts activities creates opportunities for older people to interact and develop social relationships in care settings. Initial findings of a scoping review highlighted the strength of qualitative study findings in demonstrating the positive impact of arts activities on older people and staff in care home settings (Munn-Giddings et al., 2018).

At their *Creative Journeys Showcase* event held on 28th November 2018 at Anglia Ruskin University, presentations highlighted the significance of involvement of an older people's research group, enabling them to tell their stories and ensuring that participant voices were heard throughout the research. Findings demonstrated the societal impacts of participatory arts engagement, including enhanced quality of relationships amongst residents and the wider community. The research also explored some of the mechanisms involved, including the requirement of providing a structured opportunity for interaction and meaningful activity, the invitation to play and to experience togetherness (Bungay et al., 2019).

These three examples provide an insight into a variety of methodological approaches across creative ageing research practice. Dementia and Imagination in particular included a strong focus on developing a suitable methodological approach for its multidisciplinary nature, which drew on diverse epistemological positions and distinctive understandings of research methods. Indeed, Newman et al. (2016) highlighted the need for 'epistemological pluralism'

and flexibility when researching complex societal challenges. Moreover, Gray et al. (2018) posited that challenges around methodological approaches to research into arts-based activities for people living with dementia could be softened by adoption of more ethnographic, participatory or narrative approaches, in combination with realist evaluation models.

It seems agreed that creative ageing research should adopt a pluralistic approach, not only from an epistemological perspective, but also in terms of collaborative engagement including working with all relevant stakeholders. Of particular note is the benefit of engaging with older people throughout the entire research process. There is also great potential to employ creative methods in the production and dissemination of creative ageing research. Gray and ForMed Films (2019)⁹ recently released a graphic narrative which uses words of people interviewed in a research study exploring the challenges of evaluating arts activities involving people living with by dementia (Figure 12).

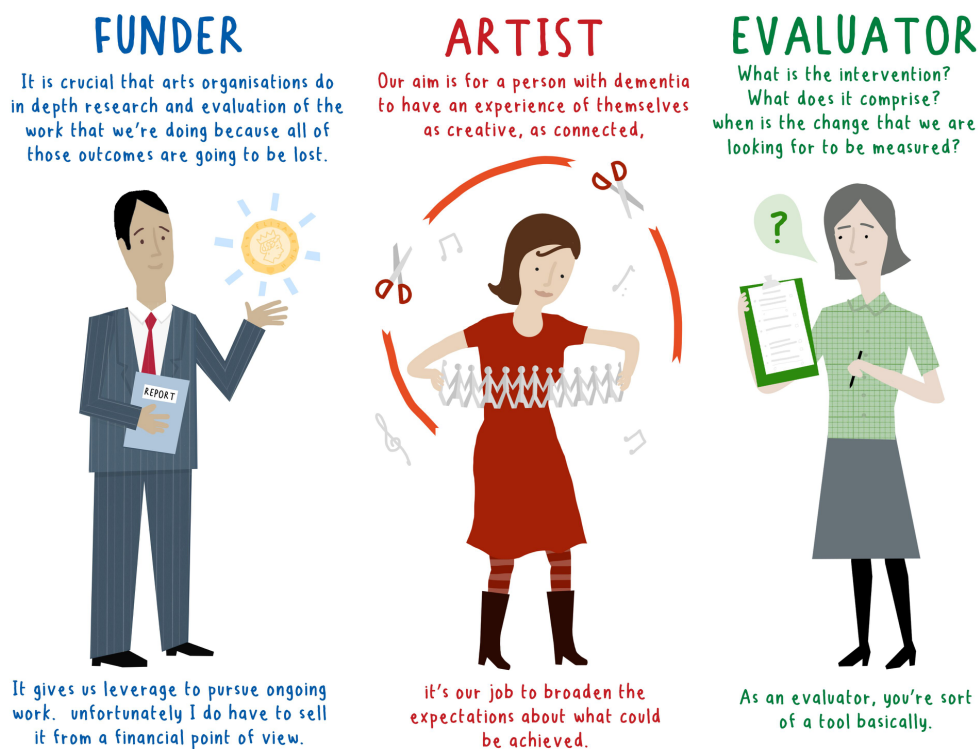


Figure 12: Arts & dementia - challenges of evaluation

⁹ Figure 12: Image forms part of a graphic narrative – ‘What is it about arts and dementia that makes it so hard to evaluate?’ – based on original research by Karen Gray. Construction and illustration by Emma Lazenby for ForMed Films CIC. Used here with kind permission of Karen Gray. For further information contact Karen Gray: karen@gray@worc.ac.uk and ForMed Films info@formedfilms.co.uk.

These creative ageing programmes have demonstrated the capacity of the arts to enable older people to feel productive in the moment, to flourish and build resilience through shared creative experiences and that such programmes, when structured appropriately can act as a catalyst for cultural change. However, considering the complexity of interdisciplinary methodologies for understanding the effects of creative activities in later life, it is essential that the scope of the research is clearly explicated. Additionally, it is crucial that the research impact of such programmes is integrated into its strategy to ensure the value is demonstrated to all relevant cross-disciplinary and cross-sectoral stakeholders through publications, activities and events.

5.2.4 Bridging the gap between research and practice

As seen in the examples of creative ageing research projects above, engaging older people and other stakeholders within the research process should be an integral part of any research strategy. By building relationships with stakeholders throughout this study I have been able to work towards bridging the gap between research and practice and aim to produce a report of findings which is accessible to a varied audience. I was introduced to the concept of stakeholder engagement at the systematic review training I attended at the EPPI-Centre, University College London and left with enthusiasm to engage older people and organisations working with older people (and the arts) in my research. By engaging with people who have a stake in the research, for example those who may be affected by the research or who might contribute to it, it is possible to produce more relevant research and evidence-informed decision making (Gough, Oliver & Thomas, 2012).

Whilst much of the engagement during this study has been through conversation and / or email exchange, it has enabled me to ensure that the research focus on the priorities of relevant stakeholders has been maintained. An email conversation on 12th June 2017 with David McDough, Coordinator for Flourishing Lives (a London-based coalition of organisations taking a creative approach to supporting the lives of older people), highlighted the importance of “engaging with people as unique individuals rather than as some falsely-defined homogenous group”. Linking back to the concept of ‘cohorts’ within social gerontological research (Jamieson & Victor, 2002), being aware of individuality raises issues when researching older people as one single cohort.

Involving older people can also increase the relevance of the research, since they “may bring a different perspective” to the overall study (Institute of Medicine, 2011, p.3), as discussed further in the focus group chapter in this thesis. Moreover, involving older people in participatory research has the potential for meaningful change for individuals and communities (Littlechild, Tanner & Hall, 2014). If we recognise that “one’s relationship with the world must change as one ages” (Hogan, 2016b, p.59), then we must also consider the circumstances which might shape these changes, and how the arts can be used through creative ageing initiatives to facilitate flourishing in later life. By engaging with stakeholders including older people, I have been able to gain an insight from their experience and knowledge. This engagement has also supported me in “building relations and opening the lines of communication” with non-academic audiences, who will become a point of contact for community dissemination of the research (Keown, Van Eerd & Irvin, 2008, p.67). The following section presents the strategy for the dissemination of findings from this doctoral thesis in more detail.

5.2.5 Dissemination strategy

In order to move towards constructing a bridge between disciplines and to pursue beneficial change from this research, I developed a dissemination strategy with the interdisciplinary and cross-sectoral nature of the study at its core. This has been a reflexive process which has involved challenging myself to consider the kind of researcher I want to be, the type of impact I would like this research to have and where I stand amongst these interrelated disciplines. Through this process I have identified myself as an advocate for social change, positioned within the burgeoning field of creative ageing and linking succinctly with social gerontological concepts and practice. One of the key aspects of getting research into practice is through careful consideration of the types of impact we wish to enable including public engagement, policy, culture and significantly, beyond academia (Reed, 2018).

Part of my strategy therefore has been to initiate opportunities to break away from the broader *arts and health* arena and to integrate my research into alternative disciplinary discourses. Consequently, I have been selective in the conference papers I have submitted to ensure that my doctoral research has been presented in varied disciplinary contexts, including the *World HealthCare Congress Europe* (March 2019) and the *British Society of*

Gerontology's Annual Conference (July 2019). A full list of PhD research outputs including conference presentations can be found in Appendix Z.9.

An advantage of having employed a mixed-methods approach for this thesis is that it lends itself to multiple opportunities for publication. Creswell and Plano Clark (2017) suggested potential publications from a mixed-methods study could include a qualitative article, a quantitative article, an overview article and an article which could contribute to the methodological discourse around mixed-methods research. In addition to publishing in relevant academic journals however, I also intend to publish a report which will be accessible to non-academic audiences. Indeed, I have already been invited to facilitate research sessions at two creative ageing festivals which took place in October 2019: *Live Age Festival* (Newcastle-under-Lyme) and *AGELESS: a dance festival reimagining of age* (Leeds). Organisers and delegates at both festivals expressed an interest in reading reports on the findings from this doctoral research study. This is promising as it indicates an interest from practitioners in the study and demonstrates my ability to present the findings to different audiences.

5.2.6 Summary

This section has introduced methodological practice within the fields of arts and health, social gerontology and creative ageing, providing the theoretical and philosophical background for this study. It has provided some examples of arts and health frameworks and examples of good practice of mixed-methods research within the creative ageing arena. The section also discussed some of the challenges faced when conducting interdisciplinary research, the importance of engaging stakeholders in research and identifying facilitators for bridging the gap between research and practice and conduits for the dissemination of findings. The following section provides a more in-depth discussion of methodology, the paradigm debate and the rationale for the mixed-methods methodological framework employed for this thesis.

5.3 Research methodology: what about mixed methods?

Research methodology is the ‘contextual framework’ or strategy which guides and supports the choices researchers make on how a research study is conducted, the methods employed and the underpinning philosophy, or philosophies (Grierson & Brearley, 2009). By providing description and rationale of the chosen approach, the researcher elucidates their own beliefs and values which effect the choices they have made in designing their study. Whilst a binary distinction is commonly made between qualitative and quantitative ‘methodologies’, the difference between these two paradigms should be made in regard to the ‘methods’ employed, i.e. the approaches used to collect and analyse data and present the findings (Kara, 2015; Crotty, 1998). Moreover, phenomena intrinsically have both ‘qualities’ and ‘quantities’ and since it is common to use both when describing any event or idea, a combination of qualitative and quantitative methods may be used within a single research study (Bazeley, 2018).

We should accept that, whatever research we engage in, it is possible for either qualitative methods or quantitative methods, or both, to serve our purposes. Our research can be qualitative or quantitative, or both qualitative and quantitative, without this being in any way problematic (Crotty, 1998, p.15).

For some researchers, mixed-methods research is challenging due to the complexity and associated tensions of bringing divergent perspectives together. By contrast, researchers working within the mixed-methods context embrace the value in using multiple sources of data and philosophical perspectives (Creswell & Plano Clark, 2018). Mertens et al. (2016) use the image of a kaleidoscope as a lens through which a mixed-methods approach may be viewed as “full of rich possibilities for diversity and potential to provide opportunities to see things that have not yet been seen” (p.222). I find this a useful metaphor, because it emphasises the intrinsically subjective and iterative nature of the methodological process and the possibility of variation in perspectives. This is illustrated in Figure 13¹⁰, where the two characters are viewing the same object, but from their own perspectives interpret the object differently.

¹⁰ Figure 13: Difference in perception. Source: Ridgley, B. (n.d.) Complex Reality from Observation. Digital image. [Online] Available from: <http://thesociologicalcinema.tumblr.com/post/82165907983/reality-can-be-so-complex-that-equally-valid>.

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Figure 13: Theoretical perspective

Definitions for mixed-methods research have evolved over the decade since the definition by Johnson, Onwuegbuzie and Turner (2007) which highlighted mixed methods as a methodological ‘paradigm’, rather than simply a combination of different methods. The NIH Office of Behavioral & Social Sciences (2018) posits mixed-methods research as a methodological approach which focuses on multi-level perspectives and real-life contextual understanding; employs rigorous qualitative and quantitative research; involves multiple types of data; integrates and analyses the data; and provides a theoretical and philosophical framework for the study. Definitions such as this, which include the complexity of the range of elements contributing to a mixed-methods approach provide useful guidance and support for researchers bringing together diverse types of data and approach (Creswell & Plano Clark, 2018; Bazeley, 2018).

There are not two worlds: a real, objective world, on the one hand, and a subjective world of mental representations, on the other. There is only one world, a really existing world, which is experienced and understood in different ways by human beings. It is simultaneously objective and subjective (Marton, 2000, p.105).

Research invites the interplay of subjectivity and objectivity, which can be explored within a mixed-methods approach. In the following section I provide an overview of the mixed-methods methodological framework for this doctoral thesis (Table 3), using Crotty’s (1998) four elements of research: epistemology, theoretical perspective, methodology and methods, for structure. Whilst in most discussions of research frameworks, ontology which is concerned with perspectives on reality, features alongside epistemology, Crotty (1998) distinguished between ontology in the philosophical sense, and perspectives on how we view

the world, or ‘theoretical perspective’. Indeed, ontological and epistemological issues often blend with one another: “to talk of the construction of meaning [ontology] is to talk of the construction of meaningful reality [epistemology]” (p.10).

Crotty (1998): four elements of research	Mixed-methods methodological framework for this thesis
Epistemology	Subjectivism & Objectivism
Theoretical perspective	Interpretivism & Post-positivism
Methodology	Mixed-methods, Phenomenography & Pragmatism
Methods	Systematic Review & Focus Groups

Table 3: Research framework

While Crotty’s (1998) elements of research provide a useful framing for structuring the design of the study, the complexity of mixed-methods research is highlighted in this table, as the combination of research elements does not fit neatly into the boxes. Additionally, the inclusion of a *mixed-methods* systematic review adds an additional layer of complexity to the methodological approach. Creswell and Plano Clark (2018) described the core characteristics of mixed-methods research as: the rigorous collection and analysis of both qualitative and quantitative data; integration of two forms of data and their results; research design reflecting the logic and procedures of conducting the study; and that procedures are presented within a theoretical and philosophical framework.

Therefore, I have illustrated the methodological framework for this thesis again in Table 4, this time emphasising the multi-stance approach employed, by presenting the systematic review and focus group study separately. The methods employed for each element of the study, as well as rationale and background theory are reported in Chapters 6 (review) and 8 (focus groups) for transparency.

Methodological framework	Systematic Review	Focus Group Study
Epistemology	Objectivism	Subjectivism

Theoretical perspective	Post-positivism	Interpretivism
Methodology	Mixed-methods methodology (Pragmatism / Phenomenography)	
Data collection	Mixed-methods systematic review	Focus group interviews
Data analysis	<p>Qualitative analysis: Thematic analysis / I-poem analysis</p> <p>Quantitative analysis: Narrative analysis / Meta-analysis</p>	Thematic analysis

Table 4: Methodological framework

Working from a mixed-methods orientation enabled me to celebrate the variations of experience, ambitions and interest within the chosen cohort of ‘healthy older people’. Moreover, using a mixed-methods methodology aligns well with an interdisciplinary research study, as it provides a justification for exploring “multiple philosophical perspectives” (Creswell & Plano Clark, 2018, p.18) and “multiple sources and types of data and [...] approaches to analysis” (Bazeley, 2018, p.7). Whilst, researchers with deeply rooted philosophical positions may find such an approach challenging (Greene, 2007; Creswell & Plano Clark, 2018), mixed-methods research “provides an opportunity for multiple methods and their philosophical traditions to generate new knowledge” (NIH Office of Behavioral & Social Sciences, 2018, p.8).

Accordingly, this thesis brings together diverse disciplines and approaches to produce new insights and knowledge which may contribute to the advancement of the interwoven fields of arts and health, social gerontology and creative ageing (White, 2013; Jenson, 2019, Gray et al., 2018). The following sections discuss the methodological positioning of this doctoral thesis, by addressing the individual elements of the research design in some detail and incorporating the rationale for employing a mixed-methods approach. The sections will expand the discussion on mixed-methods approaches and the paradigm debate, introducing the reader to the concept of intentionally collecting qualitative and quantitative data and the opportunities revealed when combining divergent methods (Bazeley, 2018; Pluye & Hong, 2014).

5.3.1 Ontology and epistemology: a pragmatic paradigm

Mixed-methods research can be viewed as “incorporating a ‘package’ of ontological and epistemological understandings”, which values objective and subjective knowledge by drawing on a variety of theoretical and philosophical perspectives (Bazeley, 2018, p.14). Ontology and epistemology are inherent within a researcher’s own theoretical perspective and in informing the research methodology adopted. Within social research, an objectivist perspective views social reality or phenomena as objective facts, independent of experience and perspective and which are not dependent on social actors (Walliman, 2016). Opposing perspectives view social phenomena as shifting perceptions based on social interactions where meanings are constructed, or where phenomena may be viewed differently from different viewpoints (as illustrated in the figure above). Therefore, when combining qualitative and quantitative approaches to investigate the social world in a mixed-methods methodology, a paradigmatic framework which recognises the strengths and weakness of the divergent perspectives is required (Bazeley, 2018).

Morgan (1997) argued that a pragmatic approach “provides the basis for reorienting the field of social science research methodology”, though emphasised that researchers should acknowledge the epistemological implications (p.73). He posited that pragmatism moves beyond questions about combining methods towards a “properly *integrated methodology* for the social sciences” (*ibid*). According to Tashakkori and Teddlie (1998), a pragmatic approach allows researchers to “study what interests and is of value to [them], study it in the different ways that [they] deem appropriate, and use the results in ways that can bring about positive consequences within [their] value system” (p.30). Furthermore, Denscombe (2008) suggested employing an approach rooted in research practice and communities which can enable “multilevel, overlapping, and potentially fluid” paradigms, rather than being restricted by ontological and epistemological debate (p.276).

While Teddlie and Tashakkori (2010) posited seeing the paradigmatic issues of combining conflicting ontologies as an ‘a-paradigmatic’ stance, Mertens (2015) suggested that choosing a mixed-methods approach involves the adoption of “an implicit pragmatism” (Bazeley, 2018, p.15). However, for transparency and clarity it is useful to provide the rationale for decisions made. Whilst pragmatism has been argued as the paradigm which is most compatible with mixed-methods research (Hall, 2013; Howe, 1988), Corry, Porter and

McKenna (2018) argue that pragmatic approaches and their characteristics remain unclear. They posit that ‘pluralism’ which recognises the importance of the need for interpretation within robust evidence is a more relevant paradigm, within their discipline of contemporary nursing research methodology. However, working within the pragmatist paradigm does not require the researcher to choose between qualitative and quantitative methods, rather enables them to determine the most suitable method within the context of the particular study (Graff, 2017; Hall, 2013). This thesis draws on a plurality of disciplines which requires intellectual integration of the boundaries of arts and ageing, and respect and celebration of the varied standpoints between disciplines (Bass & Ferraro, 2000).

5.3.2 Epistemology: a fusion of subjectivity and objectivity

Epistemology is about knowing how we know what we know about the world, or “how researchers come to know about the phenomena they study” (Kincheloe, 2005, p.339). Thus, a researcher’s epistemological stance shapes the way they approach questions regarding knowledge (Miller et al., 2008). Within interdisciplinary research this becomes more challenging “as different orientations assume different views of knowledge” (Kincheloe, 2005, p.339). However, if we are to adopt a pragmatic approach to research methodology, we can actively construct a methodological approach from the variety of tools available to us, whilst acknowledging the complexity of knowledge production. Thus, mixed-methods approaches require the researcher(s) to be “flexible and pragmatic about design, open to data, and [have] a touch of inventiveness in approach to analysis” (Bazeley, 2018, p.70).

On a practical level, this thesis employs a *fixed* mixed-methods design, meaning that the use of quantitative and qualitative methods was planned *a priori*, or in advance (Creswell & Plano Clark, 2018). However, the study could also be described as employing an *explanatory sequential design*, involving the collection and analysis of quantitative data which then informs the qualitative data collection and analysis (Fetters, Curry & Creswell, 2012). For example, in this study the systematic review findings are used to inform the focus group study. Nevertheless, the design becomes even more complex when the inclusion of a mixed-methods systematic review is considered, which as a method in itself required the adoption and integration of a variety of approaches (Noyes et al., 2019). Returning to the epistemological framework for this thesis, the study follows a sequential design framework

which included the objectivity of the systematic review with the subjectivity of focus group interviews.

Systematic reviews, which are situated within the post-positivist paradigm, value rigor and aim to minimise subjectivity, or at least illustrate in detail how classificatory decisions were made to show replicability. However, this study aimed to explore the review findings through focus group interviews which, sitting within the interpretivist paradigm provide the opportunity to gather and explicate “deeply contextualised understandings of social phenomena” (Ladson-Billings, 2003, p.12). Within an interpretivist approach, emphasis is placed on discovering how different people “interpret, or make sense of, what they experience” (Kara, 2017, p.46). Indeed, subjective understandings of experience are meaningful to people’s lives and can provide richer, more personal insights into lived experiences than their objective (scientific) counterparts. While a systematic review does not sit comfortably within an interpretivist paradigm, if the aim of the synthesis is to capture new knowledge through fresh interpretations and collective meanings from a corpus of studies, some level of interpretation is required. Indeed, the interpretation of methods sits at the heart of mixed-methods research, leading to “mixing broad, different ways of knowing, which leads to better knowledge” (Timans, Wouters & Jeilbron, 2019, p.208). More detailed discussion related to the rationale for conducting a mixed-methods systematic review can be found in Chapter 6. The following section introduces phenomenography, an approach which sits within the mixed-methods methodology of this thesis.

5.3.3 Phenomenography, pragmatism and a mixed-methods approach

Phenomenography occupies a unique position within methodological frameworks through its inherent links between both qualitative and quantitative paradigms. While within mixed-methods research there may be a focus on combining the strengths of divergent research approaches, a phenomenographic framing offers the potential for linking qualitative and quantitative data in different ways (Pluye & Hong, 2014). Thus, the approach offers distinct advantages within mixed-method research, by providing “a useful foundation for developing validity constructs that are meaningful across a wide range of mixed research” (Feldon & Tofel-Grehl, 2018, p.6). A phenomenographical approach does not restrict the choice of research method or approach, rather it embraces a mixed-methods methodology which

enriches both the rigorous systematic review process and the dialogical aspect of the focus group method.

The systematic review provided a rigorous and objective method by which to identify existing literature for inclusion. The heterogeneity of study designs across the body of evidence required the use of different tools for critical appraisal and methods of analysis, including narrative synthesis and meta-analysis of quantitative data and thematic and I-poem analysis of qualitative data. Considering the divergent methodologies employed across studies in the systematic review, in combination with the interpretivist stance of the focus group study, the multi-perspectival underpinning of phenomenography and pragmatism enabled me to elucidate meaning through an ensemble of multiple points of view (Yee & Bremner, 2011).

[A] mixed-methods way of thinking [intentionally invites] into the same inquiry space multiple ways of seeing and understanding and [engages] respectfully and dialogically with these multiple ways of knowing towards generative insights and better understanding” (Greene, 2012, cited in Bazeley, 2018, p.4).

A distinguishing feature of a phenomenographical approach, is the use of a second-order perspective, meaning that the researcher interprets other people’s ways of experiencing and understanding the world, e.g. “phenomena are investigated through the experience of the participants rather than the experience of the researcher” as far as possible (Yates, Partridge & Bruce, 2012, p.99). Phenomenographical analysis aims to understand how people perceive and conceptualise experiences and as such can be described as “experiential description” (Marton, 1981, p.180). The focus of a phenomenographical approach, as in phenomenology or grounded theory, lies in human experience. However, in phenomenography the emphasis moves away from individual experience to focus on the variations of experience and exploration of collective meaning, asking “how people experience, understand, and conceptualise a phenomenon” (Cossham, 2017, p.17). Consequently, as the researcher I was required to orient myself towards older people’s perceptions of their art making experiences and then to make my own statements to interpret their ideas around participatory arts engagement.

Interviews are the primary method of data collection used by phenomenographers, though other methods such as focus groups, surveys and participant drawings can also be used, which may in fact lead more directly to finding a commonness of perspective (Cossham, 2017; Marton, 1981). Indeed, across the studies included in the systematic review, focus groups were one of the data collection methods employed across each distinct art form, and replicate the group dynamic of participatory arts activities. Moreover, focus group interviews were chosen as the method of data collection for this thesis as they provided the social setting through which to explore older people's subjective understandings of their own participatory arts engagement in later life. I focused my analysis and interpretation directly from the participants' voices.

Whilst the phenomenographical approach has received criticism, based on the lack of a single distinct approach to analysis, common practices do exist including a focus on the collective experience (Yates, Partridge & Bruce, 2012). Another criticism of this approach is that it has the potential of being reductive and missing outlying perspectives. Sandberg (1997) questioned the reliability of phenomenographical findings, positing that it would be unlikely for independent researchers to reach the same categories of description. However, this is not unique to phenomenography, since each qualitative researcher brings their individual set of assumptions and interpretation to the data. Thus, if different researchers bring their own unique categorisation to a set of data, then the phenomenographic belief that there are a finite number of ways of experiencing and conceptualising reality may also be brought into question (Bruce, 1994; Marton, 1981; Barnard, McCosker & Gerber, 1999). Furthermore, individual participants may describe different conceptions of a phenomenon within the same interview, which may in turn be categorised differently by different researchers (Cossham, 2017; Alsop & Tompsett, 2006). Whilst it is true that it may be possible to achieve saturation within a particular data set, it remains questionable that there are only a limited range of possible ways of experiencing (or understanding one's experience of) a particular phenomenon (Yates, Partridge & Bruce, 2012).

[It is] the different ways in which people experience, interpret, understand, apprehend, perceived on conceptualize various aspects of reality that is sufficiently interesting in itself (Marton, 1981, p.178).

Within the context of this thesis which envelops a diverse range of methodologies, it would be impossible to state that there are a finite number of conceptions of reality or ways of seeing (Greene, 2007). Additionally, a phenomenographical approach has been postulated to be more compatible with a critical realist perspective (Feldon & Tofel-Grehl, 2018). Thus, whilst the mixed-methods methodology of this thesis includes the essence of phenomenography, its principles are used in conjunction with pragmatism, which helps to frame “better and more precise questions about the philosophical implications and justifications of [mixed method] designs” (Biesta, 2010, p.114). Indeed, it has been argued that pragmatism is a philosophy which distinguishes a mixed-methods approach from qualitative and quantitative research and can “provide a rationale for the paradigmatic pluralism” typical of mixed-methods research (Timans, Wouters & Jeilbron, 2019, p.206).

5.4 Summary

This chapter has provided an overview of the challenges and opportunities of conducting interdisciplinary research, including a discussion on methodologies and methods employed across the disciplines of arts and health, social gerontology and creative ageing. In doing so, the chapter has highlighted the benefits of employing a mixed-methods methodology which integrates qualitative and quantitative research methods and divergent methodologies in the exploration of participatory arts engagement in later life. In addition to elucidating some of the challenges relating to interdisciplinary research and the associated methodological diversity involved across multiple disciplines and approaches, the chapter has introduced concepts and approaches which may provide support in bridging gaps between research disciplines and practice. Finally, the methodological structure of this doctoral thesis has been outlined, with discussions around the philosophical and theoretical underpinnings of the study.

Within this thesis I have drawn on multiple analytical methods to explore experiences of participatory arts in later life through systematic review, including an I-poem analysis and focus group interviews. The combination of divergent methodologies and methods facilitated a “deep, rich, yet fluid” analysis and critical interpretation of diverse texts and conversations (Wickens, 2011, p.159). A multi-stance approach such as this could be described as an example of methodological bricolage, a conceptualisation which allows the researcher to embrace multiple epistemologies and acknowledges that “interpretation is always at work in

the act of knowledge production” (Kincheloe, 2005, p.329). The following chapters present the systematic review and focus group studies. Firstly, the systematic review methods (Chapter 6) and results (Chapter 7) are presented, followed by the focus group methods (Chapter 8) and findings (Chapter 9). The final chapter of the thesis provides a discussion of this doctoral study, including recommendations for research, policy and practice.

CHAPTER 6: SYSTEMATIC REVIEW METHODS

This chapter provides the reader with my rationale for the methodological approach and methods involved in conducting the systematic review of participatory arts for promoting wellbeing and maintaining cognitive function in later life. The presentation of the systematic review is reported in two chapters: the current chapter presents the review methods, followed by the results which are presented in Chapter 7. The subsequent section is a presentation of the focus group studies, following a similar format of a report on the methods (Chapter 8) and then a discussion of the focus group findings (Chapter 8). Ethical considerations which were made in conducting this doctoral research are discussed in the systematic review and focus group chapters respectively.

6.1 Introduction

A systematic review can be defined as “a review of research literature using systematic and explicit, accountable methods” (Gough, Oliver & Thomas, 2012, p.2). As such, this research method is a type of secondary research which follows a rigorous process designed to “*locate, appraise and synthesize* the best available evidence relating to a specific research question to provide *informative and evidence-based* answers” (Boland, Cherry & Dickson, 2014, p.3). Systematic reviews play a fundamental role in the construction of research knowledge, through analysis and application of research findings, which can inform and benefit society and play an integral role in informing future primary research (Gough, Oliver & Thomas, 2012). Moreover, mixed-methods systematic reviews can broaden the ‘conceptualization’ of evidence, producing syntheses which are “accessible to and usable by a wider range of consumers” (Sandelowski et al., 2012, p.1428).

Systematic reviews are therefore very important for informing research and practice by providing a rigorous consolidation of a particular topic of interest, which can be particularly beneficial for highlighting the development of a certain field, i.e. creative ageing. In the context of this doctoral research study, the systematic review makes a significant contribution to knowledge by providing a cogent synthesis of evidence of the effects of participatory arts engagement on wellbeing, quality of life and cognitive function. It should be noted that the review specifically excludes studies on musical interventions due to the strong prevalence of

existing research into the effects of music and singing for promoting wellbeing for older people and people living with dementia. Research in this area includes investigations into the positive impacts of engaging in musical activity and creative therapies for people living with dementia (Beard, 2012; Cowl & Gaugler, 2014; Deshmukh, Holmes & Cardno, 2018) and participatory arts activities for people residing in residential care homes (Curtis et al., 2018; Fraser, Bungay & Munn-Giddings, 2014). With music excluded in the search strategy, identified studies examined engagement in the following domains of art: visual arts, dance, theatre and creative writing. By combining analysis from multiple sources of evidence (i.e. qualitative, mixed-methods and quantitative studies), the current review combines findings from the existing evidence base for participatory arts engagement with healthy older people (Joanna Briggs Institute, 2014).

6.2 Rationale

An increasingly ageing population is leading to an amplified need to identify alternative approaches to the prevention and treatment of cognitive impairments and the maintenance of quality of life. The World Health Organization (WHO, 2015) postulated that the maintenance of functional ability is the highest priority in relation to ageing and health for most older people, identifying the need to optimise opportunities which enhance people's quality of life as they age. Research demonstrates that participation in creative activities "can lead to significant improvements in memory, problem solving and physical and mental wellbeing, as well as providing an opportunity for meaningful social interaction" (Mental Health Foundation, 2016, p.1). However, one of the main challenges in supporting people to age creatively "arises from the sheer diversity of health and functional states experienced by older people" (WHO, 2015, p.7).

Moreover, arts and health literature frequently states the need for more rigorous evidence which supports culture as a way of life and demonstrates the benefits of everyday human creativity (APPG, 2017). Small-scale research studies and evaluations have tended to investigate the effects of creative therapies and / or musical interventions for people living in residential care settings and with people living with dementia and other specific diagnoses, such as Parkinson's. Even less research has specifically focused on participatory arts interventions with 'healthy' older people. Systematic reviews can provide rigorous evidence of a particular aspect of a field, such as arts-based therapy for people living with dementia, or

participatory arts for people living in residential care. However, despite the transparent and rigorous process required in conducting a systematic review, the process has been scrutinised for its limited approach, located within a positivist philosophy which considers the effect(s) of an intervention.

The systematic review presented in this thesis breaks away slightly from a traditional systematic review, which some would understand to be situated firmly within a positivist stance (Gordon, 2016). Indeed, one criticism of traditional systematic reviews is the “mistaken belief that [they] are only concerned with [...] effectiveness and so represent an empiricist (or positivist) research paradigm” (Gough, Oliver & Thomas, 2012, p.12). Furthermore, questions regarding the appropriateness of systematic review methodology in the social sciences and in health education have also been raised. Thus, the development of mixed-methods research and reviews which combine qualitative and quantitative studies has required a change in approach to combine what have in the past been considered as incompatible methodologies and paradigms (Victor, 2008; Gordon, 2016).

The mixed-methods methodology of this study provides a rationale for the inclusion of studies from different research paradigms and approaches. Additionally, through the multiple-stance approach I was able to adopt a combination of methods of analysis. From an epistemological perspective, debate has focused around whether or not it is appropriate to combine the results from different methodologies and continues to present a major challenge for researchers wishing to combine qualitative and quantitative syntheses in systematic reviews. However, this review supports the belief that there is value in recognising the “potential for insight, vividness [and] illumination” (Dixon-Woods et al., 2006, p.41) which can be found through combining the effects of interventions with explorations of their appropriateness and relevance (Harden, 2010; Sandelowski, Voils & Barroso, 2006).

However, whilst the debate around mixed-methods reviews continues to develop and evolve, there has been less discussion regarding the epistemological assumptions and implications of adopting such approaches. Indeed, two recent reviews on the effect of group singing on health-related quality of life (Reagon et al., 2016) and group singing for adults with a mental health condition (Williams, Dingle & Clift, 2018) failed to provide rationale in support of their use of mixed-methods’ approaches. Even the Joanna Briggs Institute’s (2014) manual for methodology for mixed-methods systematic reviews failed to address this issue.

Nonetheless, Denscombe (2008) argued that adopting a pragmatic approach presents a *fusion of approaches*:

[This new orthodoxy is] built on the belief that not only is it allowable to mix methods from different paradigms of research but it is also *desirable* to do so because good social research will almost inevitably require the use of both quantitative and qualitative research to provide an adequate answer (Denscombe, 2008, p.274).

Additionally, whilst qualitative synthesis has been criticised for its potential risk of bias, such criticism fails to acknowledge that the interpretive nature inherent to qualitative research, is not “intended to be generalisable nor without bias” (Bearman & Dawson, 2013, p.253). Indeed, it is the in-depth focus and contextualised detail found within qualitative studies which provides us with a richer understanding of complex social interventions, which cannot be revealed through quantitative results alone.

The review includes qualitative, quantitative studies and mixed-methods studies. Analysis of quantitative results includes narrative and meta-analysis, with thematic and I-poem analysis used to explore the qualitative findings. The qualitative and quantitative analyses are then integrated into a combined synthesis, e.g. a segregated mixed-methods design (Sandelowski, Voils & Barroso, 2006). The inclusion of the I-poem approach to the analysis of qualitative data offers an innovative, but relevant addition, by incorporating a creative method of analysis and output (i.e. the poem) into a systematic review investigating participatory arts engagement. Whilst this may be criticised by some, such an addition is consistent with the mixed-methods methodology employed for this thesis, through which the juxtaposition of diverse material and perspectives is embraced (Kincheloe, 2005; Wibberley, 2012). This review contributes to arts and health literature and makes a significant contribution to consolidating the evidence base around arts engagement in later life within the blossoming field of creative ageing.

6.2.1 Hierarchy of evidence

Systematic reviews have long been considered the ‘gold standard’ in the hierarchy of medical evidence, differing from a traditional literature review through their use of “explicit, rigorous and accountable methods” (Gough, Oliver & Thomas, 2012, p.6). However, in a review of

the evidence pyramid which placed systematic reviews and meta-analyses at the top of the hierarchy, Murad et al. (2016)¹¹ proposed a new interpretation (Figure 14). Their approach proposes an understanding of systematic reviews as “a lens through which other types of studies [can] be seen (i.e. appraised and applied)” (p.127). This is a useful distinction when considering the most appropriate type of systematic review and approach to synthesis for the particular area of study.

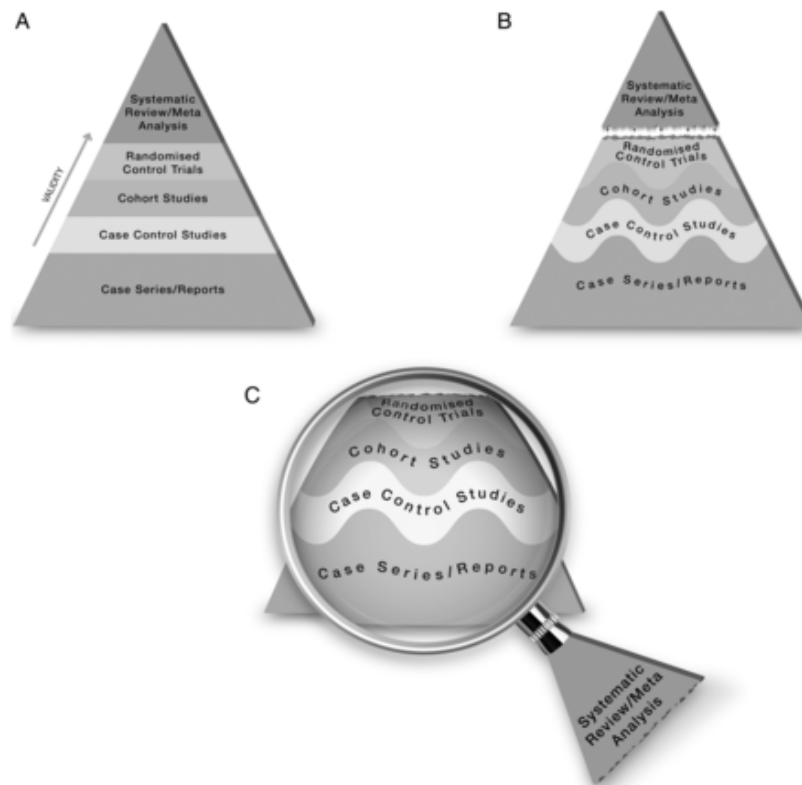


Figure 14: Evidence pyramid (Murad et al., 2016)

According to Greenhalgh, Thorne and Malterud (2018), narrative reviews have often been misunderstood, being seen as untrustworthy and dismissed as sitting below systematic reviews in an assumed hierarchy of evidence. They argue that whilst systematic and narrative reviews may serve slightly different purposes, they should be regarded as complementary. Indeed, a narrative review like a systematic review provides interpretation and critique by applying a different lens through which “to produce a meaningful synthesis of research

¹¹ Figure 14: The proposed new evidence-based medicine pyramid. © H. Murad, N. Asi, M. Alsawas & F. Alahdab. This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

evidence” (Greenhalgh, Thorne & Malterud, 2018, p.2). Furthermore, ‘narrative’ does not necessarily mean ‘unsystematic’, and by privileging ‘systematic’ reviews, “we risk losing sight of the marvellous diversities and variations that ought to intrigue us” (p.23). Thus, the narrative review provides a deepened understanding of a given area of interest through interpretation and critique of a corpus of research. The narrative analysis presented in this review is supported by an exploratory meta-analysis of subjective wellbeing. A full meta-analysis of all quantitative findings was not possible based on the limited level of comparable quantitative data.

The idea of a complementary form of research leads to questions on the reporting and conducting of systematic reviews which include both qualitative and quantitative studies. If we subscribe to a positivist approach which only includes quantitative evidence, and specifically randomized controlled trials, we run the risk of excluding relevant, high quality qualitative evidence. Moreover, to focus solely on quantitative evidence, in an area of research which is not dominated by experimental studies, such as within arts and health and more specifically the creative ageing field, does not make sense (Hong & Pluye, 2019). If we wish to “systematically [search] for all available evidence” and provide a synthesis which contributes to the “pool of best available evidence”, it seems reasonable to do this through all possible means (Mahtani et al., 2018, p.127). Thus, a mixed-methods systematic review was viewed to be the most appropriate research method for this study, with focus group interviews to explore the findings further in a contemporary setting.

6.2.2 Mixed-methods systematic reviews

A systematic review which includes qualitative, quantitative and mixed-methods studies is commonly referred to as a mixed-methods systematic review. A mixed-methods systematic review can provide a more cogent understanding of a topic of enquiry by elucidating evidence from different study designs, rather than from one research design alone. As such, it can “combine the strengths of, and [...] compensate for, the limitations of quantitative and qualitative methods” (Pluye & Nha Hong, 2014, p.30; Pluye et al., 2009). Indeed, integrating qualitative evidence in a review can enhance its relevance and impact and avoid important evidence being overlooked (Harden, 2010).

...any review which focuses exclusively on one form of evidence presents only half the picture and will thus have limited applicability in many contexts” (Joanna Briggs Institute, 2014, pp.5-6).

Systematic reviews are becoming a major area of methodological development, acting as a “key method for closing the gap between research and practice” (Harden, 2010, p.1). However, reviews do not come without challenges, particularly when considering a mixed-methods’ review and the varied epistemological underpinnings of the qualitative and quantitative research paradigms (Gough, Thomas & Oliver, 2012). Thus, a mixed-methods systematic review requires a pragmatic and iterative approach to the appraisal, data extraction and synthesis of the included studies, as discussed above. Sandelowski, Voils and Barroso (2006) used the term *mixed research synthesis* for systematic reviews which integrate qualitative and quantitative findings to provide an overall picture on “what is known about a target phenomenon” (p.1).

As seen above, the challenge of conducting a mixed research synthesis or mixed-methods systematic review is the “methodological diversity within and between qualitative and quantitative studies” included (p.3). However, this is not just a challenge for researchers combining qualitative and quantitative data, as similar difficulties may arise when synthesising studies from similar methodological approaches. Moreover, terminology remains inconsistent and variation in individual research practitioners’ own understanding, discipline and research focus continue. Indeed, Grant and Booth (2009) identified fourteen approaches for systematic review and synthesis, including those which analyse qualitative and / or quantitative data. In the decade since, whilst qualitative and mixed-methods approaches to evidence synthesis have been refined, and different approaches which provide guidelines for critical appraisal are available, there are various factors which must be considered for any review type (Finfgeld-Connett, 2018).

Gough, Oliver and Thomas (2012) suggested that there are two key underlying principles to consider when selecting an appropriate approach to synthesis. Firstly, judgements about quality should be made in relation to the specific purpose of the review; and secondly, the specific methods used in the review should be made explicit. However, research methods are not necessarily mutually exclusive and by combining research approaches the researcher is able to consider the topic of interest from different perspectives (Denscombe, 2010).

Therefore, in the context of this interdisciplinary doctoral study, a mixed-methods systematic review was conducted using a segregated design which allowed for qualitative and quantitative findings to be analysed using methods appropriate to the respective data. In keeping with the creative focus of this thesis, Kinn et al. (2013) argued that a researcher conducting synthesis gives meaning to a corpus of evidence in a similar manner to which an “artist combines pieces of pictures, texts, or fabrics to create a new and original illustration” (p.1286).

6.2.3 Mixed-methods’ reviews in arts and health

Within arts and health research, systematic reviews are starting to become more prominent as a means by which to consolidate the disparate, yet substantial evidence base of the field (APPG, 2017). Arts and health activity and research often focus on a particular art form, which has also tended to be the case in systematic reviews, e.g. music therapy for people living with dementia (van der Steen et al., 2018; Blackburn & Bradshaw, 2014). However, as the field evolves and with recommendations for “a departure from biomedical, positivist philosophy” (APPG, 2017, p.39), a wider variety of review designs are being employed, including mixed-methods approaches and studies which focus on the creative arts more broadly.

Dunphy et al. (2019) conducted a systematic review of outcomes, processes and mechanisms of creative arts interventions to address depression in older adults. The review included qualitative studies, mixed-methods and quantitative studies, including comparisons between art therapy and other health-related interventions including music therapy and community craft activities. However, no rationale for the methodological approach is provided. The studies included in the review were predominantly music-based interventions (n=41), followed by visual arts (n=17), dance (n=13) and drama (n=4), reflecting the strong emphasis within arts and health research on music and the performing arts. Considering the prevalence of music studies, it was not surprising that the highest quality studies were those investigating music, with over half of these reporting significant findings in the treatment of depression. What is interesting about their review is that it includes proposed mechanisms of change including physical, cognitive, emotional and social elements.

Young, Camic and Tischler (2016) conducted another mixed-methods systematic review on the impact of community-based arts and health interventions on cognition in people with dementia. Arts-based activities were grouped into visual, performing and literary arts, with five of the seven performing arts studies investigating music or singing interventions. Overall, studies included small-scale exploratory research using various measurement tools, with quantitative studies generally not including a control group. The review acknowledged the limitations of some qualitative studies suggesting they could be improved by using arts-based methods, such as video or audio analysis. The review authors highlighted the “importance of methodological flexibility in order to better capture the complexity of community-based arts interventions” (p.349).

Methodological flexibility is hugely significant in this thesis, which employs a pragmatic approach to embrace the diversity of approaches used in creative ageing research. Kamioka et al. (2014) conducted a systematic review of 21 systematic reviews of randomised controlled trials of music therapy interventions on a range of diseases and conditions, including mental health disorders, Parkinson’s, cancer and cystic fibrosis. Interestingly, their review highlighted the lack of inclusion of studies using other research designs as a limitation of the review. Similarly, Cowl and Gaugler (2014) reported that qualitative results in their review provided a more detailed picture of the benefits of creative arts therapies, which could not have been captured by quantitative methods. These findings support the inclusion of both qualitative and quantitative study designs in the systematic review presented in this thesis.

This brief discussion of arts and health systematic reviews again emphasises the prevalence of research into the effects of participation in music, with an additional focus on systematic reviews of arts-based therapies and interventions with people living with dementia.

Moreover, whilst some of the reviews to date have employed a mixed-methods approach, the majority of relevant reviews have focused on quantitative studies, excluding potentially richer data which can be found in qualitative research findings. Thus, employing an explanatory sequential synthesis which integrates results from quantitative and qualitative studies has enabled the current study to uncover new explanations and interpretations and identify potential gaps in knowledge (Pluye & Hong, 2014).

6.2.4 Summary

Whilst I had initially planned to handle both qualitative and quantitative data in the same manner, it quickly became apparent that this was not possible. This was primarily due to the variance in study design, process and data across the included studies. Moreover, reporting the methods in a systematic and transparent manner became increasingly difficult due to the difference in reporting guidelines for systematic reviews and qualitative syntheses respectively. Based on the diversity of study designs and data reported in the studies, I adopted a segregated approach to selection and analysis the quantitative and qualitative data (Pluye & Hong, 2014; Sandelowski, Voils & Barroso, 2006). The methods for each step in the review process are discussed in more detail below.

6.3 Ethical approval

Whilst conducting a systematic review does not involve working directly with any research participants (human or animal), a request for ethical approval was submitted to the University of Derby's College of Health and Social Care Research Ethics Committee (Appendix A) and approved (Appendix B), in line with the University of Derby's policy and procedures. The British Sociological Association's (2017) 'Statement of Ethical Practice' was also consulted.

6.4 Aims

The purpose of this systematic review is to examine the effect of engaging in participatory arts for promoting wellbeing and quality of life of healthy older people and to explore how people make meaning of their own subjective experiences of participatory arts engagement. The review also explores any potential differences between engagement in different domains of arts (e.g. visual arts, dance etc) and different levels of engagement. Additionally, the review considers participatory arts engagement in relation to the concept of flourishing in order to contribute to theoretical development and creative ageing research.

6.5 Systematic review process

Although guidelines exist, there remains a lack of consistency in the reporting and methodological quality of systematic reviews and qualitative syntheses (Page, Shamseer & Tricco, 2018; Pussegoda et al., 2017). A distinguishing feature of a *systematic* review is that

PROSPERO, the International database of systematic reviews¹², does not currently accept *scoping reviews* or *literature reviews*. While it is not a requirement of conducting a systematic review (with the exception of Cochrane Reviews), publishing a review protocol increases the transparency and rigour of the review. Indeed, there has been a 10-fold increase in registrations of systematic review protocols since PROSPERO was launched in 2011 (Pussegoda et al., 2017). However, further work is required to discover how strictly published reviews stay true to their planned protocol.

In their review of systematic adherence to methodological or reporting quality, Pussegoda et al. (2017), showed that of the systematic reviews using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), 85% provided rationale for the review, while less than 6% included information on the protocol. The PRISMA Checklist (Appendix C) was developed at a time when systematic reviews focused on analysis of randomised controlled trials (Liberati et al., 2009). PRISMA was “not designed for reviews that involve narrative, qualitative or mixed methods” (Haddaway et al., 2018, p.3). Instead, they proposed the *RepOrting standards for Systematic Evidence Syntheses* (ROSES) to reflect the “nuances and heterogeneity” of a range of approaches (p.4). However, while they attempted to produce a more flexible checklist, it was created suit the needs of their specific discipline. As a result, the process actually becomes more complicated and time consuming and still does not address the issue of reporting of mixed-methods reviews. Furthermore, ROSES has only recently been proposed and therefore is not fully recognised by the ‘systematic review’ community, in part due to the fact that it has been tailored specifically to environmental systematic reviews.

As with all new guidelines, there needs to be a period of transition to enable approaches to be tried and tested. Therefore, while PRISMA has limitations for use in the reporting of this ‘mixed-methods’ systematic review, it had already been used *a priori* to develop the review protocol and has therefore been followed to provide structure in the reporting of the review. Nonetheless, it was apparent that PRISMA restricts or omits some aspects which are significantly different when reporting a qualitative evidence synthesis. I therefore also

¹² An international database of registered systematic reviews from disciplines including health & social care, education and public health. Review protocol is recorded as a permanent record to avoid duplication, reduce the potential for reporting bias & allow comparison between protocol and the published review. It is produced by the Centre for Reviews & Dissemination and funded by the National Institute for Health Research.

consulted ‘Enhancing transparency in reporting the synthesis of qualitative research statement’ (ENTREQ) (Appendix D) and the Joanna Briggs Institute’s (JBI) mixed-methods review manual (JBI, 2014). ENTREQ was developed “to promote explicit and comprehensive reporting of the synthesis of qualitative studies” (Tong et al., 2012, p.8).

To demonstrate transparency of the systematic review process conducted and reported in this thesis and to ensure quality of reporting, any changes to the registered protocol are listed in Appendix E and rationale provided. For all stages of the review process prior to the analysis section, methods for qualitative and quantitative studies are reported together. From the data selection process onwards, qualitative data from the included mixed-methods studies are reported with the qualitative studies and the quantitative data reported with the quantitative studies.

6.5.1 Protocol and registration

A review protocol was developed *a priori* using PRISMA statement guidelines and was published on PROSPERO (International prospective register of systematic reviews) on 28th March 2017 (Registration number: CRD42017053770). A copy of the protocol can be found in Appendix F and can also be accessed online at:

http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42017053770. The review questions (Table 5) were developed using the PICOS acronym (Population; Intervention; Comparison; Outcome; Study design) which was originally developed to help guide the formulation of a clinical research question (Saaiq & Ashraf, 2017).

What is the effect of engaging in participatory arts on the wellbeing and quality of life of healthy older people?
Are there distinct wellbeing and quality of life outcomes from engagement in different art forms (e.g. visual arts, performing arts) for healthy older people?
What are the differences in the effects of active and passive participation (e.g. art making vs art viewing) on the wellbeing and quality of life of healthy older people?
Is there a relationship between participatory arts engagement and the development of social capital in healthy older people?

Table 5: Systematic review questions

Since PICO was designed for use within the quantitative paradigm, and thus does not accommodate qualitative research designs, the acronym has been modified in some cases to PICOS, with 'S' standing for 'study type' (Methley et al., 2014). However, the 'S' can also stand for statistical analysis, which moves the tool further back towards a quantitative research approach (Saaiq & Ashraf, 2017). Accordingly, in the context of this systematic review, the 'S' refers to study design. There are a number of further variations which include: PICOT for research exploring the effect of therapies with 'T' standing for 'time' (Riva et al. 2012), PICOTS where the 'S' stands for 'setting' (Lackey, 2013) and PICOC/T with 'C/T' relating to 'context' and 'time' (Gough, Oliver & Thomas, 2012).

Nonetheless, these variations in guidance still do not acknowledge the differences in approach between synthesising qualitative and quantitative research studies. In an attempt to address this issue, Cooke, Smith and Booth (2012) developed SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type) specifically for qualitative reviews. However, since it focuses on qualitative study design, SPIDER still does not address the issue of divergent study designs within a mixed-methods systematic review (Methley et al., 2014). Therefore, PICOS was considered to be the most appropriate structure for this mixed-methods' review, as it helped to define the key characteristics of the studies under investigation by providing parameters which make the scope of the review manageable (Gough, Oliver & Thomas, 2012).

Review protocol publication

Publishing a review protocol aims to maximize the transparency of the research study “by making it public every step of the way” (Gough, Oliver & Thomas, 2012, p.81), and in doing so mitigating the potential for author bias (Denison et al., 2013; Institute of Medicine, 2011). However, while an *a priori* protocol is common in systematic reviews of quantitative studies, the very nature of qualitative research and synthesis requires a more iterative approach. In a 'meta-synthesis' for example, research methods are “fluid and iterative”, with tentatively posed hypotheses being “continually juxtaposed with the data” throughout the entire process (Finfgeld-Connett, 2018, p.16). In other words, qualitative synthesis does not necessarily lend itself to a pre-planned approach.

Therefore, whilst the review questions were developed *a priori* to inform the purpose of this mixed-methods review, an additional qualitative review question was developed once studies had been identified and included (Table 6), to acknowledge the diversity of study designs adopted within the eligible studies, in addition to the high number of qualitative studies included. The supplementary review question explores older people’s subjective description of their own arts engagement and was used to inform the structure of the focus group study which explored the findings of the review in a contemporary community setting.

How do older people describe their subjective experiences of participatory arts engagement?

Table 6: Qualitative review question

6.5.2 Eligibility criteria

The eligibility criteria for studies to be included in the review was developed using PICOS: Population, Intervention, Comparison, Outcome, Study design. Studies were eligible for inclusion if they met these criteria (Table 7). Studies containing both ‘healthy’ older people and those with a formal diagnosis were **only** included if data were reported separately. If data were not distinguishable, studies were not included. Context on the types of participatory arts to be included was provided in the protocol, which listed examples of creative and performing arts, in addition to brief rationale for using 50+ years old as the age inclusion criteria for ‘older people’.

Population	older people (50 years or older) considered ‘healthy’ (e.g. with no evidence of diagnosis of dementia or other disease/disability) and living at home, in the community
Intervention / exposure	participatory arts activity / intervention (including active and passive engagement)
Comparison	comparative arts activity or standard care
Outcome(s)	reported on outcomes using a recognised method/measure (e.g. <i>Subjective Wellbeing</i> : satisfaction with life and positive and negative affect, and <i>Psychological Wellbeing</i> : autonomy, environmental mastery, positive relations with others, personal growth, self-acceptance and purpose in life); and <i>Quality of life</i> (using WHO definitions, e.g. WHO-QOL)
Additional outcome(s)	social capital, social inclusion, social engagement, social participation, cognitive function or self-esteem
Study design	empirical research using qualitative, quantitative or mixed-methods approaches

Table 7: Inclusion criteria

Quantitative studies were included if they contained a control group including pre-post study designs, which function in a similar way to one arm of a crossover trial where the same people are compared before and after participating in the intervention. Excluding pre-post would have meant excluding potentially useful data and therefore their inclusion also helped to mitigate bias. No exclusions were made based on participants' gender, ethnicity or socio-economic status and no restrictions were made on date of publication. Exclusion criteria are presented in Table 8.

Population	included individuals under 50 years old (or data were not reported separately) or had no reported age; focused on individuals residing in care homes (or assisted living facilities) and/or with a formal diagnosis (e.g. dementia, stroke) or an age-related condition
Intervention / exposure	focused on art therapy (e.g. art, drama therapy) and/or music-based (e.g. playing music, singing) activity / intervention
Comparison	used exercise as the comparator, rather than arts or standard care
Outcome(s)	did not report on the outcomes (wellbeing, quality of life or cognitive function)
Study design	non-empirical research such as articles, interviews and studies with no reported results

Table 8: Exclusion criteria

Studies which included an exercise intervention as a comparator were not included. Comparing participatory arts interventions with an exercise-based control would only indicate whether arts or exercise interventions were more or less effective than one another, rather than demonstrating an association between participatory arts engagement and wellbeing in healthy older people. Using PICOS to develop inclusion and exclusion criteria helped to clarify the distinct intervention(s) under investigation and the control groups being used to compare participation (Gough, Oliver & Thomas, 2012).

6.5.3 Search strategy

A search strategy was developed to capture potentially relevant studies on participatory arts, older people and wellbeing, quality of life and / or cognitive function (plus additional outcomes: social capital, social inclusion, social engagement, social participation and self-esteem). The search strategy was developed *a priori*, or *pre-planned* (Tong et al., 2012). This ensures that a comprehensive search process is produced to identify all available studies, rather than cherry-picking studies or developing the search iteratively, highlighting the objectivist stance of a systematic review methodology. The search strategy also enables the

search to be replicable. Secondary research including literature and systematic reviews was not included, though relevant reviews were screened for potentially eligible studies.

Literature searches were conducted on the following electronic databases: Abstracts in Social Gerontology; AgeLine; Allied and Complementary Medicine Database; Arts and Humanities Citation Index; Applied Social Sciences Index and Abstracts; British Nursing Index; CINAHL; Cochrane Central Register of Controlled Trials; Conference Proceedings Citation Index; Embase; ERIC; Joanna Briggs Foundation; MEDLINE; Performing Arts Periodicals Database; PsycARTICLES; PsycINFO; Science Citation Index; Scopus; Social Science Citation Index; Web of Science. A specific search strategy was tailored to each database, which included searches of both controlled vocabulary (standardised classification system of the specific database) where possible and a wide range of free-text fields (using reviewer's own choice of terms) as appropriate. Language use was considered to allow for variations in international terms and spelling, as well as including synonyms (Gough, Oliver & Thomas, 2012). The standard search strategy for free-text fields used across all databases can be found in Appendix G, taking the CINAHL strategy as an example.

6.5.4 Study selection

Searches were carried out in April and May 2017 for articles published before (and up to) May 2017. There was no restriction on the first date of publication. Searches were limited to English language papers. 4,410 articles were identified through database searching. All titles were screened by the main reviewer, Emily Bradfield (EB) to remove irrelevant articles. A second reviewer, Kate Phillips (KP), screened a 10% random sample of the titles. Involving two reviewers in the screening and selection process is best practice as it reduces the risk of selection bias (Gough, Oliver & Thomas, 2012). There were no discrepancies, based on title screening. In the next stage of study selection, abstracts of the 322 potentially relevant studies were screened independently by two reviewers (EB & KP) to identify articles for inclusion. The level of agreement between the two reviewers in screening was strong = 0.82 (Cohen's kappa) (McHugh, 2012). 114 records did not meet the selection criteria.

Finally, full-text articles for the remaining 208 records were obtained and screened for eligibility by two reviewers and any queries were discussed (EB & KP). In the event of any disagreements, an independent third reviewer would have been consulted. However, this was

not necessary as any discrepancies were discussed and resolved between EB and KP. 27 studies were considered eligible for inclusion. Following database searches, 'retrospective' checking of reference lists of included studies and 'prospective' citation searches were conducted using Google Scholar to identify studies which have been cited the included studies (Gough, Oliver & Thomas, 2012). Studies included in relevant published systematic reviews were cross-checked with selected studies, to identify any additional papers for inclusion. Finally, a call for evidence was made for any additional potentially eligible papers, through relevant websites (Age of Creativity, ResearchGate and Academia.edu), though this did not identify any further studies. The call for evidence can be found in Appendix H.

The number of studies screened, assessed for eligibility and included or excluded are reported using the PRISMA flowchart (Figure 15). The PRISMA template suggests you record the number of articles identified through database searching and additional records identified through other sources in the identification stage, at the top of the flow diagram (Liberati et al., 2009). It also asks you report the number of records after duplicates have been removed, before screening each record on title and abstract. However, Library Plus (the University of Derby's database) sometimes automatically removed duplicates and so it was impossible to report the number of records identified before all these had been removed. For this reason, the standard PRISMA flowchart was adapted to reflect the process accordingly. A summary of reasons for exclusion can be found in Figure 16.

Additional records which were identified through hand-searching are presented later in the flow diagram, as this more accurately reflects where this action happened in the process. However, these additional six studies (for which I obtained full texts) went through the same screening process as the other full-text articles. The PRISMA flow-chart does not list all records checked in the *retrospective searching* and *prospective reference list checking* process, as any articles not included in the flow-chart figures had either already been excluded in the initial searches or were not relevant.

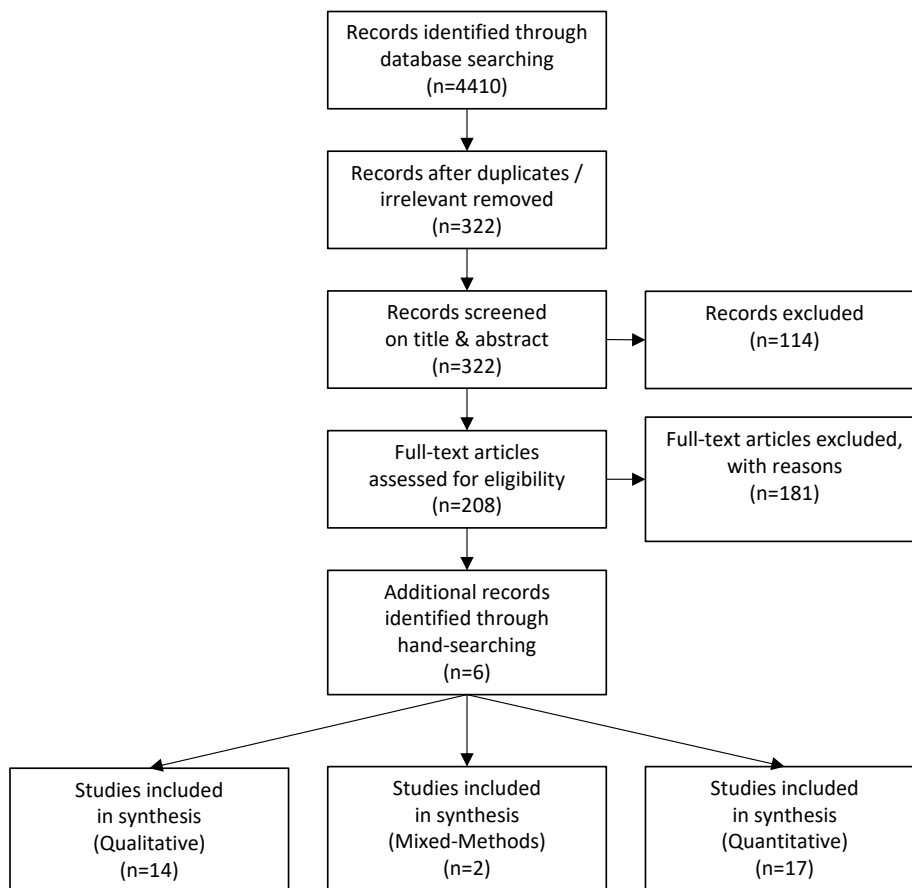


Figure 15: PRISMA Flowchart

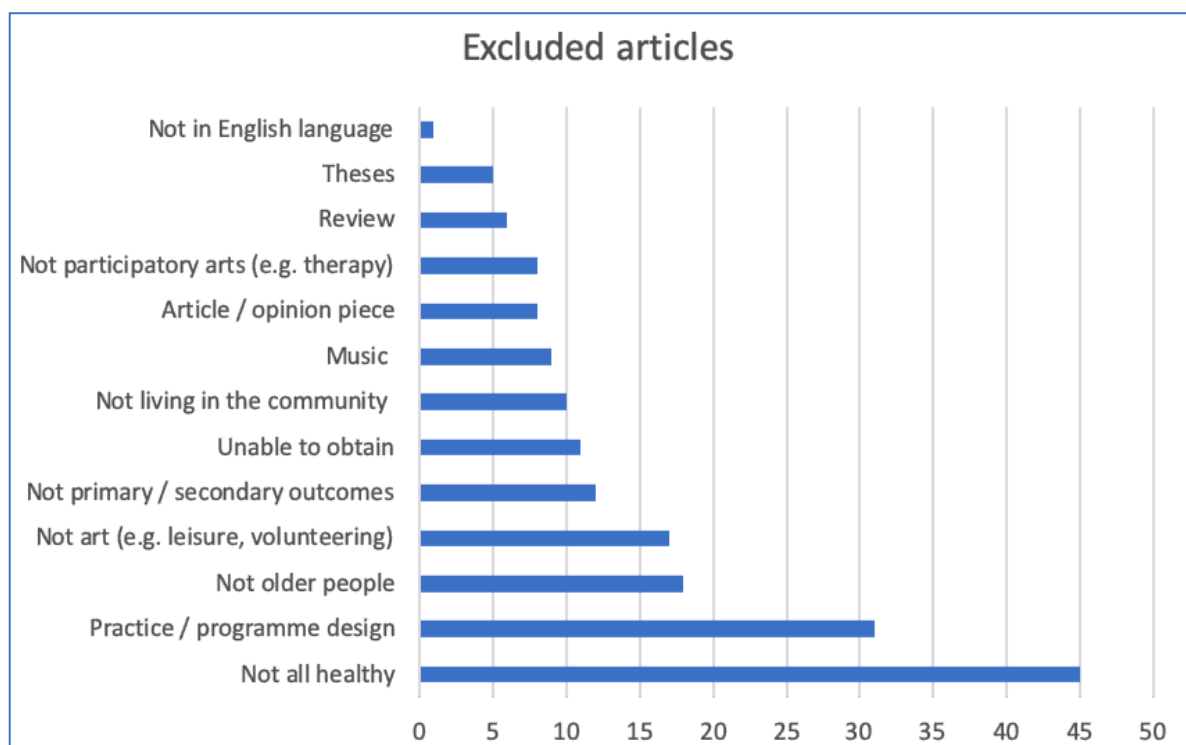


Figure 16: Summary of excluded articles

It was not possible to obtain eleven full-text articles, ten of which were unpublished PhD theses from the United States. On this basis, a decision was made by two reviewers (EB & David Sheffield) to exclude all theses from the review and only include studies published in peer-reviewed journals. Therefore, the five theses which had already been obtained were excluded to avoid selection bias. Additionally, the full-text article for one study identified at the abstract screening stage was only available in Croatian (Marasović & Kokorić, 2014). Whilst there are online translation tools available i.e. Google Translate, data extraction from translated articles has been shown to be less accurate than from English language articles and can increase the risk of error in systematic reviews (Balk et al. 2013). Therefore, since none of the review team or anyone known to them could translate from Croatian, this article was excluded.

Whilst there were four mixed-methods studies eligible for inclusion (Meeks, Shryock & Vandembroucke, 2017; O'Toole et al., 2015; Skingley, De-Ath & Napleton, 2016; Stevens-Ratchford, 2016), only two of these are referred to in the review as mixed-methods studies (O'Toole et al., 2015; Skingley, De-Ath & Napleton, 2016). The remaining two studies are included as qualitative studies (Meeks, Shryock & Vandembroucke, 2017; Stevens-Ratchford, 2016), based on the following reasons. In Meeks, Shryock and Vandembroucke (2017), the quantitative aspect of the study focused on comparison between age differences of younger and older people's involvement in theatre, rather than comparing theatre with a control group. Therefore, the quantitative phase of the study was not eligible for inclusion in the current systematic review. However, data from the focus groups with older people were included in the qualitative analysis. Although Stevens-Ratchford (2016) stated that his study was *qualitative*, he also referred to *quantitative* data being collected (Successful Aging Profile, Satisfaction with Life Scale and Quality of Life Scale), though no quantitative data were reported. The study author was contacted, but no response was received and thus only interview data from this study was included in the qualitative analysis.

6.5.5 Data extraction

Data extraction is the process whereby relevant data from each individual study is collected and stored in a standard format. Within a systematic review we are interested in both descriptive data (the characteristics of the study) and analytical data (the outcomes of the research). Whilst it can be tempting to, and at times feels necessary to, extract everything

from each study, the use of a data extraction form helps to ensure that only relevant data, which will help to answer the review question(s), is extracted (Boland, Cherry & Dickson, 2014). A systematic approach to data extraction aims to limit reviewer bias, by ensuring that the same data are collected for each study. While there are standardized data extraction forms available, in the context of this mixed-methods systematic review, bespoke data extraction sheets were developed to suit the distinctive types of data relevant to qualitative, mixed-methods and quantitative studies. To minimize data extraction errors, data can be extracted by two independent reviewers, but this can be time consuming. Therefore, I conducted data extraction as the main reviewer, with a second reviewer (DS) checking for accuracy at random. In addition, I re-conducted extraction of some data to identify any mistakes or inconsistencies and data were extracted electronically where possible to avoid errors (Boland, Cherry & Dickson, 2014).

The key items for extraction in the review were the study and participant characteristics and the study results/findings. The following data items were extracted from **qualitative studies**: (research design & objectives, art form, methods of data collection, outcome measures, participant details and analysis); and from **quantitative studies** (study design & objective, sample size, art form, outcome measures, analysis) respectively. For qualitative studies, findings were extracted in the form of participant quotes and author themes. For quantitative studies, outcome measure data were extracted in the form of means and standard deviations for pre and post measurements, when available. All extracted data were stored in Microsoft Excel, since it was software that I was already familiar with.

Missing data

In the event of any missing data the study author was contacted by email, as is considered best practice to improve the quality of the review (Boland, Cherry & Dickson, 2014). Several studies included graphs of results, rather than raw data tables, and in such instances the study author was also contacted. If missing data was not obtainable from the study author, no attempt was made to include it from statistics such as p values or Cohen's d . Full details on missing data can be found in Appendix I and are described below. Eight papers did not report raw data (Berryman-Miller, 1988; Garcia Gouvêa et al., 2017; Moore et al., 2017; Skingley, De-Ath & Napleton, 2016; Stevens-Ratchford, 2016) or data were represented in a graph (de Medeiros et al., 2011; Marini et al., 2015; Park et al., 2014). I contacted all study authors by

email to request the raw data, apart from Berryman-Miller who is deceased. Only authors from two of the studies responded and forwarded me the data (Moore et al., 2017; Skingley, De-Ath & Napleton, 2016). However, in both studies only mean scores had been recorded (and no standard deviations) and therefore I was unable to include the data in the exploratory meta-analysis. Consequently, study authors' narrative exploration of study results was extracted for inclusion in the narrative analysis.

Three studies included data presented in graph format (de Medeiros et al., 2011; Marini et al., 2015; Park et al., 2014). With no response from the study authors, I estimated mean and standard deviations from the graphs, when possible, by use of a ruler and pencil. However, one graph was impossible to read (de Medeiros et al., 2011) and therefore estimated data were not extracted. Where there was no response from study author and no data presented in graph format (Garcia Gouvêa et al., 2017), I referred to any narrative account of the findings and included these in my analysis and synthesis (Wiebe et al., 2006). In the case of Stevens-Ratchford (2016) where no quantitative data were reported, and I received no response from the study author, only the qualitative findings were extracted, and the study was included as a qualitative, rather than mixed-methods study.

Qualitative data extraction

A challenge with data extraction of qualitative research is the issue of what constitutes data. Furthermore, exclusion of author interpretations can limit the level of interpretation of the data in the synthesis. Nonetheless, I decided to extract study authors' themes and concepts to compare them with, support or indeed highlight any discrepancies with my own subjective interpretations of the older people's quotations, whilst maintaining focus on the participants' voice. Consideration of challenges around data became particularly pertinent due to the identification and inclusion of a few ethnographic studies in the review. In such studies, data appear throughout the article, not just concisely in the 'findings' section. This raises philosophical questions around whether it is acceptable to mix studies employing different approaches within the same review, and I consulted two qualitative experts in the field independently by email to ask for their advice.

In email conversations on 15th March 2018, and 22nd March 2018 respectively, Andrew Booth and Rachel Shaw both affirmed my belief that the pragmatic view, generally taken by

social scientists, is that it is ok to combine different study designs (Shaw, 2011). In the email conversation on 15th March 2018, A. Booth also suggested that I could conduct a qualitative sensitivity analysis to explore how different study designs may have contributed to the development of different themes. However, since the planned approach to thematic analysis is based on the ‘active’ researcher developing themes from their own subjective interpretation and the heterogeneity of study designs expected across both qualitative and quantitative studies, I did not consider a sensitivity analysis of study design to be appropriate (Braun & Clarke, 2013). In his email on 15th March 2018, A. Booth suggested that any differences between study designs could be mitigated by adopting a relatively method-neutral approach to synthesis, which supported my *a priori* decision to adopt a thematic approach to qualitative analysis.

Multiple publications of one study

One study was reported in three different publications (Maidment & Macfarlane, 2009, 2011a & 2011b) and a second study appeared in two separate publications (Cooper & Thomas, 2002; Thomas & Cooper, 2002). As is best practice, when multiple publications of the same study were included, the individual full-text articles were considered as one ‘study’ respectively (Boland, Cherry & Dickson, 2014). Data from the individual publications were extracted into one data extraction form for each study and any differing data across publications noted and included where relevant. Critical appraisal of each publication was conducted for each publication and an overall rating applied for the individual study.

6.6 Critical appraisal of studies

One of the steps in the systematic review process is to assess the quality and relevance of the studies in answering the review question(s). This method is employed to ensure that trustworthiness, appropriateness and relevance of data are considered when selecting studies for inclusion in a review and that data used in the synthesis are of a certain ‘quality’ (Gough, Oliver & Thomas, 2012). Furthermore, appraisal of the individual studies “contributes to the quality and credibility of the review itself” (p.154). Indeed, the Critical Appraisal Skills Programme (CASP) Systematic Review Checklist (2018), asks the question “Did the review’s authors do enough to assess the quality of the included studies?” (p.3). Terminology can be confusing however, with ‘quality appraisal’ and ‘critical appraisal’ commonly being

used interchangeably, as well as the word *assessment* replacing *appraisal*. Furthermore, Cochrane Systematic Reviews use a ‘risk-of-bias’ tool for randomized trials, a domain-based evaluation used to objectively assess the validity of included studies.

Critical appraisal of qualitative studies conversely remains a contested issue and reviewers should recognise that questions around quality differ considerably for qualitative research. Cochrane recommends that qualitative critical appraisal should focus on exploration and interpretation, rather than applying rigid standards which are more appropriate for assessing bias in RCTs (Noyes et al., 2011). However, even the methodologists who developed the risk-of-bias tool acknowledged that any assessment will involve some level of subjectivity (Higgins, Altman & Sterne, 2011). Furthermore, this systematic review included only a small exploratory meta-analysis which did not include a sufficient number of studies to draw any firm conclusions. Therefore, risk of bias assessment was not relevant for further discussion (Gough, Oliver & Thomas, 2012).

For Pawson (2006) critical appraisal is not only about how ‘sound’ research is, but also concerns how the study findings fit with other studies in the synthesis. For example, a meta-analysis traditionally has pre-defined criteria for critical appraisal, while a theory-generating approach such as meta-ethnography or qualitative meta-synthesis, may adopt a more emergent appraisal process. Gough, Oliver and Thomas (2012) suggest a strategy to overcome the diversity of study types by using the Weight of Evidence Framework. The framework structures thinking around appraisal on soundness of the study, appropriateness of the study design and analysis (in the context of a specific review question) and how well matched the study is to the focus of the review (Gough, 2007). Whilst each study can be assessed on each dimension as part of the critical appraisal process, some of these may be implicitly addressed in a different part of the review process, and thus are incorporated throughout the analysis and synthesis.

While an ‘assessment of methodological quality’ is often the favoured term used in systematic reviews, the Cochrane Handbook makes a distinction between assessment of ‘quality’ and assessment of ‘risk of bias’. The handbook recommends a focus on the use of ‘risk of bias’, since the key priority of a Cochrane review is to consider “the extent to which results of included studies should be *believed*” (Higgins, Altman & Sterne, 2011, 8.2.2). Furthermore, while a checklist approach is commonly advocated for appraising studies for

systematic review, there is debate around whether they can only assess the quality of how the study is reported, rather than how it was conducted (Garside, 2014). Higgins, Altman & Sterne (2011) posited that a focus on risk of bias, rather than assessment of quality can overcome the “ambiguity between the quality of reporting and the quality of the underlying research” (8.2.2). The Cochrane risk of bias tool, which assesses selection bias, performance bias, detection bias, attrition bias and reporting bias, is heavily focused on domains which are relevant to randomized trials, such as blinding of participants, personnel and outcome measurement (Higgins, Altman & Sterne, 2011). Therefore, based on the heterogeneity of research design from both qualitative and quantitative studies, this tool was not considered to be appropriate in this systematic review of participatory arts. However, critical appraisal was conducted for all included studies, as discussed in the following section.

6.6.1 Critical appraisal tools

Once the eligible articles had been obtained, the studies were grouped by study design so that suitable critical appraisal tools could be identified. Whilst the review protocol stated a Critical Appraisal Skills Programme (CASP) checklist would be used whenever possible, the range of study designs of included studies meant that it was necessary to find alternative checklists in some cases. For example, CASP does not offer a checklist for pre-post studies, static group comparisons or quasi-experimental study designs. Table 9 lists the six tools employed and a more detailed summary of each tool and rationale for its use is presented in Appendix J.

Critical appraisal tool	Study type	Format	Scoring system
CASP Qualitative Checklist	Qualitative + qualitative element of mixed methods studies	10-point checklist	Yes, no, can't tell
CASP Randomised Controlled Trial (RCT) Checklist	RCTs	11-point checklist	Yes, no, can't tell
Mixed Methods Appraisal Tool (MMAT)	Mixed methods	25-point criteria (select appropriate category for each study)	Yes, no, can't tell
Quality Assessment Tool for Before-After (Pre-Post) Studies with No Control Group	Pre-post	12 questions	Good, fair, poor
Appraisal tool for cross-sectional (static group comparison) studies (AXIS)	Static group comparison	20 questions	Yes, no, don't know

Joanna Briggs Institute Critical Appraisal Checklist for Quasi-Experimental Studies	Quasi-experimental	9-point checklist	Yes, no, unclear or not applicable
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Table 9: Critical appraisal tools

However, a challenge when using a range of appraisal tools is that it makes comparison across the body of evidence more difficult, due to the variability in the items contained in different tools (Katrak et al., 2004). In order to mitigate such issues, a rating of *yes*, *no* or *can't tell* was applied to each question. Although CASP recommend against the use of a scoring system, with different checklists asking a different number of questions, I adopted a simple scoring system across all studies of *yes*=2, *no*=0 and *can't tell/don't know*=1. This allowed me to provide an overall rating for each study based on the percentage of total possible points, which was not impacted on by the number of questions included in each tool.

Another distinction between different tools was whether a question on ethics is included. Interestingly, for experimental and quasi-experimental study designs, there was no mention of any ethical considerations. However, appraisal tools for observational qualitative and cross-sectional study designs included consideration of ethics. These differences perhaps reveal an assumption within the methodology and reporting of experimental studies. While there is debate around whether consensus should be sought in the critical appraisal of studies, it is also important to be aware of the subjective nature of appraisal (Higgins, Altman & Sterne, 2011). Furthermore, debate around whether the quality of qualitative research should be appraised and how the appraisal should be conducted became more pertinent when assessing the quality of mixed-methods studies for which only the qualitative data were included. For these two studies (Meeks, Shryock & Vandembroucke, 2017; Stevens-Ratchford, 2016) the qualitative aspect of the study was appraised using both the MMAT and the CASP Qualitative checklist and results compared to check for any anomalies.

Studies were appraised by one reviewer (EB), with 30% being independently appraised by a second reviewer (KP). KP appraised an example from each quantitative study design selected at random, one mixed-methods study and five qualitative studies randomly selected. When all or more of the checklist criteria were fulfilled (70%+) quality was graded as high, when some of the checklist criteria were fulfilled (50%+) quality was graded as moderate, and studies where less than 50% of criteria were fulfilled were graded as low. Studies have been rated individually to indicate their overall quality, with gradings represented visually (++, + or -) referring to high, moderate or low (NICE, 2014).

6.7 Analysis and Synthesis

To conceptualise what synthesis is and consider which type is appropriate, this section first explores definitions and modes of synthesis. It then describes the synthesis approach adopted for this review. Gough, Oliver and Thomas (2012) described synthesis as how we “understand the *results* of individual studies and ascertain what they mean as a *collective* body of knowledge [...] an activity that generates new knowledge – knowledge that is grounded in the information gleaned from multiple research studies” (p.180). In this sense, synthesis is not merely a description of the studies included, it becomes “more than simply the sum of its parts” (*ibid*). There are two main modes of synthesis within a systematic review: *configuration* and *aggregation*, though many reviews will contain both to some degree.

Gough, Oliver and Thomas (2012) liken *configurative* synthesis to a mosaic, “in which the findings from each study are slotted together to form a coherent whole” (p.182). They continue the visual imagery by describing an *aggregative* synthesis as the piling up of “similar findings in order to gain greater precision (or confidence) in their results” (*ibid*). Heterogeneity becomes a significant factor therefore when distinguishing between and selecting the appropriate mode of synthesis, since aggregation requires homogenous groups of studies, while the variations in studies make configuration possible.

Considering the heterogeneity of the studies in this mixed-methods systematic review, which includes both qualitative and quantitative research utilising a range of study designs and methodologies, the mode of synthesis is placed somewhere in the centre of the continuum, adopting a mainly *inductive* approach. Whilst I was keen to integrate the syntheses throughout the process, the level of variance amongst the data was too great for this to be possible e.g. disparate outcome domains and measurement tools for the quantitative studies compared to subjective descriptions of experience in the qualitative studies. Therefore, a certain level of *deductive* synthesis was essential. While aggregative and configurative modes of synthesis require different methods for analysis, it is not uncommon for a review to include aspects of both, particularly within a mixed-methods review (Gough, Thomas & Oliver, 2012).

The inclusion of divergent types of research within a mixed-methods systematic review can create challenges when it comes to synthesis. Therefore, the strategy employed for the current review was a *segregated* design which involved conducting qualitative and quantitative synthesis separately, allowing for different methods of analysis for the qualitative and quantitative data (Sandelowski, Voils & Barroso, 2006). A third synthesis was then conducted to combine and contrast the findings from the individual syntheses (Gough, Thomas & Oliver, 2012). The systematic review findings (Chapter 7) are presented as a qualitative synthesis and a narrative synthesis and exploratory meta-analysis of quantitative results, which are then brought together in an overall combined synthesis. The methods for the three separate syntheses are discussed below.

6.8 Qualitative analysis

Analysis of the qualitative findings took a relativist philosophical positioning which aimed to explore the “variation and complexity of different conceptualizations” of older people’s subjective experiences of participatory arts engagement in later life (Gough, Thomas & Oliver, 2012, p.5). Thematic analysis (TA) was adopted, as a relatively ‘neutral’ method which can be used to address most kinds of data and research questions. Whilst this approach has been associated with lack of transparency, it remains one of the most common methods for qualitative synthesis in evidence reviews. Moreover, the issue of transparency can be addressed by providing detail on how the analysis was conducted (Pope et al., 2007). It was necessary to use a theoretically flexible method of analysis which would be transferable across the diverse range of qualitative study designs included in the review. An advantage of TA “is that it provides a means of organising and summarising the findings from a large, diverse body of research” (p.97) and can be used in mixed-methods systematic reviews to systematically identify the most significant themes across multiple studies (Barnett-Page & Thomas, 2009; Centre for Reviews and Dissemination, 2009; Mays, Pope & Popay, 2005).

I employed a thematic approach to qualitative synthesis based on Braun and Clarke’s (2006; 2013) guidelines for conducting thematic analysis, the most commonly cited approach to thematic analysis of qualitative primary data. Since TA is principally intended for use in primary research, I contacted Braun and Clarke by email to see whether they could provide guidance on how to translate their approach to synthesis within a systematic review. In an email on 21st March 2018, V. Clarke acknowledged that whilst being aware that people have

used their approach for synthesis, they do not have any personal experience of thematic ‘synthesis’. However, as seen above TA has been used to integrate findings from multiple qualitative studies, referred to by Thomas and Harden (2008) as ‘thematic synthesis’. Furthermore, the results of a thematic analysis can be more accessible to a wider audience (Braun & Clarke, 2013).

I conducted an *inductive* thematic analysis, which “aims to generate an analysis from the bottom (the data) up; [it] is not shaped by existing theory”, though of course analysis is “shaped to some extent by the researcher’s standpoint, disciplinary knowledge and epistemology” (Braun & Clarke, 2013, p.175). This approach is well suited to a study underpinned by phenomenography, which explores the way in which people talk about and make sense of their experiences. Qualitative data were extracted in the form of participant quotes from the included studies and used to illustrate the themes and highlight the older people’s voice (Corden & Sainsbury, 2006). Whilst there is much debate regarding whether or not coding should be ‘validated’ by another person or team, I conducted coding and analysis of the qualitative data independently, since “no two analysts will code in exactly the same way” (Braun & Clarke, 2013 p.207).

Analysis was conducted following a systematic process of extraction, familiarisation, coding and development of sub-themes and themes, as illustrated in Figure 17. The diagram elucidates the stages of the thematic analysis process from getting familiar with the data and establishing initial codes, to developing a comprehensive set of codes which capture “different concepts, issues and ideas” across the data, through to identification of the key features which are grouped into sub-themes and themes (Braun & Clarke, 2013, p.211). In order to contextualise the findings, the themes I developed were further explored in a series of focus groups with older people, to see whether they resonated with the participants’ own subjective experiences of participatory arts engagement. The following sections describe the thematic analysis process in more detail.

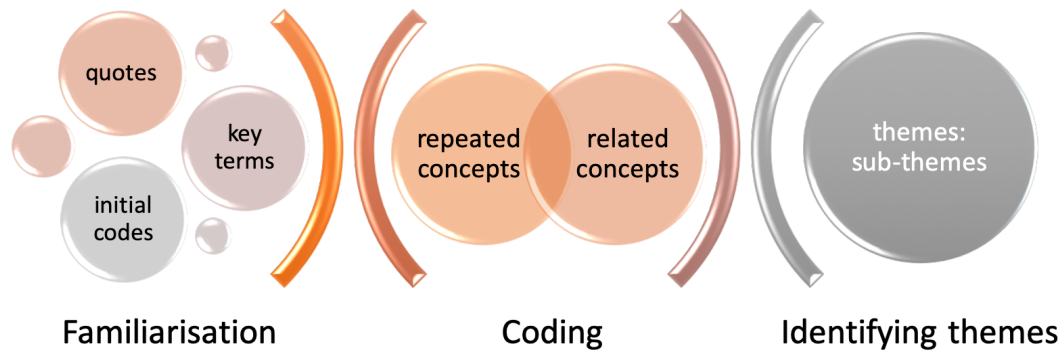


Figure 17: Thematic analysis process

6.8.1 Familiarisation

Having extracted qualitative data into a Microsoft Excel spreadsheet, I commenced with the process of familiarisation, which is “about starting to *read data as data*” (Braun & Clarke, 2013, p.205). Familiarisation is an active process where you begin to make sense of the data. However, I found this process difficult with the data in a spreadsheet. To address this, I wrote participant quotes by hand onto A3 pieces of paper, highlighting adjectives used to express emotion. It was enlightening! Identifying key terms and phrases helped me to immerse myself in the data and I started to gain a clearer insight into how the participants were making sense of their own subjective experiences. Indeed, moving away from the computer screen “allows for a different mode of interaction with data, and moves you into a different conceptual and physical space for conducting analysis” (Bringer, Johnston & Brackenridge, 2006 – cited in Braun & Clarke, 2013, p.204). Figure 18 illustrates my process of handwriting verbatim participant quotes and key terms onto post-it notes to develop initial codes.

Companionship	Friendship	Keeping active
Shared experience	Sense of belonging	Relaxation
Ability / capability	Leaving a legacy	Better than exercise
Inspiring others	Being inspired	A high / pick me up
Shared learning / skills	Freedom of expression	Stress relief
Engaging the brain	Engagement / distraction	Body awareness
All about the artform	Beyond the group	Feeling younger
Getting out	Flow	Social tonic
Engagement in the process	Reawakened	A way of life
Pure enjoyment	For the love of the...	Do till I die
Craft with a purpose	Became part of me	Pain relief
Connecting to the past	Challenge / perseverance	Learning about oneself

Table 10: Initial codes

Figure 19 shows two examples of my coding process, illustrating the grouping of participant quotes for the codes ‘engagement in the process’ and ‘sense of belonging’. The benefit of using post-it notes was that it enabled an “organic and evolving” coding process, as it was possible for me to move quotes around to try them out under different codes (Braun & Clarke, 2013, p.211). Coded data were then collated in a Microsoft Excel spreadsheet, as well as on the A3 paper copies. The next stage in the process was to examine the codes in order to identify patterns which could then be grouped into themes and sub-themes where relevant, as discussed in the following section.

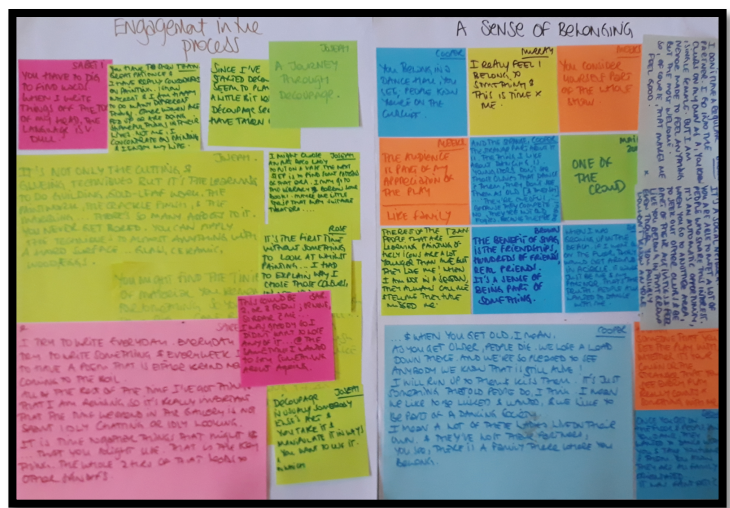


Figure 19: Coding

6.8.3 Identification of themes

The final stage in the thematic analysis process is to cultivate the comprehensive set of themes by identifying patterns across the data. Pattern-based analysis is not about discovering which are most frequent, but also finding the most meaningful elements for answering the

review question(s). This stage allowed me to “systematically identify and report the salient features of the data” (Braun & Clarke, 2013, p.223). Identifying themes is an active process, which involves the researcher creating and developing their own analysis. Braun and Clarke (2013) provide the useful metaphor, particularly within the context of an analysis of participatory arts engagement, of the researcher as a sculptor. In this metaphor, the sculptor actively makes “choices about how they shape and craft” their data into a thematic analysis (or artefact) as opposed to an archaeologist who is digging for buried treasure, e.g. is looking for pre-existing themes (p.225). Figures 20 and 21 illustrate the physical process of laying out and grouping codes which I carried out to identify and develop themes.



Figure 20: Identifying themes

A crucial part of the process is the identification of the most meaningful descriptions of experience, e.g. saliency over frequency. I see the relationship between the themes as linear rather than hierarchical; reflecting the variation in how people experience and understand their own arts engagement, instead of viewing one experience to be more important than another. Each theme also includes a ‘central organising concept’ which unites the codes and relevant quotations and provides something meaningful about the pattern in the data. The themes are presented in a non-hierarchical order, i.e. no rating is applied to any of the themes, rather they represent the variation of experience and tell a story about the data (Braun &

Clarke, 2013). In addition to the thematic analysis of qualitative data, I conducted a further analysis of qualitative data using a creative method, as discussed in the following section.

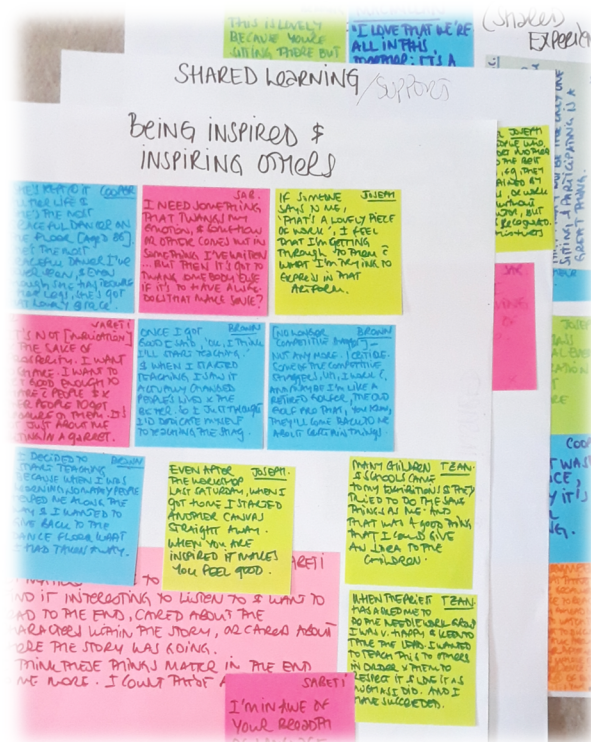


Figure 21: Grouping codes to develop themes

6.8.4 I-poem Analysis

Poetry is gaining momentum as a “rigorous, substantive, and valuable” research approach which allows the researcher to explore lived experiences in an ‘artful’ manner and challenge positivist ways of knowing (Zambo & Zambo, 2013, p.4). Poetry as a research method helps the researcher to consider their own subjective relationship to the data and develop relational ways of knowing. Despite gaining legitimacy, use of poetry in research remains unfamiliar and as such “pushes the boundaries of traditional research” (*ibid*), particularly within the context of a systematic review. I-poem analysis is a method which enables the researcher to consider how participants represent themselves and their experiences, through examination of first-person statements. The process leads to the construction of a poem as a creative output. Traditionally I-poem analysis uses quotations taken from interview transcripts. However, in this study quotations were taken from studies included in the review.

I-poem analysis has developed from the work of Gilligan (1982) in helping women to find their voice and has more recently been used in research with older women with dementia (Proctor, 2001). It is a useful method for focusing on the research subjects' subjectivity and coming closer to their world (Edwards & Weller, 2012; Zambo & Zambo, 2013). Contrasting different analytical angles of data analysis can lead to new insights and as such poetry offers a playful and creative approach to research (Coffey & Atkinson, 1996; Eisner, 1997), which complements the thematic analysis. Thus, I-Poem analysis provides an innovative approach to adopt in a study exploring experiences of participatory arts engagement in later life.

Each participant quotation which started with the use of the first person 'I' from the included qualitative studies was re-written by hand onto sheets of A3 paper, with each quote written on a different line. The next step in the process required a certain level of interrogation and playing with the statements to identify the key voices and pertinent meaning throughout the overall narrative. The statements were grouped according to the associated verb, *I think, I feel* etc, and constructed into stanzas based on these groupings or 'voices' (Edwards & Weller, 2012). Results of the analysis are presented in the form of a poem, rather than a piece of narrative prose; i.e. the words are arranged on separate lines and are chosen for the concepts they reveal.

As far as I am aware, this creative research method has not previously been incorporated into a systematic review or qualitative evidence synthesis, and consequently adds a level of innovation and exploration to the review. Indeed, in a critical review of methods for the synthesis of qualitative research, the outputs of synthesis differed based on their epistemological stance, i.e. meta-ethnography or grounded theory, rather than in any creative approach to data analysis (Barnett-Page & Thomas, 2009). Thus, in the context of the mixed-method methodology of this doctoral thesis I was able to use quotations taken from a range of study designs and analyse them using a creative approach. Moreover, poetry is a useful approach for communicating experiential knowledge as a tool for the analysis and reporting of research data (Faulkner, 2009; Reason, 2010). The I-poem is presented in the qualitative synthesis (Chapter 8).

6.9 Quantitative Analysis

Quantitative analysis was conducted using an aggregative approach (Gough, Thomas & Oliver, 2012). Where possible, mean and standard deviations from each outcome measurement (wellbeing, quality of life and cognitive function) were extracted from each quantitative study for potential inclusion in a meta-analysis. However, due to the heterogeneity of the studies and variation in the outcome data reported (both in terms of outcome and assessment tool), a meta-analysis was not possible for all of the quantitative data. Indeed, the quantitative studies measuring cognitive function domains in particular employed such heterogeneous measurement tools across a broad range of study designs that meta-analysis was not appropriate, due to the risk of combining apples with oranges (Deeks, Higgins & Altman, 2017). Nonetheless, an exploratory meta-analysis on a sub-set of data (subjective wellbeing) was considered worthy of investigation and was combined with a narrative analysis of all quantitative results, including visual mind-maps which were created using the *Mindly* mobile app (Dripgrind Software, 2018) and are presented in Chapter 7.

6.9.1 Exploratory meta-analysis

In order to consider which wellbeing studies might be appropriate for inclusion in the exploratory meta-analysis, it was necessary to consider exactly which wellbeing domain each tool measured, to see whether the scales were comparable, or not. I did not include self-concept in the comparison of tools, since there was insufficient data available from the two studies which employed the Tennessee Self-Concept Scale. Berryman-Miller (1988) recorded measurement post intervention only and no data were reported by De Medeiros et al. (2011). As soon as I examined the wellbeing concepts measured by different tools, it was apparent there were similarities and differences amongst the tools, including a certain level of overlapping of the concepts being measured. For example, Ryff's Psychological Wellbeing Scale explores aspects of *purpose in life* and *self-acceptance*, which have crossovers into subjective wellbeing and life satisfaction e.g. 'When I look at the story of my life, I am pleased with how things have turned out', which is comparable with items on the Satisfaction with Life Scale. For a comparison of psychological wellbeing scales, see Appendix K.

There were also parallels across the language used to explore positive affect (PANAS) (Richeson & Thorson, 2002), positive 'in the present' emotion from the Subjective Exercise

Experiences Scale (SEES) (Mavrovouniotis, Argiriadou & Papiroannou, 2010) and satisfaction with life (Cruz-Ferreira et al., 2015; Richeson & Thorson, 2002) as presented in Table 11. The positive aspects of the emotion scale used by Moore et al. (2017) also accorded well with these positive emotions; however, no baseline data was collected and therefore the study could not be included in the exploratory meta-analysis.

There were also comparisons between the subjective questionnaires used to describe how participants felt having participated (Kattenstroth et al., 2013; Moore et al., 2017) (Appendix L). However, this ‘retrospective subjective state’ post-engagement reflects a slightly different element of wellbeing from ‘in the present’ emotions, and therefore is not directly comparable (Seligman, 2011). Furthermore, data was presented as percentages (Kattenstroth et al., 2013) or only taken post-intervention (Moore et al., 2017) and therefore it was not possible to include in the exploratory analysis.

Positive Affect (PANAS)	Positive Wellbeing (SEES) - how do you feel right now?	Satisfaction with Life Scale	Subjective scale - post class I was... (Moore et al., 2017)
Interested	Great	In most ways, my life is close to my ideal	Engaged
Excited	Positive	The conditions of my life are excellent	Challenged
Strong	Strong	I am satisfied with my life	Interested
Enthusiastic	Terrific	So far I have gotten the most important things I want in life	Happy
Proud		If I could live my life over, I would change almost nothing	Satisfied
Alert			Calm/Aroused
Inspired			
Determined			

Table 11: Subjective wellbeing tools

Eventually, I decided that data from three studies with comparable study designs (Cruz-Ferreira et al., 2015; Mavrovouniotis, Argiriadou & Papiroannou, 2010; Richeson & Thorson, 2002) could be included in an exploratory meta-analysis of subjective wellbeing. In accordance with Seligman’s (2011) wellbeing theory, these ‘hedonic’ emotions sit within the ‘positive emotion’ element of wellbeing and thus reflect variables which impact on ‘the pleasant life’. Analyses were conducted using Meta-Essentials, a validated tool for meta-analysis (Suurmond, van Rhee & Hak, 2017).

6.9.2 Additional analyses

The review protocol stated that subgroup analyses between art forms and level of participation would be conducted, since “demarcating the scope of the arts under examination goes some way to defining their potential impact” (Skingley, De-Ath & Napleton, 2011, p.75). Nonetheless, without a clear explanation or understanding of the domain(s) of art and level(s) of participation, making comparisons can be challenging and potentially produce analysis with little relevance. According to Guetzkow (2002) the more intense the level of participation, the more likely any potential benefit is possible, e.g. through direct involvement as opposed to audience participation. However, comparison of different levels of participation was not possible within the review as there was only one study which investigated theatre attendance (Meeks, Shryock & Vandenbroucke, 2017).

The focus group study therefore provided an opportunity for discussion around the term ‘participatory’ arts and perceived benefits gained from the different levels of participation. This is discussed in more detail in Chapter 9. As discussed above, heterogeneity of measurement tools employed across the quantitative studies investigating the effects of participatory arts on cognitive function meant that meta-analysis was not possible. However, in addition to a divergent use of measurement tools, there were also challenges with categorisation of the tests into the relevant cognitive domain, due in part to inaccuracy or inconsistency in reporting of the measurement tools by study authors. An example of categorisation difficulties is provided in Appendix M for reference.

6.9.3 Narrative synthesis

Narrative synthesis was conducted to explore the effect of participatory arts engagement on wellbeing and cognitive function in addition to the exploratory meta-analysis. This approach goes beyond mere description, to comment on methodological quality and highlight important study characteristics relevant to addressing the review question(s) (Ryan, 2013). Whilst historically viewed as second-best to meta-analysis, narrative synthesis is an approach to analysing findings which adopts a textual rather than a statistical approach, to tell the story of a corpus of studies (Popay et al., 2006). Indeed, as argued in the exploratory meta-analysis section above, sometimes a storytelling or narrative approach is more suitable when a meta-analysis is not feasible or appropriate (Ryan, 2013).

Narrative synthesis provides “a summary of the current state of knowledge in relation to a particular review question”, which is interpreted by the researcher (Popay et al., 2006, p.6). As such, the process involves a description of the results of the included studies, followed by an exploration of the relationships with and between these. The robustness of a synthesis depends on the quality of the included studies and the methods used to synthesise the data (Ryan, 2013). The method to synthesis adopted in this study reflects an interpretative approach which provides a more critical interpretation of overall data from the corpus of included studies. Evans (2002) made a distinction critical to the quality of a narrative between ‘descriptive synthesis’, e.g. the visual representation of the data and ‘interpretive synthesis’, the patterns identified across the studies.

Due to variation in the outcomes measured, synthesis of data was interpreted under wellbeing and cognitive function domains, to provide structure and ensure that the synthesis would be more manageable for the reader. Organising the studies into groups is also useful in identifying patterns across the groups, which are often categorized by population, intervention, context or outcomes being reported (Popay et al., 2006). Furthermore, grouping the studies by specific outcome domains aims to produce a story which is relevant, accessible and comparable in future research. The groupings of wellbeing and cognitive function domains and the measurement tools employed across the studies were represented in a visual mind-map, using the *Mindly* mobile app (Dripgrind Software, 2018). These groups and figures are presented in Chapter 8.

6.10 Combined synthesis

Within the segregated mixed-methods systematic review methodology adopted, individual syntheses were conducted for the qualitative and quantitative evidence separately utilising both configurative and aggregative approaches. An aggregative mode of synthesis was used to explore the effects of participatory arts engagement in later life of quantitative data, which included an exploratory meta-analysis and narrative analysis. For qualitative findings, configuration was used to interpret and understand subjective experiences of art-making to “provide enlightenment through new ways of understanding” (Gough, Thomas & Oliver, 2012, p.3). The findings from the two syntheses were used to inform each other in a complementary manner, e.g. the findings add to each other, and as such the resulting synthesis has been termed ‘complementary’ (JBI, 2014b).

I produced a mind-map of all the themes developed from the qualitative findings in Microsoft Powerpoint, to help me gain an understanding of their interconnectivity and to explore the themes in relation to the key quantitative findings (see Chapter 7). Mind-maps are a useful graphic technique which enable the brain to integrate and link concepts more effectively than through text alone (Buzan, 1997; Farrand, Hussian & Hennessy, 2002). Indeed, mind-maps or visualisations of material have been associated with what Heron and Reason (1997) described as ‘presentational knowledge’ which allows us to explore patterns through graphic or creative forms, in contrast to ‘propositional knowledge’ which is “exemplified by the formal academic paper” (Reason, 2010, p.4).

Within thematic analysis, a thematic map offers a visual tool to explore the relationships between themes, subthemes and codes (Braun & Clark, 2013). The mind-map was therefore not only useful for me to explore how the concepts connected and interacted with one another in the development stage, but also provided an “effective means of communication” for the purposes of discussion in the focus group sessions and dissemination of findings (p.5).

Visualization of data makes it possible for researcher, analysts, engineers, and the lay audience to obtain insight into these data in an efficient and effective way thanks to the unique capabilities of the human visual system, which enables us to detect interesting features and patterns in a short period of time (Wijk, 2006, p.1).

The themes were explored in relation to Seligman’s (2011) wellbeing theory, based around his PERMA model (**P**ositive emotion, **E**ngagement, positive **R**elationships, **M**eaning and **A**ccomplishment). Wellbeing, unlike more health-related quality of life measures of broader health status and broader quality of life, tends to be self-reported and thus connects well with positive psychology (Thompson & Chatterjee, 2013). Moreover, PERMA is increasingly being employed in arts and health research, including an exploration of music in contributing to a flourishing life (Croom, 2015), older people’s motivations for participating in community singing (Lee, Davidson & Krause, 2016) and the effects of knitting and music participation on happiness and wellbeing (Lamont & Ranaweera, 2019). Thus, it was adopted as a relevant framework for this study, which recognises the unique contribution of participatory arts engagement to a pleasant and meaningful life and reflects varied conceptions of engagement (Cibangu & Hepworth, 2016).

The findings from the qualitative and quantitative analyses were combined in a complementary manner to produce a cogent synthesis of the existing evidence. The mixed-methods systematic review not only includes studies from differing paradigms, methodologies and contrasting modes of analysis, but also consolidates findings from all of the included studies by integrating qualitative and quantitative analysis in the combined synthesis (Harden, 2010). Thus, an exploration of diverse subjective conceptions of participatory arts engagement is combined with more objective measures of effect, using PERMA as the framework through which to systematise the different perceptions of experience (Marton & Pang, 2013).

6.11 Summary

This chapter presented the methods followed to conduct a mixed-methods systematic review of participatory arts on wellbeing, quality of life and cognitive function in healthy older people. The chapter began with a discussion of the rationale for conducting a systematic review and the reason for choosing a mixed-methods approach in the context of this interdisciplinary thesis. The review process was reported following PRISMA (preferred reporting items for systematic reviews and meta-analyses) to ensure quality of reporting and transparency of process. Additionally, the ENTREQ framework (enhancing transparency in reporting the synthesis of qualitative research) was used for reference when reporting the qualitative elements of this mixed-methods review. The entire systematic review process from gaining ethical approval and development of the protocol, through to critical appraisal and synthesis has been presented. The following chapter presents the results of the review.

CHAPTER 7: SYSTEMATIC REVIEW FINDINGS

7.1 Introduction

The previous chapter reported the methods adopted for conducting the systematic review, while this chapter presents the findings. A PRISMA flowchart of the study selection and inclusion process was presented in the previous chapter. For the purposes of ease, all references made to included studies from here onwards use the first author and study date. The following section provides a descriptive analysis of study, participant and intervention characteristics of included studies. Critical appraisal of studies is then presented for qualitative, quantitative and mixed-methods studies, and followed by a synthesis of qualitative data.

Five themes were developed through thematic analysis which provide the framework for discussion: **making and creating, connections and communities, identity, the ‘feel good’ factor and body, mind and soul**. Qualitative findings are further discussed following I-poem analysis, which resulted in the production of a poem which is presented. The subsequent section presents the quantitative synthesis, which is categorised by four wellbeing domains: **broader health status, broader quality of life, psychological and subjective wellbeing**. Results of the exploratory meta-analysis of subjective wellbeing are then presented, followed by a brief discussion on the related outcomes of self-concept and self-esteem. Analysis of cognitive function results is grouped by domain: **general intellectual ability, learning / memory, visuospatial ability and attention / concentration**.

A third synthesis attempts to integrate qualitative and quantitative findings using Seligman’s (2011) PERMA model of wellbeing as a framework and is presented using the themes developed to provide structure and consistency. A summary of evidence is then presented, including a brief overview of findings based around the four distinct art forms represented across the corpus of studies: dance, visual arts, creative (autobiographical writing) and theatre. This is followed by sections on the time sensitivity of the systematic review, limitations of the included studies and the mixed-methods review. The chapter concludes with a presentation of implications and recommendations for future research.

7.2 Study characteristics

A total of 33 studies were included in the mixed-methods systematic review: 14 qualitative, 2 mixed-methods and 17 quantitative studies. Study characteristics are presented in the following tables: qualitative studies (Table 11), quantitative studies (Table 12) and mixed-methods studies (Table 13). Studies are presented in separate tables due to the diverse data reported across the studies and therefore were extracted differently for distinctive study designs. All studies are presented alphabetically by first study author and date. A complete list of included studies can be found in Appendix N and excluded articles in Appendix O.

7.2.1 Descriptive analysis of included studies

The 33 studies were published between 1988 and 2017. Just over half of the studies (52%) were published after the Noice, Noice and Kramer (2013) review, with 77% having been published since the first review of participatory arts and older people was conducted (Castora-Binkley et al., 2010). Twelve studies were conducted in the United States, followed by the United Kingdom (n=6), Australia (n=2), Germany (n=2), Greece (n=2) and Ireland (n=2). The remaining studies were conducted (one study per country) in Brazil, Crete, Czech Republic, Italy, Portugal, Sweden and Turkey. This demonstrates a substantial focus in research output on participatory arts engagement in later life having been conducted within the Anglosphere (67%). Studies were published in a range of journals, which focused on ageing (n=14), physical activity / occupational therapy (n=8), psychology (n=6), public health / social sciences (n=3), psychotherapy (n=1) and craft (n=1). First author disciplines spanned physical therapy and education (n=7), clinical psychology / psychiatry (n=6), health and social sciences (n=5), occupational therapy (n=4), education and the arts (n=3), neuroplasticity (n=2), amongst others.

7.2.2 Participant characteristics

Study sample sizes ranged from four (Joseph, 2013) to 374 participants (Richeson, 2002), cumulating in a total of over 1,784 participants across the studies. One study did not report sample size (Berryman-Miller, 1988). Twenty-five studies reported gender data, which when combined revealed that 73% of participants across all of the included studies were female. Six studies included all female participants (Alpert, 2009; Cruz-Ferreira, 2015; Eyigor, 2009;

Joseph, 2013; Maidment, 2009; Tzanidaki, 2011), all of which reported that they were specifically exploring experiences of art-making in older women, apart from Alpert (2009).

Twelve studies reported inclusion criteria based on participant characteristics (e.g. healthy, living in the community) relevant to the inclusion criteria of the systematic review. Criteria included: community dwelling / living independently living in the community (Alpert, 2009; Stevens-Ratchford, 2016); independent activities of daily living / independently mobile (Cruz-Ferreira, 2015; Eyigor, 2009; Marini, 2015; O'Toole, 2015); no neurological disorder / cognitive impairment (Cruz-Ferreira, 2015; de Medeiros, 2011; Marini, 2015; Moore, 2017; Park, 201; Shanahan 2016) and no history of other disease / in good health (Alpert, 2009; Eyigor, 2009; Garcia Gouvêa, 2017; Noice, 2004). Some studies used related outcome measurement tools as a screening tool for inclusion: Mini-Mental State Examination (MMSE) (de Medeiros, 2007 & 2011; Park, 2014); Geriatric Depression Scale (BDS) (de Medeiros, 2011; Moore, 2017); and Beck Anxiety Inventory (BAI) (Moore, 2017).

Age range of participants

Participant age across the studies ranged from 50 to 96 years, with inclusion criteria for age of participants set at **50+** (n=3) (Alpert, 2009; Murray, 2010; O'Toole, 2015); **55+** (n=4) (Berryman-Miller, 1988; Joseph, 2013; Sabeti, 2015; Shanahan, 2016); **60+** (n=5) (Bougeisi, 2016; Cooper, 2002; de Medeiros, 2007; Meeks, 2017; Stevens-Ratchford, 2016) and **65+** (n=7) (Bedding, 2008; Cruz-Ferreira, 2015; de Medeiros, 2011; Eyigor, 2009; Moore, 2017; Thornberg, 2012; Tzanidaki, 2011). Joseph (2013) did not report age of participants, though when contacted by email the study authors provided their inclusion criteria of aged 55+ and mean age of 75 years. None of the other studies presented age-related inclusion criteria. However, based on the age ranges included, participants were aged **50+** (n=3) (Maidment, 2009; Richeson, 2002; Skingley, 2016); **55+** (n=1) (MacMillan, 2016); and **60+** (n=7) (Brown, 2008; Garcia Gouvêa, 2017; Kattenstroth, 2010 & 2013; Mavrovouniotis, 2010; Noice, 2004; Park 2014). The remaining studies reported including participants aged **65+** (Marini, 2015; Rose, 2016), while Roberson only provided an average age of **68.55**.

QUALITATIVE STUDIES									
First author (date)	Country	Intervention / exposure	Study duration	Data collection methods	(n=)	Age range (MEAN±SD)	Methodology	Data analysis	Benefits reported
Bedding (2008)	UK	Regular participation in visual art (painting)	n/a	Unstructured interviews	6	65-84	Phenomenology	Phenomenological data analysis (Van Kaam, 1959)	Painting added a special dimension to the participants' retirement: it gave satisfaction, challenge, time transformation, a sense of achievement, productivity & a boost to confidence.
Brown (2008)	USA	Regular participation in dance (shag)	n/a	In-depth interviews	37	60-82 (MEAN=66)	<i>Not stated (Grounded Theory)</i>	Constant comparative method (Glaser & Strauss, 1967)	Perceived link between meaningful participation in dance and self-determination, enjoyment and 'successful ageing'.
Cooper (2002) Thomas (2002)	UK	Regular participation in social dance (ballroom / modern sequence / modern ballroom)	n/a	Interviews + participant observation	31	60-90	Ethnography	<i>Not stated</i>	Perceived physical & social benefits of social dance, including an opportunity to have fun and feel young, improved sense of worth and achievement, and promotes sense of community spirit.
Joseph (2013)	Australia	Regular participation in visual art (découpage)	n/a	Semi-structured focus group interviews	4	55+ (M=75)	Phenomenology	Interpretative Phenomenological Analysis (Smith et al, 2009)	Découpage provides opportunity for new learning, sense of community and a creative outlet which fosters enhanced sense of self and wellbeing.
MacMillan (2016)	USA	Dance programme (ballet, jazz, modern dance & creative movement)	10 months (Sept to Dec + Jan to June)	Focus groups	16	55-92 (72.4±8.7)	Participatory action research	Grounded theory (Strauss & Corbin, 1997)	Perceived holistic wellbeing benefits following participation in dance programme, including improved body consciousness, self-esteem / confidence, physical & mental health and an opportunity for social interaction.
Maidment (2009, 2011a, 2011b)	Australia	Regular participation in visual art (crafts)	n/a	Semi-structured interviews	9	54-86	<i>Not stated (Ethnography)</i>	Thematic analysis	Perceived benefits from engaging in craft groups included reduced isolation, self-affirming, learning new skills and mutual support.
Meeks (2017)	USA	Regular participation in theatre (passive)	n/a	Focus groups	20	60-77 (M=65)	<i>Not stated</i>	Directed content analysis (Hsieh & Shannon, 2005)	Perceived benefits of social engagement, belonging, & social wellbeing.

QUALITATIVE STUDIES									
First author (date)	Country	Intervention / exposure	Study duration	Data collection methods	(n=)	Age range (MEAN ±SD)	Methodology	Data analysis	Benefits reported
Murray (2010)	UK	Arts workshops (pottery, painting, glass engraving & writing)	3 months	Conversations, field notes, semi-formal interviews + focus groups	11	51-83	Participatory action research / ethnography	<i>Not stated</i> (Thematic analysis)	Perceived benefits included a sense of achievement, increased social interaction and friendship and being connected to local community, leading to the development of bonding social capital.
Roberson (2014)	Czech Republic	Regular participation in dance (social)	n/a	Participant observation, questionnaires + focus group	76	(av 68.55)	<i>Not stated</i> (Ethnography)	<i>Not stated</i> (Thematic analysis)	Social dance contributes to the wellbeing of seniors by providing a forum for physical activity, an atmosphere of enjoyment & fun, and a means to reconnect with one's past & history.
Rose (2016)	UK	Visual arts programme (painting)	<i>Not stated</i>	Questionnaires, diaries, group discussion + in-depth interviews	23	65-86	<i>Not stated</i>	Thematic analysis (Silverman, 2001 & Riessman, 2008).	Painting provided the opportunity for older people to reconnect with themselves, reaffirm their identity and improve their subjective wellbeing.
Sabeti (2015)	UK	Regular participation in creative writing	n/a	Participant observation, field notes + semi-structured interviews	14	55+	Ethnography	<i>Not stated</i> (Thematic Analysis)	Creative writing made older people feel younger – the writing process provided a means of being in the present which lead to perceptions of youthfulness and energy, connection with others, a sense of mastery and a sense of self.
Stevens-Ratchford (2016)	USA	Regular participation in dance (Ballroom)	n/a	Interviews	20	60-84 (M=68)	<i>Not stated</i>	Open coding (Corbin & Strauss, 2007); Thematic analysis (Creswell, 2013; Riessman, 2008)	Ballroom dance was an integral part of older people's engagement with life and perceived improvements included improved subjective wellbeing and social connectedness.
Thornberg (2012)	Sweden	Dance programme (expressive movement)	4 months	Open interviews	13	61-89	<i>Not stated</i>	Interpretative narrative method (based on Polkinghorne, 1988)	Perceived benefits of participation in an expressive movement dance programme were related to concepts of body-mind connectedness, self-identity and personal growth.
Tzanidaki (2011)	Greece (Crete)	Regular participation in visual art (weaving, lacemaking & painting)	n/a	Semi-structured interviews	12	65+	Phenomenology	Interpretative phenomenological analysis (Smith et al, 2009)	Perceived benefits of participating in Cretan crafting activity included promotion of continuity of self, social connectedness and improved wellbeing.

Table 12: Study characteristics (Qualitative)

QUANTITATIVE STUDIES								
First author (date)	Country	Study design	Participants (n=)	Age range (MEAN±SD)	Intervention & duration	Wellbeing measures	Cognitive function measures	Effects reported
Alpert (2009)	USA	pre-post study assessing wellbeing after participation in jazz dance class	13	52-88 (68±8.6)	15 weeks	Geriatric Depression Scale (GDS). Pre- and post-assessment		<i>No significant improvements reported.</i>
Berryman-Miller (1988)	USA	static group comparison of dance/movement class and usual activity control	<i>not stated</i>	55-85	8 months	Tennessee Self-Concept Scale. Post-assessment only		Improved self-concept.
Bougeisi (2016)	Greece	static group comparison of traditional Hellenic Greek dancers with sedentary control	85	Dancers (61.85±5.95) / Sedentary (69.09±10.64)	Exposure		Digit Symbol Substitution Test (WAIS-R)	Improved general intellectual function.
Cruz-Ferreira (2015)	Portugal	RCT comparing participation in a creative dance programme with normal physical activity	57	65-80 Dance (71.1±3.9) Control (72.8±4.5)	24 weeks	Satisfaction with Life Scale (SWLS)		Improved subjective wellbeing – life satisfaction.
de Medeiros (2007)	USA	Pre-post study of participation in an autobiographical writing workshop	16	62-84 (70.4±6.05)	8 weeks		List Learning Recall / Symbol Digit Modalities Test / Benton Visual Retention Test Form C / Rey Auditory Verbal Learning Test. Pre- and post- assessments	Improved learning / memory – verbal memory. Improved attention / concentration – information processing & attention.
de Medeiros (2011)	USA	RCT comparing participation in a writing workshop with participation in a reminiscence workshop and a no-treatment control	51	67-96 Writing (79.6±6.1) Reminiscence (81.5±5.9) Control (81.1±4.0)	8 weeks	GDS / SF-36 / Tennessee Self-Concept Scale	Autobiographical Memory Interview / Remote Memory Word Association Task / Hopkins Verbal Learning Test / Brief Visuospatial Memory Test	Improved broader health status – emotional wellbeing Improved self-concept across groups over time. Improved learning / memory - autobiographical (pleasant memories)

QUANTITATIVE STUDIES								
First author (date)	Country	Study design	Participants (n=)	Age range (MEAN±SD)	Intervention & duration	Wellbeing measures	Cognitive function measures	Effects reported
Eyigor (2009)	Turkey	RCT comparing participation in traditional Turkish folklore dance with normal physical activity	37	65+ Dance (73.5±7.6) Control (71.2±5.5)	8 weeks	GDS / SF-36		Improved broader health status – physical functioning, general health and mental health.
Garcia Gouvêa (2017)	Brazil	pre-post study assessing wellbeing after participation in a senior dance class	20	60-89	3 months	BDI / WHOQOL-BREF / STAI		Improved broader quality of life – physical & environmental + overall. Improved psychological wellbeing – decreased state anxiety.
Kattenstroth (2010)	Germany	static group comparison of amateur dancers with an age-matched control	62	61-94 Dance (71.69±1.15) Control (71.66±1.13)	Exposure		Raven Standard Progressive Matrices / Non-Verbal Geriatric Concentration Test	<i>No significant improvements reported.</i>
Kattenstroth (2013)	Germany	RCT comparing participation in an Agilando™ dance class with an age-matched control	35	60-94 Dance (68.60±1.45) Control (72.30±1.84)	6 months		Non-Verbal Geriatric Concentration Test / Frankfurt Attention Inventory / Repeatable Battery of Neuropsychological Status / Non-verbal Learning Test	Improved subjective wellbeing. Improved attention / concentration – reaction times & attention.
Marini (2015)	Italy	static group comparison Latin American/Ballroom dancers with a sedentary control	100	65-74 Dance (68.11±2.33) Control (68.8±1.99)	Exposure	SF-12	Attention & Concentration Software (Erickson 2009)	Improved broader health status – physical and mental health. Improved attention / concentration – reaction times & numerical digits.
Mavrovouniotis (2010)	Greece	Non-random assessment of a traditional Greek dance class compared with a passive control (watching TV)	111	60-91 (69.79±7.18)	1 hour	Subjective Exercise Experiences Scale / State-Trait Anxiety Inventory		Improved psychological wellbeing – decreased state anxiety. Improved subjective wellbeing – increased positive wellbeing & decreased psychological distress.

QUANTITATIVE STUDIES								
First author (date)	Country	Study design	Participants (n=)	Age range (MEAN±SD)	Intervention & duration	Wellbeing measures	Cognitive function measures	Effects reported
Moore (2017)	USA	RCT comparing participation in a drama programme with a passive backstage pass control	13	Drama (78.0±8.1) Control (75.2±6.9)	6 weeks	GDS / Beck Anxiety Inventory		Improved self-esteem & confidence.
Noice (2004)	USA	Non-random assessment of a theatre programme with participation in a visual arts programme and a no-treatment control	124	60-86 (73.7±5.99)	4 weeks	Psychological Wellbeing Scale (Ryff) / Self-Esteem Scale (Rosenberg)	Cognitive performance battery: (word recall, listening span & problem solving)	Improved psychological wellbeing. Improved learning / memory – word recall.
Park (2014)	USA	Non-random assessment of participation in a visual arts programme (photography and quilting) with social, placebo and no-treatment controls	221	60-90 (71.67±7.29)	14 weeks		Cognitive battery: digit-comparison task / Flanker Tasks / Hopkins Verbal Learning Task/ Cambridge Neuropsychological Test Automated Battery / Raven's Progressive Matrices	Improved learning / memory – episodic memory & processing speed.
Richeson (2002)	USA	Non-random assessment of participation in an autobiographical writing class with participation in a liberal arts class	374	50-85 Writing (M=70.4) Control (M=68.7)	6-10 weeks	Positive and Negative Affect Scale (PANAS) / Satisfaction with Life Scale (SWLS)		Improved subjective wellbeing – reduced negative affect.
Shanahan (2016)	Ireland	Cross-sectional design comparison of Irish Set dancers with an age-matched control	73	55+	Exposure	EuroQol Visual Analogue Scale (EQ VAS)		Improved broader health status – overall quality of life.

Table 13: Study characteristics (Quantitative)

MIXED-METHODS STUDIES							
First author (date)	Country	Study design	(n=)	Age range (MEAN±SD)	Intervention & duration	Wellbeing measures	Effects reported
O'Toole (2015)	Ireland	Quasi-experimental pre-test post-test design assessing quality of life after participation in a jazz, classical & contemporary dance programme + focus groups	35/59	50+	6 weeks (1 session / week)	EuroQol ED-5D-3L	Perceived benefits to emotional & psychological wellbeing. No statistically significant change in quality of life (though increase was reported).
Skingley (2016)	UK	Pre-test post-test design assessing quality of life after participation in a dance & arts programme, questionnaire + interviews	38	53-90 (M=71.1)	12 weeks (2hrs / week)	WHOQOL-BREF	Improved broader quality of life - psychological health. Perceived benefits to psychological wellbeing – confidence, enjoyment/fun, becoming calmer, losing inhibitions & feeling uplifted + social benefits + skills

Table 14: Study characteristics (Mixed-methods)

A full list of participant characteristics can be viewed in Appendix P. These characteristics are meaningful as they demonstrate that approximately one third of the studies (36%) used inclusion criteria of ages of 50+, 55+ and 60+ (i.e. under 65 years old), and that almost three-quarters of all the studies included participants under the age of 65 (73%). This corroborates the rationale for using the parameter of people aged 50+ in the inclusion criteria for this doctoral study, including the systematic review and focus groups. It also reflects the lower age bracket of inclusive participatory arts programmes for people in later life. If the systematic review had only included studies with older people aged 65+, there would have been far fewer studies included, and thus would have excluded a large amount of potentially relevant data.

7.2.3 Intervention characteristics

Studies investigated older people's participation in different arts domains, excluding music. Over half of the studies (55%) explored the effects of dance (n=18), with the remaining studies exploring participation in: visual arts (n=6); creative writing (n=4); theatre / drama (n=3) and mixed art forms (n=2). Nineteen studies reported on participatory arts interventions or programmes, while the remaining fourteen studies explored the effects of regular participatory arts engagement (e.g. exposure).

Interventions were delivered by dance teachers / instructors (Berryman-Miller, 1988; Eyigor, 2009; Kattenstroth, 2013; MacMillan, 2016; Mavrovouniotis, 2010; O'Toole, 2015; Richeson, 2002), professional artists (Moore, 2017; Murray, 2010; Park, 2014; Rose, 2016; Thornberg, 2012), and a nurse with specific knowledge of dance (Cruz-Ferreira, 2015). Five studies did not state who delivered the intervention or programme (Alpert, 2009; de Medeiros, 2007 & 2011; Garcia Gouvêa, 2017; Noice, 2004).

The duration of interventions ranged from one hour (Mavrovouniotis, 2010) to 10 months (MacMillan, 2016), with the majority lasting between four and 24 weeks. One study did not specify the duration of the intervention (Rose, 2016). Fourteen studies investigated regular participation in arts activities and therefore duration of intervention was not applicable. Only two studies (de Medeiros, 2007 & 2011) recorded follow-up measurements, taken two weeks and 34 weeks after conclusion of the eight-week programme.

7.2.4 Comparator characteristics

Studies which included a control group reported: a passive control (no treatment / normal routine / age-matched) (Berryman-Miller, 1988; Cruz-Ferreira, 2015; Eyigor, 2009; Kattenstroth, 2013; Mavrovouniotis, 2010); an active control of an alternative arts activity (Moore, 2017; Richeson, 2002); or multiple comparators, including active arts-based control(s) and a passive control (de Medeiros, 2011; Noice, 2004; Park, 2014). The remaining programme studies were pre-post design with no control (Alpert, 2009; de Medeiros, 2007; Garcia Gouvêa, 2017; O'Toole, 2015; Skingley, 2016) and qualitative studies (MacMillan, 2016; Murray, 2010; Rose, 2016; Thornberg, 2012).

The four quantitative exposure (regular arts participation) studies of dance participation included a passive (sedentary / age-matched) control (Bougeisi, 2016; Kattenstroth, 2010; Marini, 2015; Shanahan, 2016). The remaining ten exposure studies employed qualitative research designs to explore participation in dance (Brown, 2008; Cooper, 2002; Roberson, 2014; Stevens-Ratchford, 2016); visual arts (Bedding, 2008; Joseph, 2013; Maidment, 2009; Tzanidaki, 2011); theatre (Meeks, 2017); and creative writing (Sabeti, 2015).

7.2.5 Outcome characteristics

The review included studies which measured wellbeing, quality of life and cognitive function outcomes. The following sections provide a descriptive analysis of the wellbeing and quality of life studies, followed by those which investigated outcomes relating to various aspects of cognitive function. Results relating to these outcomes are discussed in more detail in the quantitative synthesis.

Wellbeing and quality of life

Table 15 depicts the range of wellbeing and quality of life (QoL) tools used across the studies, categorized according to Bowling's (2005) domains of broader health status, broader quality of life, psychological wellbeing and subjective wellbeing. Ryff's Psychological Wellbeing Scale, Positive and Negative Affect Schedule (PANAS) and the Subjective Exercise Experience Scale (SEES) were not included by Bowling, and therefore appear in

italics in the table. Furthermore, both Kattenstroth (2013) and Moore (2017) used bespoke questionnaires on subjective wellbeing, which also appear in italics in the table.

Wellbeing & QoL Domains / Study	Broader Health Status	Broader Quality of Life	Psychological Wellbeing	Subjective Wellbeing
Alpert (2009)			GDS	
Berryman-Miller (1988)				TSCS
Cruz-Ferreira (2015)				SWLS
de Medeiros (2011)	SF-36		GDS	TSCS
Eyigor (2007)	SF-36		GDS	
Garcia Gouvêa (2017)		WHO-QOL	STAI / BDI	
Kattenstroth (2013)				<i>Subjective questionnaire</i>
Marini (2015)	SF-12			
Mavrovouniotis (2010)				<i>SEES</i>
Moore (2017)				<i>Emotion scale</i>
Noice (2004)			<i>Ryff's Psychological Wellbeing Scale</i>	Rosenberg's Self-Esteem Scale
O'Toole (2015)	EuroQol EQ-5Q			
Richeson (2002)				<i>PANAS / SWLS</i>
Shanahan (2016)	EuroQol EQ-VAS			
Skingley (2016)		WHO-QOL		

Table 15: Wellbeing & QoL Measurement Tools

Thirteen quantitative and two mixed-methods studies reported measuring wellbeing and quality of life, or other related outcome(s). Terminology of these outcomes used by study authors has been maintained for transparency: **quality of life** (Eyigor, 2009; Garcia Gouvêa, 2017; Marini, 2015; Mavrovouniotis, 2010; Noice, 2004; O'Toole, 2015; Shanahan, 2016; Skingley, 2016), **subjective wellbeing** (Kattenstroth, 2013; Richeson, 2002), **mood** (Alpert, 2009; de Medeiros, 2011), **self-concept** (Berryman-Miller, 1988), **wellbeing** (Moore, 2017), and **life satisfaction** (Cruz-Ferreira, 2015). The range of terms employed demonstrates the broad range of wellbeing and quality of life domains and characteristics, and the diverse lexicon surrounding the concepts.

Only one of the studies reported measuring **quality of life** as the only outcome (Mavrovouniotis 2010), though the study explored different aspects of the concept, measured using the State-Trait Anxiety Index (STAI) and Subjective Exercise Experiences Scale (SEES). Seven studies measured **quality of life** outcomes (often as a secondary outcome) in addition to a range of other outcomes including: **autobiographical memory** (de Medeiros, 2007 & 2011); **physical performance** (Alpert, 2009; Eyigor, 2009; Cruz-Ferreira, 2015;

Kattenstroth, 2013; Skingley, 2016); **balance** (Alpert, 2009; Eyigor, 2009; O’Toole, 2015; Shanahan, 2016) and **cognitive function** (Alpert, 2009; Garcia Gouvêa, 2017; Kattenstroth, 2013; Marini, 2015; Noice, 2004).

Cognitive function

Nine quantitative studies reported measurement of cognitive function, across a range of cognitive domains and measurement tools. Table 16 shows the study author terminology employed broadly for *cognitive function* and the art form under investigation. As seen with *wellbeing and quality of life*, these distinctions demonstrate the diversity of lexicon being used by researchers to refer to *cognition*, which is possibly an indication of potential lack of understanding surrounding the diversity of aspects within cognitive function and its multi-faceted domains.

Study	Outcome	Art form
Alpert (2009)	Cognition	Dance (Jazz)
Bougeisi (2016)	Cognitive function	Dance (Hellenic Folk)
de Medeiros (2007)	Memory performance	Writing (Autobiographical)
de Medeiros (2011)	Autobiographical memory	Writing (Autobiographical)
Kattenstroth (2010)	Cognitive performance	Dance (amateur)
Kattenstroth (2013)	Cognitive performance (cognition/attention)	Dance (Agilando)
Noice (2004)	Cognitive and affective functioning	Theatre
Marini (2015)	Successful Ageing (cognitive tests)	Dance (DanceSport – Latin American)
Park (2014)	Cognitive function	Visual art (quilting & digital photography)

Table 16: Cognitive Function studies by art form

7.2.6 Study design characteristics

The review included 14 qualitative studies, 17 quantitative studies and two mixed-methods studies. Whilst these distinctions provide some indication of the diversity of approaches adopted in the studies, within these research paradigms there are a range of methodologies and methods employed for data collection and analysis. For example, within the qualitative studies alone a variety of data collection methods were adopted including interviews, focus groups and participant observation, with several studies including two or more methods. Four study authors did not report the method of data analysis adopted (Brown, 2008; Murray,

2010; Roberson; 2014; Sabeti, 2015) though they all employed some form of thematic analysis, the most common method of analysis amongst the qualitative studies (n=7).

Other study authors used phenomenological approaches, including interpretative phenomenological analysis (IPA) (n=3); grounded theory (n=3) and an interpretative narrative method (n=1). Methods of data collection were used across the different art forms with no one method being used more regularly for examining a particular art form. Sample size did not appear to be related to the method of data collection, for example Bedding (2008) interviewed a sample size of six, whilst Brown (2008) interviewed 37 individuals.

Data collection methods

Qualitative studies adopted a range of data collection methods, the most common of which was **semi-structured and unstructured interviews** (n=10) (Bedding, 2008; Brown, 2008; Cooper, 2002; Maidment, 2009; Murray, 2010; Rose, 2016; Sabeti, 2015; Stevens-Ratchford, 2016; Thornberg, 2012; Tzanidaki, 2011). Other methods included **focus groups** (n=6) (Joseph, 2013; MacMillan, 2016; Meeks, 2017; Murray, 2010; Roberson, 2014; Rose, 2016); **participant observation** (n=3) (Cooper, 2002; Roberson, 2014; Sabeti, 2015); **questionnaires** (n=2) (Roberson, 2014; Rose, 2016); **field notes** (n=2) (Murray, 2010; Sabeti, 2015); **conversation** (n=1) (Murray, 2010) and **diaries** (n=1) (Rose, 2016). The qualitative element of the two mixed-methods studies employed **focus groups** (O'Toole, 2015) and **interviews** and a **questionnaire** (Skingley, 2016).

Research methodologies

In addition to a lack of reporting on data analysis method employed, several study authors did provide detail or rationale for the research methodology adopted (Brown, 2008; Maidment, 2009; Meeks, 2017; Roberson, 2014; Stevens-Ratchford, 2016; Thornberg, 2012). The remaining qualitative studies which reported on their methodological approach included **phenomenology** (n=3) (Bedding, 2008; Joseph; 2013; Tzanidaki, 2011), **ethnography** (n=2) (Cooper, 2002; Sabeti, 2015), **participatory action research** (n=1) MacMillan (2016) and Murray (2010) who used a combination of **participatory action research** and **ethnography**. Interestingly, the three phenomenological studies all explored visual arts engagement through

participation in **painting** (Bedding, 2008), **découpage** (Joseph, 2013) and **traditional Cretan crafts** (Tzanidaki, 2011).

7.3 Critical appraisal

Critical appraisal of individual studies was conducted using an appropriate checklist. A summary table of critical appraisal tools can be found in Appendix Q. The following sections provide an overview of the study appraisals, grouped into critical appraisal of qualitative, quantitative and mixed-methods studies. The critical appraisal scores per item for each study, grouped by appraisal tool can be found in Appendix R. Studies were rated as high (++), moderate (+) or low (-) quality. Few studies reported any study limitations, though those which did often cited small sample size as a limitation (MacMillan, 2016; Maidment, 2009; O’Toole, 2015; Rose, 2016; Tzanidaki, 2015).

7.3.1 Critical appraisal of qualitative studies

Overall, the quality of qualitative evidence was relatively good (Table 17). Lack of consideration of the relationship between the researcher and participants was notable across the majority of studies (70%), with no evidence that the researchers had critically examined their own role, potential bias or influence through the research design and in relation to the participants. Just under half of the studies did not provide any evidence that ethical issues had been taken into consideration. Nonetheless, half of the qualitative studies were graded as moderate quality, with approximately a third graded as high quality (Bedding, 2008; Brown, 2008; Roberson, 2014; Stevens-Ratchford, 2016; Tzanidaki, 2011).

Study	Quality rating
Bedding, 2008	++
Brown, 2008	++
Cooper, 2002	+
Joseph, 2013	+
MacMillan 2016	+
Maidment, 2011	+
Meeks, 2017	+
Murray, 2010	-
Roberson, 2014	++
Rose, 2016	-
Sabeti, 2015	+
Stevens-Ratchford, 2016	++
Thornberg, 2012	+
Tzanidaki, 2011	++

Table 17: Critical appraisal (Qualitative)

7.3.2 Critical appraisal of quantitative studies

The 17 quantitative studies were appraised using four different tools, based on the variation of study design (Table 18). The quality of studies overall was high (88%), with only two studies being rated as moderate quality (Berryman-Miller, 1988; de Medeiros, 2007). As previously noted, appraisal tools for experimental studies (RCT, non-random & pre-post) do not include a question on ethical procedures, whilst the cross-sectional tool (AXIS) does. Despite procedures being put in place to mitigate any potential bias across diversity of study design and lack of consistency across appraisal tools, the use of such a wide range of tools is not ideal.

Study	Quality rating	Study design
Alpert, 2009	++	Pre-post
Berryman-Miller, 1998	+	Cross-sectional
Bougeisi, 2016	++	Cross-sectional
Cruz-Ferreira, 2015	++	RCT
de Medeiros, 2011	++	RCT
de Medeiros, 2007	+	Pre-post
Eyigor, 2009	++	RCT
Garcia Gouvêa, 2017	++	Pre-post
Kattenstroth, 2013	++	Non-random
Kattenstroth, 2010	++	Cross-sectional
Mavrovouniotis, 2010	++	Non-random
Marini, 2015	++	Cross-sectional
Moore, 2017	++	RCT
Noice, 2004	++	Non-random
Park, 2014	++	Non-random
Richeson, 2002	++	Non-random
Shanahan, 2016	++	Cross-sectional

Table 18: Critical appraisal (Quantitative)

7.3.3 Critical appraisal of mixed-methods studies

Two studies were included in the mixed-methods critical appraisal review (O’Toole, 2015; Skingley, 2016) and ratings presented in Table 19. Of all the appraisal tools employed for this review, the Mixed-Methods Appraisal Tool (MMAT) includes the highest number of questions, which is unsurprising since it includes screening questions, questions on the qualitative and quantitative aspects of the study, and finally three questions on the integration of qualitative and quantitative elements. As such, the tool is more interrogative than any of the other tools. However, neither study provided a sound rationale for adopting a mixed-methods approach or demonstrated consideration of the strengths and weakness of such an approach.

Whilst the MMAT does not include a question regarding ethical approval, it should be noted that O’Toole (2015) provided no evidence that ethical issues had been taken into consideration. By contrast, Skingley (2016) stated that a proposal was submitted to the University research governance lead, who confirmed that, in line with University guidelines “the project would not need approval from the faculty ethics committee” (p.49). However, an information sheet was prepared and informed, with signed consent sought from participants. Since the MMAT checklist does not include any ethical criteria, this did not affect the overall quality rating of the two studies, rather it was the lack of discussion around the integration of qualitative and quantitative aspects of the study design which impacted on the overall rating.

Study	Quality rating
O’Toole, 2015	+
Skingley, 2016	+

Table 19: Critical appraisal (Mixed-methods)

The two mixed-methods studies which were included as qualitative studies in the review (Meeks, 2017; Stevens-Ratchford, 2016) were appraised using both the mixed-methods checklist and the qualitative checklist. Whilst Meeks (2017) was graded as ‘moderate’ on both checklists, Stevens-Ratchford (2016) was graded as ‘low’ on the mixed-methods checklist, but ‘high’ on the qualitative checklist. This difference reflects the lack of consistency in the study’s reporting, which despite stating that a qualitative research design was used, indicated that quantitative outcome measurements were taken, though no data were presented.

7.3.4 Summary

The critical appraisal process revealed that overall the quality of included studies was high (61%), with a third of studies being rated as moderate (33%) and only two studies being rated as low quality (Murray, 2010; Rose, 2016). The moderate quality studies employed qualitative and mixed-methods’ approaches, and the two studies rated low were also qualitative designs. Although critical appraisal tools attempt to reduce reporting bias, it is unclear whether the lower rating is due to lack of transparent reporting, or to low methodological quality of the studies. Studies were not excluded on the basis of their rating. However, what became clear through the critical appraisal process was that studies seemed to either have a practice or research orientated focus, which mirrored the division between qualitative and quantitative studies.

The practice orientated studies fell into two categories of those exploring *everyday creativity* and those reporting on an *arts intervention*. Everyday creativity included **social dance** (Brown, 2008; Cooper, 2002; Roberson, 2014; Stevens-Ratchford, 2016), **regular arts and crafts-based activities** (Bedding, 2008; Joseph, 2013; Maidment, 2009; Tzanidaki, 2015) and **theatre attendance** (Meeks, 2017). Interventions included **visual arts** (Rose, 2016), **dance** (Alpert, 2009; Berryman-Miller, 1988) and participation in **mixed art forms** (Murray, 2010; Skingley, 2016). Interestingly O'Toole (2015), one of the few mixed-methods studies, presented a detailed description of both the programme and the study design as well as providing detail on qualitative and quantitative data collection methods. The following sections present the findings from the synthesis of qualitative studies.

7.4 Qualitative synthesis

Most qualitative studies in the review adopted a thematic approach to analysis, which in turn was the approach employed to analyse findings in the qualitative synthesis of the review. The previous chapter presented illustrations of the analytical process and how sub-themes and themes were developed. Through thematic analysis five inter-related and often overlapping themes, or categories of description were developed: **making and creating; connections and communities; identity; the 'feel good' factor; and body, mind and soul**. Under each umbrella theme there are a number of related sub-themes. These will be discussed in turn in the following section, supported by quotations from the included studies. The categories and themes developed by study authors across all the studies have also been incorporated into the synthesis as appropriate, emphasised in the text with italics. A full table of study author themes can be found in Appendix S.

7.4.1 Making and creating

Across the studies people described the sense of achievement gained through the perseverance required and the challenge experienced in creating an artefact – whether it be painting, poem or performance. Described by Tzanidaki (2011) as *Personal satisfactions of art-making*, this collection of experiences focused around descriptions of process and product. Additionally, experiences related to *participation leading to personal growth* (Thornberg, 2012) and how this can link in with enhanced psychological wellbeing. **Making**

and creating includes sub-themes of accomplishment & grit; absorption, expression & imagination; and catalyst for curiosity.

Accomplishment & grit

Participants described a real sense of pride and achievement as their creative skills developed, as they became aware of the progression they had made and of how challenging it was at times (Brown, 2008; Bedding, 2008; Joseph, 2013; Sabeti, 2015; Stevens-Ratchford, 2016; Tzanidaki, 2011). Part of their *sense of pride, accomplishment and confidence* (Maidment, 2011) came from the knowledge that they were doing something that their friends and family were not, or in achieving something new.

I did things I didn't think I could do – produced a beautiful piece of art (Murray, 2010, p.783).

It gives me a sense of achievement I think, I enjoy that, and achievement in something I would think that most of my friends just don't do (Bedding, 2008, p.375).

There was also a real sense of pride in producing something and sharing it with friends or family (Joseph, 2013; Murray, 2010; Tzanidaki, 2011). Sharing came in the form of displaying artefacts in an exhibition “to put them on display is wonderful” (Joseph, 2013, p.214), but also by making pieces of work as gifts for family (Joseph, 2013). People often felt a sense of surprise and satisfaction in their accomplishments.

When I see the results, I pay attention to every detail and I want it to be perfect. I get immense pleasure when I see what I made. I wonder how I made these (Tzanidaki, 2011, p.378).

It was recognised, however, that *feelings of accomplishment* (Brown, 2008) did not come without challenges and required *perseverance, considerable effort* (Brown, 2008) and determination (Bedding, 2008; Sabeti, 2015; Stevens-Ratchford, 2016). Additionally, the individual's perseverance, combined with their passion to achieve the goal of producing something tangible, was an indication of their need for achievement, ambition and grit.

Participants described the sense of satisfaction and release they felt when they had persevered to learn a new technique or overcome a barrier:

Sometimes you feel really down because you cannot master something or you do not understand the technique...then when you get it and when you do it well, you feel on top of the world (Stevens-Ratchford, 2016, p.300).

I said, 'For goodness sake all you have to do is put words on a line!' and suddenly I got a poem out of that. It was just a push, a feeling and I let go and something came out (Sabeti, 2015, p.226).

Absorption, expression & imagination

Variations of experience within this sub-theme were based around conceptualisations of being given the "*invitation to imagine*" (Meeks, 2017, p.9), the opportunity for freedom of expression & being absorbed in the moment. There was a sense that art-making provided an *opportunity for creative expression* (O'Toole, 2015) and meaningful engagement, which led to a sense of "*latent creativity awakened*" (Skingley, 2016, p.52).

It creates this opportunity for me to be creative and shine... (MacMillan, 2016, p.35).

Art-making afforded individuals the freedom to express themselves and let their imaginations run wild – you can "*express what's inside yourself through your art*" (Joseph, 2013, p.217). For some this was associated with an awareness of ageing and their own mortality, and with that came the fear of running out of time (Joseph, 2013). However, arts engagement allowed people to release their inhibitions, be creative with their bodies and to explore new possibilities of creativity and imagination (Brown, 2008; Meeks, 2017; O'Toole, 2015; Skingley, 2016).

I realised all of a sudden I was seeing things I'd never seen before. It was like having cataracts off your eyes, it's all there and it's another world of colour, perspective, shape (Bedding, 2008, p.374).

In addition to enjoyment in *being creative* (Joseph, 2013) and opportunities for *self-expression* (Brown, 2008), there was a strong sense of the *benefits of experiencing flow*, through art-making (Maidment, 2011). In fact, four studies included a theme around flow (Bedding, 2008; Maidment, 2011; Meeks, 2017; Tzanidaki, 2011). Despite people not really knowing how to describe this *deep concentration and flow* (Tzanidaki, 2011), they were aware that absorption in their creative engagement led to great pleasure and a sense of being lost in the moment.

I don't know how to describe this but I feel the time does not pass by. It is so much enjoyment I feel I cannot understand how the hours pass (Tzanidaki, 2011, p.379).

It sort of transports you somewhere else, you are like floating along...I do not know how to described it. The activity itself brings so much pleasure that it can obscure all sorts of stress and pain and whatever; it is just thoroughly enjoyable. I love to dance (Stevens-Ratchford, 2016, p.303).

While the majority of experiences of being absorbed in the moment were associated with visual arts engagement and dance, older people attending theatre also described being taken out of themselves (Meeks, 2017). This is a pertinent point, as this was the only study which explored the 'passive' experience of being a member of a theatre audience. However, it could be argued that audience participation is far from passive, indeed the term 'audience participation' inherently indicates some level of participation. This will be discussed further in Chapter 9.

Catalyst for curiosity

Art-making sparked creative interests which often extended beyond the group, as the participants felt that they were becoming artists and researchers. For some, the group environment provided the catalyst which inspired them to continue making at home, to look for new materials or be inspired to become better artists or dancers, which relates back to the sense of grit, described above.

You'll be doing something and probably you'll bring it home and think oh yes, I'd like to finish that, which will make you do a little bit at home...you do seem to need a class to really make you do something (Bedding, 2008, p.375).

For others, being part of a group or creative community inspired them to step out of their comfort zone. They could experiment with a genre or mode of engagement they would not otherwise have tried, such as being exposed to "*plays that you would not otherwise see*" (Meeks, 2017). Again, this links in with the concept of challenge seen in **making and creating**. Often the curiosity led people to experience a mode of engagement or art form which was new to them but gave them a greater level of satisfaction and enjoyment.

We were originally ballroom dancers and had been for a number of years. But after we learned the shag [dance], we stopped doing ballroom and spent all of our time shagging (Brown, 2008, pp.82-83).

7.4.2 Connections and communities

It might be assumed that meaning making through participatory arts engagement and its associated benefits is all about the art! And sometimes and for some people, it is, as seen above. However, often arts groups were perceived by older people primarily as a social activity, with the art-making merely providing the reason for coming together. However, overall, the group culture which developed facilitated enhanced connections and a sense of community for everyone involved. The theme of **connections and communities** includes three sub-themes: camaraderie, *communitas* and companionship; renewed sense of purpose; and craft with a purpose.

Camaraderie, communitas & companionship

The first sub-theme under **connections and communities** is camaraderie, *communitas* and companionship. For many people, participation in the arts was made meaningful by the people that they engaged with within the group setting. It was about being with other people, developing friendships, and the sense of belonging experienced through the camaraderie of the group. The arts provided the vehicle for bringing people together, which led to them

feeling like “*one of the crowd*” (Maidment, 2009, p.18) or considering themselves as “*a part of the whole show*” (Meeks, 2017, p.9).

What was interesting about the sense of belonging that people felt was that this often came from being with people they did not know, leading to development of new connections and communities. The shared interest in participating in the art brought people together, and they were able to enjoy being with others (Tzanidaki, 2011). Study authors included related themes across the art forms, such as a sense of *belonging and social connectedness* through theatre attendance (Meeks, 2017), *sociability and communitas* (Roberson, 2014) and *social interaction and belongingness* (Brown, 2008) in dance.

I don't have a regular partner. I go into the clubs on my own as a, you know, single female. But I'm never made to feel anything but the most welcome. So, of course, that makes me feel good (Brown, 2008, p.89).

A sense of companionship was particularly noticeable within experiences of participating in long-term arts and crafts groups, where people cherished being with others. These were often groups made up of women who had often lost their husbands and lived alone, and thus were *making social connections through art-making* (Tzanidaki, 2011). For these women, their craft group was their social group and often, the art itself merely provided the excuse to get together and have a good old chinwag (Bedding, 2008; Maidment, 2009). The art-making set the scene, and the “*Companionship and laughter [...]*” (Maidment, 2009, p.19) provided the narrative.

some days we didn't do anything we just sat there and laughed. We never put any pressure on ourselves to have anything done. It's a matter of getting together and spending a day like women do...swap the odd recipe and talk about our grandchildren and... if anything is wrong (Maidment, 2011a, p.290).

Indeed, one woman's desire for the companionship of the group was brought to life through her description of the lifeline that the craft provided, which gave her the ‘permission’ to be in the company of friends.

I think that I will snatch at little bits of craftwork so that I can stay with my friends...as long as you've got a little bit of something in your hand you've got the right to be there! (Maidment, 2009, p.19).

The companionship, *sociability and communitas* (Roberson, 2014) of these groups added to the women's levels of subjective wellbeing and feelings of reduced isolation, "*This group is what keeps me going. The summer break feels so long and desolate*" (Sabeti, 2015, p.225). Interestingly, however, the importance of being with others was also expressed by a participant when describing pleasure in watching a play with someone. Again, it did not necessarily matter 'who' that someone was, but having someone to share the experience with was treasured.

having someone that you see the play with, whether it's your cousin or the stranger that you see every play with really counts for something with me (Meeks, 2017, p.9).

Social arts participation provided opportunities for *friendship, support and empowerment* (Maidment, 2009). Friendships developed through collective art-making, reducing loneliness and providing opportunities for people to "*connect to [their] community*" (MacMillan, 2016). The art-making environment facilitated a sense of trust and camaraderie (Brown, 2008; Cooper, 2002; Joseph, 2013; MacMillan, 2016; Maidment, 2009; Roberson, 2014; Rose, 2016; Stevens-Ratchford, 2016; Tzanidaki, 2011).

Friendship is the greatest part of it...we have discussions on all sorts of things: if something is troubling someone we all have a whinge about it, and it helps [...] (Maidment, 2011a, p.288).

I said things in the group I've never told my family [...] I was amazed I just sort of opened up and it all came out (Rose, 2016, p.63).

There was a real sense that friendship which developed were not superficial, nor simply people who happened to be in the same art group. These were strong friendships, like family. "*In dancing I do not make acquaintances; I make friends*" (Stevens-Ratchford, 2016, p.301). Social interactions and friendships developed through shared art-making experiences are explored further under the sub-theme of **interaction, learning and inspiration**.

Renewed sense of purpose

The second sub-theme within **connections and communities** is a renewed sense of purpose, linked to a number of transitional periods associated with ageing, such as retirement, divorce, loss of a partner. For some people, engagement in the arts provided a new sense of purpose in life after or during one of these periods of transition. With this, came ideas around a sense of ‘mattering’, and *making a contribution to society* (Tzanidaki, 2011), but also having something to look forward to and *getting out and about* (O’Toole, 2015). As already seen with companionship above, art-making reduced isolation, by giving people a reason to get out of the house (Cooper, 2002; Maidment, 2009; Meeks, 2017; Roberson, 2014). For some, their weekly arts class gave them “*a reason to change dress*” (Maidment, 2009, p.21) or extend their interests beyond their own four walls, to get out of the house and interact with other people.

It keeps you around people and for me, it gets me out of the house. It gets me around other people that I might not ordinarily be around (Meeks, 2017).

Dance also provided a sense of occasion. “*It’s nice when you get to our age that you can dress up and, the men, they dress up and wear bow ties*” (Cooper, 2002, p.701). Even through going through the ritual of getting dressed up to go dancing could be hard, it gave some people a real sense of purpose, relating back to the concepts of perseverance and grit, and reduced isolation.

That’s another thing you see if you are at home all the while you won’t bother, would you, but you have to dress up, you have to wash your hair. And as you get older it’s harder, you have to make a lot more effort (Cooper, 2002, p.701).

As seen above, art-making embodied the feeling of ‘mattering’, leading to feelings of achievement and purpose in contributing something to society, *craft with a purpose* (Maidment, 2009). Often within crafting communities the ladies would make craft items to sell to raise money for charity. Having retired, and therefore potentially having less money to be able to donate to charitable causes, craft making re-enabled these older ladies to contribute:

Everybody gives a little, regardless of what it is, and I think it's just a matter of self-importance, to know you have contributed to whatever it is...at the end of the day you have achieved something (Maidment, 2009, p.23).

Interaction, learning & inspiration

The last sub-theme under **connections and communities** is interaction, learning and inspiration. Art-making, including dancing provided a fun way of getting to know people, by facilitating opportunities for *social interaction* (MacMillan, 2016). Groups also provided the opportunity for *sharing knowledge and experience with others* (Tzanidaki, 2011) through learning a variety of creative techniques and dance moves (Cooper, 2002; MacMillan, 2016; Maidment, 2009; Sabeti, 2013). Part of the pleasure gained through interactions was the satisfaction of learning together, and from one another “*you take criticism and you give criticism, and it all helps*” (Bedding, 2008, p.375).

There was something empowering for participants about this shared learning experience, in which hierarchies were removed, so that “[...] *if somebody makes a comment, it is considered, if it is from somebody who is trying it themselves*” (Sabeti, 2013, p.224).

It's very much a team...We do all help each other [...] and if they need a hand or a point, we give it. So, we all feel involved all the time, don't we, with each other as well as with the dance (Thomas & Cooper, 2002, p.72).

While for some the camaraderie and companionship within the group was one of the most important things, for others the social aspect was not part of their enjoyment, rather it was the art that was truly at the heart of their experience. A clear distinction was made between *A social or an art focus?* (Bedding, 2008). The art-making was a shared experience which brought people together, through the art (Cooper, 2002).

This is lovely because you're sitting there but all doing a thing, it's not a social meeting (Bedding, 2008, p.375).

For some, the shared experience went past the art-making process per se and extended to discussions around other people's work (Bedding, 2008). Being with like-minded people was

an important part of the pleasure gleaned from the shared experience of art-making. For one couple, attending the theatre together provided an enriched experience which they could share:

As far as well-being goes, it is a great thing for a marriage because you get a chance to read about the play ahead of time..., you get to watch it together, you get to discuss it. Go home and talk about it or have dinner afterwards so it becomes this whole other enhanced experience...that increases the wellbeing of both you and your spouse and your marriage (Meeks, 2017, p.9).

The shared art-making experience was also a source of inspiration which for many extended beyond the group and beyond themselves (Brown, 2008; Joseph, 2013; Sabeti, 2015). They wanted to create something which inspired others, as this was often “*an inspiration to see what others were doing*” (Joseph, 2013, p.217). It was a reciprocal relationship of *relationality and the ‘virtue of the group’* (Sabeti, 2015). Dancing, in particular, provided an opportunity for participants to socialize and interact with people they didn’t know, making new friends with people from different circles, who were all brought together through dance (Brown, 2008; Stevens-Ratchford, 2016).

I enjoy the social aspect of ballroom dance, getting to know more people; when we went dancing the other night, I met some new people, who really found {that dancing} was fun. We had something in common. So, it was fun; these were people I probably wouldn’t have met otherwise (Stevens-Ratchford, 2016, p.301).

7.4.3 Identity

Across the studies, participants described a range of identities they related to throughout their lives, whether through work, parenthood, marriage etc., which had evolved in later life. Some had developed an artistic identity through their art-making, and some specifically referred to themselves as an artist or dancer. Everyone also had their own personal preference for a particular type of arts domain or level of participation, which provided them with an outlet for re-affirming their identity and their artistic integrity. The theme of **identity** includes the following subthemes: (re)discovery and (re)connection; young at heart; inherent in my being; and leaving a legacy.

(Re)discovery and (re)connection

Art-making allowed people to re-connect to previous times, which brought a sense of collective identity and shared heritage. For the women who engaged in traditional crafts, participation encouraged a sense of purpose through maintaining traditional techniques and re-affirming their cultural identity. Re-connecting with tradition stimulated memories and brought about a sense of joy and pride in the process, despite the lack of innovation and creativity traditional artforms sometimes allowed. Their art-making facilitated reflection and brought pleasure from recollecting memories of childhood and an affirmed a desire to respect traditions:

It shows respect to our tradition if we creative something according to how our parents did. It is respect for them. Imagination is not encouraged when I produce traditional clothing [...] I feel I contribute to continue this clothes-making and for this technique to not disappear, as part of our tradition (Tzanidaki, 2011, p.378).

As well as re-connecting with previous times and re-establishing cultural traditions, participants also discovered something new about themselves, which enabled them to explore their own changing identity and provided the chance of a new start (Sabeti, 2015; Thornberg, 2012; Tzanidaki, 2011). This re-discovery of self was intrinsically linked with their art-making - “[...] *the hand-made lace helped me in my life. I didn’t give up* [...]” (Tzanidaki, 2011, p.379).

I reveal a bit of myself in writing that I didn’t know was there, and very often, no one else knew. And I love the surprise and shock of what comes. It’s not something that happens in social life, in meeting someone for lunch, that sort of thing [...] (Sabeti, 2015, p.226).

After my husband died, I became ill. I was depressed and I didn’t want to engage in anything for a year. My children and everybody wanted to help me overcome this by encouraging me to do some needlework or painting in order to enjoy myself a bit more and to be able to relax. I started to become more settled and I stopped the pills, I did not want to depend on them. I decided to take control and change myself through painting. *This has saved me* (Tzanidaki, 2011, p.280; *my emphasis*).

Art-making helped people through a variety of transitions including menopause (Joseph, 2013), children growing up and leaving home (Maidment, 2009), death of a partner (Tzanidaki, 2011) and retirement (Brown, 2008). Creative engagement provided a vehicle through which to explore who they were, who they had been, and who they might become – giving them a new lease of life.

Young at heart

Despite of the physical and cognitive signs of ageing and their chronological years, writing made older people feel “*young at heart*” and “[...] *about 50 years younger*” (Sabeti, 2015, p.218), whilst dancing enabled them to feel like a recycled teenager! (Cooper, 2002; Stevens-Ratchford, 2016).

Aging, whether you like it or not, it is coming, so you may as well go gracefully but it is difficult. Dancing keeps you feeling young. And also your body stays young, hopefully (Stevens-Ratchford, 2016, p.302).

Inherent in my being

For some older people, art-making became part of them, part of their everyday functioning, and often something they hoped to continue until the end (Brown, 2008; Joseph, 2013; Meeks, 2017; Tzanidaki, 2011). Individuals described how their creativity was fully embedded in their very existence, so much so that they would be happy dying on the dancefloor, for example (Brown, 2008). Dancing or craft-making was their passion, it was a commitment which became inherent in their being:

I feel that painting holy icons is a part of my life, a part of my soul. It’s part of me (Tzanidaki, 2011, p.379).

This piece of *découpage* becomes part of me (Joseph, 2013, p.213).

One of the greatest things about shag [dancing] is you can do it on the day you die and it’s such a social thing and it’s such a happy thing. I’d like to do it the day I die (Brown, 2008, p.87).

For many older people, creative engagement was not something that could be separated from themselves, it had become (or always had been) an innate part of who they are.

You have to eat, you have to exercise, you have to go to the theater (Meeks, 2017, p.9).

Leaving a legacy

While some older people valued the art-making process and engaging in the tactility of creating, for others creative engagement was clearly linked to their sense of self and the production of something to leave behind. The artefacts they produced were described as a way of leaving their legacy.

...leave my mark on my loved ones, my special friends, my relatives, through my *découpage*. My goal is to make each of them a piece (Joseph, 2013, p.214).

This piece is going to stay forever. That is a benefit of art-making. You produce something and you leave it behind. In this way, you leave your identity and your children can show them to others and feel proud. This gives you satisfaction that you leave a part of you and that you are not forgotten (Tzanidaki, 2011, p.379).

The desire for leaving a creative legacy was intrinsically linked to the sense of art-making being inherent in the essence of the person, literally taking their making with them to the grave. For a beach club owner, who had been involved in shag dancing for forty-five years, his legacy would be being remembered for what he'd achieved in the shag:

As long as I'm alive there will be shagging. [...] and if that's all I am remembered by, then I will be a happy man (Brown, 2008, p.90).

For one lady, quilting became both her legacy and her gift to those she would be leaving behind her once she died. She described a conversation she had had before having a surgical operation, and had been asked what should be done with the 60-70 quilts she'd made, replying:

Don't worry about them just wrap me up in them, I'm going to be cremated, you can do that and won't have to buy a coffin (Maidment, 2011b, p.707).

When relaying this conversation to her friends in her crafting group, one woman replied saying:

Oh, don't do that! Tell him to put in the paper all those attending the service will receive a quilt then you'll be sure of getting an audience! (Maidment, 2011b, p.707).

Even when thinking about their own mortality therefore, the older people appeared to maintain an awareness of their own creativity. They expressed their desire to continue for as long as possible and leave a little something of themselves through the artefacts which they would leave behind them.

7.4.4 The 'feel good' factor

One of the key things that people described in their narratives was the pure enjoyment and positive emotions they experienced. Quite simply, art-making made them feel good in the here and now (Cooper, 2002; Joseph, 2013; Meeks, 2017; Roberson, 2014; Sabeti, 2015; Stevens-Ratchford, 2016). The **'feel good' factor** theme is divided into three sub-themes: more fun than bingo, creative pick me up and 'just 'cos!'.

More fun than bingo!

For some, there was a sense of expectation that being an 'older' person they would or should, only be interested in playing bingo, for example, but in reality, they were having fun and feeling good! Participants' descriptions of their experiences showed that engagement in the arts was fun, even in later life – "[It was] *sort of a wild thing to do*" (Meeks, 2017, p.9).

You don't know what goes on behind these doors – if only the others could see how we are enjoying ourselves (Cooper, 2002, p.697).

Creative pick me up

In addition to ‘in the moment’ pleasure, dancing acted as a creative pick-me-up. People described going into a session in one frame of mind and coming out with their spirits lifted; a feeling which remained after the class (Cooper, 2002; Stevens-Ratchford, 2016).

{Dancing} really lifts your spirits and kind of carries you through the rest of the day...It’s a certain high that you get (Stevens-Ratchford, 2016, p.303).

The hedonic emotion of dancing, a sense of happiness and pleasure in the moment, was most strongly reflected through narratives in making sense of experiences in dancing. Indeed, Stevens-Ratchford (2016) included the theme *The Affinity: We Love to Dance!*. Nonetheless, such feelings of in-the-moment pleasure were also experienced by those participating in other forms or art and levels of engagement: creative writing, craft-making and theatre attendance (Joseph, 2013; Meeks, 2017; Sabeti, 2013; Stevens-Ratchford, 2016).

Just ‘cos!

Feelings of “*self-worth, self-esteem, spontaneity of gracefulness [...]*” (Stevens-Ratchford, 2016, p.303) provide examples of the positive emotions expressed by participants, as well as a sense of being in good health and the value of dance in the promotion of emotional and mental wellbeing:

The way I feel when I dance, it gives me feelings of self-worth and good health, and just enjoyment! (Stevens-Ratchford, 2016, p.302).

It is just a pleasurable feeling of enjoyment (Stevens-Ratchford, 2016, p.303).

Well, it is a totally joyful experience. I think it is a good thing to have. Life is tough, and I think it is important to try and have one, for sure, one part of your life that is absolutely joyful where there are no stresses, no complications. You are not worried about hurting somebody’s feelings, you just...dance! (Stevens-Ratchford, 2016, *ibid*).

By contrast to the physicality of dancing and associated endorphins released through physical activity, these positive emotions were also experienced by older people participating in more receptive levels of engagement. “[You can] *live vicariously through the theatre* [there is] *a magic about it that is...fulfilling and healthy*” (Meeks, 2017, p.9) and after participating in creative writing: “*I loved it. Absolutely loved it!*” (Sabeti, 2013, p.221). Thus, the theme of the ‘**feel good**’ factor seems to encompass a variety of positive emotions which older people experienced through participation.

7.4.5 Body, mind and soul

Across the variety of art forms and levels of participation, creative engagement had perceived benefits for older people, which they described as impacting positively on their **body, mind and soul**, and were expressed through culturally, socially or health -related outcomes. The subthemes under this concept emphasise the variation in experience and perceptions of wellbeing including: bodily awareness and self-image, engagement and stimulation, self-efficacy and the notion of participatory arts engagement acting as a healing tonic. This theme includes four sub-themes: beats the heck out of jogging; keeps the brain sharp; realising and celebrating ability; and cathartic, restorative and transformative.

Beats the heck out of jogging!

For many, dancing provided a fun alternative to physical exercise - “*it beats the heck out of jogging!*” (Brown, 2008, p.89). Even walking to the theatre provided a “*physical positive reaction*” for one theatre goer (Meeks, 2017, p.9). Dancing was seen as a means of physical activity which got their heart pumping, kept them healthy, but had the added bonus of providing a source of social interaction and engagement with others. People were aware that as they were getting older it was even more important to keep active, and that dancing provided a fun alternative to more traditional forms of exercise (Brown, 2008; Roberson, 2014; Stevens-Ratchford, 2016).

It’s such a social thing. It’s like, I don’t know, I mean runners get a high when they run. It’s just like that with the shag, you get a high (Brown, 2008, p.87).

In addition to the physical benefits, older people described how dancing impacted on their positive self-image, which in turn improved their self-esteem and again, simply made them feel good:

I feel elegant, graceful and attractive when I'm dancing. It is a nice feeling to dance...Especially some dances, the waltz just makes me feel like a queen or something. I feel so elegant and refined...The tango makes me feel sexy and hot. I would say swing and cha-cha make you feel joyful...I cannot think of a single kind of dance that makes me feel bad about myself. Dancing makes me feel good (Stevens-Ratchford, 2016, p.302).

While some people described the positive emotion and physical benefits of dancing, others explained the positive impact dancing had on their self-image. Dancing provided a freedom of expression, allowing them lose their inhibitions which them out of themselves (Cooper, 2002; Stevens-Ratchford, 2016).

I like the movement. I love music. Dancing is an expression of that, of movement. It makes me feel happy. It is total escape...I can just escape into the music and the movement and I love it...I do not really know what we look like. I know what I feel like. I love to dance. (Stevens-Ratchford, 2016, p.304).

Keeps the brain sharp

Participants were aware of their own cognitive ageing but felt that dancing helped to keep them mentally stimulated. *"Dancing does a lot to stimulate your mind"* (Stevens-Ratchford, 2016, p.301). *"It keeps your brain alive. It does. It really keeps you...and it keeps you young"* (Thomas & Cooper, 2002, p.70). Overall, the older people across the studies were aware that their creative practice and the concentration it required enhanced their wellbeing *"mentally, spiritually, intellectually and maybe even physically"* (Meeks, 2017, p.9).

It keeps your mind turning over as well as your feet. It's all going to go in here before it goes down there (Thomas & Cooper, 2002, p.70).

One of the big things for us is memory issues. We have learned that as we get older, we forget things quickly unless we do them a lot...we know how important it is to remember and practise and keep our minds active. Learning steps is good for the memory. Dance is mentally stimulating (Stevens-Ratchford, 2016, p.302).

It's emotionally and intellectually stimulating at its best...and then it's social and lovely (Meeks, 2017, p.9).

Realising and celebrating ability

In addition to awareness of the intellectual and physical stimulation older people experienced through their creative engagement, they were also aware that their abilities were not what they once were. However, they described the delight they felt in realising what they *could* do (Bedding, 2008; Brown, 2008; Stevens-Ratchford, 2016).

You can accomplish whatever you want to with shag. It's whatever level you are comfortable with or whatever your personal goals are (Brown, 2008, p.82).

We are not anywhere as good as they are, but that does not stop us doing it. We recognised that everyone has to go at their own speed and so we keep dancing (Stevens-Ratchford, 2016, p.300).

Even for those who recognised that some techniques were beyond their limits, there was an understanding that participating in a class provided the opportunity to develop new skills and expand their capabilities (Bedding, 2008). Finding a level of participation appropriate to their current abilities rather than looking back to what they used to be able to do, led to an improved sense of self-efficacy.

Cathartic, restorative and transformative

When describing subjective experiences of engagement in the arts, phrases such as the 'healing power' or 'therapeutic' benefits of arts participation are often concomitant. For many older people in the studies, art-making was described as acting like a form of tonic, a remedy which made them feel better, or offered a creative catharsis.

Well, you enjoy yourself. You have a good time. I have always said that you cannot be depressed and dancing. I have also said that you can't dance very well if you're depressed. There just seems to be something about the fact that no matter the weight of the world on your shoulders at any given moment, you go on the dance floor and it goes away. It might be that it comes right back, but for that moment, it's a high (Brown, 2008, p.87).

One the perceived healing benefits of art-making was its restorative nature, which came as a surprise to one older person when describing participating in new modes of painting "*I had a go and found that it was relaxing*" (Bedding, 2008, p.374). Art-making seemed to provide older people with a space to be with their thoughts, relax and escape from the aches and pains of everyday life "*when I am dancing, I do not feel the pain*" (Stevens-Ratchford, 2016, p.300).

I get involved and with the work that I do I am not thinking of other bad things...you concentrate and forget, you forget what you're worried about (Maidment, 2011b, p.707).

When we are dancing, I do not think about other things that might be a worry. It is an escape (Stevens-Ratchford, 2016, p.303).

When I feel the need to relax, I just go into the place where I've got it all set up and I just sit down and fiddle and put the radio on and dream (Joseph, 2013, p.217).

Theatre was also described as "*a transformative experience*", an "*opportunity to reflect on the human condition...it adds to your sense of perspective*" (Meeks, 2017, p.9). There was a sense across experiences in different creative activities that people started in one frame of mind and came out in another. It was a time for reflection and contemplation, but also involved a sense of being actively engaged.

It gives me a different perspective on...people and how they react to things. I think live theater is like no other form of entertainment. The audience interaction and people who are there, I love it.

[T]he audience is part of my appreciation of the play (Meeks, 2017, p.9).

7.4.6 I-poem Analysis

In order to explore the positive emotion, or **the ‘feel good’ factor** described by older people in relation to their experiences of participatory arts engagement in the review, I conducted an I-poem analysis to explore this key theme in more depth. Through the process of grouping the verbatim quotations starting with a first person ‘I’ statement, it quickly became obvious that those describing positive emotion or relating to expressions of enhanced subjective wellbeing were the most striking. The connection between participatory arts engagement and positive emotion concurs with the quantitative findings of the systematic review (discussed in the following section) which indicated a link between art-making and subjective wellbeing.

Since the majority of studies were related to participation in dance, the I-poem analysis naturally evolved into a focus on feelings experienced after dancing. Whilst some experiences were related to the social connections made through dancing, physical associations with dance started to reveal themselves prominently e.g. *“I am not as stiff as I once was”* (MacMillan, 2016, p.34) and *“it’s helped loosen my body up”* (Skingley, 2016, p.52). Participants also referred to new awareness of their own physicality and connection with their body experienced through dance *“I think for me it was that creativity of the body I enjoyed most”* (O’Toole, 2016, p.313) and *“I feel elegant, graceful and attractive when I’m dancing”* (Stevens-Ratchford, 2016, p.302).

Experiencing frequent positive emotions has been linked with longer-term levels of positive emotions and higher levels of positive affect and life satisfaction, in what Schueller & Seligman (2010) described as the ‘pursuit for pleasure’. A feeling of retrospective emotion was apparent more in statements about dance, using phrases such as ‘I enjoy’, ‘I feel’, ‘I like’ and ‘I love’, than in descriptions of engagement in other art forms. This concentrated focus on the reflections people made about their participation in dance allowed me to view the participant quotes through a different analytical lens that of the thematic analysis. Indeed, a key element of the I-poem approach is to explore and interpret findings through the researcher’s own subjective perspective and so the direction which the analysis takes is completely down to the judgement of the researcher. Whilst the focus in the analysis moved towards statements relating to dance evolved organically, I thought it would be interesting to compare first person statements about engagement in dance with those describing engagement in other art forms. However, first-person statements relating to literary arts and

theatre engagement were limited in their numbers, so I was only able to explore those relating to visual arts experiences in any detail.

Analysis of visual arts engagement revealed a stronger focus on the art-making process and a sense of being lost in the moment, than had been seen in descriptions of dance. There was also an appreciation of the social connections made through their visual art-making and the opportunity to try new things. This shows a subtle distinction between subjective experiences of dance and visual arts engagement in later life, which had not been identified through the thematic analysis. The I-poem, entitled “I feel happy when I’m dancing” is presented in Figure 22. Each phrase starts with the verb highlighted in bold acting as a heading for each stanza, for example ‘I love...’ in the first paragraph but has not been repeated on each line in order to present a more aesthetically pleasing poem.

"I feel happy when I'm dancing"
An i-poem

I love...

the social interaction
that this is on a Friday...I can't wait till Friday comes

I love that we're all in this together

I like that...

I am not as stiff as I once was
I make new friends in the class
I get to exercise as it destresses me
I can come here and do what I can do

I like whenever we dance well, I love those days

I think...

for me it was the expression
it's helped loosen my body up
it made me a more sociable person
[dancing] has helped me to get out and about more

I think "oh that's amazing I can do that"

I feel...

a sense of accomplishment
more in control of my health
so much more confident having been here
like I connect to my community being here
like I move myself more in the class than doing anything else

I feel elegant, graceful and attractive when I'm dancing!

Figure 22: I-poem

7.4.7 Summary

The qualitative synthesis has explored the five themes identified from the studies included in the review: **making & creating; connections & communities; identity; the ‘feel good’ factor;** and **body mind and soul**. Within each theme, subthemes highlighted the nuances of each theme, illustrated by quotations from the individual studies. Overall, the findings suggest that participatory arts engagement provides a range of mental, physical and social benefits (MacMillan, 2016), a potential link between dance and successful ageing (Brown, 2008; Stevens-Ratchford, 2016) and enhanced awareness of connections between body and mind (Thornberg, 2012). The importance of social dance (Cooper, 2002) and theatre attendance (Meeks, 2017) for promoting wellbeing was also highlighted, as well as the development of a sense of self through *découpage* (Joseph, 2013).

Addition analysis of participant quotations using an I-poem approach examine enabled me to examine older people’s experiences from a different angle. Due to the high number of dance-based experiences, the poem naturally gravitated towards statements on the perceived benefits of dancing, which focused mainly on physical benefits and positive emotions. Analysis of the visual arts statements revealed a stronger emphasis on the art-making process, social connections made and the opportunity to try new things. Such distinctions between perceived benefits of engagement in different art-forms had not been identified in the thematic analysis. In addition to bringing in new foci to the analysis, the I-poem approach also enabled an alternative means of presenting the data, which led to a creative output – the poem.

Having examined the qualitative data through thematic and I-poem analysis above, the following section presents the quantitative synthesis. Firstly, I have provided a narrative analysis of study findings to tell the story of the effect of participatory arts engagement for promoting wellbeing and quality of life in healthy older people. Narrative analysis is presented under the primary outcomes of wellbeing and cognitive function for clarity and followed by a presentation of the exploratory meta-analysis of subjective wellbeing. Qualitative and quantitative synthesis are then discussed together in a third, combined synthesis, where any associations between quantitative outcomes and themes developed from the qualitative data will be considered.

7.5 Quantitative Synthesis (Wellbeing)

The quantitative study findings are presented below, grouped by outcome domains relating firstly to *wellbeing and quality of life*, followed by *cognitive function*. The analysis includes both descriptive and narrative analysis of the outcome and related domains. A level of statistical significance of $p < 0.05$ was used and any significant findings have been clearly identified and presented in data tables in each section. Findings of no statistical significance are included in the narrative analysis to provide overall context, but not included in the data tables. Wellbeing and quality of life was measured after participation in dance (n=10); creative writing (n=2); theatre (n=1) and mixed arts (dance & visual arts) (n=1). Some studies (including pre-post studies, RCTs and non-randomised control trials) recorded measurements before and after engagement (Alpert, 2009; Cruz-Ferreira, 2015; Eyigor, 2009; Garcia Gouvêa, 2017; Mavrovounitois, 2010; Noice, 2004; O'Toole, 2015; Richeson, 2002).

The interrelated domains of wellbeing and quality of life, measurement tools employed, and relevant studies are illustrated in a mind-map (Figure 23) and colour coded by art form (Table 19). The mind-map was developed using the Mindly mobile app (Dripgrind Software, 2018). What becomes immediately obvious from the mind-map, is that none of the studies explored the effect of participation in the visual arts (e.g. painting, drawing etc) on wellbeing or quality of life, except for Skingley (2016), which included a combination of visual arts and dance. It also highlights the multifaceted nature of the wellbeing and quality of life concepts investigated in the included studies. Analysis of wellbeing results is grouped by wellbeing domains (Bowling, 2005) under the following categorisations: **broader health status**, **broader quality of life**, **psychological wellbeing** and **subjective wellbeing**.

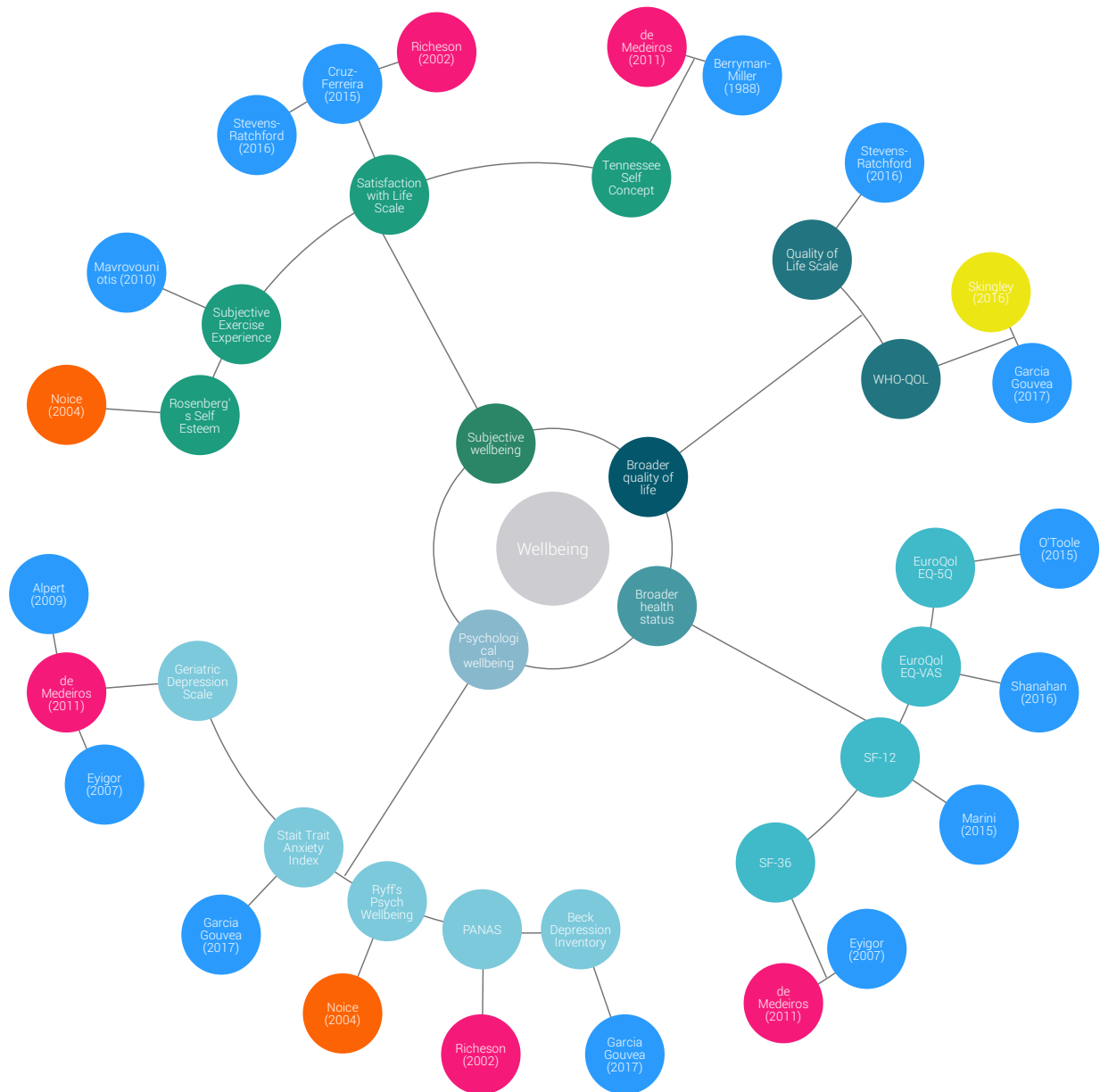


Figure 23: Wellbeing & quality of life mind-map

Art form	Colour
Dance	Blue
Creative writing	Pink
Theatre	Orange
Mixed art forms	Yellow

Table 20: Wellbeing mind-map legend

Effect sizes of arts participation over time were calculated for all wellbeing and quality of life studies using the Psychometrica online calculation tool, where relevant data were available (Lenhard & Lenhard, 2016). The effect size measure used was Cohen's d (1988). Results are presented in separate tables grouped according to Bowling's (2005) domains for clarity:

broader health status (Table 18); **broader quality of life** (Table 19); **psychological wellbeing** (Table 20); and **subjective wellbeing** (Table 21). Narrative analysis has also been presented according to wellbeing domain. Studies which reported no statistically significant findings or were not adequately reported have not been included in the tables but are reported in narrative analysis. O’Toole (2015) reported median and range, and therefore estimated mean and standard deviation had to be calculated (Hozo, Djulbegovic & Hozo, 2005). For studies with a control group, the effect size contrasting the experimental (arts-based) group and control group was calculated using Psychometrica (Lenhard & Lenhard, 2016) and is included in the narrative analysis below (Cruz-Ferreria, 2015; Eyigor, 2007; Mavrovouniotis, 2010; Noice, 2004).

7.5.1 Broader health status

Five studies used three measures of broader health status: **SF-36**: (de Medeiros, 2011; Eyigor, 2007); **SF-12**: (Marini, 2015); and **EuroQoL EQ-5Q / EQ-VAS**: (O’Toole, 2015; Shanahan, 2016). These studies all stated that they were measuring *quality of life*, apart from de Medeiros (2011) which used the term *mood*. Data from two of these studies (Eyigor, 2009 & O’Toole, 2015) are presented in Table 21 to show pre and post outcome measurements. Data from the remaining three studies are not tabulated due to the following reasons: De Medeiros (2011) provided brief narrative around the results of the SF-36, but no raw data; while Marini (2015) and Shanahan (2016) were both studies of exposure, therefore no pre-intervention measurements were taken.

According to Dronavalli and Thompson’s (2015) systematic review of wellbeing measurement tools, SF-36 and SF-12 were scored as ‘good’, with EQ-5Q scoring ‘mediocre’. The 36-Item Short Form Survey (SF-36), used in two of the studies (Eyigor, 2009; de Medeiros, 2011), is “the most frequently used measure of generic health status across the world” (Bowling, 2005, p.63), especially popular with social gerontologists. It is therefore an appropriate instrument within studies of older people. Sample sizes in these two studies were comparable, with both having experimental groups of (n=18) and (n=19), and control groups of (n=15) and (n=18) respectively. De Medeiros (2011) also had an active ‘reminiscence’ control (n=18), but no significant improvements were reported for this group either. The SF-12, used by Marini (2015) is a restricted, one-page version of the SF-36.

BROADER HEALTH STATUS												
Author (year)	Measurement tool	Study design	Duration	n=	pre		post		Effect Size (Cohen's d)	Confidence Intervals	Effect of participation over time	Level of effect
					MEAN	SD	MEAN	SD				
Eyigor (2009)	SF-36 (Physical functioning)	RCT	8 weeks (dance)	19	79.1	18.9	88.8	12.2	0.61	-0.31 - 1.53	Improved broader health status	MEDIUM
	SF-36 (Role-physical)				66.2	38.5	76.5	38	0.269	-0.634 - 1.173		SMALL
	SF-36 (Pain)				62.4	27.3	72.7	19.7	0.433	-0.477 - 1.342		SMALL
	SF-36 (General health)				63	21.4	77.4	24.3	0.629	-0.292 - 1.55		MEDIUM
	SF-36 (Vitality)				60	15.9	65.1	12.1	0.361	-0.546 - 1.268		SMALL
	SF-36 (Social functioning)				86.7	24.1	94.1	13.3	0.38	-0.527 - 1.288		SMALL
	SF-36 (Role-emotional)				56.8	36.8	72.5	39.5	0.411	0.497 - 1.32		SMALL
	SF-36 (Mental health)				69.3	25.1	81	18.2	0.534	-0.381 - 1.449		MEDIUM
O'Toole (2015)	EQ-VAS	pre-post	6 weeks (dance)	56	80	15	85	12.5	0.362	-0.166 - 0.89	Improved broader health status	SMALL

Table 21: Effect on broader health status over time

BROADER QUALITY OF LIFE												
Author (year)	Measurement tool	Study design	Duration	n=	pre		post		Effect Size (Cohen's d)	Confidence Intervals	Effect of participation over time	Level of effect
					MEAN	SD	MEAN	SD				
Garcia Gouvêa (2017)	WHO-QOL	pre-post	3 months (dance)	20	69.5	7.6	75.4	9.8	0.673	-0.228 - 1.574	Improved QoL	MEDIUM

Table 22: Effect on broader quality of life over time

Four of the five studies reported significant results in some aspects of broader health status. Eyigor (2009) reported statistically significant improvements to physical functioning (Cohen’s $d=0.61$), general health ($d=0.629$) and mental health ($d=0.534$) following participation in Turkish folklore dance. Effect sizes contrasting the experimental and the control groups were calculated using Psychometrica (Lenhard & Lenhard, 2016) and are presented in Table 23. The results show the significant effect of participating in Turkish dance on improved broader health status, which was particularly significant in the domains of general health ($d=1.025$) and social functioning ($d=1.751$), both of which show a large level of effect (Cohen, 1988).

SF-36 domain	Effect size contrasting experimental & control GROUPS	Level of Effect
Physical functioning	0.312	Small
Role-physical	0.597	Medium
Pain	0.636	Medium
General health	1.025	Large
Vitality	0.388	Small
Social functioning	1.751	Large
Role-emotional	0.306	Small
Mental health	0.656	Medium

Table 23: Broader health status (Eyigor, 2009)

In the exposure studies of regular dance participation versus age-matched controls, Marini (2015) reported better performance in the physical and mental subscales on SF-12, while Shanahan (2016) showed higher overall quality of life. De Medeiros (2011) reported an effect of time across all groups (autobiographical writing, reminiscence and control) in improved emotional wellbeing. The study also reported an effect of time across groups showing reduced energy and increased pain over time in the experimental autobiographical writing group. However, there were no significant group differences overall for the SF-36.

No significant improvements were shown for EQ-VAS in O’Toole (2015). The EQ-5Q, used by Shanahan (2016) and O’Toole (2015) also measures generic health status across five domains. Sample sizes across experimental groups in these three studies were comparable: Marini (2015) ($n=50$), Shanahan (2016) ($n=39$) and O’Toole (2015) ($n=35$). Two studies also completed post-intervention measures, with age-matched controls of ($n=50$), Marini (2015) and ($n=33$), Shanahan (2016). Despite the comparable sample sizes, the variance in study

design and missing data meant that inclusion in meta-analysis was not possible. However, overall findings show improved broader health status after participation in an eight-week Turkish folklore dance class (Eyigor, 2009).

7.5.2 Broader quality of life

Two pre-post studies reported broader quality of life using WHOQOL-BREF: (Garcia Gouvêa, 2017; Skingley, 2016) with both studies showing significant improvements in some subscales. Garcia Gouvêa (2017) reported a significant improvement in physical and environmental domains and an overall improvement in broader quality of life ($d=0.673$), pre-post data are presented in Table 22. Skingley (2016) reported a significant improvement in the psychological health domain, though the study recorded mean scores only and no standard deviation, so is not shown in the table. WHOQOL-BREF was classified as ‘excellent’ by Dronavalli and Thompson (2015), interestingly gaining a higher composite score than the full version. The full version of WHOQOL is included in the Centre for Ageing Better’s *Measuring Ageing Framework* (2019a), confirming the advantage of using existing, validated scales, not only for their quality, but also to allow comparisons to be made across studies.

Sample sizes and designs for the two studies were comparable, with both adopting a pre-post design and sample sizes of ($n=20$) (Garcia Gouvêa, 2017) and ($n=21$) (Skingley, 2016). The interventions also had approximately the same duration; 3 months and 12 weeks respectively and both featured dance as the art form under investigation. Though, Skingley (2016) featured both dance and visual arts, with no distinction in findings between the two art forms. Therefore, a meta-analysis of broader quality of life was not possible. However, findings showed improved broader quality of life after participation in a three-month Senior Dance programme (Garcia Gouvêa, 2017).

7.5.3 Psychological wellbeing

Six studies reported measurement of some aspect of psychological wellbeing, using four different measurement tools. The following three scales measure levels of depression / anxiety: **Geriatric Depression Scale (GDS)**: (Alpert 2009; de Medeiros 2011; Eyigor 2007); **Beck Depression Inventory (BDI)**: (Garcia Gouvêa 2017); **State-Trait Anxiety Inventory**

(STAI): (Garcia Gouvêa 2017; Mavrovouniotis 2010). By contrast, Noice (2004) used **Ryff's Psychological Wellbeing Scale**, and Richeson (2002) used the Negative Affect Schedule. Pre-post results for four of these studies are presented in Table 25 (Alpert, 2009; Mavrovouniotis, 2010; Noice, 2004; Richeson, 2002). No data were reported by Garcia Gouvêa (2017) or de Medeiros (2011), thus results from these studies are included in the narrative analysis, but not presented in the table.

Two additional studies used the GDS as a screening tool for participant inclusion (de Medeiros 2007; Moore 2017). The GDS was originally developed as a screening instrument for the assessment of depression in older adults in clinical settings, therefore its use as screening tool for inclusion was appropriate in these studies. However, it is used to assess the severity of depression and therefore is also suitable in measuring the effect of treatment, as seen in three studies (Alpert, 2009; de Medeiros, 2011; Eyigor, 2007). The BDI is also used as a measure of severity of depression and as a screening instrument for research with older people, like the GDS. The STAI, by contrast, measures “in-built tendency to anxious response and current feelings of anxiety” (Bowling, 2005, p.94).

Some data were missing or shown in percentages in three of the studies (de Medeiros 2011; Eyigor, 2007; Garcia Gouvêa, 2017). Although the study authors did provide narrative analysis the lack of raw data, in the form of means and standard deviations, meant that results from these studies could not be included in any potential meta-analysis of psychological wellbeing. The studies which provided data included two studies reporting on depression and anxiety (Alpert, 2009; Mavrovouniotis, 2010) and two studies which measured psychological wellbeing (Noice, 2004; Richeson, 2002).

Sample sizes varied considerably across the studies from n=13 (Alpert, 2009) to n=111 (Mavrovouniotis, 2010). Moreover, in addition to diverse sample sizes there were also differences in study designs, art form and duration. Studies ranged from a non-randomized control of one one-hour dance class (Mavrovouniotis, 2010) and a non-randomized control of a four-week theatre class (Noice, 2004), to a 10-week creative writing class (Richeson, 2002) and a pre-post dance study with no control (Alpert 2009). Therefore, an exploratory meta-analysis of psychological wellbeing was not possible due to the methodological diversity of the studies.

PSYCHOLOGICAL WELLBEING												
Author (year)	Measurement tool	Study design	Duration	n=	pre		post		Effect Size (Cohen's d)	Confidence Intervals	Effect of participation over time	Level of effect
					MEAN	SD	MEAN	SD				
Alpert (2009)	GDS	pre-post	15 weeks (dance)	13	1.9	2.63	1.8	1.64	0.046	-1.133 - 1.042	No change to psychological wellbeing	NO EFFECT
Mavrovouniotis (2010)	STAI	quasi-experimental (non-equivalent control group)	1hr (dance)	76	29.8	1.76	26.67	8.69	0.499	-0.956 - -0.043	Decreased anxiety	MEDIUM
Noice (2004)	Ryff's Psychological Wellbeing Scale	quasi-experimental (non-equivalent control group)	4 weeks (theatre)	44	5.35	0.57	5.5	0.52	0.275	-0.319 - 0.869	Improved psychological wellbeing	SMALL
Richeson (2002)	PANAS (negative affect)	quasi-experimental (non-equivalent control group)	6-10 weeks (creative writing)	150	16.659	6.24	14.671	6.14	0.321	-0.644 -0.001	Decreased negative affect	SMALL

Table 24: Effect on psychological wellbeing over time

A decrease in anxiety (temporary emotional state) was reported after participation in a Greek dance class ($d=0.499$) (Mavrovouniotis, 2010) and engagement in Senior Dance (Garcia Gouvêa, 2017). Noice (2004) reported improved psychological wellbeing after participation in theatre, compared with both the passive and visual arts control groups. Effect sizes contrasting the experimental and the control groups were calculated where possible using Psychometrica (Lenhard & Lenhard, 2016) and are presented in Table 24. There were no significantly significant improvements on GDS in any of the studies. Findings showed significant improvements to psychological wellbeing following participation in a session of Greek traditional dance (Mavrovouniotis, 2010).

Author (Year)	Measurement tool	Effect size contrasting experimental & control	Level of effect
Mavrovouniotis (2010)	Stait-Trait Anxiety Inventory (STAI)	0.906	Medium
Noice (2004)	Ryff's Psychological Wellbeing Scale	0.412	Small

Table 25: Psychological wellbeing

7.5.4 Subjective wellbeing

Five studies reported measurement of various aspects of subjective wellbeing, using the following five instruments: **Satisfaction with Life Scale (SWLS)**: (Cruz-Ferreira, 2015; Richeson, 2002); **Tennessee Self-Concept Scale (TSCS)**: (Berryman-Miller, 1988; de Medeiros, 2011); **Subjective Exercise Experiences Scale (SEES)**: (Mavrovouniotis, 2010). Two additional studies used self-reported scales relating to retrospective subjective emotions (Kattenstroth, 2013; Moore, 2017), as discussed previously. Pre-post data from four of these studies is presented in Table 26 (Cruz-Ferreira, 2015; Mavrovouniotis, 2010; Noice, 2004; Richeson, 2002).

Two studies are not presented in the table, due to missing or incomplete reporting of data (Berryman-Miler, 1988; de Medeiros, 2011). However narrative findings for these two studies are reported below. Mavrovouniotis (2010) reported improvements in positive wellbeing after participation in Greek traditional dance, though the effect was small ($d=0.249$). Kattenstroth (2013) reported that after dancing, participants' subjective wellbeing improved, with 65% of participants reporting feeling more vital; 65% felt better; 52% experienced less pain; 60% felt more active and all participants found it good to do

something for themselves. Moore (2017) reported no overall statistical improvements following participation in a theatre class.

Effect sizes contrasting the experimental and the control groups were calculated where possible using Psychometrica (Lenhard & Lenhard, 2017) and are presented in Table 27. Cruz-Ferreira (2015) showed a significant improvement in life satisfaction over time following participation in a 24-week dance programme ($d=0.548$), in comparison to the control group ($d=0.628$). Richeson (2002) by comparison, reported no significant improvement in life satisfaction for participants engaging in either the creative writing experimental or the liberal arts control group. The difference in findings may be attributed to the length of the intervention, which was significantly longer in the dance study (24 weeks) as opposed to only 6-10 weeks engagement in the creative writing intervention. However, it might be indicative of a potential advantage of dance participation over creative writing, though this would require further investigation.

Author (year)	Measurement tool	Effect size contrasting experimental & control	Level of effect
Cruz-Ferreira (2015)	Satisfaction with Life Scale (SWLS)	0.628	Medium
Mavrovouniotis (2010)	Subjective Exercise Experience Scale (SEES)- <i>positive wellbeing</i>	0.324	Small
Noice (2004)	Rosenberg's Self-Esteem Scale	0.373	Small

Table 26: Subjective wellbeing

Richeson (2002) also employed the Positive and Negative Affect Schedule (PANAS) which measures self-reported levels of mood, including positive and negative emotion. The study actually reported a *reduction* in ‘positive’ affect for the experimental group, after participation in autobiographical writing, however, it did show a significant decrease in ‘negative’ affect ($r= -0.077$). As discussed above, the language used in the Positive Affect aspect of PANAS was comparable to the wording used in SEES and SWLS and therefore data were included in the exploratory meta-analysis of subjective wellbeing. Findings showed an improvement in subjective wellbeing following participation in a 24-week dance class (Cruz-Ferreira, 2015).

SUBJECTIVE WELLBEING												
Author (year)	Measurement tool	Study design	Duration	n=	pre		post		Effect Size (Cohen's d)	Confidence Intervals	Effect of participation over time	Level of effect
					MEAN	SD	MEAN	SD				
Cruz-Ferreira (2015)	SWLS	RCT	24 weeks (dance)	32	24.03	7.7	27.94	6.51	0.548	-0.157 - 1.254	Increased life satisfaction	MEDIUM
Mavrovouniotis (2010)	Subjective Exercise Experience Scale (positive wellbeing)	quasi-experimental (non-equivalent control)	1hr (dance)	76	24.49	4.7	26.03	3.79	0.361	-0.093 - 0.814	Increased positive wellbeing	SMALL
Noice (2004)	Rosenberg's Self-Esteem Scale	quasi-experimental (non-equivalent control)	4 weeks (theatre)	44	3.54	0.43	3.64	0.37	0.249	(-0.344 - 0.843)	Increased self-esteem	SMALL
Richeson (2002)	SWLS	quasi-experimental (non-equivalent control) - arts-based control	6-10 weeks (creative writing)	150	24.493	6.48	25.26	6.44	0.119	(-0.202 - 0.439)	No change to subjective wellbeing	NO EFFECT
	Positive Affect				35.846	6.71	35.333	6.69	-0.077	(-0.397 - 0.244)		NO EFFECT

Table 27: Effect on subjective wellbeing over time

7.5.5 Exploratory meta-analysis

An exploratory meta-analysis was conducted using a random-effects model to pool effect sizes for subjective wellbeing outcome measures from three studies of participation in dance with a total of 542 participants (Cruz-Ferreira, 2015; Mavrovouniotis, 2010; Richeson, 2002). Effect sizes were calculated for each study using means, standard deviations and sample sizes for experimental and control conditions at baseline and post-intervention (Lenhard & Lenhard, 2016). Analyses were conducted using Meta-Essentials (Suurmond et al., 2017), which showed **an overall combined effect size of $g=0.18$** (SE 0.13) CI [-0.36 – 0.73], $p=0.15$ (two-tailed p-value) (Table 28 & 29). The forest plot is shown in Figure 24 and funnel plot in Figure 25. The combined effect size for dance in promoting subjective wellbeing was not significant ($g=0.18$).

Heterogeneity

Analysis to quantify inconsistency across studies showed low/moderate heterogeneity ($I^2 = 40.08\%$), which means variation across studies will have had little impact on the meta-analysis (Deeks, Higgins & Altman, 2017). To contextualize the percentage of variability (I^2), 0% to 40% is considered not important and 30% to 60% may represent moderate heterogeneity, while 50% to 90% may represent substantial heterogeneity and 75% to 100% considerable heterogeneity (*ibid*, p.9:35). Heterogeneity data are shown in Table 30.

Subgroup & sensitivity analysis

Due to the very small number of studies included in this exploratory meta-analysis, it was not possible to carry out subgroup or sensitivity analysis. However, discussion around different levels of participation and domain of arts under study is discussed throughout the syntheses.

Meta-analysis model		#	Study name	Hedges' g	CI Lower limit	CI Upper limit	Weight
Model	Random effects model	1	Cruz-Ferreira (2015) (SWLS)	0.44	-0.09	0.98	19.12%
Effect Size Measure	Hedges' g	2	Mavrovouniotis (2010) (SEES-positive)	0.32	-0.08	0.73	27.86%
Confidence level	95%	3	Richeson (2002) SWLS & PANAS (Positive Affect)	0.02	-0.19	0.23	53.02%

Table 28: Meta-analysis

Combined Effect Size	
Hedges' g	0.18
Standard error	0.13
CI Lower limit	-0.36
CI Upper limit	0.73

Table 29: Combined effect size

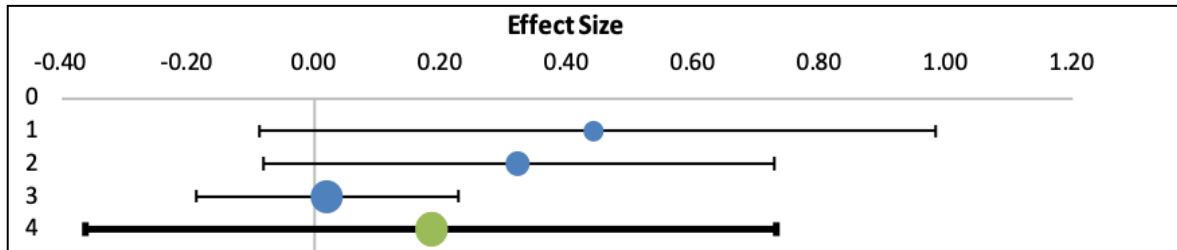


Figure 24: Forest plot

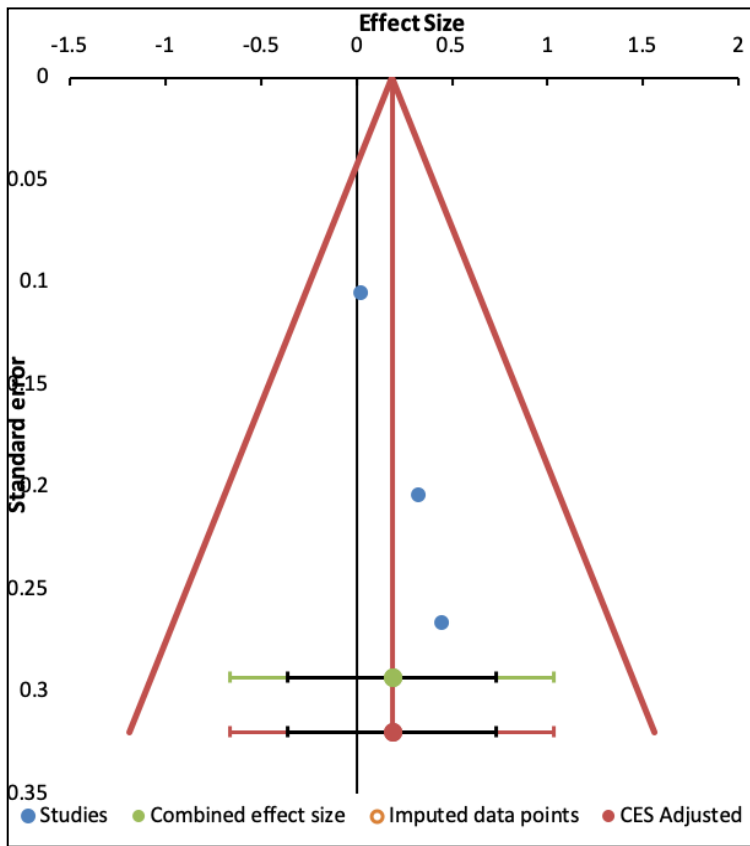


Figure 25: Funnel plot

Heterogeneity	
Q	3.34
pQ	0.19
I ²	40.08%
T ²	0.02
T	0.15

Table 30: Heterogeneity

7.5.6 Related wellbeing outcomes

Self-concept

Berryman-Miller (1988) showed significantly enhanced levels of self-concept after participation in dance, in the areas of physical and personal self. However, assessment was only made post-intervention, with no baseline testing. Therefore, it is impossible to know whether the experimental or control group had higher levels of self-concept at baseline and therefore whether the higher perception of self-concept was related to the intervention or not. De Medeiros (2011) showed a significant effect of time across groups participating in autobiographical writing, reminiscence activity and in the no-treatment control group, meaning that all groups reported enhanced self-concept over time. This shows that, whilst participants in the autobiographical writing group's level of self-concept improved, it also did after participation in reminiscence activity and in the no-treatment control group, and therefore improvement in self-concept cannot be attributed to the autobiographical writing.

Self-esteem

Two of the studies examining the effect of theatre engagement on wellbeing assessed levels of self-esteem. Moore (2017) used a self-reported rating of emotion, which included self-esteem, confidence and happiness, whilst Noice (2004) employed Rosenberg's Self-Esteem Scale. While Moore (2017) showed that the back-stage pass (passive) control group reported significantly higher happiness and lower anxiety than the theatre group immediately after class, this was shown to be related to increases in self-esteem and confidence for the theatre group in follow-up. There was no statistical improvement to self-esteem after participation in theatre (Noice, 2004). Whilst there is some variation in intervention design and length across the subjective wellbeing studies, including a range of outcomes being measured, the focus on measurement of positive emotion and life satisfaction was considered to be comparable enough to warrant further exploration through an exploratory meta-analysis, as reported above.

7.5.7 Summary

Fifteen studies reported on wellbeing / quality of life outcomes across the following wellbeing domains: **broader health status** (n=5); **broader quality of life** (n=2);

psychological wellbeing (n=6); and **subjective wellbeing** (n=7). The range of domains being measured, in addition to the heterogeneity of measurement tools employed and the variation of study designs rendered a meta-analysis for all wellbeing studies impossible. However, an exploratory meta-analysis of subjective wellbeing was conducted, as reported above. The following section summarises the key findings from the wellbeing studies.

- Dancing led to improvements in some aspects of broader health status (Eyigor, 2009; Marini, 2015; Shanahan, 2016).
- Participating in dance / visual arts activities increased broader quality of life (Garcia Gouvêa, 2017; Skingley, 2016).
- Dancing led to decreased anxiety (Garcia Gouvêa, 2017; Mavrovouniotis, 2010).
- Enhanced life satisfaction (Cruz-Ferrera, 2015), improvements in positive wellbeing (Kattenstroth, 2013; Mavrovouniotis, 2010) and enhanced self-concept (Berryman-Miller, 1988) were reported after participating in dance.

This summary demonstrates that participating in dance promotes a positive sense of wellbeing for healthy older people in later life across all four of the domains of wellbeing included in this review. The next section presents the narrative synthesis of findings relating to the effect of participating in the arts on improved cognitive function in healthy older people.

7.6 Quantitative Synthesis (Cognitive Function)

Nine studies reported measurement of *cognitive function*, employing a total of 27 different measurement tools. The measurement tools employed across the studies have been grouped and findings reported according to relevant cognitive function domains categorised by Strauss, Sherman and Spreen (2006). Only four of the 25 measurement tools were used in more than one study: **Finger Selection visuo-tactile task** (Kattenstroth 2010 & 2013); **Hopkins Verbal Learning Test** (de Medeiros 2011; Park 2014); **Non-Verbal Geriatric Concentration Test** (Kattenstroth 2010; 2013) and **Raven's Standard Progressive Matrices** (Kattenstroth 2010; 2013; Park 2014). Moreover, two of these were used in the two separate studies by the same study author Kattenstroth (2010; 2013).

Within the individual studies which investigated the effect of participation in the arts on cognitive performance, more than one measurement tool was utilized in several studies. The following numbers indicate the number of measurement tools employed within individual studies: (n=8) Park (2014); (n=5) Kattenstroth (2013); (n=4) de Medeiros (2007; 2011); (n=3) Kattenstroth (2010) and Noice (2004). Only one measurement tool was used in the remaining three studies (Alpert 2009; Bougeisi 2016; Marini 2015). A full list of the cognitive function measurement tools adopted across the included studies can be found in Appendix T.

Once attempts had been made to categorise the measurement tools into separate domains of cognitive function, the high level of heterogeneity amongst the studies become even more evident. With differing study designs examining aspects of cognitive function across different domains any chance of comparing like for like within meta-analysis was deemed impossible (Deeks et al., 2017). The different aspects of cognitive function are discussed separately in the quantitative synthesis, as a combined discussion would not provide a useful analysis due to the heterogeneity of the different domains and measurement tools.

The included studies, grouped by cognitive function domains under investigation in each study, are presented in a mind-map (Figure 26) and colour-coded by art form (Table 31). The mind-map clearly illustrates the range of cognitive function domains which were assessed in the included studies (learning / memory, attention / concentration, visuospatial ability and general intellectual ability) and the prevalence of studies of dance interventions (56%) which investigated the effect of participating in dance on cognitive function (n=9).

Effect sizes of arts participation over time were calculated using the Psychometrica (Lenhard & Lenhard, 2016) online calculation tool for all cognitive function studies, where relevant data were available. The effect size measure used was Cohen's *d* (1988) and results are presented according to the domains specified by Strauss, Sherman and Spreen (2006) in the following sections. For studies with a control group, the effect size contrasting the experimental (arts-based) group and control group was calculated using Psychometrica (Lenhard & Lenhard, 2016) and results are included in the narrative analysis (de Medeiros, 2011; Kattenstroth, 2013; Noice, 2004). A number of studies did not provide adequate data to calculate effect sizes, as detailed below.

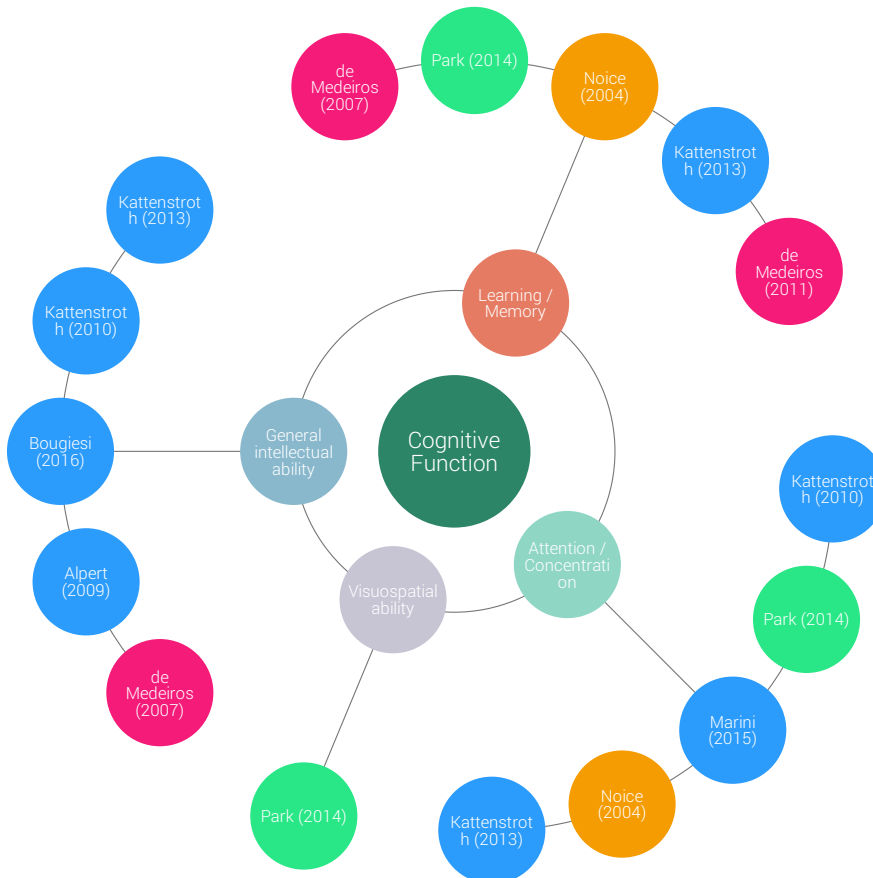


Figure 26: Cognitive function domains

Art form	Colour
Dance	Blue
Creative writing	Pink
Theatre	Orange
Visual arts	Green

Table 31: Cognitive function mind-map legend

In Park (2014), it was not clear how the standardised scores were calculated for the individual cognitive constructs of processing speed, mental control, episodic memory and visuospatial processing for experimental and control groups independently and therefore were not used. Studies of regular participation (exposure) did not include before and after measurements and therefore effect sizes could not be calculated (Bougeisi, 2016; Kattenstroth, 2010; Marini, 2015). De Medeiros (2011) measured autobiographical memory using the Autobiographical Memory Index (AMI) which was not comparable with other tools included in the memory / learning domain and thus data were not included. There was insufficient data from studies measuring aspects of visuospatial abilities for effect sizes to be calculated.

7.6.1 General intellectual ability

Five studies reported on general intellectual ability (Alpert, 2009; de Medeiros, 2007; Bougeisi, 2016; Kattenstroth, 2010; 2013) using different measurement tools across the studies. Measurement tools for these studies are presented in Table 32. The only measurement tool used in more than one study was Raven's Standard Progressive Matrices (RSPM) which was employed in both studies conducted by Kattenstroth (2010; 2013). Pre-post data and effect sizes are presented for three of these studies (Table 33). No data is included in the table for Bougeisi (2016) or Kattenstroth (2010) which were both studies of dance exposure and therefore before and after measurements were not taken.

No statistically significant improvements to general intellectual ability after a participation in a dance intervention (Alpert, 2009), autobiographical writing course (de Medeiros, 2007) or through regular participation in dance (Kattenstroth, 2010) were noted. Bougeisi (2016) reported a significant effect of Greek folk dance on general intellectual ability, compared with the age-matched control. However, Kattenstroth (2013) showed improved general intellectual ability (RBANS) following a six-month dance programme (Cohen's $d=0.728$) and in contrast to the age-matched control ($d=0.746$).

GENERAL INTELLECTUAL ABILITY – Measurement Tools				
Study	Measurement tool	Study Design	Tool description	Author description
Alpert (2009)	Folstein Mini-Mental State Examination (MMSE)	pre-post	Cognitive status	Speed of processing newly presented information
de Medeiros (2007)	Symbol Digit Modalities Test (SDMT)	pre-post	Cognitive impairment	Information processing speed & attention
Bougeisi (2016)	Digit Symbol Substitution Test (WAIS-III)	static group comparison - exposure	Intelligence (response speed, sustained attention, visual spatial skills & set shifting)	<i>Not specified</i>
Kattenstroth (2010)	Raven's Standard Progressive Matrices (RSPM)	static group comparison - exposure	Visual task of abstract reasoning (eductive ability / fluid intelligence)	General intelligence
Kattenstroth (2013)	RSPM	RCT	Visual task of abstract reasoning (eductive ability / fluid intelligence)	Fluid intelligence
	Repeatable Battery of Neuropsychological Status (RBANS)		Neuropsychological status	Cognitive performance & neuropsychological status

Table 32 General intellectual ability measurement tools

GENERAL INTELLECTUAL ABILITY – Effect Sizes												
Author (year)	Measurement tool	Study design	Duration	n=	pre		post		EFFECT SIZE (Cohen's d)	CONFIDENCE INTERVALS	Effect of participation over time	Level of effect
					MEAN	SD	MEAN	SD				
Alpert (2009)	Folstein Mini-Mental State Examination (MMSE)	pre-post	15 wks (dance)	13	27.6	2.88	27.8	3.06	0.067	-1.02 - 1.155	No change in general intellectual ability	NO EFFECT
de Medeiros (2007)	Symbol Digit Modalities Test (SDMT)	pre-post	8 wks (creative writing)	16	47.69	8.43	50.63	8.91	0.339	-0.648 - 1.326	Improved general intellectual ability	SMALL
Kattenstroth (2013)	Raven's Standard Progressive Matrices (RSPM)	RCT	6 mths (dance)	25	20.52	4.75	20.08	4.8	-0.092	-0.877 - 0.692	No change in general intellectual ability	NO EFFECT
	Repeatable Battery of Neuropsychological Status (RBANS)				95.28	12.6	105.88	16.35	0.728	-0.082 - 1.537	Improved general intellectual ability	MEDIUM

Table 33 General intellectual ability effect sizes

7.6.2 Learning/Memory

Four studies reported on memory-related outcomes, using a range of measurement tools (nine tools in total), with no consistency across the four studies (Park, 2014; de Medeiros, 2007; 2011; Noice, 2004). The measurement tools employed in each study are reported in Table 35 and pre-post data for three of these studies is presented in Table 36 (Park, 2014; de Medeiros, 2011; Noice, 2004). De Medeiros (2007) reported individual scores for separate items on each tool with no combined scores and therefore data is not presented in the table, though results are discussed in the narrative analysis below.

Park (2014) employed three different measurement tools, whilst the remaining three studies employed two measurement tools each. Park (2014) conducted a study which compared productive visual arts engagement, quilting, photography and a dual condition, to receptive engagement controls of social, placebo and no treatment control. Over the 14-week intervention, the visual arts (productive-engagement groups) showed a small improvement in episodic memory ($d=0.45$). A significant improvement for the photography group over time was reported in comparison to the placebo and the social group control. No significant effects were observed when contrasting the quilting experimental groups.

Author (year)	Measurement tool	Effect size contrasting experimental & control	Size of effect
de Medeiros (2011)	Remote Memory Word Association Task (RMWAT) - DETAIL	-0.183	No effect
	RMWAT - EPISODIC SPECIFICITY	-0.067	No effect
Noice (2004)	Word recall task (Hultsch et al., 1992)	0.293	Small
	Listening span task (Daneman & Carpenter, 1980) using stimuli from (Stine and Hindman, 1994).	0.337	Small

Table 34: Learning / Memory

Noice (2004) showed significant improvements to word recall over time ($d=0.594$) following a four-week theatre intervention. This was a much larger study with 124 participants in total, by comparison with de Medeiros' studies, which included 16 (2007) and 51 (2011) participants respectively. De Medeiros (2007) showed a significant improvement over time in verbal learning and memory following an eight-week autobiographical writing class. In the subsequent study (de Medeiros, 2011), an effect of time across groups in autobiographical

LEARNING / MEMORY – Measurement tools				
Study	Measurement tool	Study Design	Tool description	Author description
de Medeiros (2007)	List Learning Recall (Brooks et al., 1993)	pre-post	Mnemonic technique	Delayed recall from verbal memory
	Rey Auditory Verbal Learning Test (RAVLT)		Episodic memory (Verbal learning & memory)	Verbal learning & memory
de Medeiros (2011)	Remote Memory Word Association Task (RMWAT) (Crovitz and Schiffman, 1974)	RCT	Episodic memory (20 common nouns)	Specificity & vividness of personal memories
	Autobiographical Memory Interview (AMI)		Retrograde amnesia (recall of facts from past life & specific incidents in earlier life)	Personal semantic memory & recall of autobiographical incidents
Noice (2004)	Word recall task (Hultsch et al., 1992)	quasi-experimental design with non-equivalent control group	Word recall developed from Howard (1980) & Battig & Montague (1969) word lists (common nouns)	Word recall (element of Cognitive Performance Battery)
	Listening span task (Daneman & Carpenter, 1980) using stimuli from (Stine and Hindman, 1994).		Working memory (processing & storage capacity)	Working memory (element of Cognitive Performance Battery)
Park (2014)	Hopkins Verbal Learning Task (HVLT-R) (Brandt, 1991) - assessed using immediate recall & long-delay sections of modified HVLT	quasi-experimental design with non-equivalent control group	Episodic memory (Verbal learning & memory)	Episodic memory
	Digit-Comparison Tasks (Salthouse & Babcock, 1991)		Working Memory (processing & storage)	Processing Speed
	CANTAB Verbal Recognition Memory Task (Robbins et al, 1994)		Verbal memory and new learning (Verbal Recognition Memory (VRM) - includes a recall component)	Episodic memory

Table 35 Learning / Memory measurement tools

LEARNING / MEMORY – Effect sizes												
Author (year)	Measurement tool	Study design	Duration	n=	pre		post		Effect Size (Cohen's d)	Confidence Intervals	Effect of participation over time	Level of effect
					MEAN	SD	MEAN	SD				
de Medeiros (2011)	Remote Memory Word Association Task (RMWAT) - <i>Detail</i>	RCT	8 wks (creative writing)	18	1.65	0.64	1.6	0.64	-0.078	-1.002 - 0.846	No change in learning / memory	NO EFFECT
	RMWAT - <i>Episodic specificity</i>				0.9	0.85	0.95	0.64	0.066	-0.858 - 0.991	No change in learning / memory	NO EFFECT
Noice (2004)	Word recall task (Hultsch et al., 1992)	quasi-experimental design (non-equivalent control)	4 wks (theatre)	44	14.59	4.7	17.16	3.91	0.594	-0.009 - 1.198	Improved learning/ memory	MEDIUM
	Listening span task (Daneman & Carpenter, 1980) using stimuli from (Stine and Hindman, 1994).				23.14	3.3	24.39	2.72	0.413	-0.184 - 1.011	Improved learning/ memory	SMALL
Park (2014)	Episodic memory	quasi-experimental design (non-equivalent control)	14 wks (visual arts)	106	0.03	1	0.48	1	0.45	0.064 - 0.836	Improved episodic memory	SMALL

Table 36 Learning / memory effect sizes

memory was shown in the number of pleasant memories reported. The study included an eight-week autobiographical writing class, a reminiscence control and a no treatment control. No significant effect of group or time was found for personal semantic memories nor for new episodic memory. Effect sizes contrasting the experimental and the control groups were calculated where possible using Psychometrica (Lenhard & Lenhard, 2016) and are presented in Table 34.

7.6.3 Visuospatial ability

Three studies measured visuospatial ability, though none showed statistically significant improvements following participation in autobiographical writing (de Medeiros, 2007), dance (Kattenstroth, 2013) or visual arts (Park, 2014). No data table has been provided for this cognitive function domain, based on the lack of statistically significant results. Each study employed different measurement tools from one another, and each study followed a different study design, despite all being experimental studies. The measurement tools employed in these studies are presented in Table 38.

7.6.4 Attention/Concentration

Five studies reported on outcomes relating to attention and concentration, with each study employing a different measurement tool (Kattenstroth, 2010; 2013; Marini, 2015; Noice, 2004; Park, 2014). The measurement tools employed are presented in Table 39. The only tool employed in two studies was the Non-Verbal Geriatric Concentration Test (AKT) which was used in both the studies conducted by Kattenstroth (2010; 2013). Pre and post data are presented for two of these studies in Table 40 (Kattenstroth, 2013; Noice, 2004). Marini (2015) and Kattenstroth (2010) were both studies of dance exposure and therefore narrative analysis has been included but results are not included in the data table. Park (2014) grouped attention and concentration data under the category of 'mental control' and therefore separate data for the two tools employed has not been included in the table.

Whist de Medeiros (2007) reported a significant improvement in information processing and attention over time following participation in an 8-week autobiographical writing class, the Symbol Digit Modalities Test (SDMT) has already been reported on in the section on general intellectual ability above and therefore data are not repeated here. Meanwhile, Marini (2015) reported better levels in reaction times (visual & acoustic) and numerical digits remembered

and repeated in regular dancers, than age-matched sedentary control. Noice (2004) showed significant improvements in problem solving over time following a four-week theatre intervention (Cohen’s $d=1.015$). The study also reported more improved problem solving compared to both the visual arts and control groups. Kattenstroth (2013) employed two measurement tools (AKT and FAIR). Results showed a significant improvement to attention/concentration over time after a six-month dance intervention, using the Frankfurt Attention Inventory – signs ($d=0.562$). Effect sizes contrasting the experimental and the control groups were calculated where possible (Noice, 2004; Kattenstroth, 2013) using Psychometrica (Lenhard & Lenhard, 2016) and are presented in Table 37.

Author (year)	Measurement tool	Effect size contrasting experimental & control	Size of effect
Kattenstroth (2013)	Non-Verbal Geriatric Concentration Test (AKT)	0.198	No effect
	Frankfurt Attention Inventory (FAIR) – ERRORS	0.026	No effect
	FAIR - SIGNS	0.657	Medium
Noice (2004)	Means-End Problem-Solving Procedure (Platt and Spivack, 1975)	1.037	Large

Table 37: Attention / Concentration

VISUOSPATIAL ABILITY – measurement tools				
Study	Measurement tool	Study Design	Tool description	Author description
de Medeiros (2007)	Benton Visual Retention Test (BVRT-R) Form C	pre-post	Visual memory, visual perception, and/or visual construction	Visual perception, constructive ability and visual memory
Kattenstroth (2013)	Non-verbal Learning Test (NVL) (Schuhfried)	RCT	Non-verbal memory	
Park (2014)	CANTAB Stockings of Cambridge Task	quasi-experimental design with non-equivalent control group	Executive Function (Spatial planning)	Working memory, episodic memory & reasoning (visuospatial processing)
	CANTAB Spatial Working Memory Task		Retention and manipulation of visuospatial information	Visuospatial processing
	Raven's Progressive Matrices (RSPM) - modified version		Visuospatial memory	Visuospatial processing

Table 38 Visuospatial ability measurement tools

ATTENTION / CONCENTRATION – measurement tools				
Study	Measurement tool	Study Design	Tool description	Author description
Marini (2015)	Attention & Concentration Software (Erickson 2009)	static group comparison - exposure	Attention & Concentration	Selective attention; sensory-motor integration & vigilance; attention & memory; distributed attention
Kattenstroth (2010)	Non-Verbal Geriatric Concentration Test (AKT)	static group comparison - exposure	Concentration	Selective attention & concentration (2010 & 2013)
Kattenstroth (2013)	AKT	RCT	Concentration	Selective attention & concentration (2010 & 2013)
	Frankfurt Attention Inventory (FAIR)		Attention	Selective attention & concentration
Noice (2004)	Means-End Problem-Solving Procedure (Platt and Spivack, 1975)	quasi-experimental design with non-equivalent control group	Ability to conceptualise (problem solving)	Problem solving (element of Cognitive Performance Battery)
Park (2014)	Eriksen Flanker Tasks: Flanker Center Letter, Flanker Center Arrow, Flanker Center Symbol (modified from Eriksen & Eriksen 1974)	quasi-experimental design with non-equivalent control group	Visual information processing (search task)	Mental control
	CogState Identification Task		Attention (speed of performance)	Mental control

Table 39 Attention/Concentration measurement tools

ATTENTION / CONCENTRATION – effect sizes												
Author (year)	Measurement tool	Study design	Duration	n=	pre		post		Effect Size (Cohen's d)	Confidence Intervals	Effect of participation over time	Level of effect
					MEAN	SD	MEAN	SD				
Kattenstroth (2013)	Non-Verbal Geriatric Concentration Test (AKT)	RCT	6 mths (dance)	25	54.01	0.9	53.82	1.1	-0.189	(-0.975 - 0.597)	No change in attention/ concentration	NO EFFECT
	Frankfurt Attention Inventory (FAIR) - Errors				3.52	3.85	2.63	2.6	-.0271	(-1.059 - 0.517)	No change in attention/ concentration	SMALL
	FAIR - Signs				123.2	56.4	153.58	51.75	0.562	(-0.238 - 1.361)	Improved attention	MEDIUM
Noice (2004)	Means-End Problem-Solving Procedure (Platt and Spivack, 1975)	quasi-experimental design (non-equivalent control)	4 wks (theatre)	44	5.73	2.31	8.89	3.75	1.015	(0.387 - 1.642)	Improved problem solving	LARGE

Table 40: Cognitive function effect size

7.6.5 Summary

Narrative analysis highlights the diversity of measurement tools employed across the nine studies which reported on cognitive function outcomes. The heterogeneity of measurement tools in addition to the variation in study designs rendered any meta-analysis impossible. However, the analysis does reveal the potential effect of participating in the arts for improving memory and attention of healthy older people:

- Participation in an eight-week autobiographical writing class improved verbal learning, memory, information processing and attention (de Medeiros, 2007).
- Word recall and problem solving were improved following a four-week theatre class, in comparison to visual arts and a passive control (Noice, 2004).
- Episodic memory and processing speed improved following participation in a 14-week quilting and photography class, and participation in photography improved episodic memory (Park, 2014).
- Attention and concentration improved following a six-month dance class (Kattenstroth, 2013) and through regular participation in dance in later life (Marini, 2014).
- General intellectual ability was better in older Greek folk dancers compared to age-matched sedentary participants (Bougeisi, 2016).

In summary, participation in a variety of art forms (autobiographical writing, theatre, quilting, photography and dance) showed improvements to the cognitive function domains of memory and attention, in healthy older people. Regular dancers were reported to have better general intellectual ability than older sedentary adults. Having examined the qualitative and quantitative analyses separately, the following section provides a combined synthesis of the overall findings of the review.

7.7 Combined Synthesis

The qualitative and quantitative syntheses have been combined to provide a complementary synthesis of the literature on participatory arts engagement in later life (JBI, 2014). Whilst the separate qualitative and quantitative syntheses examined subjective aspects and effect of participatory arts engagement respectively, the combined synthesis collates findings across the different forms of data, adding depth to the review (Gough, Thomas & Oliver, 2012). For consistency, the themes are discussed below in the same order as they were presented in the qualitative synthesis and are not placed in any hierarchical order. Quantitative findings are integrated with the qualitative themes where appropriate. The combined synthesis uses Seligman's (2011) PERMA model of wellbeing as a framework (**P**ositive emotion; **E**ngagement; positive **R**elationships; **M**eaning; and **A**ccomplishment), to indicate how participatory arts engagement can have a positive impact on all five elements of PERMA, suggesting that creative engagement may contribute to a more flourishing later life (Croom, 2015).

A mind-map was produced to present a visualisation of the themes, sub-themes and key quantitative findings (Figure 27), which was subsequently adapted for use as a stimulus for discussion in the focus group study (Chapters 8 & 9). In the mind-map, key themes are presented in the light blue shapes around the central circle of arts engagement, depicting their connection to participatory arts engagement. They are presented in a circle to indicate the non-hierarchical nature of the theme. The sub-themes are then shown in the boxes extending from the themes, with associated codes illustrated in the outer boxes, linking to the relevant sub-theme.

The mind-map was developed during analysis and some of the sub-themes have subsequently been revised as analysis progressed iteratively. For example, the subtheme shown as 'social tonic' in the mind-map was changed to *cathartic, restorative and transformative* in the development process as it more accurately and accessibly captured the coded data (Braun & Clarke, 2013). Similarly, 'keeping sharp' was revised to *keeps the brain sharp* and 'pick me up' to *creative pick me up*, to emphasis the essential creative element.

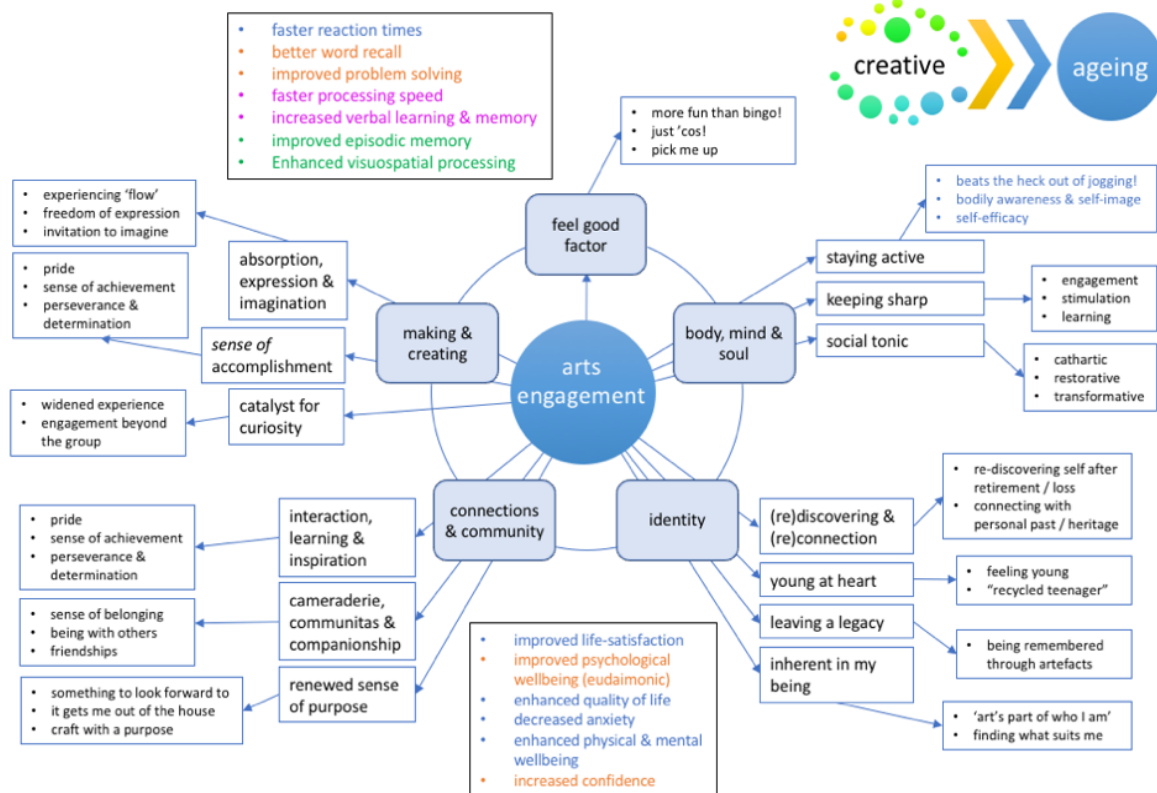


Figure 27: Mind map of themes & key findings

7.7.1 Making and creating: engagement, meaning and accomplishment

The first theme of **making and creating** highlighted the importance placed by the older people in the studies on engagement in the creative process, with associated perceived benefits to wellbeing. An emphasis on 'process' was also linked with evoking emotions in a study investigating the effects of knitting and music on happiness and wellbeing (Lamont & Ranaweera, 2019). **Making and creating** relates to Seligman's concepts of 'engagement', 'meaning', and 'accomplishment', which are inter-related with meaningful 'in the moment' activity and sense of 'flow' (Seligman, 2011; Csikszentmihalyi, 1990). The 'meaning' older people placed on creative 'engagement' related directly to the sense of 'accomplishment' gained through perseverance in learning a new creative skill or technique. Thus, **making and creating** is also be linked with the concept of 'grit' (Duckworth et al., 2007) and incorporated in the subtheme *accomplishment and grit*.

'Meaning' was also reflected in quantitative studies of participation in dance (Eyigor, 2009; Marini, 2015; Shanahan, 2016) which showed improvements in the broader health status domain of wellbeing, affiliated with happiness, self-concept and life satisfaction (Bowling,

2005). The emphasis on ‘meaning’ through **making and creating** therefore, also links in with the need for older people to participate in creative challenges which strengthen their intellectual, physical and emotional capabilities and can lead to a greater sense of purpose, or reason for being. Indeed, quantitative studies of dance reported enhanced life satisfaction (Cruz-Ferreira, 2015), enhanced self-concept (Berryman-Miller, 1988) and positive wellbeing (Kattenstroth, 2013; Mavrovouniotis, 2010).

In addition to a focus on meaningful engagement, this theme also included experiences relating to the opportunity to express one’s creativity and be absorbed in the process: *absorption, expression and imagination*. These experiences were most strongly reflected in descriptions of active participation in the visual arts and dance. However, the concept of ‘flow’ was also identified as a theme in the only study on theatre attendance (Meeks, 2017). Interestingly, theatre attendance has been associated with a smaller decline in cognitive function, including semantic fluency and memory in older adults (Fancourt & Steptoe, 2018). Additionally, the review showed improvements in attention and concentration after participation in dance (Kattenstroth, 2013; Marini, 2014), as well as benefits to memory from participation in autobiographical writing, theatre and visual arts activities (de Medeiros, 2007, Noice, 2004; Park, 2014).

However, the mutual support which is inherent in the art-making process encompasses both practical and emotional levels of support (Reynolds, 2019). In the group environment being inspired or supported by others, particularly when trying out a new technique or routine, can lead to a sense of achievement and self-confidence. This connects with the subtheme of *catalyst for curiosity* which focuses on opportunities for making outside the arts’ session. Participants describing having the confidence to step out of their comfort zone to try something different. Such experiences could not be linked with the quantitative synthesis, due to the subjectivity of these actions and emotions which could not be captured by objective measures. The emotional support gained through engagement in participatory arts activities connects with ‘*positive relationships*’ in positive psychology and the social gerontological concept of ‘social relations’ (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010). These concepts are also strongly embedded within the theme of **connections and communities** discussed below.

7.7.2 Connections & communities: positive relationships

The second theme **connections & communities** reveals the importance placed by older people on the role of social interaction, or the ‘participatory’ nature of the arts engagement, relating to Seligman’s concept of ‘*positive relationships*’. Whilst often within literature, particularly relating to arts and dementia, we hear the need for meaningful activities and relationships, within positive psychology the term ‘authentic connections’ is often used. The idea of authenticity more genuinely encompasses the shared participatory creative experience, the connections this brings and the sense of community which develops (Seligman, 2011). Within social gerontology, social relations include a level of quality which may be positive but acknowledging that there may also be negative dimensions (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010).

Levasseur et al. (2010) proposed a taxonomy of social activities, which suggested that whilst the level of ‘involvement’ was one of the distinctive features in defining social participation, the person must be involved *with others* in the activity to achieve the social element of participation. This suggests that in order for participatory arts engagement to be beneficial some level of social contact, collaboration, helping others or contributing to society must be involved. Within social gerontology, this exchange is described as ‘social support’, which refers to the functional content of relationships which may be social, emotional or practical. This does not mean that for all people the connections made through social activities are the most crucial in promoting their subjective wellbeing, as seen in **making and creating**, but that emotional support is a defining attribute which contributes to better wellbeing in later life (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010).

Furthermore, Douglas, Georgiou and Westbrook (2017) postulated that social support and sense of community are instrumental in any association between social participation and health. Indeed, social capital theory supports this model, namely that participation leads to improved perceptions of social support (Putnam, 2000), which Gray (2009) defined as an *outcome* of social capital. Whilst much research has explored theoretical understandings of social capital, there has been much less focus on how it is actually experienced and the distinctive contribution that arts participation can contribute (Reynolds, 2019). In her own research into arts-generated social capital in later life, Reynolds (2019) highlighted the critical role of relationships and the importance of exploring issues of identity in facilitating

an understand of people's engagement in participatory arts across the life course, as discussed in the section on **identity** below.

The subtheme of *camaraderie, communitas and companionship* was described by older people throughout the literature, particularly in relation to social dancing (Brown, 2008; Cooper, 2002; Roberson, 2014; Stevens-Ratchford) and craft-making (Joseph, 2013; Maidment, 2009; Tzanidaki, 2011). This linked closely with the meaningful relationships developed and sense of belonging felt through participatory arts engagement in a group, referred to as 'social networks' - "a form of social capital" which can provide help in times of trouble, pain or need (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010). These concepts also resonate with Seligman's '*positive relationships*', becoming more important in older age which is associated with having fewer social resources. Therefore, activities such as social dance which provide meaning, companionship and make you feel good can help promote positive wellbeing and may lead to a *renewed sense of purpose*.

Indeed, as well as providing a sense of belonging, art-making reduced isolation and loneliness in older people by giving them a reason to get out of the house (Cooper, 2002; Maidment, 2009; Meeks, 2017; Roberson, 2014), contribute to the local community (Maidment, 2009; Tzanidaki, 2011) and provided a sense of occasion (Cooper, 2002). Positive social relations also involve types of support exchanges other than emotional support, such as informational support, which connects with the subtheme of *interaction, learning and inspiration*. Older people expressed the value gained from arts and cultural engagement as having the opportunity for social interaction, the satisfaction of learning from and being inspired by one another. The perceived benefits described by older people relating to the concept of *connections and communities* could not easily be integrated with the quantitative findings, due to the subjective nature of the experiences.

7.7.3 Identity: quality of life and resilience

The third theme **identity** explored the idea that arts engagement provided a vehicle through which to affirm older people's sense of identity, as they transitioned into later life. They also felt able to reconnect with earlier times through creative connections and to consider how they might be remembered through the artefacts they produced or the legacy they left. Whilst this theme does not obviously link in with any of Seligman's PERMA domains, associations

with *(re)discovery and (re)connection* with one's identity through art-making subtly relates to perceptions of hedonic wellbeing and a pleasant life. This was seen through the effect of dancing on enhanced levels of reported life satisfaction, enhanced self-concept and improvements in positive wellbeing (Berryman-Miller, 1988; Cruz-Ferrera, 2015; Kattenstroth, 2013; Mavrovouniotis, 2010). Furthermore, an affirmation of one's cultural identity may be grounded in an older person's perception of their own quality of life (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010).

Older people's arts engagement appeared to have been linked to a more positive, creative approach to ageing and the opportunities it provided for keeping young, learning and developing new skills and developing a new sense of purpose (Reynolds, 2019). Through the more difficult transitions of ageing, such as loss of a partner (Tzanidaki, 2011), participating in the arts was shown to increase broader quality of life (Garcia Gouvêa, 2017; Skingley, 2016) and in dancing led to decreased levels of anxiety (Garcia Gouvêa, 2017; Mavrovouniotis, 2010). Certainly, cultural engagement has been shown to be "crucial in developing the self and, in turn, helping participants to become more resilient" (Goulding, 2018, p.37).

Relating back to **making and creating**, participants described how their art-making had become so much part of them that they wanted to create something by way of *leaving a legacy* for their children or grandchildren. Whilst this was more obviously associated with craft-making (Joseph, 2013; Maidment, 2009; Tzanidaki, 2011), experiences of shag dancing revealed that many older people wanted to be remembered as a dancer (Brown, 2008). Moreover, creative engagement made people feel *young at heart* (Cooper, 2002; Sabeti, 2015; Stevens-Ratchford, 2016) and had become *inherent in [their] being*, i.e. it was part of their individual identity (Brown, 2008; Joseph, 2013; Meeks, 2017; Tzanidaki, 2011). Just as with **connections and communities**, while it is possible to make connections with objective measures of quality of life, it was not easy to show a direct link between the overall concept of **identity** and the quantitative findings.

7.7.4 The ‘feel good’ factor: positive emotions and subjective wellbeing

The fourth theme **the ‘feel good’ factor** was evident throughout the qualitative and quantitative literature and relates directly with the ‘positive emotion’ element of Seligman’s wellbeing theory, feeling good. Put simply, older people described experiencing feelings such as ‘joy’ after participating in the arts. Positive emotion links most obviously with a sense of happiness and satisfaction in life and thus can be described as an element of subjective wellbeing (Seligman, 2011). The exploratory meta-analysis showed an overall combined positive effect of dancing on promoting subjective wellbeing for healthy older people (Cruz-Ferreira, 2015; Roberson, 2002; Mavrovouniotis, 2010). Quantitative findings also showed a connection between dancing and enhanced life satisfaction (Cruz-Ferreira, 2015), self-concept (Berryman-Miller, 1988) and positive wellbeing (Kattenstroth, 2013; Mavrovouniotis, 2010).

The subthemes within this concept all related to having fun and feeling good through creative engagement. Findings suggested that participatory arts activity can be *more fun than bingo*, challenging ageist stereotypes that older people are only interested in certain activities. Within positive psychology there is a distinction between pleasure and enjoyment, with the latter requiring a certain level of stimulation and / or creativity, which shows how this theme is intrinsically linked with **making & creating** and the **connections and communities’** subtheme of *interaction, learning and inspiration*. On the other hand, the sense of happiness and pleasure experienced showed the value of a *creative pick me up*, which participants associated with a boost to their mood after participating in an arts activity.

Finally, the subtheme of *just ‘cos!* reflected the range of positive emotions connected with in the moment pleasure, including feeling of ‘joy’ which appeared frequently. With so much focus on the health-related benefits of arts and cultural engagement in the development of policy initiatives, it is possible that sometimes the pure enjoyment gained from participating in the arts gets forgotten about. However, **the ‘feel good’ factor** was an integral theme of ageing creatively within the review and indeed ‘positive emotions’ are a fundamental element of positive psychology and a core feature of flourishing (Huppert & So, 2013). In addition, the I-poem analysis revealed an emphasis on expressing emotion and reflections on the physical, emotional and social benefits of dance, illustrated in the title of the poem, ‘I feel happy when I’m dancing’.

7.7.5 Body, mind and soul: creativity as social tonic

The final theme **body, mind and soul** highlights the holistic effect of participatory arts engagement on promoting physical, mental and emotional wellbeing in later life. In terms of physical impacts, dancing unsurprisingly featured most strongly, with older people experiencing the rush of endorphins often experienced after exercise – *beats the heck out of jogging!* Whilst dance was viewed by many of the older people in these studies as a fun and creative alternative to exercise, the positive effect on self-image was also reflected in participants' comments and objective measurements of enhanced self-concept (Berryman-Miller, 1988) and self-esteem (Moore, 2017).

The subtheme of *keeps the brain sharp*, and the importance of engagement, learning and stimulation was evident across the art forms and links in with the quantitative findings around cognitive function. The effect of participating in autobiographical writing, theatre, quilting and photography was seen in improved verbal learning and memory (de Medeiros, 2007; Noice, 2004; Park, 2014), whilst the effect of dancing was linked to improved attention and concentration (Kattenstroth, 2013; Marini, 2014). Furthermore, older people described techniques for remembering steps and the importance of practice for keeping their minds active (Stevens-Ratchford, 2016; Thornberg, 2012). However, participants also expressed emotions around *realising and celebrating ability*, as their bodies and minds changed with age (Bedding, 2008; Brown, 2008; Stevens-Ratchford, 2016).

The final subtheme *cathartic, restorative and transformative* acknowledges the emphasis placed by participants on the perceived healing benefits of their creative engagement. Interestingly, the impact of art-making on physical, mental, intellectual and spiritual health described by the older people was akin to the benefits seen in the practice of yoga, which has been shown to be effective in managing and reducing stress, anxiety and depression (Woodyard, 2011). This subtheme connects seamlessly with 'the social tonic' described by White (2009) relating to an individual's realisation of "their potential and gaining access to other opportunities for personal and social advancement" (p.104). This reflects the more holistic benefits of participatory arts engagement which can be associated with therapeutic benefits of creative and cultural engagement and links in with the concept of 'flow' (Csikszentmihalyi, 1990). The interwoven concepts link in this theme relate back to the concept of **making and creating** where this discussion started.

7.7.6 Summary

The combined synthesis integrated findings from the qualitative and quantitative syntheses, where possible. However, it was not possible to combine outcomes from the quantitative studies with the themes of **connections and communities, identity and body, mind and soul**, which had been developed from the qualitative studies. This demonstrates the benefit of combining qualitative and quantitative studies in a mixed-methods review, as the distinct findings bring different insights into the effects and perceived benefits of participatory arts engagement in later life. Such richness of experience would not have been revealed through a review of qualitative or quantitative findings alone.

Over half of the studies included in the review investigated the effect of participating in dance-based activities. This highlights a gap in the literature into engagement in other arts and demonstrates a strong focus on the performing arts, which would have been even more heavily emphasised if studies of music had been included. Whilst there were some studies of visual arts, creative writing and theatre included, these were overshadowed by the prevalence of literature on dance. Additionally, of the 33 studies included only one study explored the perceived benefits of ‘passive’ engagement in the arts (Meeks, 2017) through an investigation of theatre attendance. However, a recent study showed that going to galleries and museums and going to the theatre, concert or ballet is associated with a smaller decline in cognitive function than non-participation (Fancourt & Steptoe, 2018). These findings support the role of participation in more receptive levels of engagement in later life.

The findings were explored in relation to Seligman’s (2011) PERMA model of wellbeing, linking participatory arts engagement with enhanced subjective wellbeing in healthy older people. Taking each element in turn, the findings showed: **Positive emotion**, enhanced subjective wellbeing and **Engagement**, or flow (Bedding, 2008; Meeks, 2017); **positive Relationships** through sense of belonging (Joseph, 2013) and social interaction (Murray, 2010); **Meaning** through meaningful participation in making artefacts (Maidment, 2011; Tzanidaki, 2011), **Accomplishment** in sense of achievement (Bedding, 2008) and experiences of personal growth (Thornberg, 2012). The combined synthesis has shown that participatory arts engagement has the potential to contribute to the promotion of positive wellbeing in later life, across a range of wellbeing domains most commonly in relation to subjective wellbeing. The findings have also shown that participation in creative activities

including dance, visual arts, theatre and creative (autobiographical) writing may be useful in protecting against cognitive decline in later life.

7.8 Discussion

The systematic review provides a synthesis of a corpus of studies which contributes to the increasing body of evidence in demonstrating the potential benefits of participating in the arts in later life. Thus, this study supports the view that creative engagement can enhance wellbeing and quality of life and could support the maintenance of cognitive function amongst older adults (Fancourt & Steptoe, 2018). The mixed-methods review involved a comprehensive search of the existing evidence base, which identified 33 studies. Findings from the studies were examined through thematic and I-poem analysis of qualitative data, an exploratory meta-analysis of subjective wellbeing data and narrative analysis of quantitative results. The final combined synthesis provides an amalgamation of findings from the qualitative and quantitative studies included.

A growing interest in the creative ageing agenda is illustrated by the increased number of studies which have been published over the past decade, with over half of the studies included in the review being published between 2013 and 2017, since the previous review of participatory arts and older people (Noice, Noice & Kramer, 2013). Whilst studies investigating the effects of engagement in music were excluded from the review, 55% of the studies focused on dance, demonstrating a significant concentration of research relating to the performing arts, as opposed to other art forms. It would be beneficial therefore for future research to concentrate more on exploring the impact of other creative activities on the wellbeing and quality of life of healthy older people living in the community.

The corpus of studies varied considerably in terms of the research design and methods employed, type of engagement and the outcome measurement tools used to assess levels of wellbeing, quality of life and cognitive function. There was almost an equal divide between qualitative and quantitative studies. Quantitative study designs included RCTs, quasi-experimental designs, pre-post and exposure studies, with and without comparator groups. The duration of interventions also varied considerably from a one-hour Greek dance class (Mavrovouniotis, 2010), to an eight-month dance intervention (Berryman-Miller, 1988). This of course has implications for any interpretation of the findings and presents a further

recommendation for future research to provide more consistency in the design of interventions, but also for research into the optimal length of creative programme. That being said, 14 studies examined older people's regular participation in the arts in later life or through a lifetime's involvement.

Sixteen different wellbeing tools were employed to measure various aspects of wellbeing and quality of life across 15 studies, whilst 27 different tools were used across the nine studies to assess various aspects of cognitive function. Future research would benefit from more specificity in reporting the particular health concept or domain under investigation and consistency in the use of measurement tools. The issue of consistency may be helped with resources such as the Centre for Ageing Better's *Measuring Ageing Framework* (2019a) becoming more readily accessible. The framework provides guidance on the most appropriate concept relating to ageing and later life for the particular focus of the research, including health and wellbeing, social connections and relationships.

The qualitative findings revealed a number of benefits for healthy older people who engaged in participatory arts activities, which were developed into five umbrella themes: **making and creating; connections and community; identity; the 'feel good' factor; and body, mind and soul**. The themes and I-poem developed from qualitative studies were integrated with the quantitative analysis in a combined synthesis, which was discussed in relation to Seligman's (2011) PERMA model of wellbeing. PERMA was chosen as the framework which resonated most with the reviewer's subjective interpretation of the findings. It is also becoming a popular model for examining meaningful participation and positive relationships, as seen in a number of other arts and health studies (Croom, 2015; Davidson & Krause, 2016; Lamont & Ranaweera, 2019; Lee). There are of course other frameworks which could have been employed, including approaches based on alternative theories of wellbeing and the concept of flourishing.

The *Conceptual framework for the arts and humanities in human flourishing* is one model which could have been used to frame the review findings (Tay, Pawelski & Keith, 2017). However, this framework includes examination of functional analysis and associated mechanisms which go beyond the scope of this study. There are, however, interesting similarities between the human flourishing outcomes included in the framework and the themes identified in the review. Indeed, parallels can be seen between psychological

competencies (self-efficacy), general wellbeing effects (subjective, psychological and physical), positive normative outcomes (character/virtues and civic engagement) and the five review themes. Additionally, some of the questions raised by Tay, Pawelski and Keith (2017) have also been highlighted and explored in the review, such as whether the duration or mode of engagement translates to greater flourishing, as discussed below.

Another framework which could have been used was proposed by Wood, Jepson and Stadler (2018) and focused on personal impacts of participatory arts events for the over 70s and the intersection between social interaction and creative engagement. However, an emphasis on people aged 70 presents a rather different framing of later life than the review's focus on healthy older people aged 50 and over, which is more easily transferable to the general population. Moreover, the framing is underpinned by a critical gerontological theoretical perspective which views ageing as a social construction (Ranzijn, 2015). Thus, framing the findings around Seligman's (2011) PERMA model which is embedded within positive psychology and places an "emphasis on creativity, meaning and experience" (Dowlen, 2018 p.251), was more appropriate considering the phenomenographical underpinnings of this research study.

Whilst the themes identified in this systematic review were reflected across the art forms, there were subtle nuances between engagement in various types of art and levels of engagement. All of the significant findings of effect on wellbeing came from the quantitative studies of dance. However, this is not surprising due to the high proportion of studies (over half) examining dance. Interestingly, significant improvements on cognitive function were reported across all of the artforms investigated in the quantitative studies (visual arts, theatre participation, creative writing and dance). By contrast, the qualitative synthesis reflected improvements across a range of aspects of wellbeing. However, the prevalence of studies on dance was reflected again in the qualitative synthesis through I-poem analysis which focused on subjective experiences and physical benefits of dance. Thus, as one of the research questions of the review was to explore any potential differences between participation in different art forms and levels of engagement, the discussion which follows has been presented according to art form.

7.8.1 Participation in dance

The review provided evidence on the benefits of participating in dance for promoting enhanced subjective wellbeing and improvements to broader quality of life and health status (Cruz-Ferreria, 2015; Eyigor, 2009; Garcia Gouvêa, 2017; Kattenstroth, 2013; Marini, 2015; Mavrovouniotis, 2010; Shanahan, 2016). Dancing was also associated with improved self-concept (Berryman-Miller, 1988). Additionally, participating in dance and visual arts activities increased broader quality of life (Skingley, 2016). Improved wellbeing was shown through participation in a range of dance forms including creative dance (Cruz-Ferreria, 2015), Latin and ballroom (Marini, 2015), traditional Turkish folklore (Eyigor, 2009) and Greek dancing (Mavrovouniotis, 2010).

The theme of **body, mind and soul** was most frequently illustrated through participation in dance, relating to concepts including bodily awareness and improved self-image, enriched self-efficacy and ‘keeping the brain sharp’, through learning new steps and routines. Improvements to general intellectual ability (Bougeisi, 2016) and attention / concentration were reported following dance interventions (Kattenstroth, 2013) and regular participation (Marini, 2014), in comparison to age-matched, sedentary controls. No statistically significant improvements were reported to visuospatial ability following dance (Kattenstroth, 2013). Furthermore, the development of friendships and a feeling of connectedness and ‘communitas’ was regularly described by older people participating in dance (Brown, 2008; Cooper, 2002; MacMillan, 2016; Roberson, 2014; Stevens-Ratchford, 2016).

The importance of these close personal relationships in later life can be related to the concept of ‘arts-generated social capital’ and opportunities for shared learning and mutual support intrinsic in social dance (Reynolds, 2019). Such support is often emotionally based, in terms of encouragement and support when learning new steps or realising one’s own ability. This relates back to the theme of **body, mind and soul** and demonstrates the interrelatedness of the concepts. Moreover, the significance of relationships developed within social dance communities is a promising indication of a relationship between dance and the development of social capital. Finally, the I-poem highlighted an association between the physical health benefits of participation in dance as well as a link with the ‘positive emotion’ element of wellbeing (Seligman, 2011).

7.8.2 Visual arts engagement

Older people described the impact that painting (Bedding, 2008; Rose, 2016), découpage (Joseph, 2013) and traditional crafts (Maidment, 2009; Tzanidaki, 2011) had on their quality of life in terms of satisfaction, opportunities for learning, reduced isolation and connectedness. The theme of **connections and community** was a particularly consistent thread throughout the literature relating to visual arts engagement (Bedding, 2008; Joseph, 2013; Maidment, 2009; Rose, 2016; Tzanidaki, 2011). This may be related to the fact that the majority of the visual arts studies involved older people who were regularly participating in arts and crafts groups and had therefore developed positive relationships over a period of time.

A subtle difference between participation in dance and visual arts was shown through the sharing of creative techniques and feeling a sense of belonging felt through visual arts engagement, which relates to a slightly different aspect of arts-based social capital. The sharing of practical skills was particularly evident in studies involving traditional craft, where there was a strong desire for older people to connect with their cultural heritage and ensure that skills were passed on to the next generation. Thus, their arts engagement was intrinsically embedded within changing experiences of **identity** in ageing, and the related subthemes of ‘(re)discovery and (re)connection’, ‘leaving a legacy’ and ‘inherent in my being’.

Whilst none of the quantitative studies investigated the effects of visual arts engagement on wellbeing or quality of life, aspects of cognitive function were examined by Park (2014). This study reported larger improvements to memory following participation in quilting and photography, and photography alone, than in both the social and placebo control groups. The dual control group (quilting and photography) also showed a significant improvement over time for episodic memory and processing speed. However, no statistically significant improvements to visuospatial ability were reported.

7.8.3 Creative writing (autobiographical)

Meaning was expressed through older people’s experiences of creative writing in relation to a sense of accomplishment, based on a sense of determination and grit from putting words on a

page. However, the same sense of companionship felt by older people participating in dance and visual arts activities was also described in relation to creative writing (Sabeti, 2015). Improvements to memory were reported over time following participation in an autobiographical writing class (de Medeiros, 2007; 2011). De Medeiros (2007) showed no significant effect of participating in an autobiographical writing class in comparison to the control group. Improvements over time were also reported in levels of attention and concentration, but there were no statistically significant improvements in visuospatial ability.

7.8.4 Theatre participation

Participating in theatre as an audience member was described in relation to concepts of absorption / flow, the opportunity to use one's imagination and a feeling of being taken out of oneself (Meeks, 2017). Going to theatre productions acted as a 'catalyst for curiosity', through being exposed to new things, but interestingly the sense of belonging was also felt through connection with other audience members and the actors on stage. Noice (2004) reported improvements in both memory and attention / concentration following engagement in a four-week theatre class. Word recall and problem solving improved more following participation in theatre than engagement in both the visual arts and passive controls (Noice, 2004). Neither of the two studies investigating theatre measured general intellectual or visuospatial ability (Noice, 2004; Moore, 2017).

7.8.5 Updating the review

One of the key elements and potential limitations of a systematic review is that it is time sensitive. This means that the findings reported in the review are restricted to the dates of included articles, in this instance studies published before May 2017, when the initial searches were run. The concern with this time sensitivity particularly in a fast-moving field is that the validity of the conclusions may be called into question if the review is not kept up to date (Beller et al., 2013; Tugwell, Knottnerus & Idzerda, 2011). However, definitions and guidance on what constitutes an update and how frequently reviews should be updated has remained undetermined (Moher & Tsertsvadze, 2006).

The Cochrane Collaboration's policy has changed over the years, as the difficulty in keeping reviews updated has been acknowledged. Original guidance recommended the update of

reviews as and when new evidence was published, which was updated to suggest that they should be updated every two years (Higgins, Green & Scholten, 2011). Current policy suggests that reviews should be updated based on need, which should be based on the currency of the question, the impact and usage of the current version, the availability of additional studies, and an assessment of the likely change of any additional data included on the updated version (Cochrane Collaboration, 2017). The current review highlighted a rapidly evolving field, with just over half of the included studies having been published since the previous review of participatory arts and older people (Noice, Noice & Kramer 2013). Therefore, this area of research is time-sensitive, with increasingly more studies being published as the field develops. As such, availability of additional studies is not at question, as indicative information points towards an upward trend.

Context is also relevant when reviewing the level of need for updating a systematic review (Elkins, 2018). For example, this review is being presented for the first time in this doctoral thesis, and as such there has been limited impact and usage from the current version to date. In the review, more recently published articles have indicated a move away from the strong focus on dance, with the publication of articles exploring older people's participation in theatre (Meeks, 2017; Moore, 2017), creative writing (de Medeiros, 2011; Sabeti, 2015) and visual arts (Park 2014; Rose, 2016). Therefore, whilst it can be hard for the researcher to judge whether any additional articles will result in any substantial changes in findings, it can be useful to carry out a preliminary search to explore the current research landscape (Elkins, 2018). Thus, in the context of this doctoral thesis where initial searches had been carried out in May 2017, a preliminary search for new articles was deemed to be helpful.

Searches were re-run on 25 April 2019, revealing an additional 17 articles which were eligible for inclusion (Appendix U). However, one of these more recent publications (Meeks, 2018) was an additional publication of a study which was included in the current review (Meeks, 2017) and so these publications are considered as one study. Thus, the updated search identified an additional 16 studies as eligible, demonstration of momentous increase in research output since the initial searches in 2017. A list of excluded articles from the updated searches can be found in Appendix V. Retrospective searching and prospective reference list checking were not carried out in the re-run searches. Initial observations show a similar spread of qualitative and quantitative studies to that seen in the current review, with an additional seven qualitative, eight quantitative and one mixed-methods study being identified.

Whilst the most frequently examined art form in the additional studies remains as dance (31%), an increase in research into the effects of other creative activities on promoting wellbeing is evident.

Four of the additional studies are of theatre, three of visual arts, one including a mixture of visual arts and creative writing and three studies which explore storytelling and life story, which did not feature in the studies identified in the original searches. This is encouraging to see and hopefully paves the way for further research into different art forms. Finally, what is even more encouraging is to see the range of countries where creative ageing research is now starting to take place. Whilst the original studies in the review were strongly rooted in the Anglosphere, more recently research has been taking place further afield. Indeed, five of the additional studies (31%) were conducted outside this region: two in Hong Kong, with other studies being carried out in Iran, the Philippines and Singapore. This expansion is a very exciting development for the field which sees a departure from an exclusive focus on research within WEIRD (Western, Educated, Industrialised, Rich & Democratic) societies (Henrich et al., 2010).

7.8.6 Limitations of the included studies

Although the quality of the included studies was reasonably high overall, the poor reporting of the data is a major limitation of the studies in the context of analysing the diverse findings. In a number of studies there were missing data, or the data were reported in different formats. For example, in some studies data were reported as mean and standard deviations, while in others studies only percentages were included. Although several study authors were contacted, few responded and those who did had not recorded data before and after the intervention. Quite apart from the frustration of working with diverse data sets, the increased time involved in contacting the study authors and trying to translate data into comparable formats had a significant impact on the level of resources required to conduct the quantitative data analysis.

Furthermore, heterogeneity of the measurement tools employed and lack of detail on the specific health domain under investigation led to additional time spent in categorising and defining the wellbeing and cognitive function concepts being examined across the studies. Additionally, there was little rationale provided on whether the particular domain of

wellbeing or cognitive function was appropriate for the target population or why the particular data collection methods had been employed to best represent the outcomes being measured. In cases where a number of different outcome measures were taken, it may have been more valuable to explore the potential impact of one specific outcome domain. For example, Park (2014) employed more than one measure across three different cognitive function domains, rather than a strong focus on one element.

One recommendation from this systematic review is for researchers to be encouraged to employ the PICO(S) typology as standard when planning any research study, not only in systematic reviews. Adopting such a framework helps to ensure that the scope of the study, including specific outcome domain(s) being measured are clearly specified, and equally importantly, reported. However, this recommendation also comes with a recognition that publishing research studies in peer reviewed journals requires study authors to meet the particular requirements of the journal, including limited word counts and specific presentation formats, which can limit the level of detail reported.

7.8.7 Limitations of the systematic review

It is inevitable there will be some variability across the studies included in any systematic review, particularly in review of both qualitative and quantitative studies. In the current systematic review however, studies demonstrated both clinical and methodological diversity (Deeks, Higgins & Altman, 2017). Of course, in a mixed-methods systematic review a certain level of heterogeneity is assumed. However, the variety of study designs, in addition to the broad range of wellbeing and cognitive function domains being measured and the heterogeneity of measurement tools employed limited the possibility of conducting a meta-analysis of all quantitative data.

While an exploratory meta-analysis of subjective wellbeing was considered worthwhile, in the context of this doctoral study, the analysis should be viewed with the caveat that this was conducted as an exploratory process, with its own limitations. Furthermore, whilst the meta-analysis process goes some way to mitigating heterogeneity, and in fact, the level of heterogeneity shown in this exploratory meta-analysis was low / moderate, intervention durations ranged from a one-hour dance class, to a 24-week randomised controlled trial of

dance. In addition, the studies employed different measurement tools of wellbeing and therefore comparison was even more challenging.

If the systematic review had included quantitative studies only, the use of the PICOTS typology, useful for reviews on the effect of therapies, may have helped define the eligibility criteria more succinctly. The PICOTS acronym includes timing of the outcome assessment and setting of the intervention. However, within the context of the current review, which includes a range of study designs and approaches, including a large corpus of qualitative studies, an even more rigid definition of eligibility was not appropriate. Nevertheless, the variation in study design across the included studies impacted on the entire review process, from the critical appraisal to analysis, these based on different lengths of intervention and studies of regular participation. Indeed, with such variety the review is at risk of comparing apples and oranges. However, in spite of these limitations, the implications of the findings in terms of their contribution to the creative ageing evidence base, and for informing and future research are worthy of note.

A systematic review would usually be conducted by a large team of highly experienced reviewers, with co-production being an essential element of the production of high-quality research synthesis (Uttley & Montgomery, 2017). However, this systematic review was conducted by the doctoral candidate, a second reviewer (another doctoral candidate) and with support provided by the supervisory team. Despite employing rigorous and transparent processes, systematic reviews are implicitly influenced by the researchers conducting them (Uttley & Montgomery, 2017). The small review team including two doctoral candidates, is acknowledged as a limitation of this review since a complete team of experienced reviewers could mitigate against potential bias (Plüddemann et al., 2018). However, the limitation of the inexperience of the main reviewer does not come without caveats.

A meta-analysis of the effect of participatory arts engagement for promoting wellbeing, quality of life and cognitive function was not possible in this review due to the heterogeneity of the outcome measures utilised across the corpus of studies and the poor reporting of data within included studies. As such, data analysis and synthesis were conducted as thoroughly as possible, given the data available to the reviewer. This included separate qualitative and quantitative syntheses, summary tables, an exploratory meta-analysis and a combined synthesis of findings from all included studies. Thus, the transparency of reporting is

essential in providing a coherent presentation of the process, which adds to the rigour of this review (Plüddemann et al., 2018).

Considering the challenges encountered in conducting this mixed-methods systematic review and the associated limitations, it may have been more suitable to have employed a different approach. For example, it might have worked well to have conducted a qualitative synthesis exploring subjective experiences of art-making in later life, or to have conducted a systematic review of quantitative studies and a ‘meta’ synthesis of qualitative studies, following relevant guidelines respectively. Findings could then have been presented together in the final discussion, whilst keeping them separate. A solution to a best model of practice in conducting and reporting of mixed-methods systematic reviews is still to be found, in spite of the guidance available in the literature for conducting these (Castro et al., 2010; Harden, 2010; JBI, 2014; Sandelowski, Voils & Barroso, 2006) and integrating qualitative research into systematic reviews (Centre for Reviews & Dissemination, 2009; Dixon-Woods et al., 2006; Thomas & Harden, 2008).

Moreover, the choice of investigating the effects of participatory arts for promoting wellbeing in addition to an exploration of the effects on maintenance of cognitive function led to a detailed investigation of two disparate concepts of health. Indeed, the majority of studies investigated aspects of either wellbeing or cognitive function, though a handful of studies did examine both concepts (de Medeiros, 2011; Marini, 2015; Noice, 2004). De Medeiros (2011) reported improvements over time to both broader health status and self-concept, and learning / memory following autobiographical writing, reminiscence and control groups. Marini (2015) reported higher levels in broader health status amongst dancers in comparison to age-matched controls, though no statistically significant differences were shown in levels of attention/concentration.

Finally, Noice (2004) reported significant improvements in psychological wellbeing and self-esteem (wellbeing) and levels of learning / memory and attention / concentration (cognitive function) following participation in a four-week theatre programme. Likewise, research has shown that when an older person’s cognitive function is good, they are likely to feel a greater sense of wellbeing, suggesting that at a population level at least wellbeing may be associated with a reduced risk of cognitive decline at a population level (Allerhand, Gale & Deary, 2014). The study also showed that exercise and depression were the most relevant factors in

relation to cognition and positive wellbeing. Indeed, engagement in meaningful activities can lead to improved cognitive function and wellbeing and thus contribute to the concept of successful ageing and thus the combination of these health concepts might be more connected than one might imagine (Menec, 2003; Stevens-Ratchford, 2016).

7.8.8 Implications and recommendations

The systematic review contributes a cogent synthesis of participatory arts for promoting wellbeing and quality of life for healthy older people to the creative ageing evidence base. The review presents the findings in an accessible summary structured around the five themes identified: **making and creating, connections and communities, identity, the ‘feel good’ factor, and body mind and soul**. The themes and concepts developed from the review were then used to stimulate discussion with a diverse group of older people in the focus group interviews (reported in the following chapters). In this context, themes offered a more accessible approach to presentation of findings than presenting examples of statistical analyses would have done. However, the integration of qualitative and quantitative findings presented challenges, with it being difficult to link quantitative outcomes with some themes. Therefore, different analyses were juxtaposed to provide interpretive value through comparing the contributions from quantitative and qualitative findings (Bazeley, 2018).

Recommendations for future creative ageing research include working towards more consistency in terms of research design, in addition to research into the optimal length of participatory arts programmes to ensure maximum impact. Additionally, future research should aim to demonstrate a more clearly defined scope of the health concept under investigation, including clarity on the specific domain of wellbeing being investigated, for example. That being said, the increased representation in the scope of domains of art form being explored in additional studies identified in the updated searches (April 2019) shows promise for a rapidly escalating field. Even more significant however, is the increased research interest in the field of creative ageing in non-Western countries.

Overall, the field would benefit from more consistency in the use of outcome measurement tool(s) employed when examining aspects of ageing and health, ensuring of course that the chosen tool(s) correspond with the type of measurements used in existing research and in line with other studies within the relevant disciplines. Notwithstanding the need for consistency, it

would be interesting to see more researchers employing arts-related measurement tools such as the *Arts Observational Scale* for performing arts activities (Fancourt & Poon, 2016) or the *UCL Museum Wellbeing Measures Toolkit* for self-reported wellbeing of older adults (Thompson & Chatterjee, 2013). There are also tools which explore creativity and corresponding factors, such the *Creative Benefits Scale* for linking generativity and life satisfaction in older adults (Adams-Price et al. 2018) and the *Emotion Regulation Strategies for Artistic Creative Activities Scale* (Fancourt et al., 2019).

Finally, within a field which seeks to explore the benefits of participatory arts engagement for promoting enhanced wellbeing in later life, researchers should not be afraid to explore alternative ways of knowing. Creative, visual and participatory methods reflect the multi-sensory, experiential elements of the creative activities being examined and thus “go beyond cognitive ways of knowing” (van der Vaart, van Hoven & Huigen, 2018, para.1). Creative activities should not be restrained to the participatory arts intervention under investigation but can be used as a tool of inquiry from research design and data collection, through to data analysis and dissemination (Mannay, 2015).

7.8.9 Summary

This systematic review has identified, appraised and analysed the current evidence base for participatory arts engagement in healthy older people. The review highlights a lack of specificity within the corpus of studies, through lack of clear definition or focus on the specific wellbeing and / or cognitive function domain under investigation. The review highlights prevalence in the literature towards research of the performing arts, with over half of the included studies exploring the effect of dance on wellbeing and cognitive function. However, in the updated search, a more diverse range of art forms were represented, including three studies exploring storytelling and life story, which had not been reported in studies included in the original searches.

The review highlights a tendency to measure numerous outcomes, without description or rationale, rather than to focus on one specific aspect of a concept. Thus, the review demonstrates the importance of considering study design and outcome measurements, and the need for more precision and clarity in defining the specific outcome(s) being measured. A detailed focus and description of the particular domain being measured would lead to more

relevant evidence on the nuanced benefits of participating in the arts in later life. However, the syntheses have revealed a tapestry of perceived benefits gained from participating in the arts in relation to promoting subjective wellbeing and contributing to flourishing in later life. Further research is required to explore the effects of engagement in more diverse art forms including visual arts and creative writing, in addition to other creative activities such as cooking and gardening, to more accurately reflect the range of creative activities older people are regularly participating in.

In order to situate the systematic review in a contemporary context, the second part of this doctoral study involved a series of focus group studies to explore the findings of the review with groups of older people. The focus groups aimed to explore whether themes identified in the review resonated with older people's own experiences of participatory arts engagement. The focus group study was conducted in two stages. The first stage involved three focus group sessions carried out in Cambridge, followed by an additional two sessions which took place in Peterborough and Wisbech in an attempt to include a more diverse sample of participants. The following chapter (Chapter 8) presents the methods adopted, including details on conducting a pilot focus group, the recruitment strategy and venue selection and ethical considerations. The findings from the phased focus group study are then presented in Chapter 9, including an exploration of barriers to participation and factors which might mitigate such barriers.

The only time I feel alive
is when I'm painting

Vincent Van Gogh

CHAPTER 8: FOCUS GROUP METHODS

8.1 Introduction

While systematic reviews can play an integral role in the production of research knowledge which can be used to inform policy and practice, review reports often remain in academia without the findings being shared with relevant stakeholder groups (Sundberg & Taylor-Gooby, 2013). Furthermore, the contribution that systematic reviews make to the evidence base is contested since reviews do not produce primary data and the impetus to produce authoritative evidence can be misleading (Cornish, 2015; Gough, Oliver & Thomas, 2012). Therefore, involving members of the public in the systematic review process ensures the quality and relevance of the review and enables participants' voices to be heard (Horey, 2010). Indeed, a distinctive characteristic of a phenomenographic focus group is to "seek variation in people's experience or understanding" and as such the aim of the focus group interviews in this study is to elicit older people's own experiences of participatory arts engagement in later life (Bruce, 1994).

The focus groups for this study were conducted in two stages. The first stage involved three focus group sessions which were held in diverse wards across Cambridge city, including two areas of deprivation, Arbury and Romsey. The third session was held in Castle Ward, close to the city centre. The second stage of the study aimed to engage a more diverse sample of older people and explore barriers to participation. Two additional sessions were held in stage two, the first in Peterborough, a unitary authority in north Cambridgeshire, and the second in the more rural town of Wisbech, in the Fenland district of the county. The following sections provide a brief introduction to focus group interviews and the rationale for using this qualitative method of data collection in this thesis. This is followed by a presentation of the methods employed for each stage of the study.

8.1.1 What are focus group interviews?

Focus group interviews are a research method for collecting qualitative data from small groups of people all at once, through informal discussion. The aim of a focus group session is for the researcher to facilitate group interaction and discussion on a pre-determined topic, ensuring that data generated is relevant for the particular research study. As such, the researcher's role in each session is to act as moderator of the 'contrived' discussion by

keeping participants on topic, whilst not interrupting the flow of the conversation. While there are a plethora of definitions on what constitutes a focus group, I was drawn to a definition from Knight (2002), which fitted most closely with my own stance and the context of this research study:

A focus group is a set of people invited to respond to the researcher's questions, findings from earlier studies, policy documents, hypotheses, concerns, views etc. [and can] help researchers to hear how well their interpretations fit with informants' understandings (Knight, 2002, p.70).

Focus groups can be distinguished from individual interviews by the group interaction which is facilitated and not simply by the capacity to interview a number of people concurrently (Hesse-Biber & Leavey, 2011; King & Horrocks, 2010; Krueger, 2000). The social interaction of the session can reduce the artificiality of the interview scenario by taking the focus away from the individual. It also mimics the group dynamic or 'synergy' between members which is an essential element of participatory arts activities (Padgett, 1998). Furthermore, focus group interviews can facilitate a sense of cohesiveness and trust amongst the participants which may help elicit diverse perspectives and understandings through a sense of 'collective sense-making' (Wilkinson, 1998).

8.1.2 Why focus groups in the context of this thesis?

Exploring the findings of the systematic review in a focus group setting provided an opportunity to empower the participants in the shared interpretation or "collective sense making" of the review findings (Braun & Clarke, 2013, p.110). Focus group interviews are the only method for conducting interviews where groups of individuals are interviewed simultaneously, which produces interaction and conversation which could not be replicated in a one to one individual interview scenario. However, focus groups are not simply about the 'group-interview' rather they "constitute an entirely specific approach to research" which may be a "profound experience for both the researcher and participants" (Hesse-Biber & Leavy, 2011, pp.164-165). Whilst Smithson (2000) described focus groups as performances within a socially organised environment, Goffman (1981) argued that all discussions are to some extent performative and thus focus group data should be analysed under the premise of a 'controlled' discussion being carried out for a specific purpose. Indeed, focus groups are

often characterised as focus group interviews, which emphasises the research-led purpose of the discussion. Moreover, the group interaction distinguishes focus groups from other types of interview which enables the researcher to reach “that part that other methods cannot reach” (Kitzinger, 1994, p.109).

Within arts and health research, focus group interviews are increasingly being employed as an effective method of facilitating discussion and exchange of ideas amongst a range of stakeholders in a variety of settings. Focus groups are often used in combination with other methods of data collection, for example they can be used in mixed-methods research to provide richer data in support of quantitative measures. In qualitative studies, focus groups may be used to enrich observational notes (Joseph & Southcott, 2019) or complement data collected through participant observation and semi-structured interviews (Clini, Thompson & Chatterjee, 2019). According to Britten, Addington and Astill (2017) focus group interviews can highlight elements of experience such as older people noting that they practised dance steps at home, which would not be captured through quantitative measurement tools.

Harvey and Taylor (2013) highlighted the importance of involving participants in a “meaningful dialogue” within research into health and wellbeing (p.2). Focus groups enable a unique form of data to be generated through the social interaction of the group by producing a ‘happening’ that cannot be simulated through other methods (Braun & Clarke, 2013; Hesse-Biber & Leavy, 2011). It is this group dynamic, described as ‘the group effect’ that is a distinguishing characteristic of the focus group method, enabling the researcher to develop a narrative based on their own interpretations of the participants’ subjective meaning-making (Morgan, 1996). Meaning-making is the process by which “people interpret situations, events, objects or discourses, in the light of their previous knowledge and experience” (Zittoun & Brinkmann, 2012, p.1089). Since qualitative researchers tend to research people and phenomena in their natural settings, the focus group mimics the social interaction which is an essential characteristic of participatory arts engagement (Denzin & Lincoln, 2003).

Guest et al. (2017) posited that the peer environment of focus groups may encourage individuals to volunteer more personal, sensitive disclosures than they might in individual interviews, if group members are from a similar cultural background to them. However, the depth of data generated may also be related to other factors such as the level of rapport between the moderator or interviewer and the participants, and the level of comfort within the

interview setting. Focus group interviews offered a useful way of gathering collective responses to the systematic review findings and exploring subjective experiences of participatory arts engagement in this mixed-methods study. Moreover, the members of the focus group and the community facilities which hosted the focus group sessions provide an instant entry point for dissemination of the findings (Gough, Oliver & Thomas, 2012).

8.1.3 Ethical approval

A request for ethical approval was submitted for stage one of the focus group study which explored older people's subjective experiences of participatory arts engagement and to contextualise the findings of the systematic review (Appendix W). The request was approved by the University of Derby's College of Health and Social Care's Ethics Committee (Appendix X). An amended request for ethical approval was submitted for the second stage of the study, which aimed to work with a more diverse sample of participants including those experiencing barriers to participation in the arts (Appendix Y). The request was approved by the University of Derby's College of Health and Social Care Ethics Committee (Appendix Z). All documentation presented to participants clearly stated that ethical approval for the research study had been granted. Participants were provided with a participant information sheet and signed consent forms were collected from everyone who took part.

8.2 Aim and objectives

8.2.1 Aims

Stage one: To explore systematic review findings in a local, community setting with older people and consider whether the themes developed resonated with the participants' own participatory arts experiences.

Stage two: To explore barriers to participation with a more diverse group of older people.

8.2.2 Objectives

Stage one objectives:

- To contextualise the findings of a systematic review on participatory arts for promoting wellbeing and quality of life.
- To ascertain participants' views on the initial findings of the systematic review and understand whether the themes resonated with their own subjective experiences.
- To consider the participants' own subjective arts experiences and how they make meaning for them.
- To empower older people in the construction of research, through participant led informal group discussion.

Stage two objectives:

- To explore potential barriers to participation in the arts experienced by older people
- To examine any differences in levels of participation with different demographic groups

The following sections provides the reader with a detailed account of the methods adopted throughout the focus group process, from recruitment to data collection and analysis.

Methods for stages one and two of the study have been reported separately, starting with stage one.

8.3 Focus Groups: Stage One

The first stage of the focus group study was conducted in Cambridge city, at three different community venues. Before running the sessions, I held a pilot group to test the structure of the group and gather initial responses to the themes I had developed from the review. The following section provides the reader with a detailed overview of the pilot group session, including revisions made to the focus group structure, followed by a presentation of the methods employed for stage one of the study. The final section in this chapter presents the methods for stage two of the focus groups, before moving on to a discussion of the findings from both stages of the study (Chapter 9).

8.3.1 Pilot focus group (Cambridge city)

I held a pilot focus group with a small group of family and friends, a week before the scheduled focus group sessions in stage one. The five participants were all aged over 50, using the same eligibility criteria as had been employed in the systematic review.

Pseudonyms were chosen by the pilot group members (Table 41). Before I had even arrived, the pilot session had already served a purpose – remember to charge audio recording equipment (mobile phone and dictaphone), take chargers for the recording equipment, remember to take tea and biscuits, and leave in plenty of time! Even though the focus group was held at a location I know very well, road works delayed my arrival.

Pseudonym	Age	Gender	Ethnicity
Mavis	72	F	White British
Gladys	74	F	White British
Walter	72	M	White British
Brian	57	M	White British

Table 41: Pilot Focus Group Participant Characteristics

I emailed everyone a week before the pilot session with the taster questions about their own experience of participating in the arts and asked them to think about a recent arts' experience, to provide a starting point for discussion. However, while I had provided examples of painting or viewing artwork to emphasise distinction between 'active' and 'passive' participation in the taster questions, the pilot group members had all taken these literally and provided examples of visual arts engagement only. Whilst the rationale was obvious to me it clearly was not to group members, which demonstrated the importance of getting the language right. Unfortunately, I had already sent out emails to the focus group participants for the first two sessions, so it was too late to change the wording. However, I did change the language in the email to participants attending the final session and sessions in stage two.

I intended to use the mind-map of the themes, sub-themes and outcomes I had developed from the review (Figure 27 – Chapter 7) as a stimulus for debate, a well-documented method in social science research (Morgan, Fellows & Guevara, 2008; Nind & Vinha, 2016). Firstly, I asked the pilot group to focus on the five umbrella concepts (highlighted in light blue boxes in the centre of Figure 27): **making and creating; connections and communities; identity; the 'feel-good' factor; and body mind and soul**, and to consider whether these concepts resonated with their own experiences of participating in the arts. In reality what happened

was that everyone looked at the entire mind-map and were more focused on reading the text than engaging in a discussion around the themes. This revealed that there was too much information provided, which acted more as a distraction than a provocation.

I knew it would be a balancing act around offering enough detail on the themes to provide context, without it being too much. In hindsight, I should have gone with my instinct of ‘little is more’. An additional unanticipated outcome from the mind-map was that there was an assumed hierarchy of themes, with the ‘feel good factor’ being located at the top of the diagram. Brian (aged 57) presumed that this had intentionally been placed at the top for emphasis and priority, while this was not the case. I had specifically chosen a circle as I thought that this might actually remove any sense of hierarchy, with the circle running through each umbrella concept to show links and inter-connections.

We then had a brief discussion around the quantitative findings, which I had added in separate boxes outside the mind-map, one relating to improvements in wellbeing and the other for cognitive function outcomes (Figure 27). Whilst all the group could relate to the wellbeing outcomes, with some explanation around terms such as ‘eudaimonic wellbeing’, Mavis (aged 72) was the only person who could see the relevance of cognitive function outcomes such as improved memory and processing speed. However, she did acknowledge that her personal understanding of such outcomes may have explained why she was able to associate them with participating in the arts.

In spite of her knowledge, Mavis did not think that her arts involvement would have any effect on maintaining or improving their cognitive function, stating “I have terrible word recall!”. Walter (aged 72), who had decided to take up playing the guitar for the first time on turning 70, could not relate to fact that learning this new skill may be helping with his memory either. This highlighted a disconnect for group members between these more ‘clinical’ outcomes which needed further explanation, and the more experiential concepts. For example, themes such as **more fun than bingo** and **beats the heck out of jogging** were instantly understandable and resonated with members’ own personal experiences.

Based on the pilot session, I decided to use the focus group discussions to exclusively explore the qualitative findings from the review, and not use the quantitative findings as a focal point. The pilot group members suggested that I circulated the main umbrella concepts on

individual pieces of cardboard to get the groups to start thinking about the themes, without providing too much distracting detail. They suggested that I could then introduce the themes and related subthemes, in a visual but much more simplified way. This enabled me to give priority “to the respondents’ hierarchy of importance, *their* language and concepts, [and] *their* frameworks for understanding” (Kitzinger, 1994, p.108).

In response to the pilot focus group’s feedback, I created a new visual representation of the themes and subthemes, based on the concept of bubbles (Figure 28). I adopted the Venn diagram format to reflect the interrelated and overlapping nature of the themes, which were colour-coded so that themes and associated subthemes could be easily identified. I circulated the new diagram to the pilot group members via email, who all agreed that this format was much more accessible. I printed copies and used this as the visual stimulus for discussion in the focus group sessions. In addition, due to the lack of understanding of the quantitative findings in the pilot, I decided to use the qualitative themes (and not the quantitative outcomes) as the catalyst for discussion, as discussed above. The illustration of findings will also be a consideration in the presentation of my research findings to non-academic audiences, to ensure that reports are tailored to meet the needs of the audience (Cosco et al., 2013; Nyumba et al., 2018).

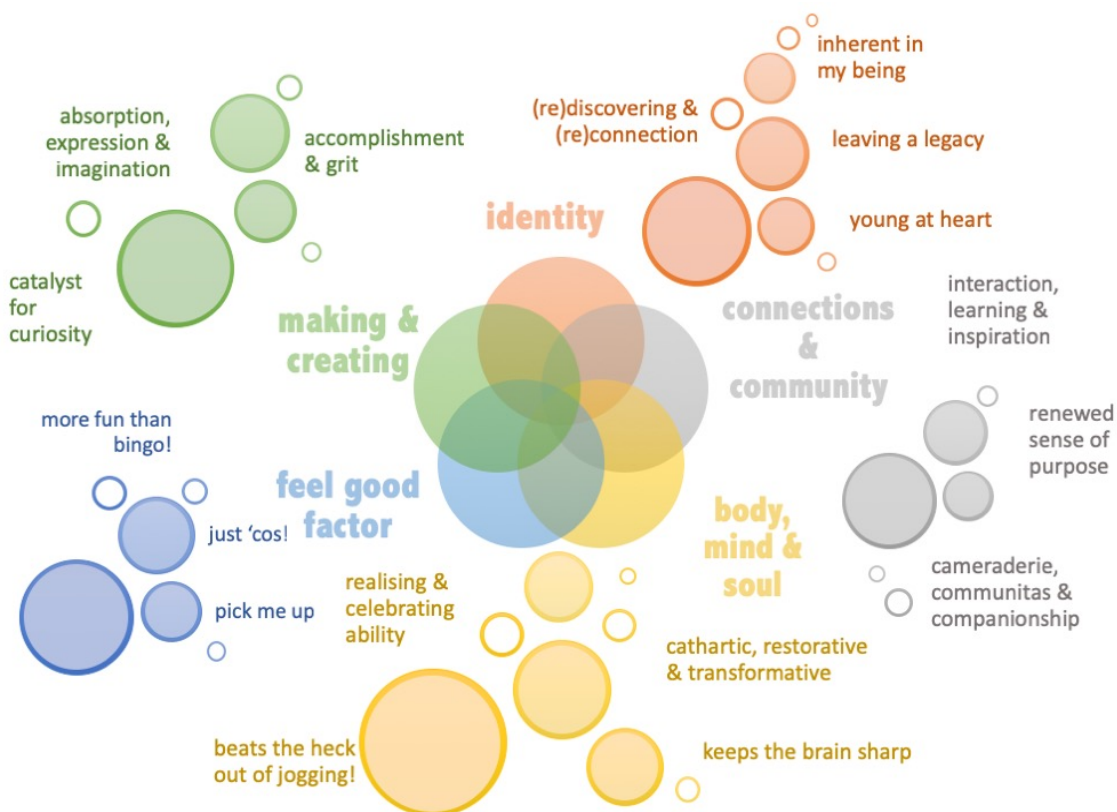


Figure 28: Visualisation of themes and subthemes

8.3.2 Venue selection & accessibility

I ran the stage one of the focus group study in the city of Cambridge, as this is where I am based. I also wanted to ensure that the sessions took place in safe, comfortable environments which were accessible to a diverse range of participants. Three focus groups were scheduled in venues across the city, based on a recent review which suggested that this number is enough to identify the most prevalent discourses (Guest, Namey & McKenna, 2017). In the event of any discrepancies across the three discussions, additional sessions would have been arranged. However, whilst the three sessions did include different conversations, there was nothing which significantly challenged either the findings from the systematic review or another group's experiences. Therefore, no additional groups were organised in stage one. Nonetheless, the minimal demographic data recorded was identified as a limitation and was addressed in stage two, as discussed below.

Venues were located in three separate wards: Arbury, Romsey and Castle (Figure 29). Whilst Cambridge is known internationally for its University and booming technological industries, it has also been identified as the *least equal* city (with the highest level of wealth inequality) in the UK, followed by Oxford and London (Centre for Cities, 2018). Inequality is evident through some neighbourhoods ranking in the 20 per cent *least* deprived areas of the city (including Castle), while other wards (including Arbury) rank in the 40 per cent *most* deprived in the country (Jones & Weir, 2016). Unsurprisingly, this disparity is also reflected in health inequalities across the city. The *least* well-off wards have lower than average life expectancy e.g. Arbury (82.4) and Romsey (81.4), in comparison to Castle (85.0) and Newnham (89.5) (Jones & Weir, 2016). Furthermore, residents aged 65+ in the wards of Arbury and Romsey are at medium to high or very high risk of loneliness, contrasted with those living in Castle which ranges from very low to high risk (Age UK, 2016).

In addition to being located in diverse areas of the city, each venue provided familiar settings for participants with suitable spaces for comfortable conversations (Nyumba et al. 2018). Cambridge Community Arts is a community arts organisation based in Arbury, where I conducted my Masters' dissertation into participatory arts for promoting positive mental health in 2014. Romsey Mill is a community centre where I used to attend various activities as a child. The charity's mission of "overcoming disadvantage, challenging injustice and promoting social inclusion" has a synergy with the creative ageing focus on supporting

people to thrive in their local communities (Romsey Mill, n.d). Lastly, I volunteered for Kettle's Yard (the University of Cambridge's modern & contemporary art gallery, based in Castle ward) in 2016/17 on *Chatterboxes*, a programme which explored ways of engaging home-bound, isolated older people in creative activities.

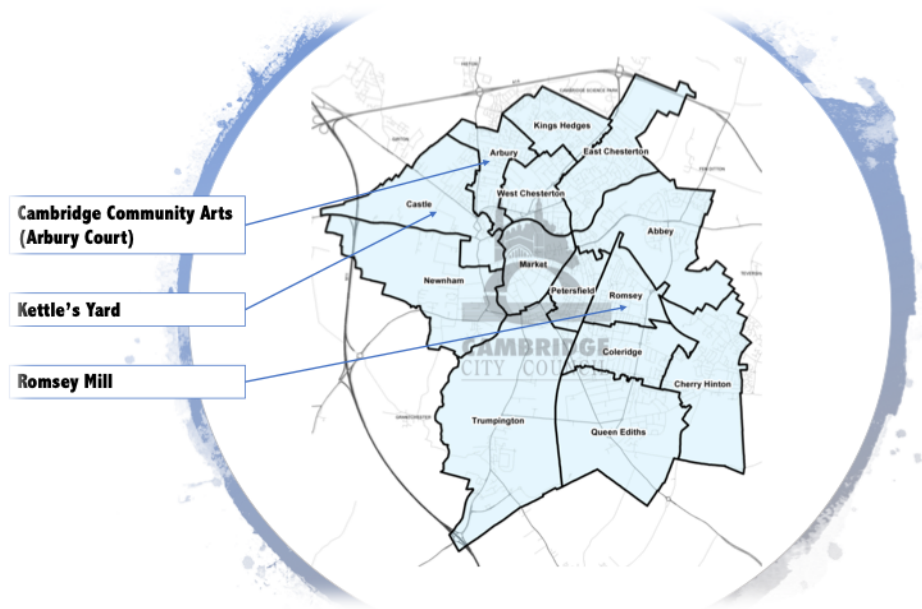


Figure 29: Focus group venue map

In addition to taking into account the type and location of venues, I also considered the most convenient time for the participants to attend sessions. I contacted a colleague at Care Network Cambridgeshire, who suggested that I looked at bus timetables and considered lunch and school times, to take into account potential grandparenting responsibilities. Based on this, I moved the morning session from 9.30am to 10.15am, which allowed people arriving by bus to use their bus pass. All three venues are within easy reach of a bus-stop. The rooms at Arbury Court and Romsey Mill were both on the ground floor with disabled access, and the room at Kettle's Yard was located on the second floor, but had lift access.

8.3.3 Recruitment strategy

While focus groups are a good method of obtaining the views of a number of people at once, recruitment can be time-consuming and challenging (Kara, 2017; Rabiee, 2004; Walliman, 2016). Moreover, there is no clear consensus on the optimum number of participants for a focus group. Six to ten participants are often suggested as a manageable number, as more than this can be difficult to manage and it can be hard to sustain conversation with fewer

(Krueger, 2000; Morgan, 1996; Rabiee, 2004). However, slightly smaller groups of three to eight participants have been shown to generate richer discussion (Braun & Clarke, 2013). Based on this, I aimed to recruit a maximum of eight participants for each session.

I designed a recruitment flyer (Figure 30) which I used on social media, emailed to local organisations and had printed as A4 posters and A5 flyers. By using Twitter, I was able to reach out to local and national organisations and individuals, which provided an immediate and free means of publicity for recruitment. Additionally, Kara (2017) suggests making contact through existing groups when recruiting for focus groups, who can act as ‘gate keepers’ to reach potential participants. I emailed flyers to over 70 organisations (Appendix Z.1) including local libraries, community centres, arts organisations, religious centres and older people’s networks such as independent living schemes, some of which were known through my existing networks. A number of organisations requested printed flyers which I posted, or hand delivered. I was also invited to attend Age UK Cambridgeshire & Peterborough’s Autumn Meeting at Arbury Community Centre on 23 October 2018, just across the road from Arbury Court (where the first session was held). Around 100 older people attended, five people signed up on the day and another person phoned me after the event.

CALL FOR PARTICIPANTS
CREATIVE AGEING RESEARCH STUDY

- ✓ Are you aged 50+?
- ✓ Do you participate in the arts (painting, dance, writing, theatre...)?
- ✓ Do you live at home?
- ✓ Do you consider yourself to be healthy?
- ✓ Are you free to attend a 90 minute session in November?

If so, you may be eligible to participate in a research study on participatory arts for promoting wellbeing in later life. **Sessions taking place at:**

- **Arbury Court** (Monday 26th November - morning) or
- **Romsey Mill** (Monday 26th November - afternoon) or
- **Kettle's Yard** (Thursday 29th November - morning)

Participation at one session only
Tea & biscuits will be provided!

For more information or if you are interested in taking part, please contact:
Emily Bradfield, PhD Student – e.bradfield@derby.ac.uk / 07531 873227

UNIVERSITY OF DERBY

Figure 30: Call for participants flyer

Non-attenders and maximising participation

Another issue I had to consider when recruiting participants for the focus groups, was potential non-attenders. Rabiee (2004) recommended that you should “over-recruit by 10-25%, based on the topic and groups of participants” (p.656). Therefore, I aimed to recruit eight or nine people for each session and confirmed the date, time and venue with each participant in advance to minimise non-attendance (Rabiee, 2004). In addition, I sent taster questions a week in advance, which is good ethical practice as it can help to prepare participants on what to expect so they can start to explore ideas in advance (Kara, 2017). I did not send reminders the day before each session, which might have been useful, as one participant did forget! Fortunately, one of the other participants in the session knew him, and therefore called and he was able to join the session.

8.3.4 Eligibility for taking part

People were eligible to participate in the focus groups based on the same inclusion and exclusion criteria used in the systematic review (Table 42), providing a comparable group of healthy older people. The inclusion of participants aged 50+ was adopted not only to reflect the age parameters of the systematic review, but also to ensure that the findings would be applicable to arts organisations providing support for older people, who often use 50 or 55+ for their members. While some people seemed surprised by this low threshold, very few people questioned the inclusion of participants from as young as 50 years old.

Inclusion criteria	Exclusion criteria
aged 50 years' old +	aged under 50 years' old
living (at home) in the community	residing in residential care home
considered themselves to be healthy	self-reported physical / mental / aged-related illness or disease
experience of participatory arts engagement	no experience of participating in the arts

Table 42: Focus Groups - inclusion & exclusion criteria

Anyone interested in taking part contacted me by email or phone. Whilst I had not originally intended to include my mobile number in the publicity material, I was pleased that I had, as a number of people did not have email addresses and therefore got in touch with me by phone. I sent out a participant information sheet (see below) by email or post to everyone who expressed an interest, asking them to read through and confirm whether or not they wished to take part in the study and to confirm which session they wanted to attend. This allowed me to

monitor the number of participants I had recruited for each session and target advertising as necessary.

8.3.5 Information and consent procedures

As stated above, anyone interested in taking part in the research was sent a participant information sheet (PIS) (Appendix Z.2). The PIS provided brief details about me as the researcher, the purpose of the study, what participation would involve (e.g. benefits / risks), what would happen with the results of the study (including confidentiality of data) and whether participants could withdraw. The sheet also provided contact details for me and my Director of Studies, as well as the dates, times and venues of the three focus groups. The PIS stated that the research study had been approved by the University of Derby's College of Health and Social Care Research Ethics Committee. Once participants had confirmed their attendance, a set of taster questions was emailed (or posted) one week in advance of their session (Table 43).

What has been your experience of participating in the arts?

- Actively (*e.g. painting*) or passively (*e.g. viewing artwork in a gallery*)?
- Has this been throughout your life or more recently?

Think about an arts' experience you have had recently:

- How did you feel whilst participating?
 - How did you feel afterwards?
-

Table 43: Focus group taster questions – stage one

As people arrived at their focus group session, I handed out participant demographic forms (Appendix Z.3) and consent forms (Appendix Z.4). Demographic forms asked about participants' age, gender, ethnicity, life-stage (e.g. work / retired) and questions about their arts engagement. The consent form asked participants to confirm that they had read and understood the participant information sheet, understood that their participation was voluntary and their right to withdraw, that they agreed to take part, for the session to be audio recorded and for anonymised quotations to be used in publications. Each consent form was signed and dated by the participant and the researcher.

8.3.6 Ethical considerations in the focus group dynamic

Focus groups like other qualitative research methods have the potential to “generate unexpected and unpredictable outcomes” (Parker & Tritter, 2006, p.34). Indeed, during the focus groups sessions there were ethical considerations which required me to recognise and act on the specific needs of the participants involved. For example, in one of the focus groups it became clear to me that one participant was not actively engaged in the conversation; in fact, they only made one comment during the whole session. I did not push her to engage. Furthermore, from an ethical perspective, research which addresses sensitive issues can be beneficial for the research and empowering for the participants, as long as due care and attention is paid (Jordan et al., 2007).

Whilst the subject matter of the focus groups was not particularly sensitive, there were occasions when participants’ experiences related to personal and difficult life experiences, such as loss and bereavement. In two sessions where this was the case, the life events were inextricably linked with the participants’ arts engagement. These situations required a level of professional conduct on my part, but also are testament to the level of trust that formed within the groups, with participants feeling comfortable to discuss such personal experiences in a mutually supportive environment. Indeed, it is important to highlight these two examples in the context of exploring creative ageing, as in both cases these transitional life events had had a significant impact on the participants’ relationship with and engagement in the arts.

Confidentiality was another ethical consideration throughout the entire research process. However, whilst research methods books and ethical guidelines highlight the importance of “assigning fictitious names or aliases” (Creswell, 2013, p.59), they generally do not provide guidance on how to allocate pseudonyms. Whilst there is a need for participants to remain anonymous, the cultural background of participants, which can be conferred through their name, can provide context. Therefore, it has been argued that the pseudonyms should reflect the individual’s background (Damianakis & Woodford, 2012). Moreover, since focus groups can remove the ‘authoritative voice’ of the researcher, by producing data from the ‘collective voice’ (Hesse-Biber & Leavy, 2011), it follows through that pseudonyms should be allocated through a “nuanced engagement with participants” (Allen & Wiles, 2016, p.153).

Research has shown that offering participants the chance to choose their own pseudonym can be meaningful for the participants (Allen & Wiles, 2016). Of course, this will not necessarily be the case for everyone, and whilst some participants may enjoy the process of name choosing, for others this may not be of interest. You may also find that people propose a name which is culturally or contextually out of place. However, the gesture of offering the participants the opportunity of choosing their own pseudonym can be empowering and even playful. I therefore offered my participants the choice to select their own, if they wished. Some participants were delighted to have this opportunity for ‘role play’, as one participant described it, whilst others were happy to leave the selection to me. For those who did not choose their own pseudonym, I selected culturally and gender specific names, using an online baby-naming website.

8.3.7 Focus group structure

I designed a focus group guide (Appendix Z.5) to encourage and facilitate conversation around participants’ arts experiences and the themes I had developed from the review. However, I adopted a low level of moderation, so as not to interrupt the narrative being produced by the group, and rarely needed to refer to the guide (Hesse-Biber & Leavy, 2011). There were, of course, occasions where it was necessary to steer the conversation back on track, but this was done with caution, giving priority to the participants’ voice. After the pilot session I developed a simplified visualisation of the themes, which was used to encourage and focus discussion and make the experience more engaging for the participants (Braun & Clarke, 2013). Sessions lasted approximately 90 minutes and were audio-recorded using two different devices (mobile phone and dictaphone) in case of any issues with recording. This proved useful, as on two separate occasions the dictaphone failed to work.

8.3.8 Analysis and discussion

I analysed the focus group data to explore participants’ responses to themes from the review, whether these resonated with their perceptions of their own arts experiences and how they described their own subjective experiences of participatory arts engagement. As the aim of the study was to contextualise and explore the themes I had developed, and not to look for new ones, a transcript was not considered to be necessary (Stewart, Shamdasani & Rook, 2007). Systematic analysis of the audio recordings was conducted to ensure that the findings

accurately reflected the conversations which took place (Barbour, 2014). Any new themes or concepts which were raised by members of the focus group sessions are included in the analysis and discussion as supplementary themes, with recommendations for further investigation. Supplementary themes have been incorporated into a revised visualisation and verbatim participant quotes selected to illustrate significant areas of discussion (Chapter 9).

8.3.9 Stage one reflection: challenges, celebrations and opportunities

One of the main challenges I experienced as focus group moderator was my level of involvement or interjection in the group discussion, including times when one or more member(s) started dominating the discussion. This involved making decisions on how to handle their domination and how the dominating opinion was represented in the collective meaning within the analysis (Smithson, 2000). The technique I adopted throughout the focus group sessions was to encourage other members of the group to speak. When necessary, I interrupted the conversation to remind the participants to try to speak one at a time so that individual voices would be clear on the audio recording. Dominant voices on the whole were supported by the viewpoints of other members and I made sure that there was space for these to be expressed. Smithson (2000) described this as the ‘collective voice’, requiring the researcher to adopt an analytical approach whereby the opinions of the group are seen to be constructed collaboratively. The ‘collective voice’ thus may “reflect individuals’ already held opinions, or it may be an active product of the group interactions” (p. 109).

Unanticipated response during recruitment

I received communication via email from one person in response for my call for participants, who had taken personal offence to the inclusion criterion for participants of being aged 50 or above. The person who emailed was 51 and most definitely did not consider themselves to be ‘old’. In fact, they viewed the age parameter to be ‘ageist’. I responded to the email with sensitivity and highlighted the importance of context and rationale for my selection of this inclusion criterion. Interestingly, this experience also highlighted how easy it is for people to make their assumptions when not provided with context. Whilst taking offence to the ‘ageist’ inclusion criterion of my research study, she had assumed that I was in my early twenties, straight from University, with no life experience. How wrong could she have been!

Making connections

Within two groups a sense of bonding took place, through members shared interest in engagement in the arts. Indeed, Smithson (2000) argues that focus groups are not merely a method of data collection, rather are “a social event that includes performances by all concerned” (p.105). For one group, the social aspect continued after the session had ended, with conversations taking place outside the building as they continued walking up the road. In another group, the bonding was so immediately clear, as members of the group asked whether emails could be shared so that they could do some ‘creative stuff’ together! These unanticipated outcomes of the focus group sessions highlight the key role of social connectedness in creative ageing.

8.3.10 Summary

The first part of this chapter has presented the methods employed for stage one of the focus group study. Whilst the sample for the study was never intended to be representative, rather aimed to gather descriptions of collective experiences of older people’s participation in the arts, insufficient demographic information was captured on the participant demographic form. For example, socio-economic information was not collected. Therefore, additional focus groups were required to capture missing demographic data and include participants with experience of encountering barriers to participation in the arts. The follow section presents the methods employed in stage two of the study.

8.4 Focus Groups: Stage Two

Although the initial focus groups were held in deprived areas of Cambridge City and some focus group participants had lived in those areas all their lives, socio-economic data was not captured on the participant demographic form. Additionally, all but one of the participants recorded their ethnicity as white British (one white European) and so the study had been unable to capture experiences of participatory arts engagement from other ethnic groups. Interestingly, while the homogeneity of ethnic group representation is not surprising considering that data from the 2011 Census reported that 85.5% of the population of England are white, in Cambridge this percentage is slightly lower (82.4%) (Office of National Statistics, 2013).

Stage two of the focus group study involved organising a further two sessions which aimed to include participants from more diverse ethnic backgrounds and those who may experience barriers to participation in the arts, such as people on a low-income or with lack of time due to caring responsibilities for example. One session was held in Peterborough and the other in Wisbech, Fenland – both areas in Cambridgeshire with high levels of deprivation.

Peterborough has a number of wards ranked as the most deprived in England based on the English indices of deprivation 2015, whilst Fenland has the highest levels of deprivation in Cambridgeshire (Ministry of Housing, Communities & Local Government, 2015).

8.4.1 Peterborough venue

Peterborough Council for Voluntary Service (PCVS) is an umbrella and network organisation which provides expertise, resources and sharing of best practice to support voluntary groups and charities across the city. PCVS has a membership of around 500, with around 100 members actively involved in its associated activities. The cultural diversity of active members is vast, including Latvians, Russians and East Timorese. Membership also includes various community interest groups such as older people's friendship groups, neighbourhood groups and organisations working with people with autism. The office is located in the City North ward in the centre of the city, which is regularly attended by a diverse range of people. Therefore, it provided a familiar venue at which to hold a focus group session. PCVS distributed recruitment flyers that I had printed and promoted the study through their own social media channels. I also advertised the focus group session through various local online community groups and forums.

8.4.2 Fenland venue

Wisbech is a market town located in Fenland (north Cambridgeshire) with higher health inequalities reported than across the rest of the county and a low score on the Index of Multiple Deprivation. Four wards in the district (all in Wisbech) are rated as *lower super output areas* and included in the 10% most deprived areas nationally, including the ward of Waterlees (Fenland District Council, 2018). The Oasis Community Centre located at the heart of Waterlees, was selected to host the final focus group session. The Centre provides support and activities for all age groups, abilities, interests and needs, including craft and photography groups, an over 50's club, and other social activities many of which are aimed at

older people. Figure 31 shows the location of all five focus group venues across Cambridgeshire.

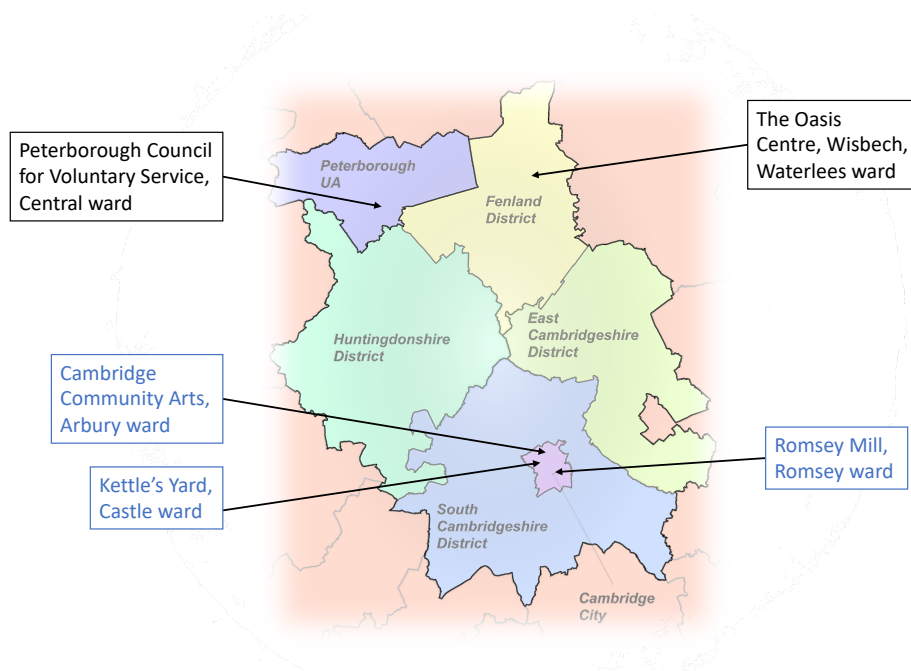


Figure 31: Focus group study venues (map)

8.4.3 Recruitment & eligibility

Participant recruitment for stage two included the additional aim of attracting older people who may experience barriers to participation. Holding the sessions at central venues which already engage with diverse communities provided an instant avenue for publicity through their membership and existing relationships. I also contacted a range of other organisations including local social media community groups with high numbers of active members. Eligibility for inclusion in stage two mirrored the criteria employed for the systematic review and stage one of the focus group study, with the addition of encouraging participants not currently participating in the arts. The aim was to enable an exploration of potential barriers which prevent engagement. The original recruitment flyer was updated (Appendix Z.6).

8.4.4 Consent procedures and structure

Consent procedures followed the same structure as in stage one, with participants being asked to sign a consent form. The participant information sheet (Appendix Z.7) and participant demographic form (Appendix Z.8) were amended. The demographic form was adapted to include missing socio-economic data i.e. the highest level of education completed and current

or most recent occupation, two indicators for measuring socioeconomic status at the individual level (Darin-Mattsson et al., 2017). Participants were emailed a set of taster questions, which were adapted to incorporate questions regarding lack of participation (Table 44). The sessions followed a similar format to stage one, using the taster questions as a warm-up and the themes as a catalyst for conversation. In both sessions, participants spoke about barriers to participation, without being prompted. Group five lasted approximately 90 minutes, whilst there were only three people in group four which meant that the session came to a natural conclusion slightly earlier. Each session was audio-recorded.

What has been your experience of participating in the arts?

- Active (e.g. painting, writing, performing etc)?
- Passive (e.g. viewing art in a gallery, watching a performance)?
- Limited (e.g. I have not (regularly) participated in the arts)?
- Has this been your experience of participating in the arts throughout your life or more recently?
- If you have not regularly participated in the arts – why not? Has anything prevented you from participating?

Think about an arts' experience you have had recently:

- How did you feel whilst participating?
- How did you feel afterwards?

If you do not regularly participate in the arts, think about what kind of arts activity you would like to experience? Why?

Table 44: Focus group taster questions – stage two

8.4.5 Analysis and discussion

Data from the audio recordings was analysed in conjunction with analysis from stage one and the qualitative synthesis from the systematic review. The aim of the analysis was to examine the conversations in relation to the creative ageing themes which had been developed, to see whether these resonated with older people from a more diverse range of backgrounds. The analysis focused on barriers to participation and an exploration of factors which might mitigate the barriers. I produced a conceptual framework of the barriers and facilitators to participation to accompany a conceptualisation of creative ageing themes.

8.5 Summary

This chapter has provided an overview of the background and rationale for the focus group interview methods employed in this mixed-methods study, which examined experiences of participatory arts engagement in later life with groups of older people. The second stage of the study explored potential barriers to participation. The chapter included a reflection on the pilot focus group session and discussed the processes involved, including ethical approval, venue selection and recruitment. Whilst the focus group interviews did not involve discussion of particularly sensitive or personal information, it is essential for studies to safeguard against any potential risk to participants and researcher(s) (Jenson, 2019). Ethical considerations in focus group research include the possibility of a participant changing their mind and wishing to withdraw their data, and the issue of confidentiality (Braun & Clarke, 2013). To mitigate against such risks, participant information sheets and consent forms were prepared, copies of which can be found in the appendices in addition to the ethical approval letters for both stages of the study. The following chapter presents the findings from the focus group study.

CHAPTER 9: FOCUS GROUP FINDINGS

9.1 Introduction

This chapter presents the findings of the two-part focus group study which explores themes identified in the systematic review study and discusses barriers to participation. Focus group interviews were employed as an established method within the interdisciplinary field of creative ageing. Indeed, several studies included in the review used focus groups to explore older people's participatory arts experiences (Joseph, 2013; MacMillan, 2016; Meeks, 2017; Murray, 2010; Roberson, 2002; Rose, 2016). Moreover, focus groups complement other forms of data collection in mixed-methods research, providing a "rich elaboration of the themes" (Meeks, 2017, p.10). In the focus group studies, participants explored the review themes of **making and creating; connections and communities; identity; the 'feel good' factor; and body, mind and soul** and how these related to their own arts engagement in later life.

In stage one of the focus group study, I identified three supplementary themes: **engagement as ritual, ikigai** and **emotion and engagement**. In stage two, the theme of **engagement as ritual** was adapted to **spiritual resonance: engagement as ritual** and a further theme around **transitions of ageing** was developed. Barriers to participation identified in stage one led to rich discussions in the second stage of the study around factors which can support or impede participation. Barriers to participation were categorised as **infrastructure, situational** and **dispositional** barriers. Factors which might facilitate participation were developed into four themes: **taster sessions; befriending schemes; pay what you feel; and accessible publicity**. These themes were subsequently categorised as **intra-personal, inter-personal** and **external factors**.

The following sections in this chapter will discuss the findings of the focus group studies. Firstly, I provide reflections from the pilot focus group, followed by a presentation of findings from stage one which comprised of three focus group sessions. The second part of the chapter presents a re-analysis of initial findings which are combined with findings from stage two of the study. The chapter also presents a discussion around barriers to participation which were explored in depth by participants in stage two, as well as a brief discussion

around factors which might support older people to participate in creative activities. The chapter concludes with a discussion of the study, including limitations and recommendations.

9.2 Reflections from pilot focus group (stage one)

The pilot focus group was held a week before the sessions in the first stage to test the focus group structure and format with a small group of older people. Providing participants of the pilot with taster questions relating to their own participatory arts experiences in advance of the session proved a useful exercise. Feedback showed that participants had understood an unintended visual art focus, so I was able to revise the wording to emphasise reflection on engagement in different art forms. The pilot also revealed that mind-map of themes included too much information and the group provided useful suggestions on how I might revise the presentation of the themes.

Interesting reflections were made by participants. Gladys (aged 74) described the pleasure and experience of ‘flow’ she had encountered when playing piano, which she had had to give up due to arthritis in her fingers. However, while her experience of arts engagement had evolved over the years, her expectations around the benefits of participation had remained the same. In this sense, Gladys believed that her current involvement in a community choir might actually be having a negative impact on her wellbeing, due to frustrations relating to it not being the same standard of larger choirs and orchestras she had previously been involved with. Conversely, Mavis (aged 72) saw her own involvement in the same choir from an entirely different perspective; whilst sometimes needing persuasion to attend, she described her participation as a cathartic and restorative experience.

Above we see an interesting example of the variation in experience of arts engagement from one individual to another. Similarly, Brian (aged 57) described how the feeling of ‘in the moment’ pleasure which he feels whilst he is painting does not linger for him beyond his engagement. In fact, he feels the reverse: a sense of frustration that he is not able to paint all of the time, due to life commitments. By contrast, Walter (aged 72) felt a freedom afforded to him in retirement to experiment with new activities which he had never had the time or inclination to try before, such as painting and learning to play the guitar. The pilot group provided a useful practice session to see what worked and what did not within the focus group guide. Based on the pilot, I was able to revise materials and structure of the sessions

before conducting the focus group session. The following section presents findings from stage one of the study, findings from stage two are reported in the subsequent section.

9.3 Focus Group Findings (Stage One)

I conducted three focus groups in November 2018 which were held at venues across Cambridge: Cambridge Community Arts, Romsey Mill and Kettle's Yard. The following section presents participant characteristics from stage one and discusses participants' experiences of participatory arts engagement. This is followed by a brief exploration of the creative ageing lexicon and what the groups understood by the terms 'participatory arts' and 'creative ageing'. Verbatim quotations from focus group participants are used to illustrate the themes, provide evidence of their resonance with older people, and to give participants a voice (Corden & Sainsbury, 2006). Supplementary themes developed from the focus groups are presented alongside a brief introduction to barriers to participation. Finally, a cross-analysis of the themes identified in the systematic review and findings from the focus groups is presented.

9.3.1 Participant characteristics of stage one (comprising three focus groups)

Twenty-two people (aged 50 and over) participated in stage one of the focus group study. Two people dropped-out prior to their session due to illness, providing a 92% attendance rate. Within all three sessions, a few people knew each other through arts groups they attend, or who were friends or partners who had come to the session together. In one group, some participants knew each other, though this was not known by researcher or participants in advance. However, I had not stipulated that people could not attend with friends and observations from the sessions indicated that existing relationships did not interfere with group dynamics. Basic demographic data were collected: group 1 (Table 45), group 2 (Table 46) and group 3 (Table 47). Data from the two people who dropped out were not collected.

Participant ages ranged from 50 – 83 years old (mean = 71.83, median = 73), comparable with the systematic review (50 – 96 years old). 65% of participants were female and 35% male, showing a slightly higher representation of men than in the review, which included only 27% men. All participants recorded their ethnicity as White British, apart from one who identified as Irish and another as White European. Almost a third of participants were retired

(22.7%) with the other participants working part-time, apart from one who was in full-time employment. All participants have been given pseudonyms, either chosen themselves or by me if they did not choose one themselves.

Pseudonym	Age	Gender	Ethnicity	Life stage
Jane	75	F	White British	Retired
Mary	70	F	White British	Retired
Ann	75	F	White British	Retired
Sylvia	81	F	White British	Retired
Christopher	78	M	White British	Retired
Grace	83	F	White British	Retired
William	82	M	White British	Retired

Table 45: Group 1 participant demographics

Pseudonym	Age	Gender	Ethnicity	Life stage
Julie	50	F	White British	Part-time employment
Beatrice	64	F	White British	Retired
Edward	73	M	White British	Retired
Thomas	83	M	White British	Retired
Maisie	69	F	White British	Sporadic tutorial work
Linda	72	F	White British	Retired

Table 46: Group 2 participant demographics

Pseudonym	Age	Gender	Ethnicity	Life stage
Matt	53	M	White British	Full-time employment
Paul	81	M	White British	Retired
Gloria	70	F	White European	Retired
Rebecca	67	F	White British	Retired (almost)
Charlie	58	F	White British	Part-time employment (currently unemployed)
David	79	M	White British	Retired
Eugene	73	M	Irish	Retired
Laura	56	F	White British	Part-time employment
Jane	80	F	White British	Retired

Table 47: Group 3 participant demographics

9.3.2 Characteristics of participants' creative engagement (stage one)

Participants were asked to record which arts activities they participate in, categorised as 'active' participation (e.g. doing or making) in a group (Figure 32), participation at home (Figure 33), and 'passive' participation (e.g. watching a performance) (Figure 34). In contrast to the review (in which over half of included studies explored dance), focus group participants were most actively involved in visual arts activities, both at home and in local groups. Craft was the most common group activity, followed by painting and choirs, while photography and craft were the most common activities at home. In terms of more receptive levels of engagement, visiting an art gallery, museum or exhibition were the most common across all three groups.

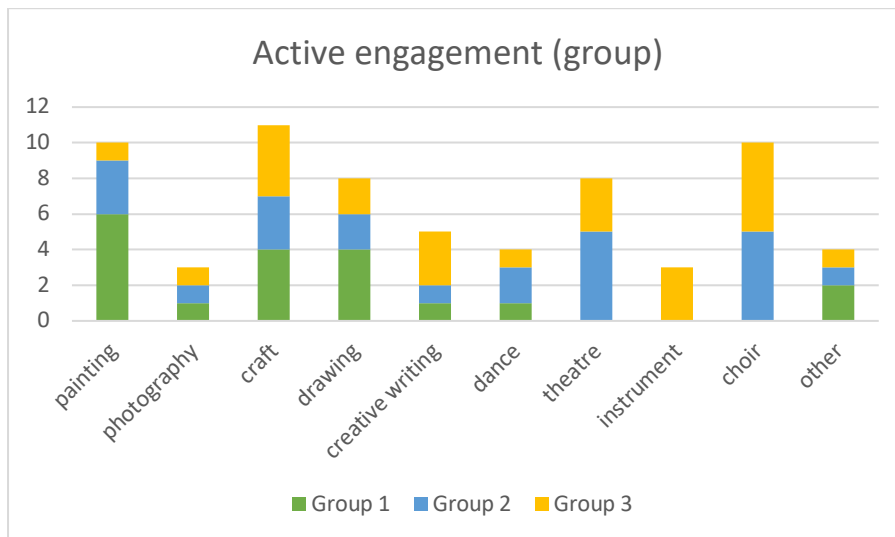


Figure 32: Active engagement (group)

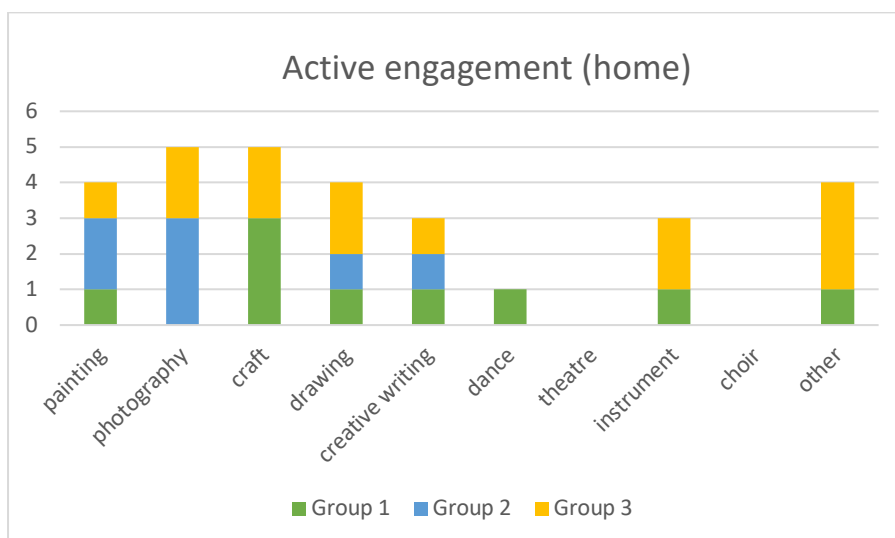


Figure 33: Active engagement (home)

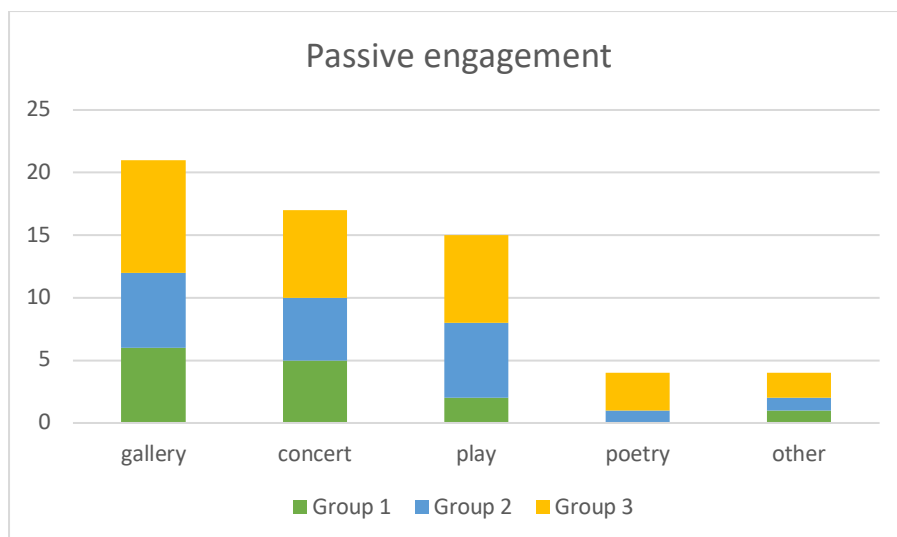


Figure 34: Passive engagement

Dance was by far the most common art form examined in the literature (over 50% of included studies). However, it was much less common in the focus group study, with only four people reporting that they attended dance classes. This was due to personal preference for participation in other creative activities. Participants were asked to report whether they participated in theatre / drama (performing, not attending) at home or in a group, whilst the ‘passive’ participation questions asked whether participants attended plays / drama productions or musicals. Therefore, theatre engagement (active) and plays (passive) related to both participation in and attendance at some form of theatrical or drama production.

There were discussions in the focus groups around what participants understood by ‘participatory arts’ or ‘creative’ activities, and it was interesting to compare these discussions with the range of ‘other’ activities participants included on their demographic forms (Table 48). Interestingly, some activities came up through discussions and through their forms, as happenings which participants considered either to be creative, e.g. cooking or gardening, and / or those which promoted their wellbeing, e.g. exercise including walking and going to the gym. Furthermore, in group 3 there was much discussion around the importance of philosophical thinking and creative thought, which were viewed by participants as forms of creative engagement.

Active (group)	Active (home)	Passive
FitSteps (exercise class)	Gardening	Cinema
Gym	Baking	Visit botanical gardens
French cookery	Writing software	<i>Ballet</i>
Interior decoration	Translation of book of songs	<i>Opera</i>
Special desserts	Cake making / decorating	
Flower arranging	Interior design	
Art appreciation	Vision collage	
Poetry reading		

Table 48: Alternative forms creative expression

Interestingly, whilst the arts are defined in *Creative Health* (APPG, 2017) as “the visual and performing arts, crafts, dance, film, literature, music and singing”, gardening and “the equally absorbing culinary arts” are also included as forms of creative engagement which can contribute to wellbeing (p.19). Indeed, creative ageing often encompasses a diverse range of creative forms of expression, including animal therapy (e.g. using a guided interaction with a dog to improve physical or mental health (Giorgi, 2016), and other forms of ‘creativity’ including cooking and gardening. Thus, whilst the systematic review examined a narrow definition of creative ageing through its focus on participatory arts engagement (specifically dance, theatre, creative writing and visual arts), discussions amongst participants in the focus groups highlighted the need for a broader definition of creativity in later life.

Under the concept of *creative* ageing it is possible to understand why participants were keen to expand on activities which engaged their ‘creativity’, but which would not traditionally be understood as participatory arts. The wide variation in creative activities referred to by participants in stage one is shown in Figure 35, demonstrating the diversity of activity and levels of engagement which participants considered in relation to their own creative engagement in later life. For example, activities ranged from software design to carpentry, architecture to thought, which have been colour-coded into art forms and ‘other’ creative activities, as per the key in Table 49. The visualisation highlights the prevalence of participants’ engagement in the visual arts, in contrast to the dominance of dance and music investigated in academic research. This is important to note, as it highlights a discrepancy between the art forms being researched and those which older people are participating in through their own everyday creative engagement.

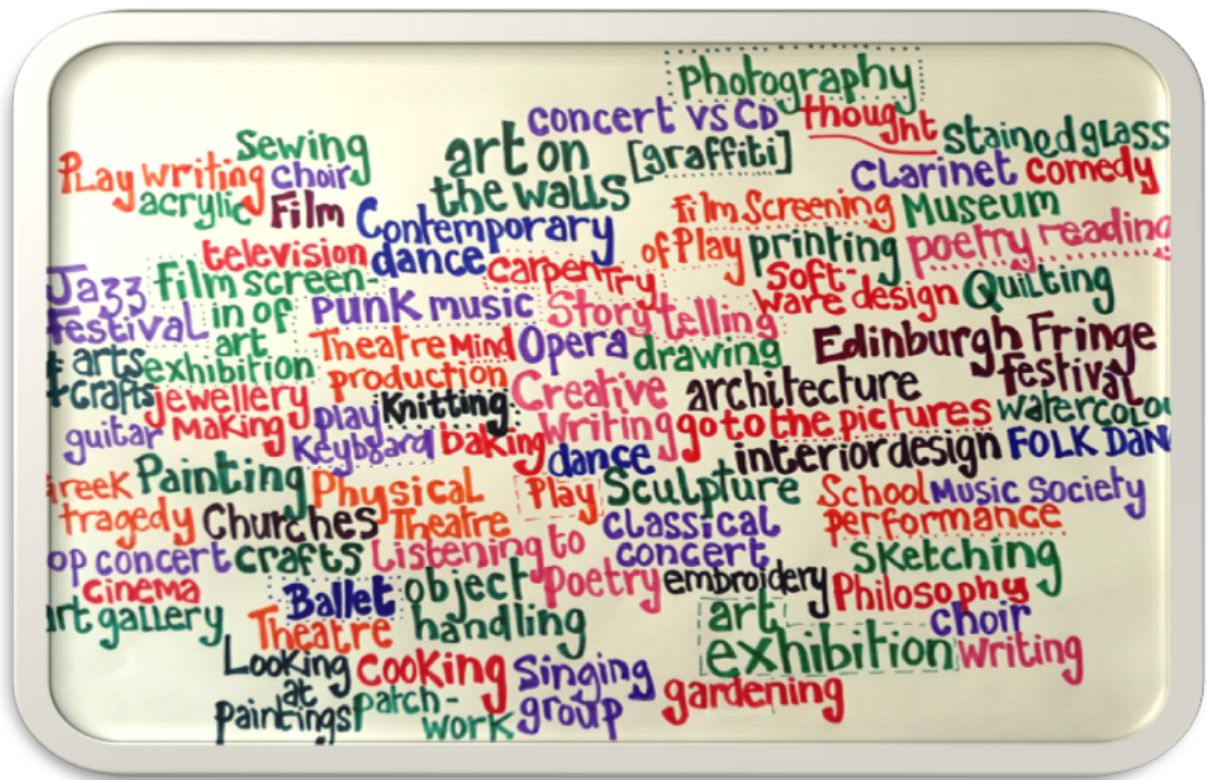


Figure 35: Creative ageing activities

Art form	Colour
Dance	Blue
Visual arts	Green
Theatre	Orange
Creative writing	Pink
Music	Purple
Other	Red

Table 49: Creative ageing artforms (colour key)

9.3.3 Exploring the creative ageing lexicon

While the main objective of conducting the focus groups was to explore whether the themes I developed from the literature, resonated with participants own experiences, there was also a need to consider the associated lexicon in comparison to the participants own vocabularies. It might seem an obvious observation, but in trying to understand the concept, Matt (aged 53) explored the two words *creative* and *ageing*:

The juxtaposition of creative and ageing is interesting, because you can be creative before you're ageing, and you can age without being creative. Put together, creativity is helping you stay mentally active as you age...age with grace (Matt, 53, FG 3).

While exploring the creative ageing lexicon was not the main focus of the study, there were understandings and interpretations which are relevant to understanding the creative ageing framework. This warrants further investigation and discussion going forwards in order to work towards a more clearly defined field, as a lack of understanding of key concepts and terminology around an area of enquiry can act as a barrier to implementation within both research and practice (Davies, Knuiman & Rosenberg, 2016).

9.3.4 Understanding creative ageing

One of the defining characteristics of creative ageing discussed in the focus groups is the inclusion of ‘creative’ activities which we might not instinctively describe as ‘art’. For example, *baking* and *gardening* came up as examples of people’s own understandings of the concept of ‘creative ageing’. Furthermore, in all aspects of their lives, people referred to the importance of their own creative engagement in later life.

Every generation actually ages in its own way. There are no role models, so we can’t help but be creative (Christopher, 78, FG 1).

Throughout the focus group sessions, people were often convinced that they were not creative or artistic. However, participating in the arts was an integral part of all participants’ everyday life, even if they couldn’t quite believe it themselves.

Well, I am not an artist. I am nowhere near anything creative at all, I am an organiser and a do-er! And the only reason I get involved in doing any arty stuff is because my two friends here are artists...I go along...but I’m *not* creative! (Ann, 75, FG 1).

This quote from Ann (aged 75) illustrates the intrinsic link between engagement and sense of accomplishment felt, which was immediately demonstrated at the end of the first session when everyone got out examples of their own artwork to show me! It was delightful – participants showed creations ranging from sketches to oil painting and hand-made jewellery. In spite of not considering themselves to be *artists*, the level of creativity in the room was overwhelming.

I play keyboard, knit, used to do sewing [stopped due to arthritis], gardening. I do anything. Crafts with grandchildren and great-grandchildren...and I think the way to stay young is always have a challenge and always try to see the youngsters' point of view...There is no age. Age is just a number and if you ignore it then you can have a good full life! (Grace, 83, FG 1).

I have previously discussed distinctions within the arts and health paradigm, between participatory arts programmes and other forms of arts and health activity. In relation to this, one aspect which distinguishes *creative ageing* from other arts and health activities is the extension of creative activities to include art-based and creative activities in everyday life. For healthy older people living independently in the community, creative engagement could be more intuitively described as *general arts activity in everyday life*.

However, there are blurred lines between programmed arts activities and everyday creative engagement (Fancourt, 2017). Indeed, the “*definition is as individual as people are*” (Laura, 56, FG 3). Figure 36 shows the range of definitions of creative ageing explored by people across the focus group sessions which focused on concepts of challenge, adaptation and achievement. The assortment of definitions reveals a synergy with the variety of activities which participants described as creative, as seen above.

I like the art side, and that's why Ann's got involved actually...and I paint every week with Sylvia and Grace. We all paint at the [community centre] every Tuesday and we go out to various arts and crafts things that are on. We go to the [museum] and look at anything that's coming up...[theatre] is cheaper. [We're] members of the [local] music society...non-members of the bowls club. But, overall, we do like the creative side (Jane, 75, FG 1).

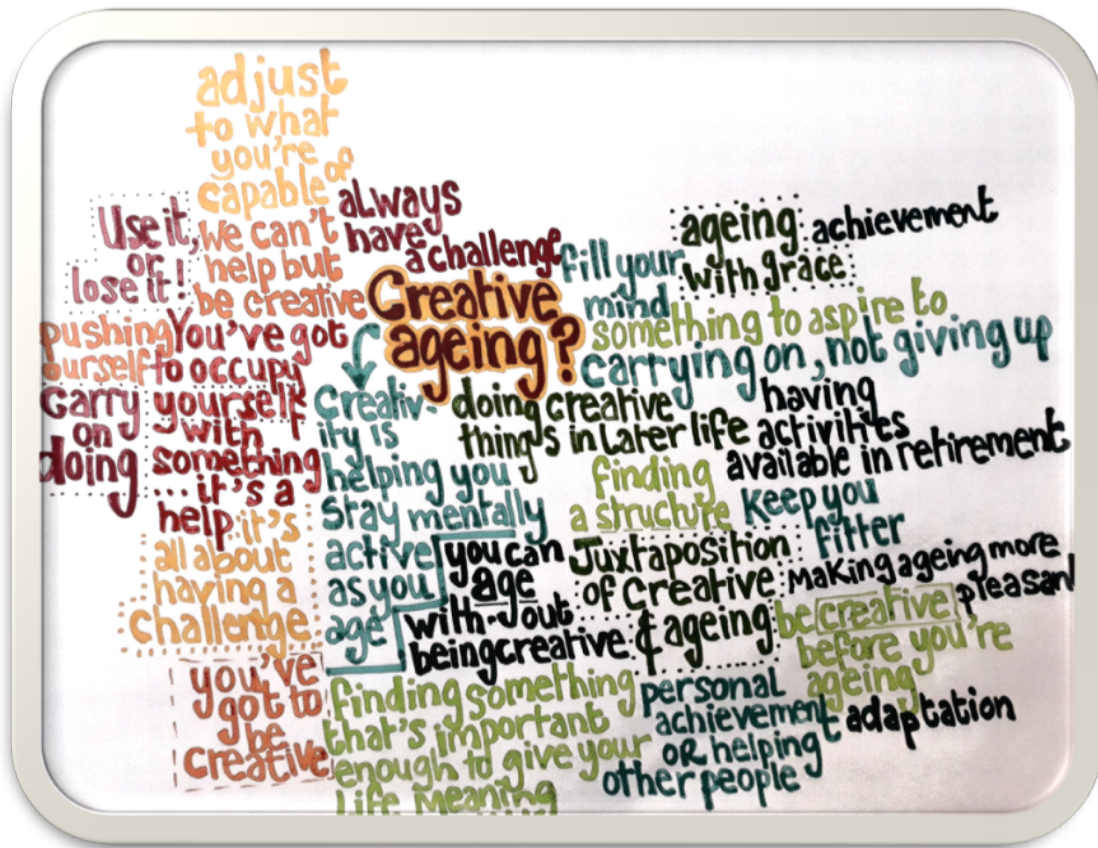


Figure 36: Definitions of creative ageing

9.3.5 Understanding participatory arts

Discussions in the third focus group considered the ‘participatory’ nature of participatory arts and whether a synonym could be ‘doing it’. There was no consensus on whether or not participation had to be in a group (e.g. with other people) or could be done as a solitary activity. Similarly, it was felt that participatory activity related to varying levels of participation. For example, going to an exhibition was considered by participants to be “*participatory when you go and look at pictures*” (Jane, 80, FG 3). Similarly, Jane felt that people listening to a poetry reading are participating by “*giving an audience*” to the people speaking the words.

Figure 37 illustrates the range of definitions described by members across the focus group sessions, which are interesting to consider in relation to the debate around ‘passive’ or ‘receptive’ levels of engagement. The examples provided by participants demonstrate a sense of connection between the person and the art, irrespective of the level of engagement. Indeed, Tymoszuk et al., (2019) found that long-term frequent ‘receptive’ cultural engagement, such as visits to galleries or the theatre are indeed associated with increased wellbeing in older

adults, “specifically positive affect, life satisfaction, perceptions of control/autonomy over one’s life and self-realization” (p.9).

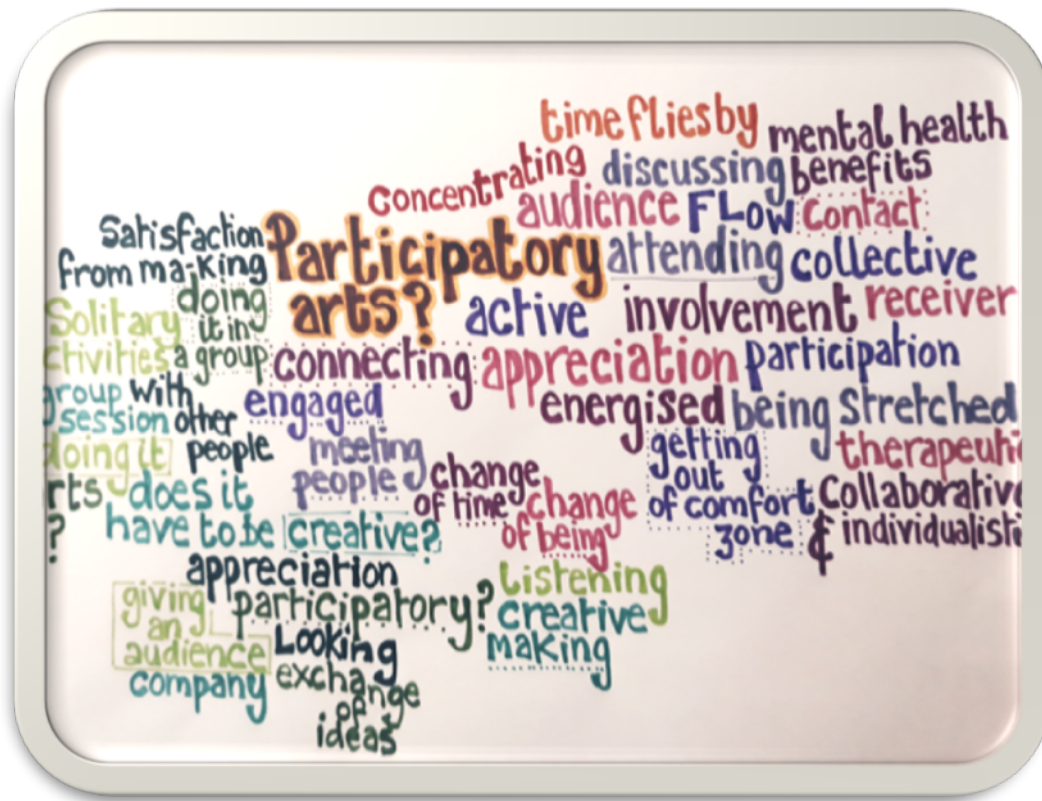


Figure 37: Definitions of participatory arts

9.4 Exploring key themes from the systematic review

From participants’ quotes extracted from studies included in the review, I identified five main themes, which reflect variations of experiencing participatory arts in later life: 1) **making and creating**; 2) **connections and communities**; 3) **identity**; 4) **the ‘feel good’ factor**; and 5) **body, mind and soul**, as discussed in Chapter 7. The focus groups provided the opportunity to explore the themes further to see if they resonated with participants own subjective experiences of art-making and as such consider whether the themes would “translate into local or current experience” (Bunn et al., 2013, p.743).

Whilst the review excluded studies investigating participation in musical activity based on the prevalence of research into the effects of music on wellbeing, focus group participants reported engagement in community choirs, playing musical instruments and attending concerts. However, the majority of their arts and cultural engagement centred around the

visual arts, highlighting the need for more research into participation in more divergent art forms including visual arts, which has been less well evidenced (Tomlinson et al., 2018).

The following sections present the findings from the focus group interviews in stage one of the study. Findings are grouped according to the relevant theme, with parallels being drawn between the systematic review and focus group findings. Slight variations away from the themes developed from the review are discussed alongside the related theme. However, additional themes which came out of focus group discussions are presented separately, including potential barriers to participation which are explored in more detail in stage two of the study.

The findings from the review and focus group study are further explored and synthesised in the discussion section (Chapter 10). When including verbatim quotations from focus group participants I have included their pseudonym, age and identified which session they took part in (e.g. Focus Group 1 = FG 1). Before discussing the focus group findings in relation to the key themes from the review I have included a brief discussion on differences between level of participation and art domains.

9.4.1 Level of participation and art domain(s)

One of the objectives of the systematic review was to explore any differences between 'active' and 'passive' (or receptive) levels arts engagement, in terms of the effect on promoting wellbeing and maintaining cognitive function. However, among the included studies only one investigated receptive audience experiences of theatre attendance (Meeks, 2017). Therefore, analysis of level of engagement was limited. That being said, studies did include investigations into regular arts participation alongside more targeted participatory arts interventions. By comparison, experiences described within the focus group study focused much more on general arts and cultural engagement, rather than specifically targeted groups (Fancourt, 2017).

Additionally, participants in the focus groups described perceived benefits gained through more receptive levels of arts engagement such as visiting a gallery or going to a performance. Tymoszuk et al. (2019) indicated there is no consistent difference in associations between participatory and receptive arts engagement in relation to wellbeing. Additionally, they have

proven sustained receptive engagement to be associated with increased autonomy and self-realization in older adults, which is congruent with active participation in creative and musical activities. Interestingly, the evidence for this association is most robust when engagement in arts activities (e.g. galleries, museums, theatre, concerts and opera) is sustained over a period of time. Moreover, research has shown that social interaction amongst audiences is an important element of theatre attendance. Social connection is also an essential ingredient of participatory arts programmes and, indeed a key theme from the review. The concept of social interaction is explored further under the theme of **connections and communities** below.

Arts Council England (2016) presented an audience profile of subsidised theatres outside London as: 95.1% white, 64% female, 41% retired and 29% aged 55-64. Therefore, it was not surprising to see the profile of focus group members as white and on the whole retired. A high proportion of participants' arts engagement involved attending concerts or going to the ballet or theatre. However, performing arts engagement was not exclusively as an audience member, particularly for group two where participants regularly took part in drama and arts activities. Participants in group one of the focus group study also considered cinema to be part of their own arts engagement, though Tymoszuk et al. (2019) did not observe any associations with wellbeing in older adults through engagement in cinema.

However, on the whole focus group participants' experiences were much more firmly rooted in active making, reflecting similar experiences to the arts and crafts activities investigated in the review (Bedding, 2008, Joseph, 2013, Maidment, 2011, Tzanidaki, 2011). Members of group one had mainly grown up in the local area which is very community focused. The third group's members had a much broader experience of varying levels of engagement and also much more wide-spread understandings of 'participation' and 'creativity'. For example, Rebecca (aged 67, FG 3) made a distinction between activities which "*demand effort versus art as relaxing*", though this does not necessarily equate to active making versus passive viewing. Indeed, for Rebecca there is an "*emphasis on enjoyment*" irrespective of the level of engagement which is based on the individual's connection with the particular art form.

You've got to occupy yourself with something – either creative writing, um, taking photographs, or painting courses that you can take with local groups, it's a help.
(William, 82, FG 1).

Various levels of participation were discussed by participants through explorations of what ‘participatory’ means to them. Overall, members viewed being part of an audience as most certainly an active form of engagement. This was particularly evident in the second and third groups, where participants provided examples of the dynamic nature of some more receptive activities. Beatrice (aged 64, FG 2) for example, spoke at length about how she felt actively involved when attending the ballet and the opera. Her experiences were mirrored in discussions of audience interaction in the theatre attendance study in the review (Meeks, 2017). The themes identified in the review are explored again in the following section to consider how they resonated with the shared experiences described by focus group members.

9.4.2 Making and creating

Accomplishment & grit

Focus group members described a sense of achievement experienced when creating an artefact, as seen in the review with crafting (Tzanidaki, 2011) and creative dance (Thornberg, 2012). Within both the review and focus groups, sense of achievement was strongly linked with determination, perseverance and challenge (Bedding, 2008; Brown, 2008; Sabeti, 2015; Stevens-Ratchford, 2016). The determination required to overcome challenges fed into the individual’s sense of personal growth. For example, Thornberg (2012) included a theme on *participation leading to personal growth* and showed improvements in psychological wellbeing following participation in dance.

Solving the next problem in old age...keeping hopeful in gloomy circumstances...my arts and crafts and creativity is all important (Paul, 81, FG 3).

When making sense of her own arts engagement, Laura (aged 56, FG 3) said “*I am in flow when I am creating*”. However, she also recognised that when injured and unable to create, her lack of participation made her feel grumpy and frustrated. This is an interesting perspective, since we usually focus on how arts engagement makes us feel, but considering how it feels when we *don’t* engage, is potentially more revealing. This concept is explored again in the theme of **body, mind and soul** below.

There was a real sense of accomplishment and pride felt through creative progression, particularly from members in the third focus group session – “*it feels good to get it right*” (Eugene, 73, FG 3) and the “*joy of getting it right*” (Laura, 56, FG 3). Additionally, Gloria (aged 70, FG 3) described her experiences of creative writing:

when it’s positive, it’s a great life, and it injects energy and positivity to the entire day or week...[it’s] a special experience, a real incentive to continue and improve...a sense of achievement (Gloria, 70, FG 3).

For some people in the third session the sense of achievement was enriched when it was recognised by another person. Whether from a friend or relation, “*it helps having affirmation*” (Jane, 80, FG 3). Having worked hard to prepare for a poetry reading to an audience, Jane described how affirmation and support from the audience added to her sense of achievement. By contrast, in the review the sense of achievement was expressed in relation to participating in activities which friends were not engaging in (Bedding, 2008; Murray, 2010). However, pride was also found in producing something and showing it to friends and family (Joseph, 2013; Murray, 2010; Tzanidaki, 2011).

David (aged 79, FG 3) by contrast, was able to provide himself with the verification or support needed to feel a sense of achievement. “[It] *doesn’t need to be someone else who affirms*” [rather] *self-satisfaction* [comes from being] *a little bit creative*” (David, aged 79, FG 3). Having only taken up painting and drawing in retirement, David described it as giving him a sense of “*self-fulfilment*”. For David, art appreciation is just as fulfilling as painting, an indication that for him the level of participation was not necessarily associated with the perceived level of benefit.

just getting paints out...being pre-occupied...I don’t think I’m that creative. I enjoy the mechanics [of painting]. I copy other artists [which provides] an insight into how they created it...enjoy...satisfaction...[you] don’t have to do it in a group (David, 79, FG 3).

Absorption, expression & imagination

The feeling of absorption or being in ‘flow’ identified in the review (Bedding, 2008; Maidment, 2011; Meeks, 2017; Tzanidaki, 2011) resounded with participants’ experiences across the three focus groups in stage one. However, this concept resonated most with the second group, whose conversation focused around experiences of being “*in the moment*” (Linda, aged 72, FG 2) or “*in the zone*” (Beatrice, aged 64, F2). Similar concepts were described in the review as the opportunity for meaningful engagement (Meeks, 2017; O’Toole, 2015; Skingley, 2016) and being lost in the moment (Stevens-Ratchford, 2016; Tzanidaki, 2011).

It blocks out all your other problems...you have to concentrate. When you’re painting, you’re concentrating on what you’re doing and that’s it. And if you go to a good concert, you’re actually concentrating on the music. If it’s not so good, your mind does wander (Jane, 75, FG 1).

As Gloria (aged 70, FG 3) described being in this creative state, it became clear how interconnected the subjective benefits of engagement are. Gloria’s absorption led to a transformative experience, which left her feeling better than she had before her engagement (Stevens-Ratchford, 2016).

I’m not a great crafts person, but I do something even if it’s just the garden – then I have achieved something. You have to find something you like and gives you something back. Arts lifts you; it opens a different dimension, you forget about everything...beauty of life / creativity...you go home in a better frame of mind (Gloria, 70, FG 3).

For William (aged 82, FG 1), engagement in the creative process allows him to express himself, which leads to a sense of pride and an opportunity for him to **leave a legacy** through his writing.

...the social part is fine, especially if you are with like-minded people, that create together or just get together to talk, to pass the time away. But it’s the creativity that’s important and that’s the part that you will always be proud of. I mean, the reason I

write...no grandchild of mine will go through the same sort of life cycle as we did (William, 82, FG 1).

Catalyst for curiosity

The concept of art-making as a catalyst to spark new interests and challenges (Bedding, 2008; Brown, 2008; Meeks, 2017) also resonated strongly across the focus groups, especially with members of focus group two. Linda (aged 72, FG 2) described the “*natural innate curiosity*” she had for the arts, and the importance for her in taking herself out of her comfort zone. She had recently tried improvisation in dance for the first time, which she described as “*putting yourself in not being comfortable*” and how good this had made her feel. The group felt that the arts are inherently about the *unfamiliar*, and that whilst there is the “*pleasure of the familiar*”, there is also the “*pleasure of trying something new*” (Beatrice, 64, FG 2). For Beatrice, this curiosity is almost the “*opposite of ‘I know what I like’ [but you have to be] willing to try new things*”.

It’s all about having a challenge, well, that’s what I think. For the rest of my life I’ve got to challenge myself to do things, maybe something I’ve never done before, I’ll have a go, because that is, that’s living. Just waiting for God is not living...You’ve got to have a challenge, and you’ve got to be creative (Grace, 83, FG 1).

For Thomas (aged 83, FG 2), it was the “*outside influences*” which challenged ideas around what he ‘enjoyed’. He described how being taken to a ‘classical’ violin concert rather than listening to Bing Crosby as he usually did, had “*transformed [him]*”. This experience also made him think “*about classical music in different ways*”. Similarly, seeing a ballet for the first time made him realise that he’d been missing out on “*such a wonderful thing*”. For Thomas, this linked to his sense of **identity**. He described how you can “get taken out of your own world” and swept away by the quality of the performance.

Another concept considered by the participants was the intrinsic playfulness of the arts, and that as people got older, they “*lose that capacity to play*” (Maisie, 69, FG 2). For Maisie, **catalyst for curiosity** was about taking risks and challenging her own “*assumptions on what’s it’s going to be like*”. She enjoyed avant-garde experiences where her “*expectations [were] disrupted*” and she was taken out of her “*comfort zone*”. Like Thomas, for Maisie this

concept was linked to **identity**, “*learn[ing] about yourself...self-knowledge*” and “*discovering at our age who we are*”. Interestingly, for Rebecca (aged 67, FG 3), the ‘mind’ was her catalyst for creativity. Rebecca’s interest in philosophy and thinking, described as a creative art in its own right, sparked other curiosities and gave her life meaning:

thought...I couldn’t live without that...creating art in different ways...finding something that’s important enough to give your life meaning (Rebecca, 67, FG 3).

These more explorative and playful experiences of curiosity were not identified in the literature, which focused much more on stepping out of one’s comfort zone (Brown, 2008; Meeks, 2017) and being inspired to continue working on their crafts at home (Bedding, 2008). Overall, the theme of **making and creating** is strongly associated with Seligman’s (2011) concepts of engagement, meaning and accomplishment and the concept of grit (Duckworth et al., 2007).

9.4.3 Connections and communities

The social aspect of participatory arts engagement was expressed throughout the focus group sessions and review. For some people, the social interactions were secondary to the creative activity. For others by contrast, the sense of belonging and simply being with others was equally, if not more important and the arts activity provided the excuse to come together (Bedding, 2008; Maidment, 2009; Tzanidaki, 2011). A sense of active engagement as audience member resonated with Beatrice (aged 64, FG 2), who felt a connection with other audience members “*even if they’re strangers*”. Such connections were also described through experiences of ‘shag’ dancing when dancers felt at ease in the company of strangers, brought together by the shared interest (Brown, 2008). In fact, Beatrice treasured this connection with people she did not know and purposefully chooses to attend performances by herself, so that she does not get distracted by a friend trying to talk to her!

This distant connection with the other audience members allowed Beatrice to become completely absorbed in the moment, linking back to the theme of **absorption, expression and imagination**. She also felt a sense of community through applause, shouting out and standing up, in celebration and appreciation of a good performance. This audience connection was something that was echoed in other people’s understandings of their own experiences of

audience participation. However, for Edward (aged 73, FG 2) it was being with friends or family at a performance which contributed to his sense of connectedness and shared experience.

Camaraderie, communitas & companionship

This theme is strongly rooted in the opportunity for social connectedness and being with other people (Maidment, 2009; Meeks, 2017; Roberson, 2014; Sabeti, 2015). In the first focus group session, members actively analysed one another's experiences of participation and identified the sense of belonging and companionship experienced through arts engagement, just as had been identified in the review. Christopher (aged 78) and Mary (aged 70) highlighted the importance of being with others, which was also expressed by other members of the group.

Irrespective of what the activity is, most of you go along for the social contact (Christopher, 78, FG 1). I was just going to say that (Mary, 70, FG 1).

An interesting angle which materialised during the first session, which had not been described in the review, was a discussion around personal relationships and how they could actually hinder creative participation. Whilst nobody was saying they wished they were on their own, there was a certain amount of envy around the level of participation that some people, who were single/widowed, described. Indeed, Mary (aged 70) asked "*Can I just ask if you're single or have you got a partner?*".

Mary could not believe how frequently some of the members of the group managed to participate in various arts' activities, which she did not feel that she could do, as her husband did not enjoy participating as much as her. Mary's guilt about going out and not being at home with her husband, actually acted as a barrier to her own participation.

I find it quite restrictive, the fact that, if you have a husband...you're very busy & I'm not...I feel a certain amount of guilt that I keep going out. I'm quite active...he's not (Mary, 70, FG 1).

There are a lot of things I would participate in, had I not got my husband. If you have another person involved it makes it more difficult to make your own choices (Grace, 83, FG 1).

During a difficult year with her husband being ill, Grace (aged 83, FG 1) “*still managed to get to the art group*”. Attending her art group sessions gave her a sense of normality, a break from the realities of her husband’s health problems and a chance to be with others.

Jane, Sylvia and I, we’ve been together for many years and we really feel like a family. Because we have that meeting every week, we’ve been involved in each other’s hospitalisations, problems, loss of partners maybe, so it’s a wonderful group to belong to...and, um, I find that two hours that we have on a Tuesday morning just literally flies by (Grace, 83, FG 1).

Whilst focus group participants’ experiences focused on potential barriers to participation or determination to continue with their art in the face of challenge, within the review this theme was much more centred around the friendships and camaraderie that evolved through engagement (Brown, 2008; Cooper, 2002; Joseph, 2013; MacMillan, 2016; Maidment, 2009; Roberson, 2014; Rose, 2016; Stevens-Ratchford, 2016; Tzanidaki, 2011). This observation could be indicative of a distinction between long-term engagement in crafts and dance which was explored in the review, in contrast to less culturally embedded arts engagement experienced by focus group members.

Renewed sense of purpose

This sub-theme, whilst sitting under ‘connections and community’ is also inextricably intertwined with ideas around **identity** and transitions experienced in later life (O’Toole, 2015; Tzanidaki, 2011). When he was younger, Matt (aged 53, FG 3) thought that identity was something that was given to you, but his understanding had changed as he has got older. “...*if I want to be that man, I can take the steps to become that man*”. This reflection led to the idea of renewed sense of purpose through creativity for him:

[the] craft stuff could be the thing that gives you purpose but can also be the thing you use to analyse what your purpose might be (Matt, 53, FG 3).

Since Matt's children had grown up and left home, he and his wife had been looking for something that they could do together, and that's when they joined a choir. So, for him "*connections might be quite close to home – do something together*". He was hopeful about the opportunities for creativity which would come in retirement "*I imagine when you retire you have time, more scope for creative endeavour*" (Matt, 53, FG 3). He gave the example of singing, which he believes gives "*insights into other people's lived experience...[it] doesn't have to be the thing, it could be the route to it*".

For some members of the focus groups, as seen in the review (Cooper, 2002; Maidment, 2009; Meeks, 2017; Roberson, 2012) going to an art group at a specific time each week provided a reason to get out of the house, an opportunity for social interaction and the chance to be inspired. Having the opportunity to get dressed up to go to a weekly arts class (Maidment, 2009) or go dancing (Cooper, 2002), gave people this sense of purpose, which Jane (aged 75, FG 1) also described when reflecting on the importance of going to her art group every week. Such commitment to a weekly engagement implies a ritualistic element, as discussed further below.

If I didn't go and do that once a week, the art, I mean I wouldn't do it. I mean, I keep thinking I'll do a bit more at home, but I don't do it at home because I've got a big garden, and I just look at it and think, I can't do the arts, I've got to get on and pull those weeds up! So, I have to go there and do it, and I do it...and I love it! (Jane, 75, FG 1).

Paul (aged 81, FG 3) gained meaning and satisfaction from "*seeing people's faces*" when he had sung a collection of songs to a group of children, which he'd translated from Dutch. For him this was exciting – "*as good as anything I've known in my life – giving something*". What also became clear, was the huge sense of pride he felt from translating the songs, from a language he does not speak - "*having my name of a book of songs, even if it didn't sell very well*". And yet, the sense of purpose he described actually came from sharing the music with a group of children, which had inspired them.

Another example of Paul's selflessness was in using storytelling with a group of 'troubled' young people "*which helped them be themselves in public*". Paul had also discovered a skill for crafting wooden boards for jigsaws, which you could then slide underneath the sofa. He

felt “*satisfaction from making and helping other people*”, as he had made a number of these boards for people he had told, who had then said, could they have one. Paul’s experiences connect with this theme in the review which showed a link between engaging in craft making and pleasure found through engagement in creative activities with altruistic motives (Maidment, 2009).

Interaction, learning & inspiration

The review showed that the value placed on social interactions was felt through being inspired by meaningful creative engagement (Bedding, 2008; Cooper, 2002), but was also gained through inspiring others (Bedding, 2008; Sabeti, 2013; Tzanidaki, 2011). Laura (aged 56, FG 3) described how the “*positives in experience*” of her art-making had evolved over time. Her priorities had changed as she had got older, describing how she now feels

less invested in what the audience thinks [and] now more important what I...bring to the group [and] encouraging others (Laura, aged 56, FG 3).

For Julie (aged 50, FG 2), making connections and engaging with her local community through arts engagement, was incredibly significant for her personal sense of wellbeing. Where she lived there were not many opportunities to meet people and so art classes provided an occasion for social interaction, shared experiences and “*a way of getting to know people*”. For Julie, this concept was also linked to her sense of **identity**, as these creative experiences made her “*challenge the idea you have of yourself*”. By contrast, William (aged 82, FG 1) valued the shared experience of art-making over the social interactions, as seen in some studies in the review (Bedding, 2008; Joseph, 2013; Sabeti, 2015).

The theme of **connections and communities** highlights the importance of social interaction or positive relationships (Seligman, 2011) and a sense of belonging felt through participatory arts engagement. However, it also relates to the theme of **making and creating** through the need for meaningful engagement or sense of ‘flow’ (Csikszentmihalyi, 1990). Indeed, it has been suggested that an individual’s level of involvement in or connection with the activity is what leads to the social element of participation or connection experienced (Douglas, Georgiou & Westbrook, 2017; Levasseur et al., 2010). Moreover, this pursuit for engagement and meaning is related to higher levels of subjective wellbeing (Schueller & Seligman, 2010).

9.4.4 Identity

The concept of identity resonated strongly across all the focus group sessions and was linked to transitions of ageing. Participants described feeling a change in their sense of identity as they transitioned through periods such as retirement or their children leaving home. For many, art-making had supported these changes, but also there was a sense that the participants had been challenged to think differently about art and about themselves as they aged. Julie (aged 50, FG 2) described how “*freeing*” it was to be able to participate in arts workshops in later life, as the judgement she had experienced in school resulting from the pressure of exams was no longer there. For her, exploring her own identity through creative activities as she transitioned into later life felt like a period of “*liberation*”.

(Re)discovery and (re)connection

A sense of (re)discovery resonated much more with focus group members, than the idea of (re)connection, which had a stronger presence in the review, especially with craft makers (Tzanidaki, 2011). In the focus group sessions, participants spoke about how having children who had grown up and moved away from home had afforded them time to (re)discover themselves through their creativity. This was also a point of discussion in Maidment (2009). Within the review, (re)discovery also focused on transitions later in life, including the loss of a partner (Tzanidaki, 2011). The concept of transitions is explored in more detail in stage two of the focus group study.

Discussion inevitably also focused around retirement (Brown, 2008), which was seen within the focus groups as both a “*challenge and opportunity, mainly opportunity*” (Rebecca, 67, FG 3). For Eugene, retirement provided the time for “[finding] *new things to do, joining new groups, taking up something...creative*” (aged 73, FG 3). He had never been in a choir previously, as he thought he could not sing. However, retirement afforded him the time to act on his interest to learn. He started having singing lessons and eventually joined a choir. There was also a realisation by participants in group three of their own mortality, relating to the sub-theme *leaving a legacy* (Brown, 2008; Maidment, 2011). However, rather than viewing mortality in a sad way, it was seen a stimulus for rediscovery of self and becoming the person they had always wanted to be:

How important is the fact that you're going to die...you only have a certain amount of time to become yourself to be yourself...be the person you are [and, creative] curiosity is important, always for the next thing. Not in an escape, but in a very challenging [way]...to become the sort of person you really want to become (Rebecca, 67, FG 3).

I so agree with that...I want to make the most of every day...gosh, I'm going to live it! (Laura, 56, FG 3).

Charlie (aged 58, FG 3) had taken up patchwork and quilting in her early 40s after having major surgery. She looked for a craft class to occupy her during the day while her children were at school. She had been the youngest in the craft-making group but enjoyed learning new craft skills. The group still continues to meet once a month to come together and sew. While the subtheme *young at heart* was evident in the review across experiences of engagement in creative writing (Sabeti, 2015) and dancing (Cooper, 2002; Stevens-Ratchford, 2016), it did not seem to resonate with any of the focus group participants.

Inherent in my being

Within the review, art-making appeared to be intrinsically embedded in participants' very person. It became something they wanted to engage in as long as they could (Brown, 2008; Joseph, 2013; Meeks, 2017; Tzanidaki, 2011). Within these studies, participants had been engaging in dance and craft making for many years. In the focus group sessions by contrast, people described how their innate creativity had become more ingrained as they had transitioned into later life, or perhaps they had become more aware of it as they became older. Once her children had grown up, Laura (aged 56, FG 3) felt that she had "*rediscovered* [her] *creativity*". There was a real sense that her creativity had become embedded within her being and in fact, she was incomplete without it. Similarly, Jane (aged 80) felt that her arts engagement made her who she was, and made her, a better person.

It's the literature and the books that feed my good feelings [...] the reading makes me a nicer, kinder, better person...and poetry particularly (Jane, 80, FG 3).

I think my making changes me and almost I become more myself, so I have new communities, new connections...I have changed because of my creativity, my identity is now very different, and I continue to grow...growth and learning and accomplishment and grit...it's a very personal thing...changed in a positive way, a very positive way (Laura, 56, FG 3).

Leaving a legacy

This sub-theme was mainly associated with craft-makers (Joseph, 2013; Maidment, 2011; Tzanidaki, 2011) who felt that their artefacts would be a reminder of them when they were gone. The concept of **leaving a legacy** resonated with focus group participants as well, who expressed a desire to share their creativity with their children or grandchildren, whilst also having something to be remembered by.

William (aged 82, FG 1) wanted to ensure that experiences he had been through were captured through his own creative writing, so that they would not be forgotten in different times. He also wanted his writing to be used so that his grandchildren could remember him and the stories he told.

Charlie (aged 58, FG 3) had “*not consciously looked at leaving a legacy [which was] slightly contradicted by the fact of making quilts [which] might last or not*”. Interestingly, this experience of quilt-making is comparable to an example from the review where a participant told a story of being wrapped in one of her quilts to be cremated in and using her quilts as gifts for anyone attending her funeral (Maidment, 2011).

For David, leaving a legacy through his painting was particularly important:

especially having grandchildren....what I'm doing creatively...not masterpieces [but] it's an element of me which my grandchildren will, perhaps, remember in their lifetime, throughout their lifetime and I think the art is important to me...a little bit of memory of me when I've gone, to my grandchildren and their children, perhaps, one of the things that drives me (David, 79, FG 3).

Whilst there was one example of **leaving a legacy** through dance in the review (Brown, 2008), this theme was most represented through experiences of painting and craft-making in both the review and focus group sessions. This could be due to the production of a tangible artefact which could be passed on to the next generation, while in dance the legacy was more associated with maintaining a reputation of being a dancer.

9.4.5 The ‘feel good’ factor

Within the review this theme centred around feeling good in-the-moment, and was represented across the art forms (Cooper, 2002; Joseph, 2013; Meeks, 2017, Roberson, 2014; Sabeti, 2015; Stevens-Ratchford, 2016). Moreover, the review showed improvements in positive wellbeing (Kattenstroth, 2013; Mavrovouniotis, 2010) and quality of life (Eyigor, 2009; Marini, 2015; Shanhan, 2016) after participation in dance. By contrast, in the focus groups members were more caught up on **the ‘feel good’ factor** as a concept, than in specifically describing the particular emotions they felt or discussing improvements to their wellbeing.

Charlie (aged 58, FG 3) felt there was a “*certain creativity of yoga [in the] patterns of movement*”. Though, as previously discussed yoga would not traditionally be included as a participatory art form, while it may be considered ‘creative’ within the field of creative ageing. For Charlie, the ‘feel good’ factor resonated - “*music, patchwork, yoga...you have the ‘feel good’ factor afterwards and [they’re] good for mental health*”. All of these activities brought about positive feelings and emotions, linking with the first two elements of Seligman’s (2011) wellbeing theory, positive emotion and engagement.

However, the idea behind *more fun than bingo*, based on challenging assumptions around what older people ‘should’ enjoy doing was not reflected in experiences described by participants in stage one of the focus group study. Similarly, the sub-theme *just ‘cos!* was not actively discussed by participants, though they did make reference to the impact of their engagement on their own wellbeing. The only sub-theme from the review under the concept of **the ‘feel good’ factor** which resonated in the first focus group was *creative pick me up*, though this did not seem to connect with participants in focus groups two and three.

Creative pick me up

Jane (aged 75) and Grace (aged 83) in the first group described how even during difficult periods, the art group (to which they both belong) was the consistent activity which kept them going. For Grace, the art group had been her rock through a difficult year of illness for her and her husband, while for Jane it had helped her come out of herself, after the death of her husband.

I think also, when you're on your own, like I was on my own...for a year I didn't do anything...and that's when I met Ann. I still did the art and then I've never sort of looked back, you know, 'cos we're always sort off doing something (Jane, 75, FG 1).

Whilst the theme of **the 'feel good' factor** was particularly prevalent within the review it did not seem to be so relevant to participants in stage one of the focus group study. This may be in part due to the fact that the theme was most strongly associated with participation in dance, an art form which focus group participants were not so actively involved with. Although participants did describe positive emotions felt, they all appeared to have a more reflective view of their creative engagement. Focus group members seemed to describe their experiences in a much more holistic way, which connected well with the theme of **body, mind and soul**.

9.4.6 Body, mind and soul

This theme was particularly strong within the review, with a diverse range of perspectives across the studies regarding the benefits of participating in the arts in relation to self-image, self-efficacy and intellectual stimulation. Whilst overall the theme resonated across the focus groups, none of the members were actively involved in dance. Therefore, the sub-theme *beats the heck out of jogging!* was not relevant, as this was related to physical health benefits associated with dancing. However, the other sub-themes of *keeps the brain sharp, realising and celebrating ability* and *cathartic, restorative and transformative* were echoed in experiences described by participants throughout the sessions in stage one.

Just as Laura (aged 56, FG 3) described feeling grumpy during a period of injury, Charlie became aware of a difference in the weeks she doesn't engage creatively - "*actually looking*

back it is noticeable” (58, FG 3). This was a new realisation for Charlie, which led to her making a connection between **body, mind and soul** that she had not previously considered:

Our generation still learning the connection between physical wellbeing and mental wellbeing – my children are already aware. Creative ageing needs to start earlier...certainly I’ve lived in my head and forgotten my body. It has more impact than I’d given it credit for (Charlie, 58, FG 3).

This negative response to lack of engagement is discussed further under the supplementary theme of **emotion & engagement** below. However, for Maisie (aged 69, FG 2) her arts engagement was very much part of her existence, and thus **body, mind and soul** resonated strongly with her. She described her own arts “*experience being embodied*”, relating back to the sub-theme of *inherent in [our] being*, under the theme of **identity**.

Keeps the brain sharp

As seen above, under *catalyst for curiosity*, participants highlighted the intrinsic link between creative engagement and the need to be challenged, which in turn leads to a personal sense of accomplishment and meaning. In the review, the sub-theme *keeps the brain sharp* was expressed in relation to dancing (Cooper, 2002; Stevens-Ratchford, 2016) and theatre attendance (Meeks, 2017). Within this sub-theme, participants described the need to be intellectually challenged through their arts engagement. Similarly, Maisie (aged, 69, FG 2) felt that “*ageing gracefully, um, is, you know, you need a few shocks*”; but, “*on the other hand you need a bit of this cathartic nice stuff*” (Edward, 72, FG 2).

Dialogue around challenge led to the notion of provocation, which “*means that you have to do something*” (Edward, 72, FG 2). We are culturally conditioned into things that we are supposed to like (or dislike), as seen in the review in *more fun than bingo*. However, in the second focus group session, there was distinct realisation that breaking out of one’s comfort zone, whether that be listening to punk or classical music, as opposed to jazz or blues, had a huge impact on personal development and intellectual stimulation. *Keep[ing] the brain sharp* is a key concept within the field of creative ageing. The review indicated the role of participatory arts in maintaining cognitive function in later life, including improved verbal learning and memory (de Medeiros, 2007; Noice, 2004; Park, 2014) and enhanced attention

and concentration (Kattenstroth, 2013; Marini, 2014). Moreover, learning dance steps and techniques was described as a useful means of keeping the mind active (Stevens-Ratchford, 2016; Thornberg, 2012).

Realising and celebrating ability

The focus of this sub-theme in the review was around realisation of what people could now do, in contrast to what they had been able to do at a younger age. Based on the high proportion of dance studies included, many reflections focused on the process of having to adapt based on physical or cognitive changes. However, this sub-theme also resonated with participants in the focus groups in stage one. For Laura (aged 56, FG 3), physical ageing had not stopped her from participating in physical theatre, though she had started to apply some level of “*adaptation*”.

I was a dancer and I can't do the splits anymore...physical theatre requires less flexibility than in dance...doing physical stuff gives me a very good feeling. [I'm] not sure how that will change my identity... (Laura, 56, FG 3).

Paul (aged 81) described challenges he had experienced whilst “*concentrating on one thing – everything else goes out of my mind*” (FG 3). He had therefore adapted his way of making to focus on one project at a time, particularly finding meaning through carpentry. Charlie (aged 58) described a friend of hers who could no longer sew, due to arthritis. Rebecca responded by asking “*What's the answer, to find something she can do? I can't do that, but I can do this.*” (Rebecca, 67, FG 3). This final participant quote resonates with the experiences described in the review which focused on finding an appropriate level of engagement for changing abilities, leading to an improved sense of self-efficacy (Bedding, 2008; Brown; 2008; Stevens-Ratchford, 2016). As we get older and are no longer able to do some of the things we once could, we need to adapt and consider alternative means of expressing our creativity.

Cathartic, restorative & transformative

Experiences under this theme in the literature were commonly centred around the perceived healing and restorative benefits of engagement in the arts, which acted as a form of catharsis.

The sub-theme of *creative pick me up* is closely linked with this concept. Similarly, the reviving essence of creative engagement was expressed by participants in stage one of the focus group study. Linda (72, FG 2) described the emotional release she had experienced through her own engagement, though perhaps challenging conventional perceptions of participatory arts engagement, saying “*it doesn’t have to be serious. [It can be] cathartic to go somewhere, especially in theatre, funny...everyone laughing...amazing!*”.

Linda considered watching comedy to be an active form of participation, as the comedian would often play with the audience – “*the way he just makes you feel...it’s just a lovely thing. I think we need more laughter*”. This experience mirrors those in the review which described art-making as offering a little light relief from the daily routine (Bedding, 2008; Brown, 2008; Joseph, 2013; Maidment, 2009; Meeks, 2017; Stevens-Ratchford, 2016). This concept also links back to the sub-theme of *creative pick me up*. However, the transformative nature of creative and cultural engagement had an even stronger resonance throughout the focus group discussion, for members of group two in particular.

Participants in group two expressed feelings of being overwhelmed and absorbed, relating to the concept of *absorption, expression and imagination*, as described above. It is pertinent to note here, that this group’s level of participation was almost entirely as the audience or observer, rather than engaging in active art making. This observation was also highlighted in the review, when participants described the active involvement of being part of a theatre audience (Meeks, 2017).

Being in the mind...I get into a zone...replenishing your energy (Linda, 72, FG 2).

I was just in a zone...walking on air (Maisie, 69, FG 2).

Members of group two also placed meaning on their experiences of being ‘in the zone’, which they described as “*transcendental*” (Linda, 72, FG 2), “*other worldly*” (Beatrice, 64, FG 2), “*electrifying*” (Thomas, 83, FG 2). Indeed, such experiences have manifested through arts behaviours within ceremonial rituals of indigenous cultures for centuries.

...the arts function to provide an emotionally-felt and transcendent means of establishing contact with supernatural beings during ceremonial rituals (Brown & Dissanayake, 2018, p. 2).

These sensations were sometimes so strong that participants would “*invariably get upset*” (Beatrice, 64, FG 2), though the heightened emotion created stronger meaning. They described coming out of a theatre or concert and feeling that everyone else outside had missed out.

[at the] wonderment of the artistry [and the] audience is at one in their appreciation, all just one homogenous group and it’s lovely, totally, totally uplifting...come out feeling changed (Beatrice, 64, FG 2).

...dance, music, gesture...overwhelmed me. [I was] left shredded at the end of that (Maisie, 69, FG 2).

Edward (aged 73) described attending a jazz concert rather beautifully as

like watching a painter paint, rather than going to a gallery...watching the creative process...not taking part, nonetheless still engaged with it (Edward, 73, FG 2).

Similarly, Thomas (aged 81) eloquently shared a story of a trip to London he had undertaken. He specifically went to view the “*art on the walls*” juxtaposed with visiting local churches to admire the architecture. He was alone on his trip, but the experience was

incredibly moving...amazed at the quality and range of the work, the ingenuity of people as well as creativity...uplifting...it was just an amazing day (Thomas, 81, FG 2).

The focus groups in stage one demonstrated the importance of the “*connection you have personally*” (Edward, 72, FG 2) with the particular art form or activity, and how this effects your subjective wellbeing. Edward described arts engagement as an “*individual, personal experience*”, which is closely associated with a sense of meaning. This is an essential point which highlights the need for older people to have the opportunity to participate in a variety activities, enabling them to connect with their own art-making and to “to transcend oneself, either through promoting positive social relationships or connecting to a higher power or purpose” (Schueller & Seligman, 2010, p.254).

The themes identified and explored in this thesis combine an assortment of individual experiences of art-making, in an attempt to establish a sense of collective meaning of creative engagement in later life. Re-analysis of the review findings in the focus group study highlighted a distinction between some of the perceived benefits associated with dancing, which were not so commonly associated with engagement in other art forms. This was also emphasised in the I-poem analysis which illustrated a strong link between dancing and physical and emotional benefits. Visual arts engagement on the other hand, appeared to have more of a connection for older people with the importance of developing social connections through art-making. Furthermore, as discussed above, arts and cultural engagement is a very personal, individual experience and during the focus group discussions a number of additional concepts were identified which had not been seen in the review. These supplementary themes are discussed in the section below.

9.4.7 Supplementary themes

The following section highlights some conceptions of the perceived benefits of participatory arts experience, which were not identified in the systematic review but were raised in the focus group discussions in stage one. I describe them therefore, as supplementary themes which enrich the concepts developed during the review process. These provide additional insights into the later life participatory arts experience, with interesting concepts such as *ritual* and *ikigai* being introduced. This section is followed by a short summary of barriers to participation which were raised by participants in the focus groups. Although this research initially aimed to focus on wellbeing, quality of life and cognitive outcomes associated with participatory arts engagement, the fact that participants addressed barriers warranted further investigation. These issues were therefore explored in stage two of the focus group study.

Engagement as ritual

Ritual was a concept which came up in focus group two. The group felt that there was something inherently ritualistic about arts engagement - for example, the ritual of going to see the ballet. Dissanayake (2014) described this ritualisation as:

a repertoire of possible behaviours and [...] a formalized framework of interaction that participants recognize as such and choose to conform to (p. 47).

The group described the collective nature of coming together, the spiritual experience and that art can be the ritual which brings people together. This fosters ideas of community and connectedness. This theme weaves its way seamlessly with the sub-theme of *(re)discovering and (re)connection*, which in the review was strongly associated with engagement in traditional craft-making through which older people were able to maintain traditional techniques and rituals (Tzanidaki, 2011). The focus group's discussion suggested that embedded within the concept of ritual was a sense of art as "civilizing" (Beatrice, 64, FG 2). For Beatrice, arts are a "dimension of my life I couldn't live without. I would feel...it would be unbearable" (Beatrice, 64, FG 2). Indeed, Dissanayake (2014) postulated that rituals and the arts are intrinsically linked or perhaps even synonymous.

...human ritual ceremonies resemble (or in fact *are*) what we today call the arts, dance and mime, poetic language, visual display, and music (song, drumming, instrument playing) (Dissanayake, 2014, p.48)

Moreover, the emotional expression felt through group rituals or participation in "active musical performance and dancing" can trigger release of endorphins, which can in turn lead to a sense of belonging or social bonding (Brown & Dissanayake, 2018, p.6). Whilst Dissanayake (2014) described the arts as "ordinary behaviour" (p.48), Maisie (aged, 69, FG 2) described the importance of breaking away from the norm in arts engagement, saying that "we need to be surprised, break assumptions".

For Maisie, part of the ritualistic element of participatory arts engagement is about "*seeing things differently*" (aged 69, FG 2), linking with the themes of **catalyst for curiosity** and **keeps the brain sharp**. These concepts are not necessarily mutually exclusive; there can be repetitive or ritual elements in art-making practices that help change everyday consciousness, as well as moments of revelation or catharsis. Interestingly, we can also draw parallels between ritual and levels of engagement, in relation to discussions around active making and receptive audience participation.

In traditional cultures, human rituals are highly participative and communal, blurring the standard Western distinction between creators, performers, and spectators (Brown & Dissanayake, 2018, p.7).

This insight into the Western perspective of maker and spectator creates a smooth transition into the next theme which developed from the focus group discussions in stage one, the Japanese concept of ‘Ikigai’.

Ikigai

Maisie (aged 69, FG 2) introduced me to the Japanese concept of ikigai (Figure 38)¹³. Ikigai translates as ‘reason for being’ – literally, *iki* (to live) and *gai* (reason) (Mogi, 2017). Ikigai is a concept used in everyday Japanese culture to explore ways of finding one’s purpose in life. Maisie used the concept in comparison to the figure I had produced to illustrate the themes I developed from the review. Whilst the concept can be used across various aspects of life from day to day activity to larger goals, it provides a simple connection between a variety of values and aspirations. Different aspects are interlaced together, providing a reason to get up in the morning. The synergy between the creative ageing themes I had developed and the concepts of ikigai and human flourishing was immediately enchanting to me.



Figure 38: Ikigai diagram

¹³ Figure 38: Ikigai image (2017) originally published online at <http://www.senninso.com/ikigai-生き甲斐-a-reason-for-being/>. Used with the kind permission of Shiatsu Sennin-So.

Emotion & engagement

Something which came out across the focus group sessions was the impact of *not* engaging in the arts on the individual's wellbeing. For some, not being creative had implications in terms of their emotional wellbeing (Laura & Charlie, FG 3). However, for others the emotional attachment to a particular form of engagement sometimes led to them not feeling capable of engaging. For example, for Beatrice (aged, 64, FG 2) the death of her mother, with whom she had attended classical music concerts and ballet for decades, had a large impact on her involvement. In fact, the impact was so significant that she had not attended a performance for a number of years.

While for some viewing a performance or listening to a piece of music could be powerful, emotive, and even transformative, strong emotions actually inhibited individuals from engaging at times. Beatrice, for example, *“still can't listen to classical music [and] couldn't go the ballet for years. [It was] too painful”*. She felt that other people should be aware of such a reaction and the struggle that it had been for her to get back to her love of ballet. Complications with engagement lead us onto a recurring theme which was evident throughout the review and focus groups sessions, that of barriers to participation. Barriers are discussed briefly in the following section and explored further in stage two of the focus group study. Figure 39 provides a revised model of themes following stage one focus groups, presented as a patchwork quilt and leaving blank spaces for the model to evolve and grow.



Figure 39: Revised model of themes

Barriers to participation

There was much discussion around the things which hindered people's participation in the arts. Indeed, while many people referred to the opportunities (including some creative activities) offered through the University of the Third Age (U3A), others revealed that it was a lot more expensive to participate in the Cambridge U3A than in other areas of the country. This presents a barrier for people who may not be able to afford such sessions, even if they would like to. Christopher (aged 78, FG 1) believes that focused day-care enabled people to *“go along to [their] drawing group or [their] drama group or [their] sewing group, rather than just being herded together and then just sitting there looking at each other”*. Unfortunately, these opportunities no longer currently exist.

Whilst it was not an original objective of this doctoral study to explore barriers to participation, the regularity of such concepts being expressed is certainly worthy of further investigation. If people are unable to access creative activities, venues or opportunities (for whatever reason), this is an important issue which needs to be addressed. Policy makers, researchers and practitioners need to acknowledge that such barriers exist and consider how best to resolve these to ensure that arts and culture are accessible to everyone. The key barriers to participation which people made reference to within the focus group sessions were:

- transport
- finance
- willingness / desire to participate
- emotional stability / resilience
- assumptions / perceived rituals

Although the barriers listed above issues were not explored in detail in stage one of the study, stage two provided the opportunity to re-analyse the initial findings and explore barriers to participation in more depth. I arranged a further two focus groups in different locations across Cambridgeshire in an attempt to address some of these issues with more diverse groups of people and to collect more detailed demographic information. Findings from stage two of the focus group study are discussed below following a brief discussion of findings from the three initial focus groups.

9.5 Discussion

The themes developed in the systematic review: **making and creating; connections and communities; identity; the ‘feel good’ factor; and body, mind and soul**, were used as a stimulus for discussion in stage one of the focus group study which involved three focus groups with older people. Collectively these themes encompass the variations of meaning described by participants of studies included in the review on their experiences of participating in creative writing, visual arts, theatre and dancing. The focus groups provided the opportunity to revisit the themes and explore them in contemporary settings. The five themes and associated sub-themes were considered in three focus group interview sessions with healthy adults, aged fifty and over, reflecting the inclusion criteria of the review.

Overall, participants in the focus group interviews were able to relate their own experiences to one or more of the themes. Perhaps more relevant than addressing the themes which resonated with the groups, is considering the themes which did not. Interestingly, **the ‘feel good’ factor**, which had been an extremely strong concept throughout the review was discussed the least by focus group participants. Perhaps it could be conceived that it was an implicit understanding amongst the group that participating in the arts made them feel good. Similarly, maybe the concept of *just ‘cos!* was assumed by focus group members.

However, if we look at the adjectives used by the focus group members to describe their feelings of being actively engaged creatively, they support some of the emotions included in the UCL Museum Wellbeing Measures Toolkit: such as feeling absorbed, active, cheerful, encouraged, enlightened or inspired (Thompson & Chatterjee, 2013). The toolkit was specifically developed for use to measure self-reported changes in positive wellbeing of older adults in a museum setting. However, considering the similarities with emotions expressed by participants engaged in community-based activities, the tool could be used in other contexts.

Additionally, Fancourt et al. (2019) recently validated the Emotion Regulation Strategies for Artistic Creative Activities Scale (ERS-ACA), which demonstrated that creative activities affect our emotions through three categories of regulation strategy: avoidance strategies including detachment, distraction and suppression; approach strategies such as acceptance, reappraisal and problem solving; and self-development strategies including enhanced self-

identity, self-esteem and agency. This final category or strategies relates most closely with aspects of wellbeing, including positive emotions.

Perhaps if I had acted as a more probing moderator, I could have attempted to explore the themes which did not resonate so strongly with members of the groups. However, I had decided in advance that I did not want to direct the conversation. Therefore, I left the groups to respond to concepts which resonated with their own subjective experiences of participating in the arts. Unlike some of the studies in the review, where *more fun than bingo* related to assumptions that older people were only good enough for bingo, members of the focus groups were extremely active in their own arts engagement. Thus, this concept did not relate. However, the sub-theme links directly with current creative ageing practice, in particular a recently published report entitled ‘From Bartok to Bingo!’ (Orchestras Live, 2019). The report highlights the need for creative and innovative approaches to engaging and enhancing the wellbeing of people in later life.

Another sub-theme which did not come up in any of the focus group sessions, under the concept of **identity** was *young at heart*. This may be an example of subtle nuances between participation in different arts domains, as this sub-theme was developed from experiences of older people participating in social dance. Indeed, ‘Keep Dancing’, a report on the health and wellbeing benefits of dance for older people, includes a quote from a participant who said, “Dancing makes you feel alive, almost like you’re young again...I don’t know anything else that can have that effect on you...” (BUPA, 2011, p.3). The quote came from a participant of Young @ Heart Dance, which provides dance classes for the over 50s (Young at Heart Dance, 2019). However, across the focus groups dance was not a common form of engagement, which may explain why members did not relate to this concept.

The other unanticipated finding from the focus groups was on understandings of the term ‘participatory’ arts and levels of participation. The majority of the people across the groups (particularly groups 2 and 3) engaged in more receptive levels of participation – e.g. art appreciation, attending the ballet or theatre. This allowed for some comparison between the perceived benefits of making and watching, which suggested that the effect on older people’s subjective wellbeing across varying levels of participation may be the same. Taking the example of theatre attendance, as demonstrated in the Meeks’ (2017) study in the systematic review, audience members are engaged in a *participatory* relationship with the performance.

Reason (2015) posited that “audience participation is an integral aesthetic and structural feature of the performances” which producers can play with to “invite a different, explicitly more *active*, kind of audience engagement” (p. 271). Moreover, attendance at arts and cultural events has been shown to have a positive impact on subjective wellbeing and satisfaction (Wheatley & Bickerton, 2017). Fancourt and Steptoe (2018) demonstrated that *receptive* engagement, such as going to exhibitions or live performances can benefit memory and semantic fluency, even though such activities are not inherently *productive*. This may be based on the fact that stimulating experiences can enhance brain function and therefore may protect against cognitive decline.

Therefore, perhaps we need to move away from the dichotomy between *active* versus *passive*, or *receptive* versus *productive* levels of engagement, to find more suitable definitions or categories of engagement. Interestingly, older people involved in the focus group sessions used the same language to describe their experiences of being an audience member, as they did to describe their own art-making, using words such as joyful, transformative and flow. Indeed, all audiences are in one way or another ‘active’, since they are engaged in a participatory relationship with the ‘performance’, whether it be physically walking through a museum or being provoked to interact with performers on stage (Reason, 2015).

Tymoszuk et al. (2019) have shown similar associations between long-term frequent engagement in arts activities and higher levels of life satisfaction in older adults, which have previously been associated with active engagement. Furthermore, object handling is becoming increasingly understood as a beneficial activity for promoting wellbeing and cognitive function, particularly with older people and people living with dementia. Interacting with objects engages the senses through viewing and touching and may enable new learning through a richer level of processing (Camic, Hulbert & Kimmel, 2017). Additionally, tasks and exercises may be used for stimulus alongside handling or viewing of heritage objects which allow participants to explore ideas around identity, emotions, energy levels and motivation, as well as learn more about the museum collections (Thompson et al., 2018).

In addition to exploration of the themes I had identified, the groups offered their own concepts, including a discussion around ritual in group two. The concept of civilizing rituals

was explored in relation to the ritualistic character of public art museums. Duncan (1995) viewed the art museums as a ritual site, describing rituals as “informal-looking moments of contemplation or recognition” (p.8). The contemplation of ‘high-art’ has almost religious overtones in that the sensibilities of the view might be affected through a process of ‘moral contagion’ (Hogan, 2001). However, whilst often associated with religious practices ritual can also be considered in relation to the contemplation and learning which engagement in the arts can foster. Duncan (1995) argued that ritual comprises “an element of performance” which is curated by the cultural venue, or ritual site, enacted by the visitors, or participants (p.12).

Interesting then, that these ritualistic engagements were associated with active engagement, in spite of the fact that they were discussed by the group in relation to more receptive levels of participation, e.g. attending the ballet or listening to a jazz band. There is interesting work around this topic suggesting that people can feel a sense of being part of a community through attending arts events and festivals (Duffy & Waitt, 2011). Stickley (2010) suggested that an ‘arts on prescription’ scheme had the potential to promote a sense of social and personal belonging for adults experiencing mental health problems. More recently, Vermeersch and Vandenbrouke (2014) demonstrated that participation in the arts helped to engender a sense of belonging in children living in poverty, through the social interaction with children from other backgrounds which the arts facilitated.

Understanding ritual elements of arts and cultural engagement can foster a sense of belonging which in “social groups can imbue life with meaning” (Wood, Jepson & Stadler, 2018). Indeed, it has been argued that rituals consist of behavioural practices and values which bring people together and communicate shared social meanings by interrupting “the flow of the everyday” (Islam, 2015, p.3). Moreover, Brown and Dissanayake (2018) postulated that ceremonial rituals may be considered to be “assemblages of arts behaviors and objects” (p.9). Accomplishment can stimulate kudos – a ‘cultural capital’ adding to an individual’s status; or this might apply to an individual subscribing to a particular sub-cultural aesthetic admired by particular peers and thus reaping community support for a particular stance (Bourdieu, 1991).

Whilst findings in the review focused on positive relationships, the first focus group session discussed how personal relationships could have the opposite effect, by deterring their arts engagement. This was expressed through a sense of guilt that their partner did not want to

engage (Mary, aged 70, FG 1) or could not participate (Grace, aged 83, FG 1). This may be indicative of an underlying lack of self-worth on the part of the partner wanting to participate. Ironically, participatory art making within a “supportive social environment is likely to positively affect self-worth” in people over 70 years old (Wood et al., 2018, p.1093). Indeed, Grace (aged 83) acknowledged that attending her weekly art group had helped her maintain a sense of continuity during a difficult period.

In the review, arts engagement also gave older people a renewed sense of purpose. For example, social dance provided a reason for people to get out of the house, including the opportunity to get dressed up for the occasion (Cooper, 2002). However, the ritualistic act of dressing up was not expressed in any of the focus group sessions. In fact, Beatrice (aged 64, FG 2) felt that having to get dressed up could actually put people with no experience of attending the ballet or opera off going. She added that a person’s outfit should not be a barrier, as she regularly attends in her usual denim skirt. Moreover, the concept of **leaving a legacy**, which in the review was strongly linked with art-making being **inherent in my being**, resonated with focus group members in relation to sharing artefacts they had produced with their grandchildren. As well as feeling a sense of pride in what they had created, their paintings or poems could be left as something for them to be remembered by.

The theme of **body, mind and soul** developed from experiences in a range of arts domains and levels of participation in the review. The physical nature of dancing led to obvious links with exercise. As such, *beats the heck out of jogging!* did not resonate so strongly with the focus group members, as their participation focused on other forms of arts activity. However, the other sub-themes relating to engagement, self-efficacy and wellness, were all echoed in the individual subjective experiences of people across the groups. There was also a new comprehension on the significance of the connection between healthy body and mind, including an observation that *not* participating could have a negative effect on emotion.

Throughout the literature, there was a strong connection between people’s experiences of creative engagement with cathartic and restorative properties. This was supported by focus group members’ experiences; particularly through theatre attendance, which has been described as a ‘purging experience’ dating back to Aristotle who compared the effects of theatre to cleanser for the body (Fancourt, 2017). There was also an acknowledgement of a need to adapt, in recognition of physical ageing. However, realisation of what people ‘could’

do led to a sense of enhanced self-efficacy, as seen within groups of people with mental health needs engaging in creative activities, including needlework (Reynolds, 2000; Secker et al., 2007) and with community dwelling stroke survivors (Beesley et al., 2011).

This discussion has summarised the focus group sessions which took place in stage one of the study. Sessions explored and contextualised the themes from the systematic review through conversations between groups of older people. Stage one identified both a variation of experiences and the collective subjective meaning placed on these by three groups of older people who were actively engaged in participatory arts. Whilst some of the themes from the review resonated more strongly with some older people than others, this only demonstrates that the themes should not be viewed as a checklist for achieving positive wellbeing through creative activity i.e. creative ageing is not a one size fits all solution.

9.5.2 Summary of Stage One

The first part of this chapter explored the findings from stage one of the focus group study. The focus group discussions enriched the themes I had developed from the literature, leading to the development of the supplementary concepts of **engagement as ritual, emotion and engagement** and similarities between creative ageing and the Japanese concept of **Ikigai**, meaning 'reason for being'. The development of these additional themes highlights the heterogeneity of subjective experiences of participatory arts engagement in later life. Just as there is no one element which leads to perceptions of positive wellbeing or flourishing, there is no one aspect of participatory engagement which leads to a sense of ageing creatively.

Limitations of the review and focus group study are discussed in more detail below. However, based on limitations of the demographic information collected in stage one of the focus group study, two additional sessions were arranged. The aim of stage two was to cover and incorporate the missing demographic details relating to the socio-economic status of participants and to encourage people who experience barriers to participation in the arts to take part, giving breadth to the study. I decided to run the additional sessions in different locations within Cambridgeshire, Peterborough and Wisbech respectively. In order to improve the recruitment process, I collaborated with local community organisations working directly with some of the more 'hard-to-reach' communities, a technique which aims to support researchers access groups who may not usually participate in research (Bonevski et

al., 2014). The second section of this chapter presents the findings from stage two of the focus group study and limitations discussed in the subsequent section.

9.6 Focus Group Findings (Stage Two)

I conducted two additional focus group sessions in September 2019 to address limitations identified in stage one, as discussed in detail below. The focus group sessions in stage two involved eleven participants in total and were held at Peterborough Council for Voluntary Service (n=3) and the Oasis Community Centre in Wisbech (n=8). The following section provides details on the characteristics of participants and their arts engagement, followed by a comparison with participant characteristics from stage one. This is followed by a brief exploration around understandings of creative ageing and participatory arts. After this, discussions around participants own experiences of arts engagement in relation to the themes identified in the systematic review and stage one of the focus group study are presented.

9.6.1 Participant characteristics

As seen in stage one, some participants in each group already knew each other. The Peterborough session (FG 4) had three participants which included a couple, whilst the session in Wisbech (FG 5) was comprised of a couple, plus several participants who all knew each other through the local University of the Third Age (U3A) group. There were two participants in group five who knew no-one else. One participant from each group was unable to attend the session, giving an overall attendance rate of 85%. The participant from the Wisbech session did not provide a reason, whereas the participant from Peterborough was unable to attend because she had a Universal Credit appointment which she was unable to change. Data from the two participants who were unable to attend are included.

Demographic data were collected and are presented in the tables below: Peterborough, FG 4 (Table 50) and Wisbech, FG 5 (Table 51). In addition to basic demographic data including age, gender and ethnic background, additional socio-economic data was collected on (previous) occupation and highest level of education completed. Participants ages ranged from 55 – 75 years old (mean = 68.18, median = 72), compared with a range of 50 – 83 years old in stage one (mean = 71.45, median = 73) and 50 – 96 in the review. The ratio of gender was the same as the participants across studies in the review, with 73% female and 27%

male, compared to a slightly higher percentage of male participants in stage one (36%). In stage one 45% of participants were retired, compared to 81.8% in stage two, in spite of the similar age range represented across the two stages. Table 52 provides a summary of participant demographics across stages one and two of the focus group study.

Pseudonym	Age	Gender	Ethnicity	Life stage	Previous / current occupation	Education level
Irene	72	F	White British	Retired	Library Officer	College (post 16)
Charles	73	M	White British	Retired	Civil Service Administrator (low grade)	Secondary School
Keith	57	M	White British	Part-time employment	Programme Manager	Bachelor's Degree

Table 50: Group 4 participant demographics

Pseudonym	Age	Gender	Ethnicity	Life stage	Previous / current occupation	Education level
Ellen	62	F	White British	Retired	Registered General Nurse	Bachelor's degree
Wendy	72	F	White British	Retired	Farmer	Post-Graduate
Jemima	66	F	White British	Retired	Pastoral Manager	College (post 16)
Bruce	75	M	White British	Retired	Local Government Officer	Post-Graduate
Sandra	73	F	White British	Retired	Teacher	College (post 16)
Patricia	74	F	White British	Retired	Legal Secretary	Secondary School
Jasmine	71	F	White British	Retired	Cleaner	Secondary School
Holly	55	F	White British	Full-time employment	Community Centre Manager	College (post 16) Professional qualification

Table 51: Group 5 participant demographics

Focus Group	Male	Female	Age range	Mean	Median
Stage 1	36%	64%	50 - 83	71.45	73
Stage 2	27%	73%	55 - 75	68.18	72
Overall	33%	67%	50 - 83	70.36	72

Table 52: Participant demographics summary

Socio-economic status was captured by collecting the highest level of education completed and current or most recent job role for each participant. Three participants completed education to GCSE level (or equivalent), four attended college post-16 years old, two had completed bachelor's degrees and two had achieved post-graduate qualifications. This indicates that 72.7% of participants had completed education to a level beyond secondary school. Participants who had not continued education beyond this level (n=3) had worked as a legal secretary, cleaner and civil service administrator. Irene (aged 72, FG 4) left school at

15 years old and then attended secretarial college where she had learnt short-hand and typing. The other two participants had worked in more manual roles, but with differing levels of education. Wendy (aged 72, FG 5) worked as a farmer and had achieved a post-graduate degree, whilst Jasmine (aged 71, FG 5) had left school at 16 years old and worked as a cleaner. Sandra (aged 73, FG 5) had completed college after secondary school and subsequently worked as a teacher, which would now require completion of both undergraduate and postgraduate training. Within the focus group discussions, no differences were observed in relation to an individual's level of education or type of employment, level of creative engagement or perceived benefit from participating.

Fancourt and Steptoe (2019) found that although people from higher socio-economic backgrounds tend to engage in the arts and culture more frequently, the relationship between cultural engagement and mental health does not appear to be different across different socio-economic backgrounds. However, the report concluded that socio-economic status may still be “an important determinant of the salutogenic impact of culture” (p.5), i.e. the association between wellbeing and cultural engagement may be explained to some extent by socio-economic status. Moreover, Fancourt and Steptoe (2019) posited that if cultural engagement contributes to an individual's health capital and literacy i.e. a person's capacity to understand and engage with health services, then different levels of engagement amongst different socio-economic groups may consolidate mental health inequalities. However, within the focus groups in stage two factors such as lack of transport or relationship status appeared to create more significant barriers to participation than their socio-economic background, as discussed below.

All participants in stage two identified as White British, compared with 90% in stage one. In spite of collaborations with local community partners aiming to engage people from different ethnic backgrounds, I was unable to recruit any non-White British participants in stage two. Research has shown whilst it is important to encourage all ethnic and cultural groups to participate in health research, “minority ethnic groups are [more] willing to participate in research if the study has direct relevance to them and their community” (Redwood & Gill, 2013, p.342). Moreover, extensive engagement with communities to build relationships is necessary if researchers wish to recruit participants from minority ethnic communities. In reality, this makes the research process more resource intensive when engaging with particular community and socially disadvantaged groups and requires appropriate levels of

support from research institutions and funding bodies (Bonevski et al., 2014; Redwood & Gill, 2013).

9.6.2 Systematic review demography

No demographic information apart from age and gender was analysed within the systematic review as the type of data collected was not consistent. However, considering the additional demographic details collected in stage two of the focus group study, I re-visited demographic information reported in the included studies to see whether this concurred with the demography of participants in stage two. However, reporting of demographic information was sporadic across the corpus of studies, with almost a third of studies (27%) only reporting on age and gender, two of which were studies with women only.

Almost half of the studies referred to the level of education of participants (46%), though the level of detail was limited. In studies which included control group(s) there were no significant differences between groups. Almost a third of studies (30%) made reference to the employment status of participants, but on the whole no data were included. Just under a third of studies (27%) included information on marital status and two studies included details on living situation. However, no discussion or analysis was included. A third of studies (33.3%) referred to the ethnicity of the participants, with an overwhelming majority of participants being reported as Caucasian, European American, White or White British. Within the studies which included ethnicity / race in their demographic information, only three studies included any details on the different ethnic backgrounds of the non-white participants, other than stating the percentage of white / Caucasian participants.

The lack of analysis of demography of participants within the studies included in the review raises questions regarding the purpose or relevance of collecting such data from participants, other than demonstrating the diversity of participants, or lack of, included in the study. For studies with a control group demographics were used only to ensure groups were comparable. Moreover, the original aim of this thesis was to consider participatory arts engagement amongst a demographic segment of society, e.g. older people. It was not the intention to recruit a representative sample for the focus group study. However, limitations of the lack of diversity are acknowledged and discussed further below. The following section reports on

discussions around art form and levels of participatory engagement amongst the participants in stage two of the focus group study.

9.6.3 Characteristics of creative engagement

Participants were asked to provide details on the art forms they had engaged in, both actively in a group (Figure 40), at home (Figure 41) and through attendance at arts events (Figure 42). The most common group activities mirrored those of participants in stage one – craft and being part of a choir. Similarly, the most popular activities that people engaged in at home were photography and craft in both stages of the study, with craft representing the most common home-based creative activity. Interestingly, in Age UK’s (2018a) research into creative and cultural activities and wellbeing in later life, craft was included as a category of creative engagement in its own right, with 46% of women and 25% of men aged 60+ reporting their participation in craft-based activities.

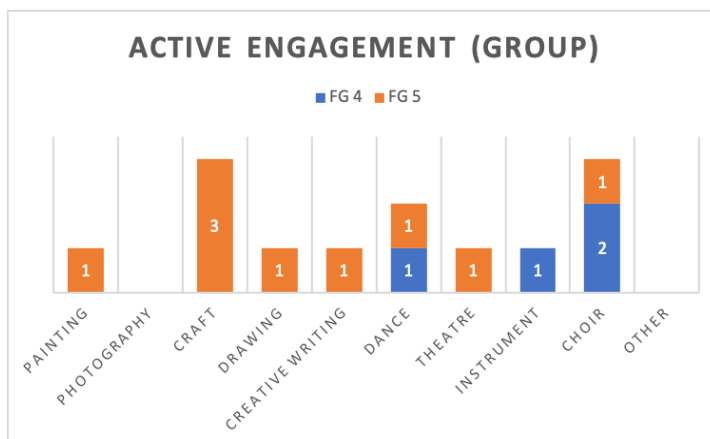


Figure 40: Active engagement (group)

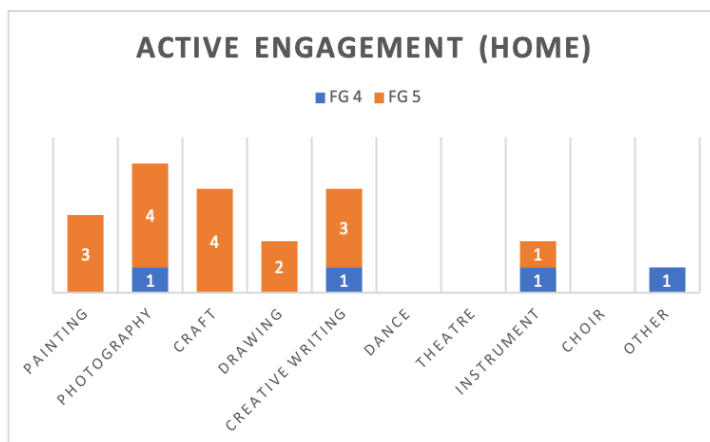


Figure 41: Active engagement (home)

In terms of audience participation or attendance, visiting an art gallery or exhibition was the most common activity in both stages, equal to attending a play in stage two. This is in accordance with Age UK (2018a) who reported that 42% older people listed visiting a museum as an activity they engaged in, with 41% attending plays. Baking and gardening were included as other active activities by participants in both stages of the focus group study, with cinema being included as a more receptive activity for two participants (one in each stage). Interestingly, Age UK’s report showed that 38% of older people included going to see a film at a cinema or other venue as one of the activities they participated in. Moreover, though not traditionally included in definitions of the arts, gardening and baking are increasingly included in broader categories of creative engagement (APPG, 2017).

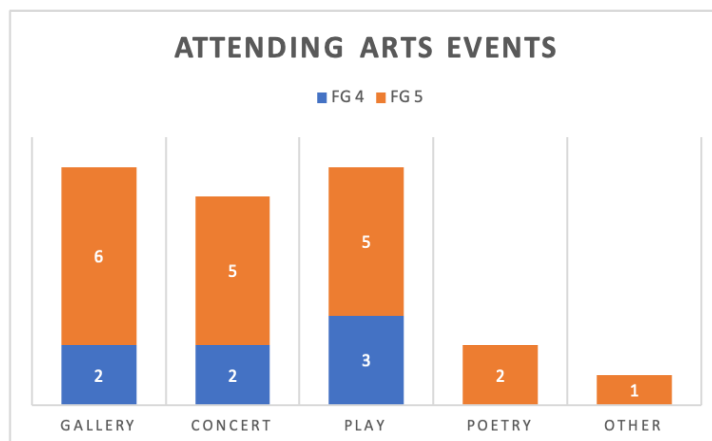


Figure 42: Attending arts events

When grouped into the broad categories explored in the systematic review (visual arts, creative writing, dance and theatre), it is clear to see an overwhelming appetite for engagement in visual arts activities throughout the focus group studies (Figure 43). This supports Age UK (2018a) who reported that 71% of older people participated in the visual and performing arts (excluding music, which was included in a separate category in the report). Furthermore, 45 % of focus group participants reported engagement in the visual arts (Figure 44). This is compared with 55% of studies included in the review investigating participation in dance (Figure 45), indicating a clear disconnect between research focus and everyday creative engagement. Indeed, dance was the least popular art form for focus group participants, with only 3% of participants reporting to have engaged in dance recently. Similarly, dance was the least popular art form reported by Age UK (2018a), with only 20% of older people engaging in dance activities, and only 12% actively participating in dance.

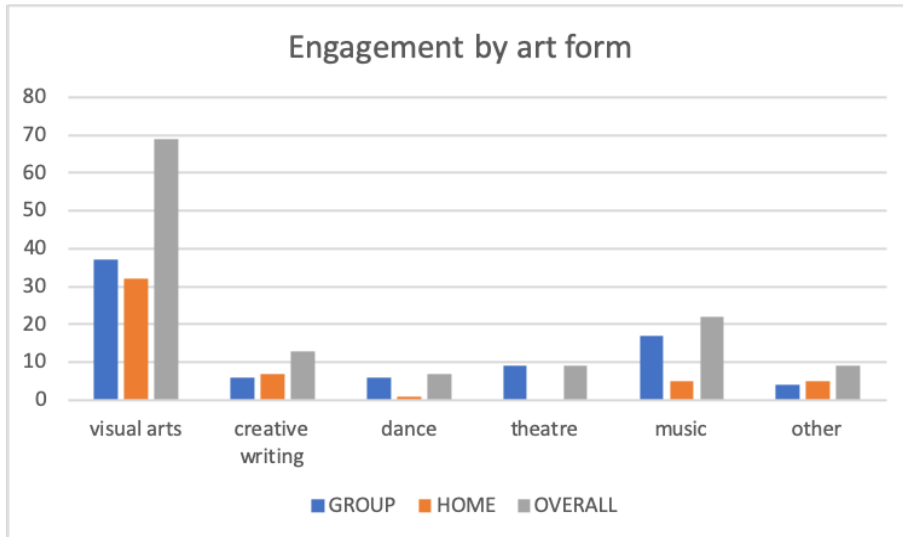


Figure 43: Focus group engagement (by art form)

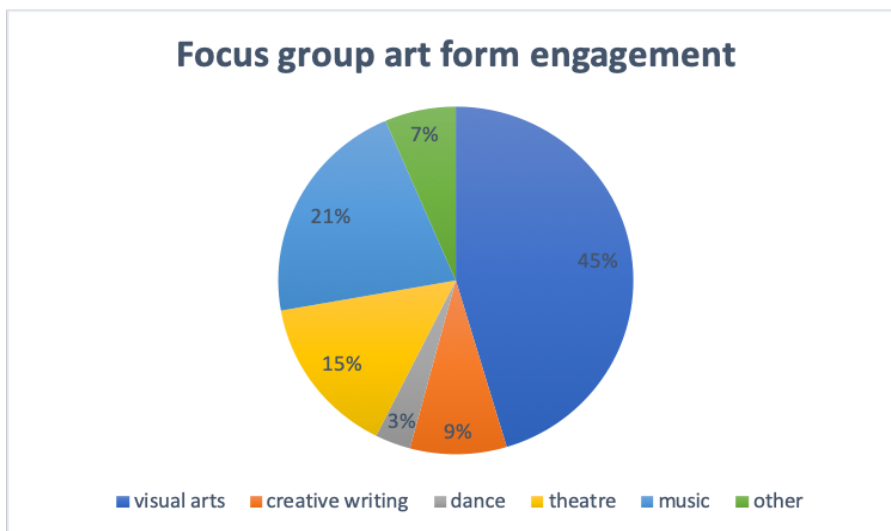


Figure 44: Focus group art form engagement (percentages)

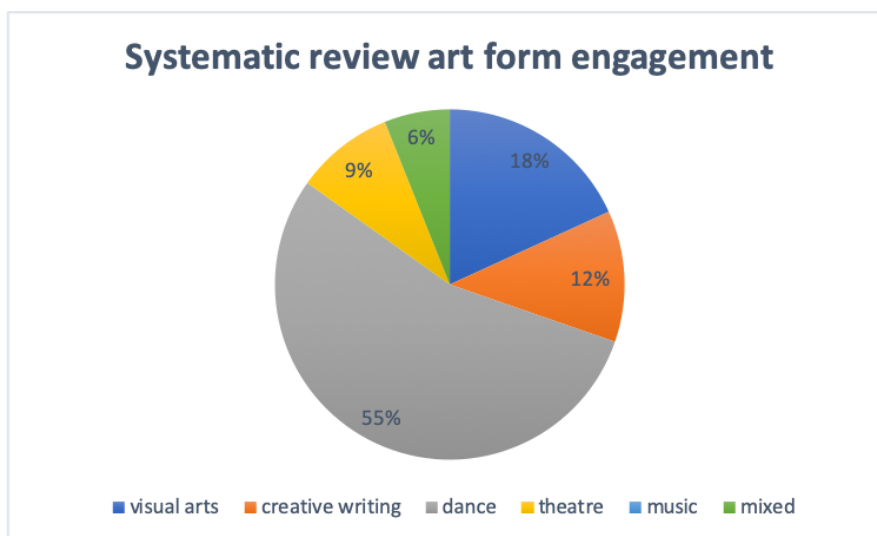


Figure 45: Systematic review art form engagement (percentages)

9.6.4 Exploring the creative ageing lexicon

As was seen in stage one, participants in the second stage had mixed ideas around the concepts of creative ageing and what ‘participatory’ meant to them. Amongst the participants, there was certainly something significant about having the opportunity to try new things. For the male participants, creative ageing seemed to be about “*developing new interests*” Charles (aged 73, FG 4) and “*For me it would be learning new things that I didn’t know before...*” (Bruce, aged 75, FG 5). Similarly, Keith (aged 57) described the opportunity afforded in later life to explore new interests:

I would hope it would be about having opportunities to do new things that you never had the time for when you were busy, either at work or bring up the family and those kind[s] of things. I think that people do have lots of latent possibilities that maybe they, for whatever reason, miss out on earlier in life (Keith, aged 57, FG 4).

By contrast, Irene’s (aged 72, FG 4) engagement had remained relatively consistent throughout her life, though she had not previously considered her participation from a conceptual perspective - “*Creative ageing? I’ve never heard that expression before!*”

I’ve never stopped! I started singing when I was 9, on the doctor’s instructions because I had, what would now be called asthma, but was in the 1950s called breathing troubles. And I’ve never stopped! (Irene, aged 72, FG 4).

For the women in the final group, there was more of a sense of creative ageing being associated with activities such as craft, but also with other ‘creative’ pursuits: “*I mean, I like cooking, I like gardening. Is that creative ageing?*” (Sandra, aged 73, FG 5). As with participants in stage one, creative ageing was seen very much as being a personal concept “*I think it’s what you make of it. Because we’re all doing different things*” (Wendy, aged 72, FG 5). Creative ageing certainly isn’t about simply “*filling your time*” (Sandra, aged 73).

I think when I first heard the term creative ageing, my reaction was, oh my God, it’s going to be one of those things with lots of little old ladies with plastic maracas playing music and sticking things on bits of paper! But when I stopped and thought about it, no, it’s a whole lot more than that. But that was my initial reaction, you

know, that you are pigeon-holed into this idea of sitting around, you know, not being...not very much expected of you (Jemima, aged 66, FG 5).

Jemima's response resonated with the sub-theme of *more fun than bingo!* While the idea of filling your time seemed abhorrent to Patricia (aged 74) for whom keeping fit was absolutely her main focus - "*Keeping fit I think more than anything, your brain and your body, which is what we're doing all the time*". Patricia referred to keeping fit on several occasions when considering her attitude towards ageing and her own creativity.

I think you've got to keep yourself fit. Active all the time, because I'm 74 now and I'm determined I'm not going to pack my tennis up, I'm not going to pack my flamenco dancing up, learning plays...got some pictures by the way! (Patricia, aged 74, FG 5).

This comparison with other, less active and engaged family members and friends, was also picked up by Bruce (aged 75) who raised an interesting question, what is the *opposite* of creative ageing?

... there are two people I know who are in their early 90s, um, one of them is my uncle [...] and another one is a work colleague that I worked with 50 years ago, I think and they are, in a the nicest possible way, role models for how you don't want to end up, because they have lost a lot of mobility, but they haven't lost a lot of cognitive powers (Bruce, aged 75, FG 5).

Throughout the discussions around creative ageing and participants' own experiences of engaging creatively, there was a lot of focus around transitional periods in one's life, such as retirement and being widowed. These ideas are discussed in more detail in the theme of 'transitions of ageing' below.

9.6.5 Participatory arts

In stage one of the focus group study, participants in group three discussed levels of engagement, whether participatory meant the same as *doing*, and if participatory *had* to mean being creative in a group. These ideas were raised again in group five, including discussions

around process, product and varying levels of participation, both alone and in a group. As in stage one, the question around solitary creative activities versus group activities seemed to be based on personal opinion. What seemed to be more important for participants in stage two was the idea of *doing* or *making* something i.e. ‘active’ participation. By contrast, more ‘receptive’ levels of participation such as audience involvement and arts appreciation were considered to be participatory in stage one.

For participatory, do you have to participate as a member of a group? Because that’s not quite the same as doing something creative on your own account, that nobody ever sees, is it? Different things. How should we interpret it? Or is there no correct answer to that? (Bruce, aged 75, FG 5). I was just going to say, I don’t think that applies Bruce. I think you can do it on your own... (Ellen, aged 62, FG 5).

Something that we are involved in a creative pursuit with an end product really. To take part for me [...] so you’re involved in it rather than just having a transmission of information to you (Wendy, aged 72, FG 5).

The idea of involvement was also picked up by Ellen, who felt that for an activity to be participatory it had to include an *active* element of engagement.

Rather than being a passive observer, it’s an activity, whether it’s a mental activity, or physical, or both. You are being active when you do it. (Ellen, aged 62, FG 5).

That would be arts where you are doing something rather than just being a spectator (Keith, aged 57, FG 4).

For these older people, it seemed to be the active involvement that was important, rather than the actual activity itself, which could be jewellery making, knitting, crochet or more physically involved activities such as dancing. Interestingly, Patricia (aged 74, FG 5) believed that her upbringing had impacted on her own approach to participating in the arts. She described how growing up on a farm, her father had given her comic books and had told her ghost stories which had fuelled her imagination and creativity. Additionally, Jemima (aged 66) considered an alternative perspective on participation:

I wonder if participation can also be done as, not somebody necessarily joining a group, but supporting a group...you know, you can participate at different levels and um, you know, participation is not always an easy thing to do, as I say, making that first step into (Jemima, aged 66, FG 5).

Intriguingly, the shift in focus from participant to supporter was also raised in group four, by Charles and Keith, both of whom run creative sessions to support and encourage other people to participate. This concept resounds with some of the community ‘do-ers’ in group one, who encouraged ‘older’ people to get involved in creative activities and is explored in more detail in the section on facilitators to participation below.

9.7 Exploration of themes

In stage two of the focus group study, participants sometimes took literal meaning from the themes developed in the review and stage one. Indeed, the manner in which they explored their own *creative* ageing was intrinsically linked with their general sense of ageing and transitional periods of later life. For example, the concept of **identity** was explored in relation to retirement and they did not naturally associate their creative engagement with their changing identities in the same way as was seen in the review or the focus group discussions in stage one (Maidment, 2009; Tzanidaki, 2011). However, many of their comments did relate to the themes developed in the systematic review, even if participants did not make conscious associations. The exploration of themes presented below provides associations which support and extend upon findings from the review and stage one, through a re-analysis of the initial findings.

9.7.1 Making and creating

Within the review and stage one, **making and creating** was strongly linked to a sense of achievement and perseverance, associated with Seligman’s (2011) wellbeing concepts of engagement, meaning and accomplishment. Keith (aged 57, FG 4), made a distinction between two aspects of wellbeing involved in creativity, described by Tzanidaki (2011) as *Personal Satisfaction through art making* and *Making Social Connections through art making*.

...so the satisfaction you would get from [painting] would be feeling that you'd created something worthwhile, err, and that you're expressing something, you know, important to you (Keith, aged 57, FG 4).

Whilst Keith realised that art-making can lead to enhanced subjective wellbeing, he does not associate his own creative writing (which he does at home) with wellbeing. Moreover, whilst Charles (aged 73, FG 4) saw himself as a creative facilitator supporting other people's engagement, he felt a different sense of achievement when at home making music by himself, for himself. These observations are interesting as they highlight a lack of association between scientific measurements of the effects of participatory arts engagement and participants' descriptions of their own everyday creative experiences. Though inherently participants knew that their art-making had an impact on their wellbeing, they did not naturally make this connection through the language they used to describe their experiences.

Members of stage two described the sense of achievement and pride they felt in producing something – *accomplishment and grit*. Charles (aged 73, FG 4) had taught himself to play the ukulele and recognised the need for determination and practice, something that retirement had afforded him the time to do. Similarly, engagement in craft brought Jemima a genuine sense of achievement.

...that has given me the change to do, you know, something arty! And actually, when you produce something that's vaguely recognisable, it's great! You know, it's a real achievement! (Jemima, aged 66, FG 5).

However, the validation from others described by participants in stage one was not expressed by participants in stage two, where the emphasis was much more intrapersonal. For Irene (aged 72, FG 4) for example, participating in a choir or musical association was strongly linked with a sense of determination or *grit* and also associated with **the 'feel good' factor**.

...you've gotta work hard. If you're going to be doing concerts especially. You've gotta work hard, but it's enjoyable. You don't do it if you don't enjoy it. It's enjoyable, it's fun... (Irene, aged 72, FG 4).

The sub-theme of *absorption, expression and imagination* resonated with Jasmine (aged 71, FG 5) who told the group at the beginning of the session that she was not confident in speaking. However, once she had started describing her own engagement she immediately opened up and quickly showed everyone a range of her artwork, demonstrating an obvious sense of pride.

Sometimes do painting or draw. Occasional drawing. I just can switch off and forget about all the problems and everything else going on around me. I can just lose myself in it. I think actually it brings some thinking [...] yeah, it helps (Jasmine, aged 71, FG 5).

Jasmine's face lit up as she explained the techniques she had used, ranging from acrylics to water colour, sand art to scratch art (using a sharp object to scratch off a layer of ink to reveal a shiny, coloured surface below). It was the "*invitation to imagine*" described in the review by Meeks (2017, p.9) which resonated most strongly with Patricia (aged 74, FG 5). She spoke at length about her upbringing and the time her father spent with her telling her stories and introducing her to comic books, which led to her developing a "*terrific imagination*". The sub-theme *catalyst for curiosity* was not evident in stage two, unlike stage one where there was strong connection with being challenged and experimenting with new creative capabilities.

9.7.2 Connections and communities

Whilst many comments were made regarding **connections and communities** and the role of the arts in bringing people together, experiences were firmly rooted in community building, as discussed in the initial findings (Douglas, Georgiou & Westbrook, 2017; Levasseur et al., 2010).

...kind of communal endeavours. And it's about building a community, um, so, ha!
That's what I'm doing, that's very communal... (Keith, aged 57, FG 4).

Overall, no significant additions to the theme of **connections and communities** were revealed through stage two discussions and therefore no extensive discussion is provided. However, the sub-theme of *renewed sense of purpose* has been extended to include a sense of agency – *renewed sense of purpose and agency*. Within the review, the concept was linked

with the idea which Maidment (2009) described as *craft with a purpose*, relating to civic participation and contributing to society. Whilst participants in stage one discussed their engagement in supporting local activity, participants in stage two described how their involvement in supporting their communities, brought a sense of agency and purpose.

I don't worry about my [own] wellbeing, you know. I'm doing things which I feel need to be done or saying things that I feel need to be said (Keith, aged 57, FG 4).

Whilst Keith did not consider his community role in relation to his own wellbeing, he recognised this activity as his creative outlet and brought a sense of purpose.

Um, so I'm an organiser. I'm designing the posters [...] I spend the day before baking so that there's a café, um, so, it's not about kind of being sort of absorbed in some creative activity. Um, but yeah you know, I tremendously enjoy it. (Keith, aged 57, FG 4).

Similarly, Charles referred to himself as "*the entry*", which changed the focus from his own personal engagement and sense of wellbeing felt through art-making, onto being a facilitator who encouraged others. Just as Keith derived benefit from supporting others and not focusing on his own personal wellbeing, Charles also recognised that he gets a sense of satisfaction from helping others. However, he did realise that this has implications on his own level of creative engagement "*perhaps that nullifies one of two of the other feelings*" (Charles, aged 73, FG 4).

6.7.3 Identity

The concept of **identity** resonated most strongly with Ellen (aged 62, FG 5) who described how her identity had been "*wrapped around*" her work. Previously when people asked who she was, she would reply with her work title. However, since retiring she had had to rethink her identity through creative endeavours, linking with the sub-theme of *(re)discovery and (re)connection*. For Bruce (aged 75, FG 5) retirement had been about "*making up for lost time*", relating to the sub-theme of *renewed sense of purpose*. The sub-themes of *young at heart, inherent in my being* and *leaving a legacy* did not appear in stage two discussions.

You've got to find a slightly new identity in a way. And, it's by, I guess joining groups and particularly because my interest is in art not science [...] doing more of that is how I'm hopefully forging, really a new identity (Ellen, aged 62, FG 5).

9.7.4 The 'feel good' factor

The positive emotion felt through art-making resonated across the groups in stage two, but was intrinsically linked with other themes of **body, mind and soul** and **connections and communities**.

Um, the 'feel good' factor's a really important one for me in that, I mean, it can be on all sorts of different levels [...] you know, doing the um, piece of artwork or something is an immediate bonus for me. But, actually meeting other people and getting to know new people with new ideas, and new interests, makes me feel good (Jemima, aged 66, FG 5).

Jemima recognised the impact of her own engagement in various activities both physically and emotionally, though was aware that different activities on different days were beneficial for her.

Um, sometimes taking part in something to do with the community is really important and feels very creative. And, err, another time it could be an emotional thing. I mean, it's an infinitely variable thing, creativity I think (Jemima, aged 66, FG 5).

By contrast, participants in group four felt that often too much focus is placed on associations between participatory arts and wellbeing.

I need to feel better in my life and if I do this...if your reason for doing something isn't like intrinsic to, you know, just really wanting to do that thing. You're just never going to enjoy it enough and be prepared to [put the effort in] (Keith, aged 57, FG 4).

Irene (aged 72, FG 4) described her engagement as making her feel good, whether "*you're going to the theatre or to see a film, or a play*". She had recently started going to the cinema in the daytime when the local 'silver cinema' for older people had started up.

...it's only £3 at the [local cinema] and you get a cup of tea and a biscuit! And um, so um, yeah, it's about enjoying yourself. Lifting yourself up out of yourself. Making you feel good. Making you feel happy, instead of going ohhhhh, you know, there's nothing to do! (Irene, aged 72, FG 4).

Participants in stage two felt strongly that, “*you've got to WANT to do something*” (Irene, aged 72) and if you do not want to do it, you will not gain any benefit from participating. This relates back to the understanding that participatory arts engagement is not a one size fits all solution to improving wellbeing and is explored further in the section on **barriers to participation** below.

9.7.5 Body, mind and soul

This theme resonated across the groups in stage two, but in group five the conversation led into a discussion around spirituality and religion. This led to a new iteration of **engagement as ritual**, as **spiritual resonance: engagement as ritual** and is discussed further in the section below. Wendy (aged 72) raise an interesting point around the Western ordering of **body, mind and soul**, which in Eastern Cultures would focus much more on the spirit.

...the soul or the spirit would come before body and mind, because we would be nurturing our soul or our spirit [through our creative engagement], rather than body and mind first (Wendy, aged 72, FG 5).

Interestingly, Charles (aged 73, FG 4) described a visit to China to see their son and daughter-in-law, where they stayed in a small village and observed the whole village coming out every evening to the village square to dance together. “*There's a little tai chi, absolutely lovely!*”.

You'd often see people in the morning, especially older people like us on, err you know, if there was a green strip in the middle of the road they'd be out there doing their tai chi...it's good for balance (Irene, aged 72, FG 4).

Discussion around non-western cultural practice was an interesting addition, which expanded consideration of the Japanese concept of **Ikigai** in stage one. These are significant and

relevant contributions as creative ageing researchers and practitioners increasingly consider what we can learn from the “world’s first super-ageing society and its approach to the arts” (Cutler, 2015, p.1). There was also a realisation that changing abilities meant that adjustments to people’s level of participation were necessary, however this certainly should not, and did not, impede their engagement – *realising and celebrating ability*.

...but mostly for me it’s music I’ve ended up with. I think it’s mostly cos you can sit down whilst you’re doing it! (Charles, aged 73, FG 4).

Whilst Irene (aged 72) initially could not see any resonance with the concept of **making and creating**, she had clearly been creatively engaged throughout her life. Perhaps it was that Irene’s engagement had changed over the years, though she was adamant that she was not ‘creative’. This was also common amongst participants in group one in the first stage of the study, who overall did not see themselves as creative.

I used to make pillow lace, but I haven’t done that for donkey’s years because my eyes aren’t as good as they used to be, and it can be quite tricky to concentrate. I’m not a creative person in that respect! (Irene, aged 72, FG 4).

9.7.6 Supplementary themes

In stage one of the focus group study I developed three supplementary themes which had not developed from the review: **engagement as ritual**, **emotion and engagement** and **Ikigai**. Interestingly, the concept of **emotion and engagement** initially related to overcoming emotions following non-engagement, whilst in stage two these emotions were much more strongly associated with barriers to participation. The concept of **Ikigai** did not seem to resonate at all with participants in stage two, perhaps due in part to their lack of knowledge on it. By contrast, **engagement as ritual** was discussed in depth by participants in stage two in relation to spirituality, leading to an iteration of this theme to **spiritual resonance: engagement as ritual**. Moreover, an additional concept around **transitions of ageing**, which incorporates sub-themes of *crafting a new future* and *cross-generational creativity* was developed in stage two. These additional concepts are discussed below, after a presentation of the extended theme of **spiritual resonance: engagement as ritual**. The final section of this chapter presents an exploration of barriers and facilitators to participation.

9.8 Spiritual resonance: engagement as ritual

Rituals, through their characteristic operations, create and reinforce emotionally-satisfying and psychologically-necessary feelings of mutuality and intimacy with other people, as well as a sense of belonging to a group (Brown & Dissanayake, 2018, p.8).

The concept of **spiritual resonance** developed as an iteration of the theme **engagement as ritual** which was identified in stage one and evolved following discussions in the final group session. Although participants in group two had touched on the collective, spiritual nature of participatory arts engagement, Wendy (aged 72, FG 5) described how the spiritual dimension of **body, mind and soul** which was much more central to people's lives in the past, allowed people to distance themselves from their art. The idea of spirituality and ritual also resonated with Bruce (aged 75, FG 5), a committed atheist who was totally bemused by the emotional impact he feels on hearing some hymns.

So, somebody like you [Jemima], who maybe is nervous about trying some art, you wouldn't have felt so nervous in the past, because people believed that whatever you did was from the spirit and so [...] you could distance yourself (Wendy, aged 72, FG 5).

Yet, there's a couple of hymns that emotionally polax me. Why is that? Has this got anything to do with body, mind and soul? (Bruce, aged 75, FG 5).

This response supports the belief that participation in the arts can "nourish people's spiritual side and improve their wellbeing" (Brown & Dissanayake, 2018, p.9), indicating a clear link between **body, mind and soul** and the sub-theme of *(re)discovery and (re)connection*. Holly (aged 55, FG 5) suggested such a response could be due to the fact that hymns are "*quite invigorating, but they also touch on things that trigger memories*", whilst Jemima (aged 66, FG 5), also an atheist, described a physical presence or response to music.

It doesn't matter if it's a background to a hymn, or a rock piece, or whatever, jazz... I think sometimes it can be a very physical, the reaction [...] Oh gosh yes, it's the tingling spine element (Jemima, aged 66, FG 5).

...but sometimes a hymn can do that to me. I'm thinking, this is stupid. I don't actually believe in you mate! (Bruce, aged 75, FG 5).

Brown and Dissanayake (2018) postulated that whilst the arts can provide a sense of transcendence, this spiritual resonance “can be as simple as drawing the being's attention to oneself” (p.7). Such a response links with Dissanayake's (1988, 2009) concept of ‘artification’ (or ‘making special’) which sees arts behaviours within religious ceremonial rituals as ways of making an occasion special and distinct from everyday social interactions. Indeed, for Jemima (aged 66, FG 5) arts participation is an “*all-encompassing thing*” which cannot be separated: i.e. the physical, spiritual and emotional responses are intertwined, relating back directly to the concept of **body, soul and mind**.

I mean, even if you're physically not very able, that, perhaps painting a picture or singing a song can be physically enlivening, you know, even if you can't move your legs say. It can inspire you to do other things, other levels. It's a physical excitement almost. (Jemima, aged 66, FG 5).

Lastly, Patricia (aged 74) created a beautiful metaphor of singing as painting.

I find singing is like, you're painting a picture actually aren't you with your singing? As you sing those words you can see the picture. Some people laugh sometimes at [local singing group]. I say, I can see a picture as we're singing this song...you can, every single word (Patricia, aged 74, FG 5).

Interestingly, the interaction between music and the visual arts is not an uncommon occurrence in everyday arts and cultural engagement, with background music being played in exhibition spaces or as an accompaniment to performance, and paintings or sculptures which represent musicians. Brown and Dissanayake (2018) described paintings as their own syntheses of the arts “integrating form, color, spatial organization, texture...” and so on (p.5). However, they also suggested that the ‘total work of art’ is not necessarily a synthesis of different art forms but can be “a form of mass spectacle that engenders total immersion, social collectivity, and even spiritual redemption” (p.2). Thus, the theme of **spiritual resonance: engagement as ritual** is inherently interwoven with the concepts of **connections**

and communities and **body, mind and soul**. The following section introduces the supplementary theme of **transitions of ageing**

9.9 Transitions of ageing

Throughout stage two, subtle nuances between themes appeared which I have drawn together in the concept of **transitions of ageing**. Whilst the sub-theme of *(re)discovery and (re)connection* is intrinsically connected with these transitional periods, an increased focus on post-retirement life in stage two of the study warranted particular focus. The fact that 81.8% of participants in stage two were retired may account for the increased focus. The following section presents a discussion of the related sub-themes: *crafting a new future*, *creative resilience* and *cross-generational creativity*.

9.9.1 Crafting a new future

Distinctions between *(re)discovery and (re)connection*, *creative pick me up*, *crafting a new future* and *creative resilience* are subtle. *(Re)discovery and (re)connection* comes under the theme of **identity**, while *creative pick me up* relates to in the moment pleasure, though both of which incorporated the support gained through creative engagement during difficult times. However, *crafting a new future* relates more to a longer-term change in circumstances and how participatory arts engagement might be part of that.

... it's about creating a new future for myself, having retired, and exploring lots of different things and meeting lots of new people that I couldn't do when I was at work. (Jemima, aged 66, FG 5).

In addition to the addition time afforded in retirement, there was a sense of freedom attributed to no longer being at work and having to report to someone leading to an opportunity to express one's creativity.

...it's also quite liberating being older, isn't it? In the sense that you shouldn't really feel that worried about things because you don't need to keep a job. If you make a complete fool of yourself doing something, so what?! You know! So, no-one's going to sack you, or give you a bad appraisal, are they? (Wendy, aged 72, FG 5).

9.9.2 Creative resilience

In the examples above, the freedom of retirement seemed to unleash people's creativity, almost giving people the permission to experiment and play. However, in the last session, for Wendy (aged 72) and Jasmine (aged 71) being widowed had played a significant role in their need to adapt and create a new life for themselves, on their own. Adversity in older age has been defined by functional limitations, e.g. ill health, change in living circumstances or experience of a negative life event. Thus, *creative resilience* relates to looking ahead to adapt a new life, with the focus on building resilience rather than changing identity (Goulding, 2018). For Wendy, adjusting to life as a widow had been combined with moving back to live in the UK, having lived for years in Australia with her husband.

...50% of us will be widowed and at that point in your life you have to be incredibly creative to survive. Because you've built a life where you're just half of a partnership and then suddenly that life is no longer sustainable. And you have to find a creative way to continue (Wendy, aged 72, FG 5).

I do it when I get down, and when I get bored. I live on my own now, so I find it very, really lonely sometimes. Yeah, when you're part of a couple and suddenly you find you're not. You're on your own...it's very hard... (Jasmine, aged 71, FG 5).

Similarly, Jasmine had only really started to engage creatively following the death of her husband. For her, creativity helped to reduce her feelings of loneliness and develop the resources she needed cope with life on her own. Whilst Wendy and Jasmine were two very different people, particularly in relation to their levels of confidence and self-belief, the shared experience of being widowed brought an instant connection between them. In fact, after the session they exchanged numbers so that Jasmine could potentially get involved with a widow group which Wendy had established.

Crafting a new future and *creative resilience* are intrinsically linked with the concepts of **identity** and *(re)discovery and (re)connection*; with creative participation providing support during transitional periods relating to ageing: i.e. the menopause, children leaving home, death of a partner and retirement (Brown, 2008; Joseph, 2012; Maidment, 2009; Tzanidaki, 2011). Under the concept of **transitions of ageing** however, there were also interesting

discussions in relation to creative engagement across the generations, which are explored below.

9.9.3 Cross-generational creativity

The role of intergenerational or cross-generational activities was a strong theme throughout discussions in stage two, which had not appeared in the review or stage one. Whilst people felt strongly that it was important to bring generations together, participants were concerned by targeted ‘*intragenerational*’ projects and activities which can create divided communities rather than bring them together. Such disconnect between the generations may lead to the ‘othering’ of older people. Research has shown that intergenerational programmes are most successful when they include close, regular contact and can be unsuccessful when there is unequal status between the generations taking part. Intergenerational activity may even lead to negative stereotyping when programmes do not allow participants to demonstrate their individual strengths (Age UK, 2017b).

In spite of concerns amongst participants around specifically designed intergenerational programmes, there was a belief from participants that communities *should* be engaging across the generations, and that participatory arts have an inherent role in developing cross-generational relationships. These discussions bring the overall concept of **connections and communities** to the forefront of participatory arts programming and in developing positive views of ageing across the generations (Age UK, 2017b).

I think it’s a great shame that we do segregate people, so we have a youth club, older person’s club...I mean, what an earth is that all about? Why aren’t we just ‘interest’ groups? [...] It would be much better for us all if we weren’t age limited (Wendy, aged 72, FG 5).

If you’re playing that song, or in that play or singing that song or whatever, you’re co-operating, you’re being brought together again. I think the arts has a role there (Keith, aged 57, FG 4).

Cross-generational creativity also links with the sub-themes of *keeps the brain sharp* and *interaction, learning and inspiration*, through the opportunities afforded within participatory

arts activities for people young and old to share skills, knowledge and experience. As life expectancy increases, health and social care policies need to incorporate intergenerational contact to improve younger people's attitudes towards ageing and older people and to promote more mutual engagement across the generations (Age UK, 2017b).

You can get somebody of 16 and you can get somebody my age, in their 70s. But we all come together and it's social...you know, you get a break, you have a natter and a cup of tea [...] so it's as much social as anything which is also good for your own personal wellbeing (Irene, aged 72, FG 4).

...I think it actually is good for people to mix across the ages and I think there's a tremendous amount in our society that is kind of subtly not to do that (Charles, aged 73, FG 4).

Arts and Ages is an intergenerational arts programme run by Magic Me. The programme aims to improve wellbeing, social interactions, communication and creative thinking and to demonstrate the role of the arts in bringing together generations and building more connected communities (Magic Me, 2018). Such initiatives provide opportunities for older people to continue their creative growth, celebrate their achievements, dispell negative stereotypes of ageing and act as role models for younger people to explore their own creative potential (Cohen, 2000).

Whether we express our creativity through art, or through travel, cooking, gardening, friendship, community action, business, science, or technology, age can enhance our intuitive powers for self-expression (Cohen, 2000, p. 70).

Just as there are various creative activities, there are a multitude of individual, social and structural factors which contribute to a person's level of creative engagement in later life. The additional concepts of **transitions of ageing** and **spiritual resonance: engagement as ritual** developed in stage two have been added to the visual illustration of creative ageing (Figure 46). Whilst the two concepts of **spiritual resonance** and **engagement as ritual** have been combined as a theme, the ideas have been kept separate on the model to distinguish a subtle nuance between the two. The following sections explore factors which may impede or facilitate participation, developed from discussions by participants in stage two of the study.



Figure 46: Creative ageing themes (version 2)

9.10 Barriers to participation

In stage one of the focus group study, a number of barriers to participation were raised by participants including: transport, finance, willingness / desire to participate, emotional stability / resilience and assumptions / perceived rituals. Stage two of the study provided a forum through which to consider these concepts further. Whilst I had intended to try and elicit thoughts around potential barriers during the discussions, members of these groups unwittingly raised individual and community barriers without being prompted by me.

... you've got obstacles particularly in rural areas where um, ok you've got to have the *courage* and the *interest* and whatever that is that might *inspire* you to go in the first place. You've got to have *easy access to it*, you've got to have the *financial* where with all to do it sometimes, you know (Jemima, aged 66, FG 5; *my emphasis*).

It seems clear from Jemima's comment that individuals often face a range of interrelated barriers which may prevent or reduce their participation in the arts. Interestingly, the most common reason given by adults for not attending arts events or participating in the arts, was simply that they were not interested or did not feel they needed to (Department for Culture, Media and Sport, DCMS, 2019). This was followed by perceived lack of time, health problems and transport / access, which link with the infrastructure and situational barriers

discussed in the following sections. Moreover, Age UK (2018a) reported a strong association between transport and taking part in creative and cultural activities, in addition to other factors which impacted on engagement listed as: health, being a carer, friends, urban living and wealth. The barriers described by participants have been classified under three categories: *infrastructure*, *situational* and *dispositional* barriers, adapted from Pennacchia, Jones and Aldridge (2018) and are discussed below.

9.10.1 Infrastructure barriers

The barriers relating to infrastructure arose on the whole from lack of public transport links which prevent access to local activities. According to DCMS (2019) 8 – 10% of adults stated that they had not attended arts events or visited heritage sites and museums in the previous 12 months due to difficulty getting to them, i.e. transport / access barriers. While infrastructure barriers were not raised in stage one by participants living in Cambridge, lack of public transport was a considerable factor in prohibiting people's access and engagement in stage two. Indeed, Age UK (2018a) reported that “women in urban areas were one and a half times more likely to engage with dance and the visual and performing arts” than those in non-urban areas (p.9). Men in urban areas on the other hand were more likely to engage in literary activities including reading for pleasure and writing stories, plays or poetry.

Transport & accessibility

Physically being able to access participatory arts groups proved to be a huge barrier for participants in stage two. Whilst Jemima (aged 66) was fortunate enough to be able to drive, she had found it a challenge to find a pottery class local to her, with the only classes being at least a 30-minute drive away. The frustration she felt highlights lack of local provision as a barrier of accessibility.

You know, when you've decided you want to do something, and actually want to give it a go, and perhaps worked up the courage to do it. To be stuck at that point is really frustrating! And, I s'pose if you were of a mind it could stop you from trying other things (Jemima, aged 66, FG 5).

Patricia (aged 74) had experienced similar frustration due to the lack of salsa and flamenco classes locally. Having been actively involved in flamenco for decades, she had been

regularly attending a flamenco class in Cambridge, until it moved from Saturday afternoons to Monday evenings, which meant she was no longer able to go.

I've got to go from Wisbech to March [...] driving, then of course the train, once you get to Cambridge you've got to find your transport to the centre and, but this is my main problem round here. Trying to *get* to places, then as you say there's the cost of the petrol etc (Patricia, aged 74, FG 5).

The combination of distance, transport links, time of the class and cost have created such a barrier to Patricia that she is no longer to do flamenco dancing in a group, a lifelong passion of hers which she is desperate to continue. She had also looked for salsa classes, but the closest one was around an hour's drive away, which she did not want to do - especially in the dark. If she knew someone who would go with her every week, so would be doing it! In her words, “...*very annoying! I want to go, want to go!*” (Patricia, aged 74, FG 5).

Similar frustrations regarding lack of access were articulated in group four which took place in Peterborough, a town larger than Wisbech where the final group was held. Keith (aged 57) was restricted by not having a car and thus has to rely on public transport. Whilst Irene (aged 72) *does* have a car, she was also aware of how fortunate that made her. Indeed, she went as far to say that it would be “*virtually impossible*” to go to a lot of things if she could not drive.

... not so bad in the day, buses are every 10 minutes into town, and then you can get a bus out to somewhere else – but after 6 o'clock? [...] You might get out there, but if you're coming back after sort of 7 o'clock you might as well forget it, you know! You're not gonna do it! So, you just don't do it, do you? (Irene, aged 72, FG 4).

As well as the infrequency of buses in the evening, the group highlighted an issue with public transport links in and around the city, which they believed revolved around providing access to the local shopping centre. The shocking reality of this issue was revealed by Keith, a healthy, active man in his fifties who said - “It would be easier for me to get to Cambridge or London” (aged 57, FG 4). While he *does* engage and participate in the local arts scene in spite of these transport barriers, lack of transport could put people off entirely especially someone who was less active.

Interestingly, there were no obvious gender differences in relation to transport and taking part in either of the focus group sessions. By contrast, Age UK (2018a) reported a difference in art form engagement amongst older people with access to a car, with women being more likely to engage in visual and performing arts and men being more likely to engage in historical activities such as visiting a historic monument or building.

9.10.2 Situational barriers

Situational barriers relate to a person's personal circumstances, such as financial constraints, family commitments and time pressures. Interestingly, DCMS (2019) reported that cost was not a significant barrier, with only 8-10% of adults reporting that they had not attended arts events due to high cost. Whilst finance was highlighted as a barrier in stage one of this study, discussion in the second stage revealed additional situational barriers such as relationship status and lack of time. Not having time was a strong barrier for adults in the Taking Part survey (DCMS, 2019), with 40-60% of adults citing lack of time as a barrier to them participating in arts and visiting museums, and 20-40% had not attended arts events or visited heritage sites. In Age UK's (2018a) report, situational barriers were identified as having the strongest association with taking part in creative and cultural activities. Within the focus groups in stage two, the following situational barriers were raised by participants: cost, time and energy, and relationship status / mobility, and are discussed in turn below.

Cost

As seen above, cost can be a significant barrier to participating in the arts or limiting the extent of participation. According to Age UK (2018a) certain types of wealth (housing, income and financial assets) are associated with likelihood of engagement, however their report was unable to establish the level of association. For Keith (aged 57, FG 4) finance *restricts* how much he can do, rather than preventing him from engaging at all. However, financial constraints may be associated with both situational and infrastructure barriers since cost may be linked with household income, but also to the availability or price of public transport.

I'd like to go silversmithing in [local town], there's a fantastic course there. Can't afford it! It would be lovely (Jemima, aged 66, FG 5).

Discussions centred around varied perceptions of what was affordable or not. In group four, members discussed the cumulative costs of going to theatre, which might include the ticket, transport, drink in the interval etc. Similarly, there was a realisation that affordability was relative. Wendy (aged 72) was surprised that one of the members of her widows' group was concerned about the cost of an excursion to a local farm for a walk and tea, which cost £4.

... it's difficult for those of us that maybe aren't in that bracket to realise that for some people even £1 or £2 is a lot (Wendy, aged 72, FG 5).

In addition to the financial barrier, for some there is also the issue of getting to the venue in the first place, which links cost closely with the issues of transport and accessibility as seen above.

Time & energy

There was a strong focus throughout discussions on the time afforded in retirement to engage in creative activities which had not been possible while working. However, whilst time can act as a facilitator to engagement in retirement, for older people who are still working it can be a barrier. Indeed, as people are having to continue working for much longer this will increasingly be an issue and relates directly with the theme of **transitions of ageing**.

Relationship status / mobility

Another situational barrier was relationship status, in particular relating to being single or widowed. DCMS (2019) showed that not having anyone to go with was not commonly reported, with only 2-6% recording this as a barrier. Interestingly, being a carer was not raised by focus group members as a barrier to participation, though this has been shown to indicate a reduction in engagement elsewhere (Age UK, 2018a). However, in focus group five, Ellen (aged 62) felt that being single had prevented her going on a group excursion to an arts festival, though this was also with her having recently moved to the area. Whilst Ellen attributed her resistance to participation to her single status, she was also new to the area and both factors could be associated with a lack of confidence.

I find it more difficult to go to something like that, um, as a single person in a new area, not knowing anyone (Ellen, aged 62, FG 5).

...there's been other things that have come up [...] and I've thought, do you know, I would really like to go to that, but I've backed off at the last minute [...] you know, I'll go and sit on a coach, on my own...(Ellen, aged 62, FG 5).

Jasmine (aged 71) realised that since her husband had died, she no longer had anyone to do things with. In addition, she had lost access to transport to enable her to get to activities, as her husband had always driven.

... 'cos I'm so used to have someone there to do things with and go out with and drive about in the car. You suddenly find yourself...you haven't got a car. No-one's there. What do you do? (Jasmine, aged 71, FG 5).

These examples of *situational* barriers highlight the interconnectivity of factors which may hinder older people's participation in the arts. However, in addition to issues such as finance or relationships, participants also described *dispositional* barriers such as lack of confidence, which combined with *infrastructure* or *situational* factors could significantly affect their own creative engagement. Dahlberg and McKee (2014) posited that factors including being female, absence of partner and being widowed are more highly correlated with emotional loneliness, whilst being male, rural living and having a small number of social contacts corresponds more with social loneliness. Weiss (1973) distinguished between these two categories of loneliness, describing *emotional* loneliness as the notable absence of a specific companion and *social* loneliness as the perceived absence of an engaging social network.

A reflection on loneliness is extremely relevant to this study and discussion of barriers to participation, considering that loneliness is associated with reduced activity levels, physical and mental health problems and mortality in older people (Dahlberg & McKee, 2014). Furthermore, the arts have an integral role to play in reducing loneliness and social isolation (de Medeiros & Swinnen, 2018; Gardiner, Geldenhuys & Gott, 2018; Lynch & Alexander, 2016; MIAHSC, 2019). The next section presents the *dispositional* barriers raised by participants in focus groups four and five, which will be followed by a discussion on factors which may increase the likelihood of creative engagement, in a section on **facilitators to participation**.

9.10.3 Dispositional barriers

Dispositional barriers arise from an individual's attitudes and expectations, such as self-perceived ability or lack of confidence. As seen above, lack of interest was a significant barrier to adults attending arts events and participating in the arts, whilst feeling out of place was not commonly reported, just 2-4% (DCMS, 2019). Interestingly, Age UK (2018a) did not report dispositional factors being associated with taking part, though indicated that health and friendships may be linked with an individual's attitude towards engagement. However, within stage two of the focus group study, dispositional barriers were commonly expressed and are connected with one another and with the situational factors explored above.

Willingness / desire to participate

In stage one, there was some discussion around people having to *want* to participate in the arts, which came under the idea of *willingness / desire to participate* as well as the concept of *assumptions / perceived rituals*. Several references were made throughout the study to the extensive range of opportunities offered through the University of the Third Age (U3A), as well as other local activities on offer.

... there's a big group of artists, there's drama groups, choirs...very large U3A, so um, there's an awful lot of opportunities for people. If only they can raise their eyes and look out for them (Keith, aged 57, FG 4).

That's half the problem, isn't it? They sit at home and moan, instead of getting out and finding out about it (Irene, aged 72, FG 4).

Keith's last comment was supported by Irene, who believed that a barrier for some people is simply the desire to get involved in their local community and the activities available on their doorstep. Whilst participants across the study were well informed on the local creative offer available to them, they were aware of need to have the willingness to engage, or to have someone to encourage you to engage. In addition to needing to *want* to participate, difficulties with engagement can be due to lack of confidence and self-belief particularly when a group are complete strangers.

Self-belief and confidence

For some people, lack of confidence immediately presents a barrier to simply getting out of the door, whilst for others the thought of joining a long-standing group also prevented them trying something new. For Ellen (aged 62, FG 5), there is a difference between attending a small, intimate group and going to something much larger like the U3A where there are likely to be a lot of people who do not necessarily know one another. Similarly joining an established group was challenging for Sandra.

They've already made their relationships. And you're coming in from outside, and, it's a devil of a job to pick up with how they are... (Sandra, aged 73, FG 5).

And I'll sit at home and I'll think you know what, why am I going out of my comfort zone. I'll just watch *Midsummer Murders* tonight, you know, and err, so sometimes I have every intention of doing something and then I'll back out at the last minute (Ellen, aged 62, FG 5).

Out of comfort zone

Confidence and self-belief were directly linked with the idea of being taken out of one's comfort zone. Whilst in group two this was seen as a positive thing, sitting within the sub-theme of *catalyst for curiosity*, it was considered to be a barrier by members of group five, who made a connection with the shock of transitioning into retirement.

[If] they've stayed in one fairly routine job all their working life, when they retire, there's quite a shock getting out of their comfort zone. [...] Yes, so the shock for people, is like a cliff edge for people if they're leaving work and they've never had that issue of being challenged all the time (Wendy, aged 72, FG 5).

Whilst adapting from a long-standing routine could be challenging, Wendy felt that being aware of certain challenges might actually enable people to overcome their fears. However, this relates back to having enough confidence and self-belief to get out there, which is not so easy for someone who is potentially socially isolated and “ [hasn't] *actually got the nerve because they haven't got anyone to go with*” (Holly, aged 55, FG 5).

That it's just a little wrinkle in paradise. Just get out there...and sign up for that class!
(Wendy, aged 72, FG 5).

Literacy

Another dispositional barrier preventing people from engaging the arts, particularly in the Wisbech area, was that a large number of people living locally have very low levels of literacy and even illiteracy in some cases.

... so what's putting them off trying out any form of art is, you have to register. And that thought of filling that form out when you can't read or write...you won't go to any of the courses. So, that's actually a really big barrier around here (Holly, aged 55, FG 5).

The local ward also has a high number of people with hereditary dyslexia, meaning there are family members across the generations who find reading and writing challenging. Low literacy skills not only impact on people's willingness to participate in creative activities but may also affect an individual's level of self-belief and confidence. This in turn could inhibit participation.

... people [...] who maybe have problems with literacy, will completely write off going to the theatre or something like that, 'cos that's only for intelligent people.
(Ellen, aged 62, FG 5).

This example demonstrates again how complex barriers to participation can be. If you cannot read, you are less likely to engage; you may also be in a low paid role which means that you cannot afford to participate. Moreover, such assumptions or beliefs may have been embedded over the years.

Self-perceived ability

Throughout the focus group sessions, many people's engagement had been inhibited by negative comments or experiences at school. Jemima (aged 66) described how a teacher's comment at school had prevented her from drawing ever since.

I'm still trying to get across the barrier of that teach at six years' old telling me that the cave men could draw better than I could (Jemima, aged 66, FG 5).

Irene (aged 72) had always felt average. Having left school at 15, she had gone on to learn shorthand and typing so she could work in an office. Whilst she had never been made to feel a failure, "*neither was I made to feel a success*". It was not until she was 50 years old that Irene had come into her own, when she got a part in *Les Misérables* at St James' Palace, London.

And I got Madame Thenardier – oooooo! It was so brilliant! Me! I've been chosen to sing Madame Thenardier! It was wonderful! [...] But, even now, 22 years later, that was my *high* point. I sung on the West End stage [laughs] and it makes me feel good! I can do it! I did it! (Irene, aged 72, FG 4).

Interestingly, when I asked members of group four if there was something creative, they would like to try that they had never done before, the first thing that came to mind for Keith (aged 57) was knitting! He had started to learn to knit in infant school, but when he had to go into hospital for an operation (which was then cancelled) his knitting had been left behind.

And I wanted my mother to collect the knitting, and she didn't. And that was the last time I ever knitted. And I never totally, never totally forgave her! (Keith, aged 57, FG 4).

Whilst other people's experiences of being told they were not good enough or not creative had been in their teenage years, Keith's experience as a young child had prevented him from re-trying knitting throughout his life. It was not until a knitting club had started at his Church that he had even considered taking it up again, aged 57.

Assumptions

Whilst the concept of ritual came out as a perceived benefit of participatory arts engagement in stage one of the study, it was also identified as a potential barrier through perceptions around appropriate dress or feeling out of place in an arts institution. Keith (aged 57) compared it to going to a posh restaurant, which might feel like it isn't for "*the likes of me*".

The ritual of dressing up for the occasional was also discussed in relation to cost, where people might not be able to afford evening dress but could also be related to feeling out of place.

You probably need to think quite carefully about all the subtle barriers that you are unintentionally putting in the way of people (Keith, aged 57, FG 4).

Across the two groups in stage two, the concept that some arts activities were too *intellectual* was evident, but also the language used to describe activities was identified as a potential barrier. Many of the dispositional barriers to participation are intrinsically linked with self-confidence. Figure 47 provides a visualisation of the three categories of barriers to participation, which clearly illustrates a disproportionate association between dispositional barriers, i.e. an individual's own personal attitudes and the likelihood of them participating, or not, in creative activities.

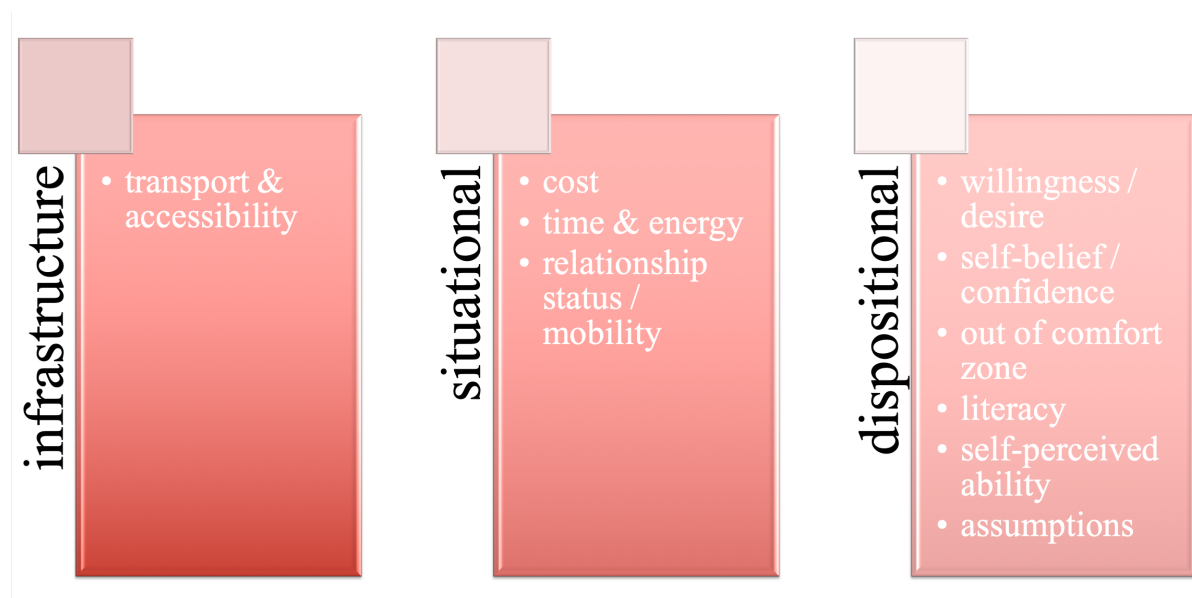


Figure 47: Categories of barriers to participation

9.10.4 Summary

This section has highlighted a range of factors which may impede an older person's willingness or ability to participate in creative activities. These factors were categorised as *infrastructure*, *situational*, *dispositional* barriers, with an emphasis on the association between dispositional factors and lack of engagement. In addition, research has shown a range of dispositional and situational factors to be associated with loneliness in older people,

(Dahlberg & McKee, 2014). Indeed, some of the barriers to participation raised by participants in the focus groups may be linked with both emotional and social loneliness, which will subsequently affect quality of life. There was an understanding throughout stage two discussions that it is essential for cultural producers or facilitators to consider underlying assumptions which might be addressed in order to mitigate barriers to participation and thus act more positively as factors which encourage participation, as discussed below.

9.11 Facilitators to participation

Whilst there was recognition of obstacles which might prevent people's engagement in the arts, participants also discussed a number of mechanisms which could be employed to facilitate and support participation. The facilitators described below relate to finding practical means of overcoming the barriers to participation. Understanding such facilitators to participation is important not only for people programming arts activities, but also for policy makers, local authorities etc. Factors which facilitate and promote engagement have previously been categorised under three headings: *intra-personal*, *inter-personal* and *external* factors and will be explored within the themes below where appropriate (Allender, Cowburn & Foster, 2006; DCMS, 2010).

9.11.1 *Intra*-personal factors: taster sessions

Intra-personal factors such as attitudes and skills may affect whether a person is willing to try something new and be likely to persevere (Charlton et al., 2010). These factors relate to a person's level of confidence and self-efficacy, which have been discussed above in relation to participatory arts engagement (Beesley et al., 2011; Reynolds, 2000; Secker et al., 2007) and flourishing (Tay, Pawelski & Keith, 2017) in later life. Across both sessions in stage two, participants felt that offering taster sessions could be a way of encouraging people to try things out, rather than committing themselves to a lengthy course. "*If you don't like it, you don't like it*" (Irene, aged 72, FG 4). A taster session could potentially relieve the apprehension of trying something new.

...if you can have a taster session and just give it a try, um, you know, if you don't enjoy it fine. You've tried it! But if you do enjoy it and have achieved something, in that moment of actually taking part in it and taking that first step, you know, it's really empowering and brave... (Jemima, aged 66, FG 5).

Ellen (aged 62, FG 5) gave a personal example of having tried a willow-weaving taster session. Despite discovering that she could not do it to the standard she wanted to, she had found the experience of ‘giving it a go’ worthwhile.

... everyone else was like, you know, complete strangers to each other. And no-one had done it before, so we were all new to the game. And, err, it was a thoroughly enjoyable day even though I discovered I wasn’t going to do it anymore! (Ellen, aged 62, FG 5).

It seems to be a combination of having confidence and a willingness to try new things, which can lead to more positive effects of engagement in the arts. However, for some people even to attend a taster session they might need someone to encourage them or even go with them, as discussed in the following section. This is correlated with a low level of self-efficacy where people believe they do not have the resources to try (Charlton et al., 2010).

9.11.2 *Inter*-personal factors: befriending schemes

An individual’s social environment may also influence their willingness to participate, described as *inter*-personal factors. If an individual has support from their wider community through encouragement or joining them in an activity, the person is more likely to engage (Charlton et al., 2010). For example, Jemima (aged 66, FG 5) felt that friendship groups and befriending schemes are an important facilitator for participation. However, she believed that they need to be available to people who are younger, rather than just providing services towards the end of somebody’s life.

Because if you don’t have that initial confidence, and, you’ve got a friend that’s said, oh I’ll do it if you do it, and go along and support each other. But if you’re completely on your own, and isolated, you know, that...it’s really hard to do that (Jemima, aged 66, FG 5).

This resonated with Wendy (aged 72) and Ellen (aged 62) who had found it difficult to integrate into their new community as they were both on their own. “*Sometimes you almost need to have a friendly person to take you by the hand metaphorically*” (Jemima, aged 66, FG 5).

9.11.3 External factors: accessibility

One of the more obvious things to influence participation is external factors which are beyond the individual's control, such as the physical environment, quality of provision, ease of access and promotion of activities (Charlton et al., 2010). In addition to these external factors, there may of course be other personal circumstances which impact of participation including a person's financial situation, which was identified as a *situational* barrier above. However, participants believed that this could potentially be reduced by offering a *Pay What You Feel* (or *pay what you can*) model of programming, where people are able to pay what they can afford. This model of practice is becoming more common, with arts venues across the country offering programmes of events which aim to “encourage you in your curiosity and to remove barriers to people joining [in]” (Cambridge Junction, 2019). Such schemes have no set price for events or services, people can donate what they feel it is worth, or what they can afford.

Another suggestion was the people who can afford it pay a little extra to cover the cost of a few tickets for people who cannot afford it. However, this involves someone having to actively acknowledge that they cannot pay. A *Pay What You Feel* model seems to be more inclusive since everyone has the option to pay what they can, making events accessible to anyone regardless of their financial status. In addition to making arts activities more financially accessible, publicity was described as an important facilitator (or inhibitor) to participation. Accessibility in this sense may relate to the ease of access to reliable information, including language, format (i.e. digital, print...) and the location of adverts promoting activities which ensure that people are aware of and able to access information about arts activities and events.

As such, accessible publicity promotes inclusivity. Whilst the digital media (e.g. websites and social media) can have a wide reach and is free, not everyone has access to the internet. Also, some people may not have the literacy levels to be able to read details as seen above. As discussed in the section on barriers to participation, non-written forms of communicating the local creative offer are essential in order to reach people who are unable to read or do not speak the native language. However, even in written publicity the choice of vocabulary used was considered by participants to be crucial in making people feel comfortable, as explored in *assumptions / perceived rituals* above.

I would avoid using the word ‘recital’ as much as possible, because that’s a kind of elitist word (Keith, aged 57, FG 4).

There was discussion around the use of encouraging promotional material which emphasised that newcomers or those with no experience were welcome, rather than simply advertising an “art class from 10 to 12” at the local community centre (Jemima, aged 66, FG 5).

Participants stressed the importance of using accessible language in the promotion of participatory arts activities which they believed would potentially encourage wider engagement and could mitigate against some of the barriers preventing people from participating. Figure 48 illustrates facilitators to participation.

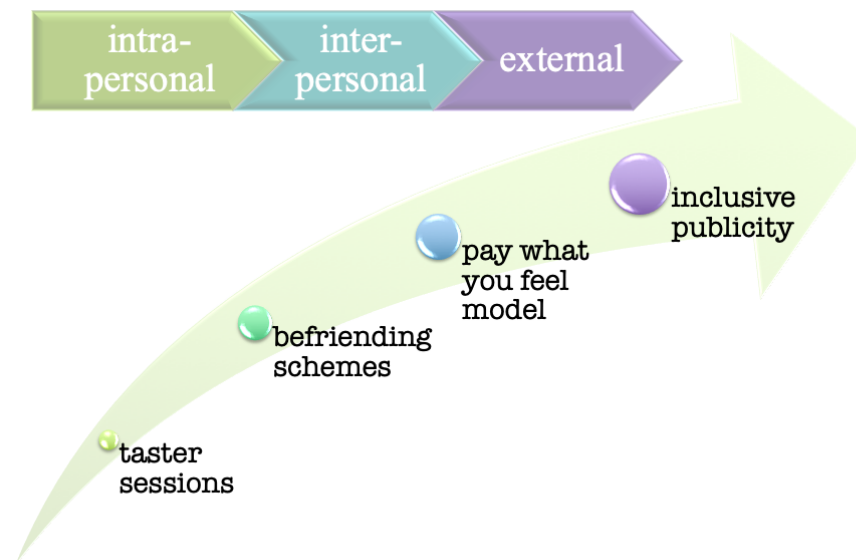


Figure 48: Categories of facilitators to participation

9.11.4 Summary

This section has introduced some of the factors which may potentially encourage and / or support older people to participate in the arts, particularly those who may be socially isolated, lonely or have financial restrictions. The facilitators were developed around three categories: **intra-personal**, **inter-personal** and **external factors**. The example of taster sessions was used to illustrate intra-personal factors, while befriending schemes were suggested as an inter-personal solution for encouraging participation. Finally, external factors related to accessibility in terms of cost and publicity, with ‘pay what you feel’ models and inclusive publicity given as examples.

People's willingness to take up sports or cultural activities and persevere with them stems from their expectations, their confidence, and how heavily they rely on opportunities coming along [...] Besides intra-personal, inter-personal and external factors, it is important to point out that personal circumstances can have an impact on participation (Charlton et al., 2010, p.15).

The facilitators identified can related back to the infrastructure, situational and dispositional barriers identified in the previous section and may be connected with personal circumstances and underlying psychological barriers. These are important factors to be considered in the programming and publicity of any creative activities, to ensure that older people feel encouraged and supported to participate. The following section discusses limitations of the focus group study, before moving on to the final thesis discussion in Chapter 10.

9.12 Study Limitations

The focus group study enabled an in-depth exploration of older people's subjective experiences of participatory arts engagement and provided the opportunity to consider the themes developed from the systematic review. However, there were a number of limitations with the study. Firstly, whilst it was not the intention of the focus group study to produce a representative sample and thus for the findings to be generalisable across a wider population, the demography of the group and lack of diversity is noted as a limitation. However, it should also be acknowledged that a point of interest of focus groups within research lies in the detail achieved through interpretation of the collective experience of a group or groups of individuals (Yates, Partridge & Bruce, 2012). Thus, whilst generalisability is not usually an aim for qualitative research, findings "can be 'transferred' to other groups of people and contexts" (Braun & Clarke, 2013, p.282).

Secondly, participants were self-selecting on the basis of the information provided about their participation in the study. Whilst recruitment through informal networks and community organisations can help to overcome difficulties in recruiting participants, the use of a convenience sample in recruitment into the study may also be considered a limitation, through widely used in research. Finally, in some of the groups a number of participants knew each other which raises the potential issue of 'group think' rather than individual voices

(MacDougall & Baum, 1997). The following section presents each limitation in turn and demonstrates the attempts made to address these in the second stage of the study.

9.12.1 Demography and diversity

Firstly, the missing demography recorded from groups in the first stage of the study is acknowledged as a limitation. Although all three sessions were held in relatively deprived areas of the city, a full range of demographic information was not collected through the participant demographic form. For example, whilst life stage was recorded (i.e. retired or in employment) I did not capture details of job or previous job, highest educational achievement or any potential caring responsibilities. Capturing such data may have provided evidence that the participants were from broader socio-economic backgrounds, despite knowing from the discussions that a number of the participants were caring for partners and had previously worked in low-paid jobs. Furthermore, all participants identified as white British, except one White European person and one Irish participant. Therefore, it was not possible to consider whether there were any differences in arts engagement amongst different ethnic groups as part of this study.

The DCMS (2017) report on diversity trends showed that engagement in the arts is much higher in the white ethnic and upper socio-economic groups. Likewise, in most research conducted in Western developed countries, “white, middle class, highly educated” people tend to be overrepresented (Bonevski et al., 2014, p.1). Consequently, it is not entirely surprising to see a similar profile being represented in this study. However, to address these limitations in stage two of the focus group study, I recorded socio-economic data (occupation and highest level of education completed) and tried to encourage a more diverse range of participants to engage in the study.

Nevertheless, whilst participants recruited in stage two came from a mixture of socio-economic backgrounds, all of them identified as White British and thus did not represent an ethnically diverse group. Indeed, despite receiving a high level of interest in the research itself from a range of different community groups, there was a level of resistance to taking part. This was particularly notable from the traveller and Eastern European communities in Wisbech and various ethnic community groups in Peterborough. These challenges are discussed further in the recruitment section below.

9.12.2 Recruitment

A second limitation of the study was the method for recruitment of participants. The call for participants was publicised in a range of community venues and through various charitable organisations throughout the city. Participants self-selected to take part in the study based on the information provided. Thus, the convenience sampling process may be considered a limitation of this study, since it does not purposefully facilitate a representative sample. Such issues are more problematic in quantitative research, which requires representativeness to enable generalisability. However, this qualitative study acknowledges the lack of ‘outlier’ voices and attempts were made in the second stage of the study to encourage a more diverse sample (Bonevski et al., 2014).

Nonetheless, in spite of attempts to engage people from diverse communities I faced a number of challenges with recruitment, an issue which is not uncommon in health research. Bonevski et al. (2014) provided a comprehensive summation of major barriers of engaging people from ‘disadvantaged’ groups, in their systematic review into working with hard-to-reach groups. Half of the included studies (n=116) had targeted ethnic and racial groups, with only seven studies on people from low income backgrounds or disadvantaged areas. The review revealed a range of reasons for low response rates, including mistrust in research or fear of authority and assumptions that participation would provide no personal benefit.

The issues of mistrust and lack of personal gain were certainly evident in preventing participation in stage two of the study. Some of the feedback I received from the community groups I had collaborated with revealed a level of suspicion from different ethnic groups that there must be an ulterior motive behind my research and a sense of uncertainty around how the research was going to be used. How could I (as the researcher) *only* be interested in hearing about people’s experiences of art making? What was going to happen after the research? There was also a sense of what would *they* get out of participating i.e. what was the incentive for *them*. Many of the community groups I collaborated with said that people would be more willing to take part if they could see an immediate positive benefit to them, such as payment or a free lunch.

Indeed, Bonevski et al. (2014) reported that the use of incentives and gifts was the most common strategy for improving retention rates in research, with cash incentives more

effective than non-cash alternatives. Without the resource to provide any tangible incentive, the communities I was hoping to engage with could not see any relevance or potential gain from participating in my study. An additional barrier was that people felt a certain level of resistance due to a sense of feeling like a guinea pig, described as ‘fly in, fly out’ research (Bonevski et al., 2014). This was particularly apparent in Wisbech, an area which is often subject to investigation and thus there is a feeling of fatigue amongst the local communities. Bonevski et al. (2014) highlighted strategies for improving response rate which included enlisting community leaders, demonstrating a commitment to ‘give back’ to the community and improved communication and culturally relevant materials.

The point on culturally relevant material was applicable to this study, as I was hoping to engage with the Eastern European and travellers’ communities in Wisbech. In addition to a language barrier for the Eastern European community, discussions in group five revealed a prevalence of low levels of literacy amongst the local population, which Bonevski et al.’s (2014) review highlighted as another barrier as it may affect people’s ability to provide informed consent. The authors stated that whilst it is important to employ strategies to increase more diverse representation within health and medical research, recruitment should be designed in accordance to the study type and research question. A comprehensive strategy is required at all stages of the research process, which of course can become resource intensive in terms of time and cost.

Something I identified through the challenges I experienced was the need to develop relationships and trust with members of the communities I was aiming to engage with. However, with limited resources at this stage in the research process it was not possible to spend the time required to develop such relationships. This is acknowledged as a limitation of the study and recognised as a challenge in research. Bonevski et al. (2014) concluded that “researchers and research institutions need to acknowledge extended timeframes, plan for higher resourcing costs and operate via community partnerships” (p.1). I attempted to tackle the challenge of running two more diverse focus groups by collaborating with community organisations with pre-existing relationships with different communities. However, limited resources restricted the extent to which I was able to develop my own relationships with the different ethnic communities, which meant I was unable to gain their trust.

9.12.3 Group think

Finally, in some of the focus group sessions a number of people knew each other prior to the sessions. This raised the potential issue of ‘group think’. Additionally, group interviews run the risk of ‘dominant voices’ leading the discussion. However, this is always a possibility within focus groups and a potential limitation of focus groups per se (Bryman, 2012). Moreover, ‘group think’ may be attributed to other independent variables including an individual’s motivation for participating (Boateng, 2012). Whilst there were certainly some more confident speakers in each of the focus group sessions, in my role as moderator I tried to ensure that I encouraged quieter group members to speak and attempted to counteract any potential influence more dominant speakers might have on other members of the groups. However, individual interviews with certain individuals may have yielded more insight into their own experiences and opinions (Smithson, 2000).

9.13 Summary

Whilst stage two aimed to reach a more diverse group of people, challenges with recruitment highlighted barriers to participation in research and the arts, a discussion which has enriched these research findings. Barriers to participation in the study included lack of trust in the research and the researcher, lack of understanding of personal gain from participating and fatigue from researchers flying in and out with their research and nothing changing in response. In spite of working with local community organisations who are actively engaged in some of these ‘hard-to-reach’ communities, the level of scepticism put up a huge barrier.

That being said, whilst the ethnic profile of the study was entirely white, a more diverse socio-economic background was represented in stage two. Additionally, the sessions were held in different locations within the county, including Wisbech which is a much more rural setting. Moreover, whilst the study did not attract participants from diverse ethnic groups, this is not unusual in research. Furthermore, small sample sizes which are common in qualitative research mean that it is less easy to consider differences between groups, such as ethnic groups (DCMS, 2019). Indeed, whilst cultural factors may be important in research, Allmark (2004) posited that the best way to ensure diverse representation is “to allow the research to proliferate and to commission research into neglected areas” (p.188).

This chapter presented the findings from the two-stage focus group study which explored review themes with five groups of older people in locations across Cambridgeshire to compare the concepts with their own experiences of participatory arts engagement in later life. A number of supplementary themes were developed from the focus group interviews, emphasising the diverse range of individual perspectives and connections people have with their own creativity. The second stage of the study explored barriers to participation and factors which have the potential to support older people to engage in arts activities in their local communities. The chapter concluded with a discussion on limitations of the study. The next chapter seeks to contextualise the findings from this doctoral study in relation to wellbeing theory and the concept of human flourishing. The chapter also provides a reflection on the mixed-methods methodological approach employed and theoretical implications for research, policy and practice.

Musicians don't retire,
they stop when there's
no more music in them

Louis Armstrong

CHAPTER 10: DISCUSSION

10.1 Introduction

This thesis sought to explore healthy older people's subjective experiences of participatory arts engagement and the effects of participation on wellbeing and cognitive function. The study adopted a mixed-methods methodology which integrated an examination of the existing literature with focus group interviews to explore themes from the review in contemporary community settings. Additional focus groups were conducted to widen the demographic of the study and to explore barriers to participation. This chapter begins with an overview of the key findings of this study. The findings are then linked to the wider literature and are structured around the key concepts of **participation**, **connection** and **flourishing**. These concepts are consolidated in a conceptual framework of creative ageing. I then provide a critical reflection on the research methods employed, including a discussion on the methodological challenges encountered in adopting a multi-stance approach. Next, I shall present an overview of the implications of this study for research, policy and practice. The chapter ends with a brief summary and concluding comment.

10.1.1 Summary of findings

This thesis provides evidence on the benefits of everyday arts engagement in later life. The findings complement existing research on effects of participatory arts engagement in residential care settings and for people living with dementia. By focusing on healthy older people, the research will be more applicable to older people living independently in their communities than previous studies. This is the first study within the field of arts and health to use focus group interviews to examine systematic review findings in a contemporary context. This has the advantage of involving older people in the research process and ensuring that the findings are accessible to non-academic audiences.

As such, the study has been methodologically innovative in its use of a multi-stance approach which integrates differing methods of data collection and analysis. Furthermore, the study is original in its use of a creative method of analysis and data representation (the I-poem) in the review. The mixed-methods systematic review provided a cogent synthesis of evidence on participatory arts engagement for healthy older people, supporting the role of the arts in

developing social connections and promoting wellbeing in later life. The two-stage focus group study further examined themes from the review and explored barriers to participation, confirming the need for participatory arts activities to be accessible and inclusive for diverse groups of older people.

In the systematic review, I developed five key themes from the qualitative studies: **making, and creating, connections and communities, identity, the ‘feel good’ factor and body, mind and soul**. An exploratory meta-analysis on the effect of arts engagement on subjective wellbeing suggested a potential link between dancing and positive subjective wellbeing, though the effect was not significant. Narrative analysis of wellbeing and cognitive function outcomes was presented under the specific domains investigated in the included studies. Findings showed improvements to wellbeing in relation to broader health status, life satisfaction, and decreased anxiety after participation in dance. Additionally, engagement in dance and visual arts activities were indicative of increased broader quality of life. Analysis of cognitive function domains indicated improvements to attention, concentration and general intellectual ability following dance; and enhanced memory function after participation in autobiographical writing, theatre and visual arts.

Findings from the qualitative and quantitative syntheses were discussed together in a combined synthesis, using Seligman’s (2011) PERMA model of wellbeing (**P**ositive emotion, **E**ngagement, **R**elationships, **M**eaning and **A**ccomplishment) as a framework. The synthesis established connections between **making and creating** and *Engagement, Meaning and Accomplishment*. Findings also highlighted the role of the social interactions developed through participatory arts activities, linking **connections and communities** with *positive Relationships*. The themes of **body, mind and soul** and **the ‘feel good’ factor** connect with *Positive emotion* and support a broader understanding of the role of the arts and wellbeing, that of “both feeling good and functioning well” (Wright & Pascoe, 2015, p.296). Arts engagement was also linked with the concept of **identity**, providing creative support and personal development through transitional periods such as retirement.

Stage one of the focus group study involved using the themes I developed in the systematic review as a stimulus for conversation in three focus group sessions. From these discussions, I developed three supplementary themes: **engagement as ritual; ikigai; and emotion and engagement**. Stage two involved two further focus group studies, which sought to expand on

the demography of participants and to discuss barriers to participation. The additional sessions attracted a more socio-economically diverse group of participants. **Engagement as ritual** evolved from these subsequent discussions into **spiritual resonance: engagement as ritual**. Additionally, I developed a further theme around **transitions of ageing**, which included subthemes of *crafting a new future*, *creative resilience* and *cross-generational creativity*. Stage two also explored obstacles to participation which I classified as **infrastructure**, **situational** and **dispositional** barriers. Elements which might facilitate older people's creative engagement were categorised as **intra-personal**, **inter-personal** and **external** factors.

Participants in the focus group cohort reflected the demography (age and gender) of those in the studies included in the systematic review. Participants in the review ranged from 50-96 years old, with a range of ages between 50-83 in the focus group studies. The majority of participants was female, 73% in the review and stage two of the focus group study, and 65% in stage one. Overall, participants included in both the review and focus group studies were Caucasian, though only a third of studies included in the review reported ethnicity. Additionally, whilst studies included in the review sometimes referred to the education, employment and marital status of participants, many did not include data or discussion of these factors. Therefore, comparison of socio-economic status of participants between the review and focus groups was not possible. Nonetheless, the high proportion of white, female participants in both studies suggests a lack of ethnic diversity within arts and health research, which is not unique to this study. The following sections discuss the findings of this thesis in relation to the wider literature, under the concepts of **participation**, **connection** and **flourishing**.

10.2 Participation

Participation in the arts and creativity has been associated with enhanced wellbeing, opportunities for social contact and improved quality of life (APPG, 2017; Fancourt, 2017). Wright and Pascoe (2015) argued that “through the human impulse to create and express comes participation” (p.298). Participation encompasses both social and creative aspects and is intrinsically linked with positive wellbeing. Indeed, since the introduction of the *Five Ways to Wellbeing* (Aked et al., 2008), associations increasingly link arts engagement with the ‘five ways’ concepts of connect, be active, take notice, keep learning and give (Hogan &

Bradfield, 2019; Wright & Pascoe, 2015). In this thesis, the theme of **transitions of ageing** was also directly linked with participation, which saw older people using creative engagement to explore and celebrate their changing circumstances in later life. The freedom afforded in retirement enabled participants to feel liberated to explore activities which they had not previously had time to try. Through participation, older people described having the opportunity to connect (**connections and communities**) and develop new skills (*keep learning*), which led to increased confidence and opportunities to grow their *creative resilience*.

A central element of any level of arts engagement is the meaning older people placed on **making and creating**. Participants associated their art-making with feelings of absorption or ‘flow’, expressed as a sense of being in the moment when all awareness of time is lost (Csikszentmihalyi, 1990). This feeling of complete immersion was described in relation to engagement in craft-making (Maidment, 2011; Tzanidaki, 2011), painting (Bedding, 2008), theatre attendance (Meeks, 2017), dancing (Stevens-Ratchford, 2016) and physical theatre (Laura, focus group 3). Participation also led to a sense of accomplishment and pride, while receiving affirmation from others helped to embed feelings of achievement. Pride was also shown in the stimulation participants experienced through the art-making process itself and the desire to leave a legacy through the artefacts they produced. Indeed, engagement in the creative process has been shown to enhance cognitive function and a sense of mastery (Cantu & Fleuriet, 2018).

Art appreciation and being an audience member were also considered important aspects of participation within the review (Meeks, 2017) and focus group discussions. For example, going to an exhibition or attending a performance were shown to facilitate a sense of flow, in the same way as was experienced through participation in more ‘active’ forms of art-making. Indeed, Devlin (2010) posited that for performers “being witnessed by an audience lifts [a] work to a whole other level”, suggesting an interactive level of engagement between artist and audience (p.55). Furthermore, cultural participation has been cited as “crucial in developing the self and, in turn, helping [older people] to become more resilient” (Goulding, 2018, p.37). Participation also allows people to connect with their spiritual side and the ritual of regular arts engagement with others (even if they are unknown) can lead to a sense of belonging.

Schueller and Seligman (2010) suggested that activities which “increase engagement and meaning may have the strongest impact on an individual’s wellbeing” (p.260). This thesis shows associations amongst the literature and conversations relating to participation and **identity** and the opportunities for older people to re-discover themselves through their own arts engagement. As such, participating in the arts can help older people to connect with a sense of meaning or **ikigai** (Mogi, 2017), which leads to enhanced wellbeing. Meaningful participation therefore becomes crucial in increasing an older person’s social and psychological resources, which in turn may help them to build social connections and experience feelings of positive emotion.

10.3 Connection

Links between a sense of social connectedness and positive wellbeing are well recognised, with engagement in community groups being associated with the development of social capital (DCMS, 2016; Department of Health, 2010). Social capital has been described as “the ‘social glue’ that holds people together through bonds of trust, mutual support, a sense of belonging and shared identities” (Reynolds, 2019, p.114). Indeed, Stanfield (2017) suggested that “We are not by nature solitary individuals [and thus] our health depends on others and feeling that we matter can determine not just our happiness but our lifespan” (p.10-13). In her analysis of creativity in later life, Reynolds (2019) emphasised the key role of relationships and connections for older people participating in the arts. Furthermore, Wright and Pascoe (2015) postulated that “*making is connecting* and through acts of making connections are developed and wellbeing improved (p. 298). Likewise, Thompson and Chatterjee (2014) demonstrated increased positive affect and subjective wellbeing through museum object-handling in healthcare settings, suggesting a connection between the individual and the object. Touch has the additional benefit of providing cognitive stimulus.

Social connections may be particularly important through **transitions of ageing** as people’s personal circumstances change – through retirement or the loss of a partner, for example. Seligman (2011) referred to the basic human need for ‘positive’ relationships which he suggested form one of the five basic elements of wellbeing. The arts enable the growth of relationships at varying levels. For some, companionship contributes to their sense of belonging and community and may act as a protective factor against dementia (APPG, 2017).

However, an essential element of participatory arts programmes is that they facilitate an environment in which the group can “look out for each other with trust, positive regard and respect” (White, 2009, p.78). Interestingly, the role of connections in promoting positive wellbeing appears to be evident within creative activities irrespective of the level of the relationship between people. Indeed, even ‘superficial’ relationships have been shown to have a positive influence on wellbeing, in addition to friendships or family relations (Aked et al., 2018; Hogan & Bradfield, 2019; Reis, 2018). Indeed, Seligman (2011) stated that “Very little that is positive is solitary [...] *Other people* are the best antidote to the downs of life and the single most reliable up” (p.20; *original emphasis*).

Conversely, the focus group study highlighted relationship status as a situational barrier to participation. Despite some creative activities inherently being solitary endeavours, they can still offer opportunities for building social connections through a shared interest with like-minded people (Goulding, Davenport & Newman, 2018). Furthermore, pursuing meaningful activities can also provide a sense of purpose and help individuals to develop goals (Schueller & Seligman, 2010). However, for people who may be less confident and feeling isolated, befriending schemes were suggested by focus groups participants as a potential means of providing support. Such schemes could provide a buddy to accompany less confident, potentially socially isolated older people to arts activities and develop new connections. Thus, the social and creative elements inherent in participatory arts activities have the potential to facilitate feelings of connectedness and a sense of belonging, which in turn may reduce social isolation and loneliness.

Discussions in stage two of the focus group study led to the addition of a new sub-theme of *cross-generational creativity*. Such activities provide opportunities for people of any age to engage in meaningful engagement together, reduce isolation and challenge preconceptions of ageing. Indeed, Cohen (2001) posited that the “most important finding about creativity with aging is its essential universality” which he believed could be illustrated through activities which bring younger and older people together (p.307). Additionally, schemes which encourage and support older people to participate in the arts could include taster sessions which enable people to try out new creative activities (Age UK, 2018a). However, appropriate infrastructure needs to be in place, such as strong transport links, affordable prices and inclusive promotion of activities, which enable older people to access and participate in arts and cultural activities.

The findings of this doctoral study support the importance of positive relationships in promoting wellbeing and the significance placed by older people on the social connections gained through participatory arts engagement. Put simply, being and making with other people contributes to wellbeing through participation in a shared experience. Furthermore, positive emotions were regularly referred to in the review when describing experiences of participatory arts engagement - **the ‘feel good’ factor**. However, rather than using the ‘feel good’ term, focus group participants described opportunities to be playful, have fun and connect with other people through dance. Play is a “ubiquitous feature of all cultures” which leads to prosocial effects (Stark et al., 2018, p.142). Indeed, such opportunities contribute to ‘flourishing’, which De Medeiros & Swinnen (2018) described as “the result of creativity and resilience” (p.83).

10.4 Flourishing

The concept of flourishing connects well with creative ageing, due to the holistic level of elements involved and the role of the arts in enabling people to “develop resilience by making artwork for themselves and others” (Sagan, 2015, p.v). If wellbeing is broadly defined as “feeling good and functioning well” (Aked et al., 2008, p.1), then flourishing through creative engagement could be associated with the impact of participation in the arts on emotional, psychological and social wellbeing (Keyes, 2007). However, the emphasis on functioning well in relation to ‘successful’ ageing is understandably problematic in older populations who may be functioning less well due to cognitive ailments or impaired mobility. Indeed, Martinson and Berridge (2015) suggested the need for a more suitable model of ageing, which provides opportunities in which people are supported to thrive.

An interest in flourishing in relation to arts and cultural engagement is becoming increasingly prevalent in positive psychology, wellbeing and arts and health literature. Huppert and So (2013) adopted an operational definition of elements which contribute to flourishing: emotional stability, vitality, resilience, optimism, self-esteem, meaning, competence, positive relationships, positive emotion and life satisfaction. Additionally, there are similarities to be drawn with a narrative construction of *resilience* identified by a group of older people which included: enjoyment in small pleasures in life; liking to learn new things; and good social relations (Dubovska et al., 2016). Flourishing connects well with themes of **body, mind and soul** and **Ikigai**, which is “intimately related to the *meaning* element of flourishing” –

providing a reason for being (Seligman, 2011, p.193; *my emphasis*). Chin and Rickard (2014) demonstrated the potential of flourishing through music engagement in working adults, while Conner, DeYoung and Silva (2018) established a link between everyday creativity and flourishing in young adults. In this context, flourishing has been conceptualised as “engagement, meaningful involvement, and participating in positive relationships” (de Medeiros & Swinnen, 2018, p.70).

The Arts are now well understood as ‘sites’ where human dispositions of creativity, imagination and innovation are developed, and where personal, social and cultural capital is developed as outcomes (Wright & Pascoe, 2015, p. 297).

Within the review and stage one of the focus group study an evolving sense of **identity** was explored through various creative activities including dancing, quilting and physical theatre. Participation in these activities led to a re-discovery of self and an enhanced satisfaction in life. Additionally, traditional arts and crafts afforded older people the opportunity to re-connect with their cultural heritage, bringing a renewed sense of purpose and pride. Using creativity as a channel through which to understand meaning from transitional life experiences relates to the concept of resilience as an element of ageing ‘well’ (Reynolds, 2018). However, some approaches are very focussed on the health-related benefits of participatory arts engagement and on the idea of arts ‘on prescription’. Yet, a positive psychology framing encourages us to “*describe*, rather than *prescribe*, what people actually do to get well-being” (Seligman, 2011, p.20; *original emphasis*).

Arguably, a creative ageing approach allows us to present a variety of creative activities which may contribute to flourishing in later life, at the same time acknowledging variations in experiences and interests. Older people are not one homogeneous group, so whilst creative writing might provide solace for one person, dancing or gardening may be the conduit to flourishing for another. This thesis demonstrates the role of participatory arts in facilitating the conditions through which older people can thrive in later life. Engagement in the arts can be cathartic and restorative, demonstrating a creative nexus with **body, mind and soul**. Meaning in **making and creating** has been linked with concepts of flow (Csikszentmihalyi, 1997), grit (Duckworth et al., 2007) and positive emotion (Seligman, 2011). Participatory arts activities can also increase and strengthen **connections and communities**, by providing opportunities for shared experiences and social interaction. This sense of reciprocity has been

described as a “distinctive feature of arts-based social capital” (Reynolds, 2019). Through feeling connected, older people may experience a sense of belonging and a reason for being - **Ikigai**. Thus, participation in the arts can support transitions of ageing by engaging older people in meaningful creative activities and facilitating social connections, which may lead to flourishing in later life.

10.5 A conceptual framework of creative ageing

Based on the interwoven themes and concepts explored within this thesis, I have developed a conceptual framework of creative ageing which connects the three key elements of **participation**, **connection** and **flourishing** (Figure 49). The framework expands upon a previous model developed by Wood, Jepson and Stadler (2018) which simply illustrated the intersection between creative engagement and social interaction. Almost twenty years ago Cohen (2001) called for recognition of creative potential in ageing which looks beyond people’s “problems and limitations, to their everyday strengths and potential” (p.295). Bernard and Rickett (2019) explored the cultural value older people may obtain from involvement in theatre, identifying three key features of opportunities for learning and creative expression, group relationships and health and wellbeing. These categories have a certain synergy with concepts of **participation** and **connection**. However, the addition of **flourishing** in my conceptual framework incorporates **Ikigai** (reason for being) that engagement in the arts can provide in supporting people to thrive.

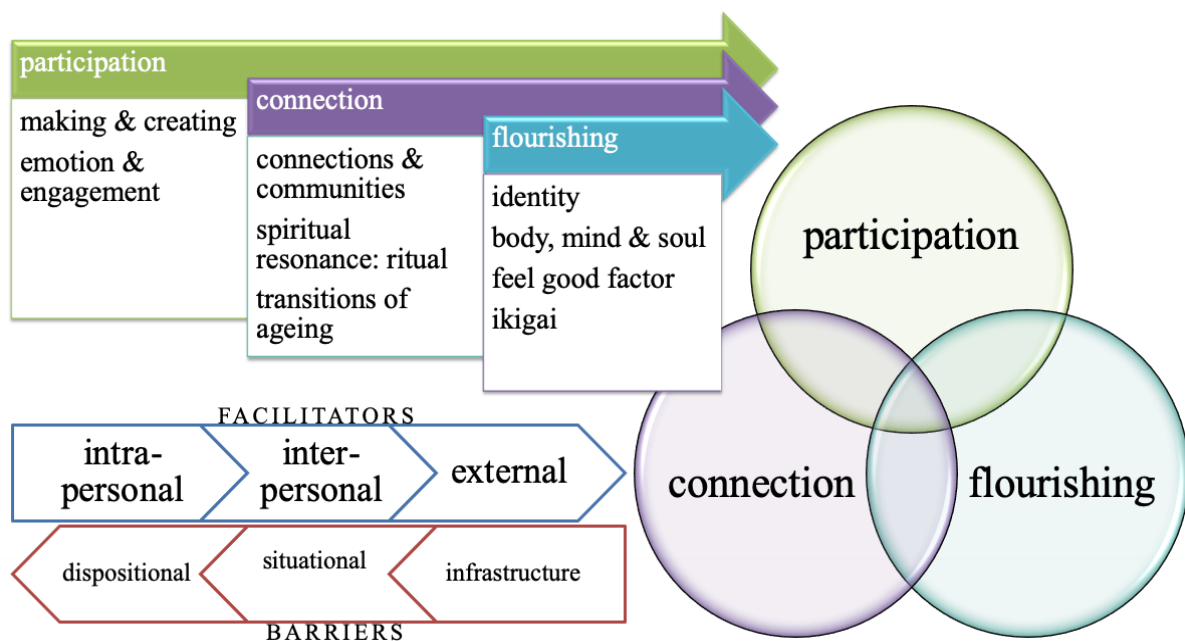


Figure 49: Conceptual framework of creative ageing

I used a Venn diagram in the conceptual framework to represent the interrelated nature of the central concepts and perceived benefits of participatory arts engagement relating to positive wellbeing in later life. Despite being placed under one element in the model, each theme links with other concepts, just as the circles in the Venn diagram overlap. Moreover, the framework integrates potential barriers to participation alongside factors which could mitigate some of the obstacles in order to encourage the development of more inclusive participatory arts programming. In conclusion, engaging in participatory arts activities can have various “emotional, psychological and physical health benefits [which contribute] to a higher quality of life, health and happiness as we age” (Miller et al., 2018, pp.249-250). However, in order to move our understanding of creative ageing forwards, we need to recognise that “creativity can be accessed and practised through a myriad of everyday engagements” (*ibid*). Thus, other activities including cooking and gardening should be recognised as providing alternative opportunities for meaningful engagement (APPG, 2017).

Greer, Fleuriet and Cantu (2012) suggested that whilst a painting programme for older adults had shown the potential for encouraging creative expression and positive psychosocial change, there was a need to develop a construct to measure the degree to which creativity can facilitate positive wellbeing. More recently, Cantu and Fleuriet (2018) suggested a link between creativity, wellbeing and enhanced cognitive focus (attention). This was explored in this doctoral study which postulates the potential of participatory arts engagement for maintaining memory, attention and general intellectual ability in later life (Bougeisi, 2016; Kattenstroth, 2013; Marini, 2014; Noice, 2004; Park, 2014).

Interestingly, whilst the current systematic review highlighted a prevalence of research into dance, recent research has been exploring other domains of art. For example, Cantu and Fleuriet (2018) examined painting, drawing, mixed media and creative writing, while Bernard and Rickett (2019) explored the cultural value of theatre engagement. Thus, this study contributes to the contemporary creative ageing field, which is moving away from a strong focus on the performing arts, towards research into participation in a more diverse range of creative activities.

10.6 Reflection on research methods

This thesis employed an innovative mixed-methods methodology, by integrating a systematic review of qualitative and quantitative research on the effects of participatory arts engagement on wellbeing and cognitive function, with focus group interviews to explore the review findings and to consider barriers to participation. Additionally, I employed an I-poem analysis of qualitative data within the review which resulted in a creative output, the poem. Nonetheless, challenges involved in combining approaches from different disciplines, methodological backgrounds and research paradigms were evident. For example, the rigidity in reporting requirements for a systematic review (with its links firmly rooted in positivism and objectivism) were contrasted with the subjectivist interpretation of focus group interview findings. That being said, highlighting the differences between approaches does not mean that it should not be done, rather that it requires an adaptive approach and a flexible methodological positioning which enables the researcher to adjust accordingly.

The combination of a mixed-methods systematic review with focus group interviews can be described as a multi-stance approach, referred to by Kincheloe (2001) as ‘methodological bricolage’. Such approaches facilitate exploration of “phenomena from multiple, sometimes competing, theoretical and methodological perspectives” (Rogers, 2012, p.1). Indeed, Kincheloe (2001) posited that innovation in interdisciplinary research requires personal interaction between researchers from a range of disciplinary domains and encouraged more research projects which facilitate such interactions. According to Kincheloe (2001), an appreciation of the integration of a variety of conceptual understandings can open “new interpretative windows that lead to more rigorous modes of analysis and interpretation” (p.690). The following sections provide reflections on the research methods employed in this thesis, starting with the systematic review.

10.6.1 Systematic review

Whilst a systematic review employs systematic and transparent methods to identify, critically appraise and analyse relevant research in order to provide a comprehensive synthesis of a particular topic, reviews are time sensitive and thus decisions need to be made as to whether it is appropriate to update a review (Elkins, 2018). This is particularly pertinent in a rapidly evolving field such as creative ageing, where new evidence is regularly being published.

Systematic reviews are also resource-intensive in terms of time and budget (Petticrew & Roberts, 2006). An alternative approach is to conduct a rapid review, adopting components of the systematic review process which are simplified or omitted to reduce resources. For example, a rapid review might limit the sources searched or provide a more descriptive summary or categorization of the data, though maintaining transparency of process (Khangura et al., 2012). There could also be the potential to integrate creative elements into such an approach.

Methodological issues identified in the review findings highlighted the diversity of quantitative measures being employed to assess effect of participatory arts engagement on various wellbeing, quality life and cognitive function domains. For example, the range of measurement tools employed in the studies of cognitive function was extensive (27 separate measures across four domains) and made meta-analysis impossible. Thus, a recommendation for future research is for more consistency in the use of measurement across diverse concepts of health relating to ageing, supported by the *Ageing Better Measures Framework* (Centre for Ageing Better, 2019a) and art-related measures such as the ArtsObs tool (Fancourt & Poon, 2015) or the Emotion Regulation Strategies for Artistic Creative Activities Scale (Fancourt et al., 2019).

Additionally, researchers should be explicit in defining the broad concept and specific domain of health under investigation and to provide the rationale for the choice of relevant measurement tool(s) employed. Rationale should be made in relation to the existing evidence base, as well as to the target participant group, scope of arts intervention, comparator (if relevant) and health outcome(s), i.e. using PICO. Clarity in approach to data collection and measurement, with the rationale for exploration of the specific health domain(s) would simplify the synthesis process and lead to more rigorous research and the production of more significant evidence (Gray et al., 2018; Skingley, Bungay & Clift, 2011).

An innovative approach employed in this mixed-methods systematic review was the inclusion of an I-poem approach to the analysis of the qualitative data, which aimed to distil important elements of participatory arts experiences by focusing on the first-person statements in participant quotes (Gilligan, 1982). I had intended to use an I-poem approach to analysis of both the qualitative findings in the review and focus group interviews. However, the focus group participants rarely used the first person when speaking, and thus I only

conducted I-poem analysis on a sub-set of data, i.e. the review findings. Additionally, this method of data analysis can be time consuming so can be best used with a sub-sample of data, e.g. using quotations describing experiences of dance. Whilst creative methods are sometimes contested, and to my knowledge have not been used in a systematic review, Kara (2015) posited that “Even where the method seems to be strictly prescribed, there is in fact a remarkable amount of scope for creativity” (p.15).

That being said, visual methods are becoming recognised as a useful tool in the presentation and dissemination of evidence syntheses, which may act as a conduit through which to bridge the gap between research and practice. For example, ‘evidence flowers’ have been used to present a succinct overview of evidence syntheses in an attempt to mitigate some of the barriers which deter engagement with systematic review and clinical guidelines (Babatunde et al., 2017). However, it is very early days and such approaches require interdisciplinary practice to involve a creative practitioner to produce a more visually engaging output. Indeed, Kara (2015) argued that taking a creative approach to research can help to expand its purpose “from simply finding answers to questions, to enabling us to see and understand problems and topics in new ways”, even if this might be uncomfortable for researchers who are not used to disciplinary norms being challenged (pp.14-15).

This might be particularly relevant within the areas of social science research, which might be more aligned to exploring non-binary thinking; and especially within the fields of arts and health and creative ageing, where integrating creative approaches into research could be a natural extension of the activities under investigation. For example, in my masters’ research into participatory arts and mental wellbeing, I adopted a participatory mapping approach which empowered the participants by “allowing them to define and visually represent situations which [were] important to them” (Bradfield, 2015, p.11). Thus, whilst the inclusion of an I-poem analysis was a very small creative contribution, it intends to act as a catalyst for future approaches to research synthesis and dissemination of findings.

10.6.2 Focus group interviews

The focus group interviews proved to be a useful approach by which to contextualise the review findings and see whether the themes resonated with older people’s own subjective experiences of creative engagement (Sundberg & Taylor-Gooby, 2013). The dialogical aspect

and social interaction of the focus group interview mimicked the participation characteristic of participatory arts engagement and also brought people together through a shared interest in the arts (Hesse-Biber & Leavey, 2011; Padgett, 1998). However, it would be interesting in future research to incorporate arts-based methods of data collection within creative ageing research, to enable a more creative voice and facilitate visual or performative reflections (Bradfield, 2015).

One of the aims of holding the focus group sessions in some of the more deprived areas of Cambridge city was to mitigate the bias within research towards more affluent participation. The study also acknowledged that people who engage in the arts and culture tend to be more affluent and thus have better health, longevity and a higher sense of wellbeing (Arts Council England, 2014). In the wards within Cambridge where I held the sessions in stage one, life expectancy ranges from 81.4 in Romsey (venue 2), 82.4 in Arbury (venue 1), to 85.0 in Castle (venue 3), the most affluent ward of the three. Nevertheless, since I did not collect postcodes of participants' home addresses, it is impossible to know whether they had travelled from different areas to attend the sessions. Venues in stage two were also selected in deprived areas outside the city.

Whilst subjective experiences across the groups could be related to most of the themes I developed in the systematic review, there was more of a sense of community amongst the group members in some of the sessions. This may be due to the fact that in some groups some of the participants already knew each other, as noted in the limitations section above. The second stage of the study enabled me to capture missing demographic data from the first stage and to explore barriers to participation. However, my lack of pre-existing relationships with some of the diverse groups I hoped would engage in the study proved to be an issue. Being a stranger in these communities meant that they did not immediately trust me, understand my motivations for conducting the research or see the benefits to participation. This highlights the need for more understanding of the factors which might prevent more socially disadvantaged or 'hard-to-reach' communities from participation in research, and to find strategies for overcoming these barriers. For example, providing researchers with extended timeframes may enable them to develop relationships and build trust (Bonevski et al., 2014).

10.7 Implications for research, policy and practice

This mixed-methods thesis builds on a rapidly emerging field of enquiry around the links between everyday creativity and flourishing (Wright & Pascoe, 2015). The study supports existing evidence within the broader field of arts and health that engaging in the arts and culture has a positive impact on personal wellbeing, enhanced quality of life and increased life satisfaction in later life (APPG, 2017; DCMS, 2016; Wood, Jepson & Stadler, 2018). It has also highlighted some of the challenges and opportunities of employing a mixed-methods methodology in interdisciplinary research. However, Kellner (1999) postulated that “the more perspectives one can bring to their analysis and critique, the better grasp of the phenomena one will have” (p.xii). Additionally, Kincheloe (2001) stated that “cutting edge research lives at the intersection of disciplinary borders” (p.690) and thus this multi-stance doctoral study contributes to the prosperous field of creative ageing, which blends social gerontology and arts and health. The following sections provide reflections on the implications of this thesis for research, policy and practice.

10.7.1 Implications for research

This study provides an exciting contribution to the exuberant field of creative ageing, by presenting findings from an exploration of the effects of participatory arts engagement in later life, through a systematic review and contemporary conversations. Whilst research on the benefits of creative and cultural engagement is rapidly increasing, the focus to date has been on people living with dementia (Deshmukh, Holmes & Cardno, 2018) and / or living in care homes (Curtis et al., 2018; Windle et al., 2017). Thus, this study contributes new evidence on the perceived benefits of creative engagement for healthy older people and suggests that participatory arts may be beneficial in maintaining quality of life and preventing cognitive decline in ageing (Fancourt & Steptoe, 2018). Moreover, the study identified barriers which may be preventing people from participating in arts and cultural activities and explored potential factors which might support engagement.

The framing around Seligman’s (2011) PERMA model of wellbeing enabled a positive emphasis on maintenance of wellbeing and prevention of cognitive decline in later life, rather than highlighting the detrimental effects of ageing. Nonetheless, we must recognise that as theories of wellbeing are constantly being advanced, our understandings of the nature of

participatory arts engagement in relation to the various elements of wellbeing must also evolve alongside them (Seligman, 2018). For example, Diener et al. (2010) evaluated two measures of wellbeing which explore similar elements of wellbeing to Seligman's (2011) PERMA model but present a slightly different approach. Firstly, the *Flourishing Scale* (Diener et al., 2009) is of particular interest in relation to creative ageing, as a measure of psycho-social flourishing. Based on psychological and social wellbeing theories, it includes items relating to social relationships, elements of a purposeful and meaningful life, and engagement and interest in activities.

Secondly, the *Scale of Positive and Negative Experience* (SPANE) (Diener et al., 2010) was designed to assess a full range of emotions and feelings, including those which might be positive, pleasant and / or negative. The scale was designed to provide a more accurate measurement of a range of feelings than the Positive and Negative Affect Schedule (PANAS), which they criticised for its focus on "high arousal feelings" (p.145). Interestingly, Diener et al. (2010) also highlighted differences between the interests of clinical practitioners looking to provide a diagnosis, and wellbeing researchers who are often interested in a more general assessment. This is a pertinent distinction to be raised as it highlights some of the issues relating to methodological diversity and lack of consensus regarding best practice discussed throughout this thesis.

There is some work to be done around ensuring that researchers' *intentions* are clearly articulated, rationalised and reported. Indeed, if we are to draw on the multidisciplinary of the field and wish to bridge gaps between research and practice, we should also embrace a broad range of creative practices. However, researchers wishing to conduct research from a multi-stance approach should recognise that there is "nothing simple about conducting research at the interdisciplinary frontier" (Kincheloe, 2001, p.690). That being said, the burgeoning field of creative ageing provides opportunities for researchers to explore activities which might not normally be included in arts and health research. These might include explorations of everyday creativity, which move away from binary distinctions between active and passive, production and consumption (Goulding, Davenport & Newman, 2018).

In summary, this study contributes to the growing body of evidence which links everyday creativity with flourishing in later life (Conner, DeYoung & Silva, 2018; Ververda & Hauge, 2019) and posits connections between creative engagement, resilience and flourishing (de

Medeiros & Swinnen, 2018). Exploring concepts of wellbeing, flourishing and resilience in connection with creativity in later life should be carefully considered however, to ensure that we do not solely conceptualise creative engagement “through the prism of health and wellbeing” (Goulding, 2018, p.8). Moreover, it is essential that we take a critical stance to research endeavours if we wish to avoid terms such as resilience becoming “the latest emancipatory buzzword” (Goulding, 2018, *ibid*). Finally, we need to be careful not to conceptualise creativity around a narrow understanding of the arts, recognizing that it is “a state of being that is embedded in everyday living” (Miller et al., 2018, p.250).

10.7.2 Implications for policy & practice

As research increasingly places emphasis on everyday creativity as a means of cultivating positive and meaningful experiences in later life, the dialogue around creative ageing has the potential to expand. Indeed, the growth of the creative ageing field beyond the western world demonstrates the impact of the global ageing phenomenon. For example, in countries like Japan where the ageing boom is more instantly obvious, life expectancy at birth exceeds 83 years old (National Institute on Aging, 2011b). Therefore, I believe it is time for us to look to conduct more research outside WEIRD (Western, Educated, Industrialised, Rich, and Democratic) societies and take inspiration from the innovative work taking place across the globe (Henrich, Heine & Norenzayan, 2010).

Ward (2015) shared an experience of exploring arts and ageing practice in Japan, where they “seek to develop work which is not only lifelong but *lifewide*” (para.4, *my italics*), which is a rather wonderful phrase for creative ageing policy and practice.

Collective aspirations for the future of arts and ageing in Japan ... include the ability to live as one wishes to and to accept others, the desire for a sense of unity and more communication between generations, more joy and cultural spaces that bring people together (Ward, 2015, para.14).

According to the United Nations, population ageing will be one of the “most significant social transformations of the twenty-first century”, with the population aged 60 and over growing faster than all younger age groups throughout the world (United Nations, n.d.). Additionally, the unprecedented pace at which Japan’s population is ageing has led to the

development of the term ‘super-ageing’ which reflects a demographic change like no other country has previously experienced. Indeed, a proposal has recently been made by the Japan Gerontological Society and the Japan Geriatrics Society for the redefinition of the elderly as aged 75 years and older (Ouchi et al., 2017). To put this into context, Japan’s population aged 65 and over was 24% in 2012, is expected to reach 30% by 2025 and is predicted to increase to almost 40% by 2060 (Salto, 2014). By contrast, the UK’s population aged 65 and over was 18.2% in 2017 and is expected to reach 20.7% by 2027 (Office for National Statistics, 2018).

Cutler (2015) referred to Japan as a ‘Super Ageing, Super Creative Society’ in which the “developing field of arts and older people [...] holds promise that creative ageing can be the aspiration of everyone” (p.16). Moreover, South Korea which is predicted to take over from Japan as *the* super-ageing society, employs the arts in centres of innovation for middle-aged women and places artists in organisations working with older people (Cutler, 2018b). Meanwhile, Taiwan, expected to become a super-ageing society by 2025 uses the arts to support older people in senior centres, museums and through projects such as the ‘Go Grandriders Project’ (Cutler, 2018c). The arts not only have the potential to enrich quality of life, but they can also be used as powerful tools in interrogating and reframing the ageing discourse.

Amigoni and McMullan (2019) recognise that cross-disciplinary working can be a slow process, based on the diverse perspectives in relation to theory and practice. However, they posit that our understanding of creative ageing can and should encompass variations in degrees of creativity. They suggest that we should seek a “*socialised* understanding of late-life creativity [which] recognizes that creativity in old age always has a social, political and, above all, *economic* context” (p.258-59; *original emphasis*). Moreover, they suggested that research practice should be looking for new ways of elucidating the “*critical* interstices” amongst our multiple disciplines and to consider a more placed-based, or ‘located’ understanding of creativity in later life (*ibid; original emphasis*).

...we need a fuller, more nuanced, more locally inflected understanding of [...] creativity [which allows] us to move forward with a genuine sense of optimism about the discoveries that are yet to unfold about the relationship between old age and the creative imagination (p.261).

Finally, according to Gordon-Nesbitt (2019) as the “diversity of older people’s interests is increasingly recognised” (p.79) and resources and evidence in support of the arts and older people sector are developed, creative ageing has been “given parity with other fields” (p.80). Moreover, recent research suggests that “active and social integrated lifestyles might even be neuroprotective”, i.e. engagement in creative activities is associated with reduced levels of cognitive decline in later life (Fancourt & Steptoe, 2018, p.1). The next step for creative ageing research, policy and practice is “normalising the role of the arts in the lives of older people” (p.81) and continuing to articulate the “role of culture in helping people to thrive” (Goulding, Davenport & Newman, 2018, p.1). These are exciting yet challenging times for the field.

10.7.3 Creative outputs & impact

One of my aims throughout this doctoral study has been in working towards bridging the gap between creative ageing research and practice. Following completion of this research thesis therefore, I intend to publish in relevant high-profile academic journals and to ensure that the findings are made accessible to non-academic audiences. I have already been invited and subsequently presented at two festivals of creative ageing: Yorkshire Dance’s *AGELESS: a dance festival reimagining age* (Leeds) and *Live Age Festival* (Newcastle-Under-Lyme), both of which attracted older, non-academic audiences. At Live Age Festival in October 2019, I engaged delegates in the research process by facilitating the production of their own I-poem which focused on their engagement in the festival and is being used by the organisers in their evaluation of the event. Creative methods can provide engaging portals for the dissemination of research findings which are comprehensible to the creative and ageing sectors (Gray & ForMed Films, 2019).

10.8 Concluding note

This study has shown some connections between participation in the arts and social capital (Reynolds, 2019; 2015). However, I have found flourishing to be a more accessible, understandable and relatable concept, particularly within the context of the creative ageing field. Indeed, social capital has been described as an antecedent or component of flourishing (Agenor, Conner & Arojan, 2017; Schotanus-Dijkstra et al., 2016). As such, flourishing may become the preferred term when translating research to lay audiences. Moreover, the tacit

opposition of positive psychology (and associated models of wellbeing and flourishing) to the biomedical model is much better suited to a phenomenographical approach. Indeed, the concept is becoming more frequently used throughout research within the interdisciplinary field of creative ageing (Chin & Rickard, 2014; Conner et al., 2018; de Medeiros & Swinnen, 2018).

The systematic review revealed rapidly increasing levels of research into participatory arts engagement in later life over the past five years, which contributes to the establishment of creative ageing as a field within its own right. The multidisciplinary and cross-sectoral nature of this field draws on a range of expertise and knowledge from researchers within arts and health and social gerontology. There are also a number of related fields and disciplines such as nursing, physiotherapy, sociology and the humanities. However, there is an ongoing need to consolidate the evidence base in a rigorous and consistent manner. Unfortunately, consistency is still not happening, as demonstrated in the review. Yet, comparability is as important as rigour in the development of research. Thus, a level of consistency in the measurement of wellbeing and cognitive function domains is essential.

Researchers and practitioners need to consider where there are gaps in the evidence base if we are to better evidence everyday creativity. Nevertheless, it is reassuring to see an evolution in research from a strong focus on the performing arts to include more varied definitions of arts and creativity. For example, visual arts e.g. painting and photography (Adams-Price & Morse, 2018; Barfarazi et al., 2018; Cajayon et al., 2017) and creative writing e.g. poetry and storytelling (Lai et al., 2019; 2018; Mager, 2019). This is where activities such as cooking and gardening naturally sit, presenting a more accurate reflection on the diversity of activities being integrated into people's everyday lives.

Creative ageing is a blossoming field with a thriving level of interest across research and practice. Recent developments include the launch of the British Society of Gerontology's Creative Ageing special interest group and a new national agency on creative ageing. A crucial development for the field moving forwards is the integration of arts-based methods throughout the research process. However, it is also essential for us to continue to draw on the expertise, knowledge and experience from the array of disciplines and sectors involved. Additionally, research should involve relevant stakeholders especially older people and must embrace creative, collaborative working to allow the field to advance and flourish.

EPILOGUE: PhD REFLECTIONS

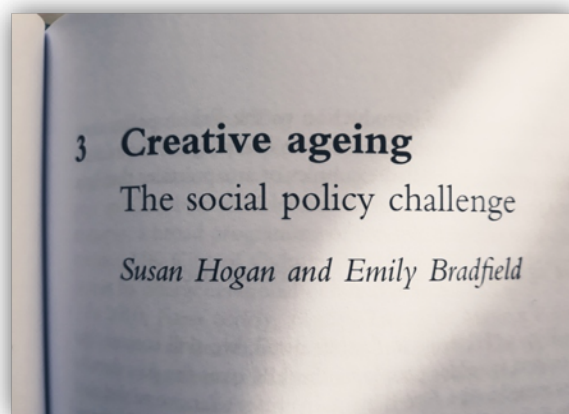
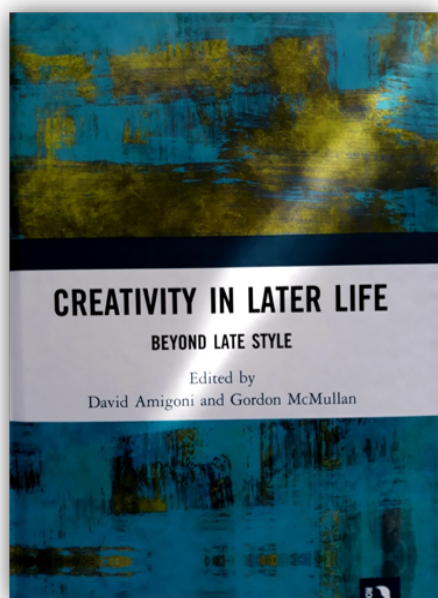
I'm not sure if I'm just lucky but I seem to be one of a few people who has thoroughly loved my doctoral research. Don't get me wrong I'm not saying it's been a breeze, but I have witnessed so many others struggling, worrying, or simply just not enjoying the experience. My journey on the other hand has been inspiring, eye-opening and exciting, if at times challenging! But then again, I do like a challenge...



I was reminded in writing this of taking part in the Yorkshire Three Peaks Challenge, in June 2013. The photo above captures me in a moment of reflection at the two peaks I had just climbed (Pen-y-ghent and Wharfedale), before my ascent of the third (Ingleborough). The challenge is to walk the three peaks (part of the Pennine range, in the Yorkshire Dales National Park) in under 12 hours. I completed the 24-mile (38.6km) route in around 10 hours.

Just as we enjoy looking back at old photographs and reflecting on the memories they capture, it felt important for me to look back over the past three years and the journey which has led me to writing this doctoral thesis. While the portfolio of experiences that has brought me to this point could easily fill a book (and yes, I already have a title for the book!), I hope in writing these reflections to provide an insight into some of the key PhD moments I have encountered along the way. Following on from the three peak challenge narrative, I have selected three points of reference to reflect upon – publication, collaboration & conferences.

Publication



It was an absolute honour to be asked by my Director of Studies (Professor Susan Hogan) to co-author a chapter with her on **Creative ageing: The social policy challenge**. This would be my second book chapter, having contributed *Dia de los Muertos and its Representation of Calaveras* in Newbold & Jordan (2016) *Focus on World Festivals: Contemporary Case Studies and Perspectives*, following completion of my Masters' degree. This time I would be writing with my Director of Studies, providing the social policy context in a collection on *Creativity in Later Life: Beyond Late Style*, which was published by Routledge in 2019.

Collaboration

As a field of inquiry which is coming of age, I wanted to see creative ageing being acknowledged outside the arts and health arena. Therefore, with interdisciplinary interest from social gerontology, and as a member of the British Society of Gerontology (BSG), I decided to explore the possibility. I knew that the BSG had a number of special interest groups, so I contacted a few other early career researchers who were also members & suggested it. Long story short, we submitted a proposal, it was accepted, and the **Creative Ageing Special Interest Group** held its inaugural symposium at the BSG's Annual Conference in July 2019. We have since held an event as part of the Economic and Social Research Council (ESRC) Festival of Social Science, entitled *What does it mean to age creatively?* (Z-Arts, Manchester, November 2019).

Conferences

I have found conferences to provide an extremely useful space in which to take a step back from the closeness of your own research, having presented in a range of environments across the UK, from London to Leeds, Norwich to Manchester and further afield in Lisbon (a full list of conference presentations can be found in Appendix Z.9). However, two events stand out as high points...

Royal Society of Public Health Powerful Partners (London, 2017)

I was invited to present at the Royal Society of Public Health's *Powerful Partners: Dementia Care through the Arts and Sciences* conference, having presented a five-minute challenge paper at the *1st International Arts & Dementia Research Conference* earlier that year.

Your paper at the March conference was very well received and we would very much like you to return to present a paper related to dementia and the arts; the topic area is your choice. If you would like, you can present findings from your review or in another area (Paul Camic, in an email on 13th June 2017).

What an honour - just one year into my PhD and I had been personally invited to present my research with healthy older people, at a conference on dementia care. Additionally, one of the other presenters in the session, Greg Windle (Royal College of Music) commented that it was the first time he had ever heard anyone make systematic reviews sound exciting!

World Healthcare Congress Europe (Manchester, 2019)

The second highlight came more recently, when I presented at the World Healthcare Congress Europe, in Manchester in March. My presentation was included in a session on *Ageing: Grand Challenges*, chaired by Esme Ward (Manchester Museum) with presentations from Elaine Unegbu (Manchester Older People's Forum) and Wendy Gallagher (Whitworth Gallery, Manchester). Esme tweeted from the conference saying: "Especially like her connecting to human flourishing & Seligman's wellbeing theory", whilst Elaine complimented me on placing older people's voices at the centre of my research.

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APPENDICES

NB: Signatures have been removed for data protection reasons (Appendix A, B, X & Y).

Appendix A: Systematic review request for ethical approval



Request for ethical approval for research undertaken by staff, post-graduate research and post-graduate professional students	
Please submit your completed form to the chair of your college research ethics committee (CREC)	
Your Name	Emily Bradfield
College	Health and Social Care
College Research Ethics Committee	
Staff ID	STF3036
Student ID	P41866010
Unimail address	e.bradfield@derby.ac.uk (preferred email address)
Programme name / code	Art for Health in Older Age
Name of supervisor(s)	Professor Susan Hogan; Professor David Sheffield
Title of proposed research study	
A systematic review of participatory arts for promoting wellbeing and quality of life in healthy older people	
Background information	
Has this research been funded by an external organisation (e.g. a research council or public sector body) or internally (such as the RLTF fund)? If yes, please provide details.	No
Have you submitted previous requests for ethical approval to the Committee that relate to this research project? If yes please provide details.	No
Are other research partners involved in the proposed research? If yes please provide details.	No
Signatures	
The information supplied is, to the best of my knowledge and belief, accurate. I clearly understand my obligations and the rights of the participants. I agree to act at all times in accordance with University of Derby Policy and Code of Practice on Research Ethics: http://www.derby.ac.uk/research/uod/ethics/	
Signature of applicant	
Date of submission by applicant	27/07/2017
Signature of supervisor (if applicable)	
Date of signature by supervisor (if applicable)	
<i>For Committee Use</i> Reference Number (Subject area initials/year/ID number)	
Date received	Date considered
Committee decision	Signed

Revised November 2013
Updated August 2015

1. What is the aim of your study? What are the objectives for your study?

AIM: To analyse the effect of engaging in participatory arts for promoting wellbeing and quality of life in healthy older people through a systematic review of existing evidence.

OBJECTIVES:

- To investigate the effect of engaging in participatory arts on the wellbeing and quality of life of healthy older people
- To analyse whether there are distinct wellbeing and quality of life outcomes from engagement in different art forms (e.g. visual arts, performing arts) for healthy older people.
- To analyse the differences (if any) in the effects of active and passive participation (e.g. art making vs art viewing) in the wellbeing and quality of life of healthy older people.
- To consider whether there is a relationship between participatory arts engagement and the development of social capital in healthy older people.

2. Explain the rationale for this study (refer to relevant research literature in your response).

A scoping review of existing systematic reviews in arts in health interventions with older people highlighted a lack of rigorous research into the effect of engaging in participatory arts for promoting wellbeing and quality of life for healthy older adults. Existing reviews focus on dementia and/or arts therapies, or with older people living in residential care:

- Vink, A., Bruinsma, M., Scholten, R. (2003) Music therapy for people with dementia. *Cochrane Database of Systematic Reviews*, Issue 4. Art. No: CD003477
- Beard, R. (2011) Art therapies and dementia care: A systematic review, *Dementia*, 11:5, 633-656.
- Cowl, A. & Gaugler, J. (2014) Efficacy of Creative Arts Therapy in Treatment of Alzheimer's Disease and Dementia: A Systematic Literature Review, *Activities, Adaption & Aging*, 38:4, 281-330.
- Young, R., Camic, P., and Tischler, V. (2016) The impact of community-based arts and health interventions on cognition in people with dementia: a systematic literature review, *Aging & Mental Health*, 20:4, 337-351.

Three reviews of participatory arts for older adults have previously been conducted, however the rationale for this new study is detailed below:

- Castora-Binkley, M., Noelker, L., Prohaska, T. & Satariano, W. (2010) Impact of Arts Participation on Health Outcomes for Older Adults, *Journal of Aging, Humanities, and the Arts*, 4, 352-367.
- Mental Health Foundation (2011) An Evidence Review of the Impact of Participatory Arts on Older People. London: Mental Health Foundation.
- Noice, T., Noice, H. & Kramer, A. (2013) Participatory Arts for Older Adults: A Review of Benefits and Challenges, *The Gerontologist*, 54:4, 741-753.

The Castora-Binkley et al (2010) review was conducted using only three databases (a limitation highlighted in their review) and searched articles in 2009 (and included studies were published before 2006). The evidence review carried out by the Mental Health Foundation (2011) provides a comprehensive overview of the literature at that time. The Noice, Noice & Kramer (2013) review authors define 'participatory arts' as involving 'active' participation (and not 'passive' participation). It is one of the objectives of this current study to consider the differences in these forms of engagement. The review also excluded case studies and grey literature. Both of the latter reviews set the age parameters at 60+ years (the first does not identify these) which will have meant that some research with older people (which uses 50+) will have been excluded. All three reviews included studies of music and/or singing.

Over the past decade the field of arts and health research has developed significantly from the emerging field it was at that time, with a much larger output of research. At the preliminary screening stage of the current review, 40% of the reviews for consideration (for title and abstract screening) were published after 2013. The current systematic review will therefore not only provide a cutting-edge analysis of participatory arts for promoting wellbeing and quality of life in later life, but further analysis of the effects of active versus passive engagement and the relationship between creative arts engagement and the development of social capital will be carried out.

3. Provide an outline of your study design and methods.

Electronic databases will be searched for relevant studies and bibliographies of included papers and Google Scholar will also be searched to identify further eligible studies. The searches will be limited to English language papers.

Context

Inclusion criteria:

Participatory arts interventions involving creative and performing arts including: visual arts, dance, drama, poetry, reading, storytelling, collage, pottery, museum/gallery visits, painting. Participants of 50+ years old will be included to allow for diverse definitions of 'older people' (e.g. 50+, 60+ or 65+).

Exclusion criteria:

Studies of music interventions/art therapies will be excluded due to the existing evidence base being strong.

Outcome(s)

Primary outcomes

Wellbeing using recognised method/measure (e.g. Subjective Wellbeing: satisfaction with life and positive and negative affect, and Psychological Wellbeing: autonomy, environmental mastery, positive relations with others, personal growth, self-acceptance and purpose in life) and Quality of life (using WHO definitions, e.g. WHO-QOL).

Secondary outcomes

Social capital;
 Social inclusion;
 Social engagement;
 Social participation;
 Cognitive function;
 Self-esteem.

Data extraction, (selection and coding)

Titles, abstracts and key words will be screened for relevance independently by two members of the team.

Resulting papers will be identified for retrieval and full text screening. Full text papers will be screened by two members of the team against inclusion criteria. Any disagreements over eligibility will be resolved through discussion with a third member of the team, if necessary. Included studies will be assessed for quality.

Data extraction will be carried out by a member of the team and cross checked by another member to ensure there are no inaccuracies.

For Quantitative evidence the data extraction form will include: study design and objectives, sample size, art form, outcome measures, analysis.

For Qualitative evidence the data extraction form will include: research design and objectives, art form, methods of data collection, outcome measures, participant details, analysis.

Strategy for data synthesis

A narrative synthesis of the findings from included studies will be used due to the expected heterogeneous nature of the studies including variation in study type and outcome measures (and measurement tools).

A mixed-methods approach to synthesis will be undertaken to integrate both quantitative and qualitative findings and increase the relevance of the systematic review. This approach will include a synthesis of quantitative studies, a thematic synthesis of qualitative research and finally a critical analysis of the two syntheses will form a third synthesis.

The mixed-methods approach will allow for sensitivity analysis to test the effect of including/excluding qualitative data.

Analysis of subgroups or subsets

Analyses of subgroups by art form and active vs passive participation will be explored within the syntheses.

4. If appropriate, please provide a detailed description of the study sample, covering selection, sample profile, recruitment and inclusion and exclusion criteria.

Types of study to be included

Inclusion criteria:

Empirical research using quantitative, qualitative or mixed methods.

Exclusion criteria:

Non-empirical research such as articles, interviews and studies with no reported results.

Participants/ population

Inclusion criteria:

Older people (50 years +);

Living in the community.

Studies containing both healthy older people and those with a formal diagnosis will be included. No exclusions will be made based on participants' gender, ethnicity or socio-economic status.

Exclusion criteria:

People under 50 years old;

People residing in care homes;

Populations with no reported age.

<p>5. Are payments or rewards/incentives going to be made to the participants? N/A</p>										
<p>6. Please indicate how you intend to address each of the following ethical considerations in your study. If you consider that they do not relate to your study please say so. Guidance to completing this section of the form is provided at the end of the document.</p> <p>a. Consent No original research is being conducted and included studies will be those already in the public domain. If a study author needs to be contacted for further information I will confirm the confidentially agreed with the original study participants and that ethical principles are respected in any exchange with the study author. If appropriate I will ask for a copy of the original consent form to ensure that the data will be used only in a way which participants consented to, or that they gave permission for activities which were similar to the purpose of my review.</p> <p>b. Deception N/A – no involvement directly with participants</p> <p>c. Debriefing N/A – no involvement directly with participants</p> <p>d. Withdrawal from the investigation N/A – no involvement directly with participants</p> <p>e. Confidentiality No involvement directly with participants. Any exchange with a study author will respect ethics principles and not affect the confidentiality originally agreed with study participants.</p> <p>f. Protection of participants N/A – no involvement directly with participants</p> <p>g. Observation research N/A – no involvement directly with participants</p> <p>h. Giving advice N/A – no involvement directly with participants</p> <p>i. Research undertaken in public places N/A – no involvement directly with participants</p> <p>j. Data protection If any identifiable personal data is received in any exchange with a study author this will not be included in the systematic review to ensure that the participants' anonymity remains protected.</p> <p>k. Animal Rights N/A – no involvement with animals</p> <p>l. Environmental protection N/A – there will be no negative impacts of my research on the natural environment and animal welfare as this is a systematic review of literature</p> <p>Are there other ethical implications that are additional to this list? In the event that there are concerns over the ethics of the original research, the findings of the study will not be included in the systematic review and will be noted in the limitations of the review.</p>										
<p>7. Have / do you intend to request ethical approval from any other body/organisation? No If 'Yes' – please give details</p>										
<p>8. Do you intend to publish your research? Yes If 'Yes', what are your publication plans? Dissemination plans The review will form part of my PhD and therefore will be published in the thesis. Paper(s) based on the findings will be prepared for submission to peer-reviewed journal(s). Findings will also be disseminated at conferences and through continued stakeholder engagement.</p>										
<p>9. Have you secured access and permissions to use any resources that you may require? (e.g. psychometric scales, equipment, software, laboratory space). N/A If Yes, please provide details.</p>										
<p>10. Have the activities associated with this research project been risk-assessed? Yes Level of risk to the researcher is tolerable as the systematic literature review will be carried out at my home (with some work on site at UoD). I will ensure that I have good working posture and environment to reduce the risk of repetitive strain injury and/or eye strain. Risk of bias (quality) assessment Risk of bias (quality) assessment will be carried out for the systematic review by two members of the review team using CASP where appropriate and another quality assessment tool where necessary.</p> <p>Which of the following have you appended to this application? N/A - no involvement directly with participants</p> <table border="0"> <tr> <td><input type="checkbox"/> Focus group questions</td> <td><input type="checkbox"/> Psychometric scales</td> </tr> <tr> <td><input type="checkbox"/> Self-completion questionnaire</td> <td><input type="checkbox"/> Interview questions</td> </tr> <tr> <td><input type="checkbox"/> Other debriefing material</td> <td><input type="checkbox"/> Covering letter for participants</td> </tr> <tr> <td><input type="checkbox"/> Information sheet about your research study</td> <td><input type="checkbox"/> Informed consent forms for participants</td> </tr> <tr> <td><input type="checkbox"/> Location consent form</td> <td><input type="checkbox"/> Other (please describe)</td> </tr> </table>	<input type="checkbox"/> Focus group questions	<input type="checkbox"/> Psychometric scales	<input type="checkbox"/> Self-completion questionnaire	<input type="checkbox"/> Interview questions	<input type="checkbox"/> Other debriefing material	<input type="checkbox"/> Covering letter for participants	<input type="checkbox"/> Information sheet about your research study	<input type="checkbox"/> Informed consent forms for participants	<input type="checkbox"/> Location consent form	<input type="checkbox"/> Other (please describe)
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<input type="checkbox"/> Location consent form	<input type="checkbox"/> Other (please describe)									

PLEASE SUBMIT THIS APPLICATION WITH ALL APPROPRIATE DOCUMENTATION

Revised November 2013
 Updated August 2015

Appendix B: Systematic review ethical approval

Dr Paula J Crick
Dean

Kedleston Road, Derby
DE22 1GB, UK

23rd August 2017

Name: Emily Bradfield

Dear Emily

Topic: *A systematic review of participatory arts for promoting wellbeing and quality of life in healthy older people*

Thank you for submitting your application to the College of Health and Social Care Research Ethics Committee.

Your study has been approved by the Committee and you are now able to proceed.

Once the study commences if any changes to the study described in the application or to the supporting documentation are necessary, you are required to make a resubmission to the College of Health and Social Care Research Ethics Committee.

We will also require an annual review of the progress of the study and notification of completion of the study for our records.

Yours sincerely,



Alison Kerr
Vice Chair, Health and Social Care Research Ethics Committee



Vice-Chancellor Professor Kathryn Mitchell
Incorporated in England as a charitable limited company
Registration no 3079282
www.derby.ac.uk

College of Health and Social Care



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Appendix C: PRISMA Checklist

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	

Page 1 of 2

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: www.prisma-statement.org

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Appendix D: ENTREQ Statement

Enhancing transparency in reporting the synthesis of qualitative research: the ENTREQ statement

No	Item	Guide and description
1	Aim	State the research question the synthesis addresses.
2	Synthesis methodology	Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of methodology (e.g. meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis).
3	Approach to searching	Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or iterative (to seek all available concepts until they theoretical saturation is achieved).
4	Inclusion criteria	Specify the inclusion/exclusion criteria (e.g. in terms of population, language, year limits, type of publication, study type).
5	Data sources	Describe the information sources used (e.g. electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), grey literature databases (digital thesis, policy reports), relevant organisational websites, experts, information specialists, generic web searches (Google Scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.
6	Electronic Search Strategy	Describe the literature search (e.g. provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits).
7	Study screening methods	Describe the process of study screening and sifting (e.g. title, abstract and full text review, number of independent reviewers who screened studies).
8	Study characteristics	Present the characteristics of the included studies (e.g. year of publication, country, population, number of participants, data collection, methodology, analysis, research questions).
9	Study selection Results	Identify the number of studies screened and provide reasons for study exclusion (e.g. for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications to the research question and/or contribution to theory development).
10	Rationale for appraisal	Describe the rationale and approach used to appraise the included studies or selected findings (e.g. assessment of conduct (validity and robustness), assessment of reporting (transparency), assessment of content and utility of the findings).
11	Appraisal items	State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g. Existing tools: CASP, QARI, COREQ, Mays and Pope [25]; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting).
12	Appraisal process	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.
13	Appraisal results	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.
14	Data extraction	Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? (e.g. all text under the headings "results /conclusions" were extracted electronically and entered into a computer software).
15	Software	State the computer software used, if any.
16	Number of reviewers	Identify who was involved in coding and analysis.
17	Coding	Describe the process for coding of data (e.g. line by line coding to search for concepts).
18	Study comparison	Describe how were comparisons made within and across studies (e.g. subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary).
19	Derivation of themes	Explain whether the process of deriving the themes or constructs was inductive or deductive.
20	Quotations	Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations or the author's interpretation.
21	Synthesis output	Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g. new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct).

Appendix E: Changes to protocol

Item:	Details of revision:
Grey literature	The protocol stated that searches would include any relevant grey literature. However, due to the heterogeneity of study types and designs identified in the searches, and the already broad inclusion of different art forms, I decided not to include grey literature in the analysis and synthesis. However, relevant sources of grey literature have contributed to the introduction and conceptual review.
Data extraction	The protocol stated that data extraction would be checked by another member of the review team (KP). However, in practice, as stated above, this is a time-consuming process, especially considering that we were two PhD students, both conducting our first systematic reviews. Secondly, in the context of a systematic review as PhD research, it was vital to ensure that my data extraction appear in this thesis (Boland, Cherry & Dickson, 2014).
Critical appraisal	The protocol stated that the CASP checklist would be used, when possible – however, the range of study designs meant that it was necessary to find alternative tools which were more suitable for the diverse study designs. For example, CASP does not offer a checklist for pre-post studies, static group comparisons or quasi-experimental study designs, and therefore alternative tools were sought and employed for these study designs.
Quantitative analysis: sensitivity analysis	The protocol stated that a mixed-methods approach would allow for sensitivity analysis to be conducted to test the effect of including / excluding qualitative data. However, as the review progressed, the value of the qualitative data became more significant and therefore sensitivity analysis was no longer deemed appropriate.
Quantitative analysis: subgroup analysis	The protocol also stated that analyses of subgroups by art form and active vs passive participation would be explored within the synthesis. While this was possible, on a narrative level, by art form, comparison of different levels of participation (e.g. active versus passive) was not possible in this review, as there was only one study which reported a ‘passive’ level of engagement.

Appendix F: Systematic review protocol

PROSPERO
International prospective register of systematic reviews


National Institute for
Health Research

A systematic review of participatory arts for promoting wellbeing and quality of life
in healthy older people

Emily Bradfield, Kate Phillips, Susan Hogan, David Sheffield, Dawn Forman, Catherine Meads

Citation

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Review question

- What is the effect of engaging in participatory arts on the wellbeing and quality of life of healthy older people?
- Are there distinct wellbeing and quality of life outcomes from engagement in different art forms (eg visual arts, performing arts) for healthy older people?
- What are the differences in the effects of active and passive participation (eg art making vs art viewing) on the wellbeing and quality of life of healthy older people?
- Is there a relationship between participatory arts engagement and the development of social capital in healthy older people?

Searches

The following electronic databases will be searched:

Abstracts in Social Gerontology; Ageline; Allied and Complementary Medicine Database (AMED); Arts and Humanities Citation Index; Applied Social Sciences Index and Abstracts (ASSIA); British Nursing Index; CINAHL; Cochrane Central Register of Controlled Trials (CENTRAL); Conference Proceedings Citation Index; EBSCO; EMBASE; ERIC database; Joanna Briggs Foundation; MEDLINE; Performing Arts Periodicals Database; PsychArticles; PsycINFO; Science Citation Index; Scopus; Social Science Citation Index (SSCI); Web of Science.

Databases of reviews (Database of Abstracts of Reviews of Effects (DARE) and Cochrane Database of Systematic Reviews (CRSRs)) will be searched for relevant systematic reviews published in the last 5 years (eg since 2012).

Bibliographies of included papers and Google Scholar will also be searched to identify further eligible studies, in addition to relevant grey literature. The searches will be limited to English language papers.

Types of study to be included

Inclusion criteria: Empirical research using quantitative, qualitative or mixed methods.

Exclusion criteria: Non-empirical research such as articles, interviews and studies with no reported results.

Condition or domain being studied

Wellbeing and quality of life in healthy older people

Participants/population

Inclusion criteria:

Older people (50 years +);

Living in the community.

Studies containing both healthy older people and those with a formal diagnosis will be included. No exclusions will be made based on participants' gender, ethnicity or socio-economic status.

Exclusion criteria:

People under 50 years old;
People residing in care homes;
Populations with no reported age.

Intervention(s), exposure(s)**Inclusion criteria:**

Participatory arts interventions across all art forms (excluding music);
Arts activities which include active engagement (eg art making);
Arts activities which include passive engagement (eg art viewing).

Exclusion criteria:

Arts therapy interventions;
Music interventions.

Comparator(s)/control

Quantitative studies must include a control group (either standard care or participation in a comparative arts activity).

Context

Stakeholders will be engaged throughout the review process to assist in the production of research evidence which is relevant to a non-academic audience.

Inclusion criteria:

Participatory arts interventions involving creative and performing arts including: visual arts, dance, drama, poetry, reading, storytelling, collage, pottery, museum/gallery visits, painting. Participants of 50+ years old will be included to allow for diverse definitions of 'older people' (eg 50+, 60+ or 65+).

Exclusion criteria:

Studies of music interventions/art therapies will be excluded due to the existing evidence base being strong.

Main outcome(s)

Wellbeing using recognised method/measure (eg Subjective Wellbeing: satisfaction with life and positive and negative affect, and Psychological Wellbeing: autonomy, environmental mastery, positive relations with others, personal growth, self-acceptance and purpose in life) and Quality of life (using WHO definitions, eg WHO-QOL).

Additional outcome(s)

Social capital; Social inclusion; Social engagement; Social participation; Cognitive function; Self-esteem.

Data extraction (selection and coding)

Titles, abstracts and key words will be screened for relevance independently by two members of the team (EB & KP). Resulting papers will be identified for retrieval and full text screening. Full text papers will be screened by two members of the team (EB & KP) against inclusion criteria. Any disagreements over eligibility will be resolved through discussion with a third member of the team, if necessary. Included studies will be assessed for quality.

Data extraction will be carried out by a member of the team (EB) and cross checked by another member (KP) to ensure there are no inaccuracies.

For Quantitative evidence the data extraction form will include: study design and objectives, sample size, art form, outcome measures, analysis.

For Qualitative evidence the data extraction form will include: research design and objectives, art form, methods of data collection, outcome measures, participant details, analysis.

Risk of bias (quality) assessment

Risk of bias (quality) assessment will be carried out by two members of the review team (EB & KP) using CASP where appropriate and another quality assessment tool where necessary.

Strategy for data synthesis

A narrative synthesis of the findings from included studies will be used due to the expected heterogeneous nature of the studies including variation in study type and outcome measures (and measurement tools).

A mixed-methods approach to synthesis will be undertaken to integrate both quantitative and qualitative findings and increase the relevance of the systematic review. This approach will include a synthesis of quantitative studies, a thematic synthesis of qualitative research and finally a critical analysis of the two syntheses will form a third synthesis.

The mixed-methods approach will allow for sensitivity analysis to test the effect of including/excluding qualitative data.

Analysis of subgroups or subsets

Analyses of subgroups by art form and active vs passive participation will be explored within the syntheses.

Contact details for further information

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Anticipated or actual start date

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Conflicts of interest

None known

Language

English

Country

England

Stage of review

Review_Completed_not_published

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Drive; Health Status; Humans; Quality of Life

Date of registration in PROSPERO

28 March 2017

Appendix G: Search strategy

CINAHL search strategy
Filters applied: ENGLISH SOURCE TYPES (academic journals, dissertations/theses) SUBJECT AGE (aged, 80 & over; middle aged: 45-64 years; aged: 65+ years)
<p>(MH "Quality of Life") OR (MH "Psychological Well-Being") OR (MH "Personal Satisfaction") OR (MH "Happiness") OR (MH "Social Capital") OR (MH "Social Networks") OR (MH "Autonomy") OR (MH "Social Inclusion") OR (MH "Social Participation")</p> <p>OR TI ("quality of life" OR wellbeing OR well-being OR "life satisfaction" OR satisfaction OR happiness OR mastery OR "well being" OR "social network" OR wellness OR "social capital" OR autonomy OR "positive relation*" OR "social inclusion" OR "social engagement" OR "social participation" OR "cognitive function" OR self-esteem OR "personal growth" OR self-acceptance OR "purpose in life")</p> <p>OR AB ("quality of life" OR wellbeing OR well-being OR "life satisfaction" OR satisfaction OR happiness OR mastery OR "well being" OR "social network" OR wellness OR "social capital" OR autonomy OR "positive relation*" OR "social inclusion" OR "social engagement" OR "social participation" OR "cognitive function" OR self-esteem OR "personal growth" OR self-acceptance OR "purpose in life")</p> <p>OR SU ("quality of life" OR wellbeing OR well-being OR "life satisfaction" OR satisfaction OR happiness OR mastery OR "well being" OR "social network" OR wellness OR "social capital" OR autonomy OR "positive relation*" OR "social inclusion" OR "social engagement" OR "social participation" OR "cognitive function" OR self-esteem OR "personal growth" OR self-acceptance OR "purpose in life")</p> <p>AND</p> <p>(MH "Art") OR (MH "Performing Arts") OR (MH "Dancing") OR (MH "Drawing") OR (MH "Writing") OR (MH "Museums") OR (MH "Photography") OR (MH "Poetry") OR (MH "Storytelling")</p> <p>OR TI ("life story" OR "performing art*" OR "print making" OR "spoken word" OR "visual art*" OR ceramic* OR collage OR craft* OR crochet OR danc* OR drawing OR film OR galler* OR illustration OR knitting OR museum OR painting OR photograp* OR poetry OR pottery OR puppetry OR sculpt* OR sewing OR storytelling OR theat* OR watercolour OR "creative writing" OR "participatory art*" OR "community art*")</p> <p>OR SU ("life story" OR "performing art*" OR "print making" OR "spoken word" OR "visual art*" OR ceramic* OR collage OR craft* OR crochet OR danc* OR drawing OR film OR galler* OR illustration OR knitting OR museum OR painting OR photograp* OR poetry OR pottery OR puppetry OR sculpt* OR sewing OR storytelling OR theat* OR watercolour OR "creative writing" OR "participatory art*" OR "community art*")</p> <p>OR AB ("life story" OR "performing art*" OR "print making" OR "spoken word" OR "visual art*" OR ceramic* OR collage OR craft* OR OR crochet OR danc* OR film OR galler* OR illustration OR knitting OR museum OR painting OR photograp* OR poetry OR pottery OR puppetry OR sculpt* OR sewing OR storytelling OR theat* OR watercolour OR "creative writing" OR "participatory art*" OR "community art*")</p> <p>NOT AB ("place making" or place-making) NOT TI ("place making" or place-making) NOT SU ("place making" or place-making)</p> <p>AND</p> <p>(MH "Aged") OR (MH "Aged, 80 and Over") OR (MH "Aging")</p> <p>OR TI ("older people" OR "older adults" OR "older age" OR elder* OR pensioner OR senior* OR "later life" OR geriatric)</p> <p>OR AB ("older people" OR "older adults" OR "older age" OR elder* OR pensioner OR senior* OR "later life" OR geriatric)</p> <p>OR SU ("older people" OR "older adults" OR "older age" OR elder* OR pensioner OR senior* OR "later life" OR geriatric)</p>

Appendix H: Call for evidence

Call for evidence: participatory arts with older people

I am carrying out a systematic review of evidence on participatory arts for promoting wellbeing and quality of life in healthy older people.

I am looking for all evidence on participatory arts activity with older people. The review excludes music/singing, but all other creative arts work will be included, e.g. visual arts, dance, drama, photography...

My review will address the following questions:

- What is the effect of engaging in participatory arts on the wellbeing and quality of life of healthy older people?
- Are there distinct wellbeing and quality of life outcomes from engagement in different art forms (e.g. visual arts, performing arts) for healthy older people?
- What are the differences in the effects of active and passive participation (e.g. art making vs art viewing) on the wellbeing and quality of life of healthy older people?
- Is there a relationship between participatory arts engagement and the development of social capital in healthy older people?

I am seeking evidence that meets the following criteria:

- Research studies / Evaluation reports
- Participatory arts (not arts therapies)
- Creative arts activity (excluding music/singing – though if evaluation contains other arts as well, this might be included)
- Arts activity with 'healthy' older people (aged 50+)
- Qualitative, quantitative or mixed methods evidence /react-text
- Evaluation must include measurement of wellbeing and/or quality of life
- Evidence that includes comparison groups who did not participate in the arts activity is particularly welcome
- Evaluation of passive / active participation particularly welcome (e.g. art viewing vs art making)
- Written in English

Please email evaluation report(s) to e.bradfield@derby.ac.uk by 31st October 2017.

For more details on the systematic review [visit PROSPERO](#).

Thank you.

Emily Bradfield
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Appendix I: Missing data

Study	Measurement	Data missing / graph format	Response	Comments	Outcome
Berryman-Miller (1988)	Tennessee Self-Concept Scale (TSCS)	Mean scores (post only)	Unable to contact author (deceased)	Book including study obtained. No additional data contained in book.	Unable to include quantitative data –
de Medeiros (2011)	Personal semantic memory / autobiographical memory interview / Remote Word Association Task / Geriatric Depression Scale (GDS) / TSCS / SF-36	Data in graph format – no data for GDS, TSCS or SF-36	No response received	Data estimated from graphs by EB (Semantic memory graph unable to read)	Include estimated data (excluding semantic memory, GDS, TSCS & SF-36)
Garcia Gouvêa (2017)	Stait-Trait Anxiety Inventory (STAI)	No data	No response received		Unable to include STAI data - narrative findings only
Marini (2015)	Cognitive Function measures & SF-12	Data in graph format	No response received	Data estimated from graphs by EB	Include estimated data
Moore (2017)	Mood scales	No data	Data received	MEAN results only recorded, no SD	Include narrative analysis
Park (2014)	Episodic memory & cognitive constructs	Data in graph format	No response received	Data estimated from graphs by EB	Include estimated data
Skingley (2016)	WHOQOL-BREF	No data	Data received	MEAN results only recorded, no SD	Include narrative analysis
Stevens-Ratchford (2016)	Satisfaction with Life Scale (SWLS) & Quality of Life Scale (QOLS)	No data	No response received	Unable to include quantitative data	Study considered as qualitative (not-mixed methods)

Appendix J: Critical appraisal tools

1 CASP Qualitative Checklist

This is a checklist of 10 questions used to appraise qualitative research studies. The checklist asked the appraiser to consider whether the results of the study are valid, what the results are and whether the results help locally. Screening questions on statement of aims and appropriateness of methodology are asked first, followed by questions regarding research design, recruitment strategy, data collection, researcher bias, ethics, data analysis, findings and value of the research. Originally designed to be used as educational pedagogic tools, CASP do not suggest a scoring system, rather the analyst is asked to record *yes*, *no* or *can't tell* in response to each question (CASP, 2017a). The CASP Qualitative Checklist (CASP, 2017a) was also used to appraise the qualitative element of the included mixed-methods studies and was compared with results from the Mixed Methods Appraisal Tool (MMAT) to ensure consistency across the two tools.

2 CASP Randomised Controlled Trial (RCT) Checklist

The CASP RCT checklist comes from the same critical appraisal skills programme as the qualitative checklist. This checklist has 11 questions to appraise RCT studies, including screening questions and general questions regarding the research design but also considers the validity of the results, the results themselves and whether they help locally. The responses of *yes*, *no* or *can't tell* are recommended (CASP, 2017b)

3 Mixed Methods Appraisal Tool (MMAT)

This tool was designed to appraise the methodological quality of qualitative, quantitative and mixed methods studies included in a systematic review, not the quality of the reporting. (Pluye et al. 2011). MMAT includes a checklist and explanation of each criteria. For each included study, the appraiser must select the appropriate category of the study element to appraise, i.e. qualitative, quantitative (RCT), quantitative (non-randomised), Quantitative (descriptive) and mixed methods. There are five questions in each category. For example, to appraise a study which comprised of a qualitative element and RCT, the appraiser would check the criteria for both of these categories in addition to the section on mixed methods. For each question a response of *yes*, *no* or *can't tell* is required and a scoring system included.

4 Quality Assessment Tool for Before-After (Pre-Post) Studies with No Control Group

Whilst the CASP Cohort Study Checklist was the closest in relevance to the CASP tool for appraising the pre-post studies with no control, the National Heart, Lung, and Blood Institute (NHLBI) offer an appraisal tool designed specifically for use with 'Before-After (Pre-Post) Studies with No Control Group' (NHLBI, n.d.) and was employed in this study. The tool consists of 12 questions including items relating to participants, intervention and outcome measures, with a recommended rating of good, fair or poor. To ensure consistency with other critical appraisal tools however, responses were recorded as *yes*, *no* or *don't know*.

5 Appraisal tool for cross-sectional (static group comparison) studies (AXIS)

In the absence of a critical appraisal tool for static group comparison studies of exposure, e.g. comparing regular participation in the arts with an age-matched control, but with no intervention, the AXIS tool was employed. AXIS was developed to address issues which appear in this type of study design and for the tool to be relevant across disciplines (Downes et al. 2016). The tool consists of 20 questions, with responses recorded as *yes*, *no* or *don't know*. Of note is that this tool includes a question regarding funding sources or conflicts of interest and also asks whether ethical approval or consent was attained.

6 Joanna Briggs Institute Critical Appraisal Checklist for Quasi-Experimental Studies

CASP does not provide a checklist for quasi-experimental studies (non-randomised experimental studies) with no control group. Therefore, the Joanna Briggs Institute (JBI) checklist for quasi-experimental studies was adopted to appraise the relevant studies included in the review (Tufanaru et al. 2017). The checklist includes nine questions, with grading of *yes*, *no*, *unclear* or *not applicable*. For consistency with checklists for other study designs, unclear and not applicable were rated the same (e.g. = 1).

Appendix K: Psychological wellbeing scales

Ryff's psychological wellbeing scales (Self-acceptance)	Ryff's psychological wellbeing scales (Purpose in life)	Rosenberg's Self-Esteem Scale
When I look at the story of my life, I am pleased with how things have turned out	I live one day at a time and don't really think about the future	On the whole, I am satisfied with myself
In general, I feel confident and positive about myself	I have a sense of direction and purpose in life	At times I think I am no good at all
I like most aspects of my personality	<i>I don't have a good sense of what it is I'm trying to accomplish in life</i>	I feel that I have a number of good qualities
<i>In many ways, I feel disappointed about my achievements in life</i>	I enjoy making plans for the future and working to make them a reality	I am able to do things as well as most other people
<i>My attitude about myself is probably not as positive as most people feel about themselves</i>	Some people wander aimlessly through life, but I am not one of them	<i>I feel I do not have much to be proud of</i>
When I compare myself to friends and acquaintances, it makes me feel good about who I am	<i>I sometimes feel as if I've done all there is to do in life</i>	<i>I certainly feel useless at times</i>
		I feel that I'm a person of worth, at least on an equal plane with others
		<i>I wish I could have more respect for myself</i>
		<i>All in all, I am inclined to feel that I am a failure</i>
		I take a positive attitude towards myself

Appendix L: Subjective wellbeing scales

Moore (2017)	Kattenstroth (2013)
<i>Since participating, I have seen changes in my...</i>	<i>Since I have attended, I...</i>
Energy	feel more vital
Kindness	feel better
Sadness	experience less pain
Happiness	am more active
Stress	changed my nutrition
Relaxed	found it was good to do something for myself
Forgetfulness	would recommend dancing to others
Clarity of thinking	am glad to have taken part
Degree to which I'm in tune with other peoples' feelings	would like to continue
Degree to which I'm in tune with my own feelings	
confidence	
self-esteem	

Appendix M: Challenges with categorisation

There proved to be some challenges in categorising these tests into domains of cognitive function, in part based on the inaccurate or alternative categorisations adopted by the study authors. For example, Park (2014) categorized the cognitive constructs as processing speed, mental control, episodic memory and visuospatial processing. While some of these terms seem to be frequent in the literature on cognitive functioning, there is no clearly defined set of domains which are used consistently. What is also concerning is that Park (2014) does not cite the original sources of the battery of cognitive measurement tools, but instead cites other articles which have used them, and at times uses different names for the tests included in the study, which raises concerns over whether the validated tools were actually employed in the study.

For example, for CANTAB tasks, Park cites a study relating to cognitive deficits which employed CANTAB tasks (Robbins et al. 1994), rather than citing Cambridge Cognition, or the University of Cambridge where the measurement tools were originally developed (Cambridge Cognition, 2019). Park (2014) stated that the digit comparison tasks were drawn from Salthouse & Babcock (1991). However, it is unclear whether some, or all, of the tasks described in the original article (listening span, digit span and word span, arithmetic and sentence comprehension, and coordination) were administered.

Similarly, there is no detail on how Raven's Progressive Matrices (Raven, 1941) were modified for this study. Furthermore, with very little information provided on the 'Erikson' test referred to in the Park (2014) study, I got in touch with the company which developed the measurement tools, Erikson International, based in Italy. Through email correspondence with Valeria Agliuzzo, the Foreign Rights and International Relations Director, on 12th June 2018, it turned out that Park had cited the first edition of test which has now been republished in a new edition in 2013: 'Attenzione e Concentrazione' (Attention & Concentration).

Appendix N: Included studies

Included studies
Alpert, T., Miller, S., Wallmann, H., Havey, R., Cross, C., Chevalia, T., Gillis, C. & Kodandapari, K. (2009) The effect of modified jazz dance on balance, cognition, and mood in older adults. <i>Journal of the American Academy of Nurse Practitioners</i> , 108-115.
Bedding, S. & Sadlo, G. (2008) Retired People's Experience of Participation in Art Classes. <i>British Journal of Occupational Therapy</i> , 71:9, 371-378.
Berryman-Miller, S. (1988) Dance Movement: Effects on Elderly Self-Concept. <i>Journal of Physical Education, Recreation and Dance</i> , 59:5, 42-46.
Bougeisi, M., Zisi, T. & Zisi, V. (2016) Differences in Cognitive Function Among Hellenic Folk Dancers, Exercisers and Non-exercisers. <i>Journal of Physical Activity, Nutrition and Rehabilitation</i> , 1-9.
Brown, C., McGuire, F. & Voelkl, J. (2008) The Link between Successful Aging and Serious Leisure. <i>International Journal of Aging and Human Development</i> , 66:1, 73-95.
Cooper, L. & Thomas, H. (2002) Growing old gracefully: social dance in the third age. <i>Ageing & Society</i> , 22, 689-708.
Cruz-Ferreira, A., Marmeleira, J., Formigo, A., Gomes, D. & Fernandes, J. (2015) Creative Dance Improves Physical Fitness and Life Satisfaction in Older Women. <i>Research on Aging</i> , 37:8, 837-855.
de Medeiros, K., Kennedy, Q., Cole, T., Lindley, R. & O'Hara, R. (2007) The Impact of Autobiographic Writing on Memory Performance in Older Adults: A Preliminary Investigation. <i>The American Journal of Geriatric Psychiatry</i> , 15:3, 257-261.
de Medeiros, K., Mosby, A., Hanley, K., Suarez Pedraza, M. & Brandt, J. (2011) A randomized clinical trial of a writing workshop intervention to improve autobiographical memory and well-being in older adults. <i>International Journal of Geriatric Psychiatry</i> , 26, 803-811.
Eyigor, S., Karapolat, H., Durmaz, B., Ibisoglu, U. & Cakir, S. (2009) A randomized controlled trial of Turkish folklore dance on the physical performance, balance, depression and quality of life in older women. <i>Archives of Gerontology and Geriatrics</i> , 48, 84-88.
Garcia Gouvêa, J., Dias Antunes, M., Bortolozzi, F., Grano Marques, A. & Marques Gomes Bertolini, S. (2017) Impact of Senior Dance on emotional and motor parameters and quality of life of the elderly. <i>Revista da Rede de Enfermagem do Nordeste</i> , 18:1, 51-58.
Joseph, D. & Southcott, J. (2013) Crafts and successful ageing: The Découpage Guild Australia. <i>Craft Research</i> , 4:2, 203-222.
Kattenstroth, J., Kolankowska, I., Kalisch, T. & Dinse, H. (2010) Superior sensory, motor, and cognitive performance in elderly individuals with multi-year dancing activities. <i>frontiers in Aging Neuroscience</i> , 2:31, 1-9.
Kattenstroth, J., Kalisch, T., Holt, S., Tegenthoff, M. & Dinse, H. (2013) Six months of dance intervention enhances postural, sensorimotor, and cognitive performance in elderly without affecting cardio-respiratory functions. <i>frontiers in Aging Neuroscience</i> , 5:5, 1-16.
MacMillan, T. (2016) An exploration of older adults' perceptions and motivating factors behind participation in dance. <i>International Journal of Humanities and Social Science Review</i> , 2:1, 23-35.
Maidment, J. & Macfarlane, S. (2009) Craft groups: Sites of friendship, empowerment, belonging and learning for older women. <i>Groupwork</i> , 19:1, 10-25.

Included studies
Maidment, J. & Macfarlane, S. (2011a) Crafting Communities: Promoting Inclusion, Empowerment, and Learning between Older Women. <i>Australian Social Work</i> , 64:3, 283-298.
Maidment, J. & Macfarlane, S. (2011b) Older Women and Craft: Extending Educational Horizons in Considering Wellbeing. <i>Social Work Education</i> , 30:6, 700-711.
Marini, M., Monaci, M., Manetti, M., Piazza, M., Paternostro, F. & Sgambati, E. (2015) Can practice of Dancesport as physical activity be associated with the concept of “successful aging”? <i>The Journal of Sports Medicine and Physical Fitness</i> , 55:10, 1219-1226.
Mavrovouniotis, F., Argiriadou, E. & Papiouannou, C. (2010) Greek traditional dances and quality of life of old people’s life. <i>Journal of Bodywork & Movement Therapies</i> , 14, 209-218.
Meeks, S., Shryock, S. & Vandenbroucke, R. (2017) Theatre Involvement and Well-Being, Age Differences, and Lessons From Long-Time Subscribers. <i>The Gerontologist</i> , 58:2, 278-289.
Moore, R., Straus, E., Dev, S., Parish, S., Sueko, S. & Eyler, L. (2017) Development and pilot randomized control trial of a drama program to enhance well-being among older adults. <i>The Arts in Psychotherapy</i> , 52, 1-9.
Murray, M. & Crummett, A. (2010) ‘I Don’t Think They Knew We Could Do These Sorts of Things’ Social Representations of Community and Participation in Community Arts by Older People. <i>Journal of Health Psychology</i> , 15:5, 777-785.
Noice, H., Noice, T. & Staines, G. (2004) A Short-Term Intervention to Enhance Cognitive and Affective Functioning in Older Adults. <i>Journal of Aging and Health</i> , 16:4, 1-24.
O’Toole, L., Ryder, R., Connor, R., Yurick, L., Hegarty, F. & Connolly, D. (2015) Impact of a Dance Programme on Health and Well-Being for Community Dwelling Adults Aged 50 Years and Over. <i>Physical & Occupational Therapy in Geriatrics</i> , 33:4, 303-319.
Park, D., Lodi-Smith, J., Drew, L., Haber, S., Hebrank, A., Bischof, G. & Aamodt, W. (2014) The Impact of Sustained Engagement on Cognitive Function in Older Adults: The Synapse Project. <i>Psychological Science</i> , 25:1, 103-112.
Richeson, N. & Thorson, J. (2002) The Effect of Autobiographical Writing on the Subjective Well-Being of Older Adults. <i>North American Journal of Psychology</i> , 4:3, 395-404.
Roberson, D. & Pelclova, J. (2014) Social Dancing and Older Adults: Playground for Physical Activity. <i>Ageing International</i> , 39, 124-143.
Rose, E. & Lonsdale, S. (2016) Painting place: Re-imagining landscapes for older people’s subjective wellbeing. <i>Health & Place</i> , 40, 58-65.
Sabeti, S. (2015) Creative ageing? Selfhood, temporality and the older adult learner. <i>International Journal of Lifelong Education</i> , 34:2, 211-229.
Shanahan, J., Coman, L., Ryan, F., Saunders, J., O’Sullivan, K., Ni Bhriain, O. & Clifford, A. (2016) To dance or not to dance? A comparison of balance, physical fitness and quality of life in older Irish set dancers and age-matched controls. <i>Public Health</i> , 4, 56-62.
Skingley, A., De-Ath, S. & Napleton, L. (2016) Evaluation of edna: arts and dance for older people. <i>Working with Older People</i> , 20:1, 46-56.
Stevens-Ratchford, R. (2016) Ballroom Dance: Linking Serious Leisure to Successful Aging. <i>The International Journal of Aging and Human Development</i> , 83:3, 290-308.
Thomas, H. & Cooper, L. (2002) Dancing into the Third Age: Social Dance as Cultural Text. Research in Progress. <i>The Journal of the Society for Dance Research</i> , 20:1, 54-80.
Thornberg, K., Lindquist, I. & Josephsson, S. (2012) Experiences of healthy elderly participating in a creative dance workshop. <i>Advances in Physiotherapy</i> , 14, 71-77.
Tzanidaki, D. & Reynolds, F. (2011) Exploring the meanings of making traditional arts and crafts among older women in Crete, using interpretative phenomenological analysis. <i>British Journal of Occupational Therapy</i> , 74:8, 375-382.

Appendix O: Excluded studies

Excluded articles	Exclusion code
Abbotts, J. & Spence, W. (2013) Art and wellbeing in a deprived Scottish community. <i>Journal of Public Mental Health</i> , 12:2, 58–69.	Not older people
Adams-Price, C. & Steinman, B. (2007) Crafts and Generative Expression: A Qualitative Study of the Meaning of Creativity in Women Who Make Jewelry in Midlife. <i>International Journal of Aging and Human Development</i> , 65:4, 315–333.	Not older people
Alves, H. (2013) <i>Dancing and the aging brain: The effects of a 4-month ballroom dance intervention on the cognition of healthy older adults</i> . Unpublished thesis (PhD.), University of Illinois.	Not healthy
Anderson, S. Fast, J. Keating, N. Eales, J, Chivers, S. & Barnet, D. (2017) Translating knowledge: Promoting health through intergenerational community arts programming. <i>Health Promotion Practice</i> , 18:1, 15-25.	Not primary/secondary outcomes
Antonini, F., Magnolfi, S., Petruzzi, E., Pinzani, P., Malentacchi, F., Petruzzi, I. & Masotti, G. (2008) Physical performance and creative activities of centenarians. <i>Archives of Gerontology and Geriatrics</i> , 46:2, 253–261.	Review
Balkin, B. (2015) Art Enriches Seniors' Lives. <i>Provider (Washington, D.C.)</i> , 41:7, 40.	Article/opinion piece
Barret, D. & Clements, C. (1997) Expressive arts programming for older adults both with and without disabilities: An opportunity for inclusion. <i>Activities, Adaptation & Aging</i> , 21:3, 53–63.	Practice/programme review
Batt-Rawden, K. & Tellnes, G. (2005) Nature-culture-health activities as a method of rehabilitation: an evaluation of participants' health, quality of life and function. <i>International Journal of Rehabilitation Research</i> , 28:2, 175–180.	Unable to obtain full-text
Bernard, M., Rickett, M., Amigoni, D. & Munro, L. (2015) Ages and Stages: The place of theatre in the lives of older people. <i>Ageing and Society</i> , 35:6, 1119–1145.	Not art
Bicknell, J., (2014) Body of Knowledge: a practice as research case study on the capacity for dance-theatre to promote wellbeing. <i>Working with Older People: Community Care Policy & Practice</i> , 18:1, 18–23.	Review
Bolwerk, A., Mack-Andrick, J., Lang, F., Dörfler, A. & Maihöfner, C. (2014) How art changes your brain: differential effects of visual art production and cognitive art evaluation on functional brain connectivity. <i>Plos One</i> , 9:7, e116548.	Not primary/secondary outcomes
Bramlett, M. & Gueldner, S. (1993) Reminiscence: a viable option to enhance power in elders. <i>Clinical Nurse Specialist: The Journal for Advanced Nursing Practice</i> , 7:2, 68–74.	Not primary/secondary outcomes
Brandler, S. (1979) Poetry: Group work and the aged. <i>Journal of Gerontological Social Work</i> , 1:4, 295–310.	Practice/programme review
Brett-Maclean, P. (2008) <i>Art(ists) in the making: Exploring narratives of coming to art in later life</i> . Unpublished thesis (PhD.), University of Alberta.	Thesis

Brukwitzki, G. (2006) <i>An inquiry into the cognitive and emotional responses of community dwelling older adults when viewing artwork</i> . Unpublished thesis (PhD.), University of Wisconsin.	Unable to obtain full-text (Thesis)
Buettner, B. (2000) The language of memory: the influence of writing and reading on the lives and well-being of senior adults. <i>Care Management Journals: Journal of Case Management; The Journal Of Long Term Home Health Care</i> , 2:2, 101–107.	Article/opinion piece
Burt, E. & Atkinson, J. (2012) The relationship between quilting and wellbeing. <i>Journal of Public Health</i> , 34:1, 54–59.	Not older people
Camic, P., Tischler, V. & Pearman, C. (2014) Viewing and making art together: a multi-session art-gallery-based intervention for people with dementia and their carers. <i>Aging & Mental Health</i> , 18:2, 161–168.	Not healthy
Cann, P. (2016) “Something to get out of bed for”: creative arts for a happily ageing population. <i>Working with Older People</i> , 4, 190.	Review
Cash, T. & Lageman, S.K. (2015) Randomized controlled expressive writing pilot in individuals with Parkinson’s disease and their caregivers. <i>BMC Psychology</i> , 3, 44.	Not healthy
Chapin Stephenson, R. (2013) Promoting Well-Being and Gerotranscendence in an Art Therapy Program for Older Adults. <i>Art Therapy: Journal of the American Art Therapy Association</i> , 30:4, 151–158.	Therapy
Chippendale, T. & Boltz, M. (2015) Living legends: Effectiveness of a program to enhance sense of purpose and meaning in life among community-dwelling older adults. <i>American Journal of Occupational Therapy</i> , 69:4, 1–p11.	Not art
Chippendale, T. (2012) <i>The effects of life review through writing on depressive symptoms and life satisfaction in older adults</i> . Unpublished thesis (PhD.), Tufts University.	Unable to obtain full-text (Thesis)
Choi, Y. & Park, P. (2012) The effects of group art therapy on cognition, depression and quality of life in elderly. <i>International Journal of Nursing Practice</i> , 18, 66.	Therapy
Chuang, L., Hung, H, Juang, C., Chang, Y. & Hung, T. (2015) A 3-month intervention of Dance Dance Revolution improves interference control in elderly females: a preliminary investigation. <i>Experimental Brain Research</i> , 233:4, 1181–1188.	Not art
Chung, J., Wong, B., Chen, J. & Chung, M. (2016) Effects of Praise Dance on the Quality of Life of Chinese Women. <i>Journal of Alternative and Complementary Medicine</i> , 22:12, 1013–1019.	Not older people
Clements, C. & Barret, D. (1993) The quality of life program: fostering creativity in senior through a museum experience. <i>Journal of Physical Education, Recreation & Dance</i> , 64:4, 48–51.	Practice/programme review
Cohen, G., Perlstein, S., Chapline, J., Kelly, J., Firth, K. & Simmens, S. (2006) The Impact of Professionally Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults. <i>The Gerontologist</i> , 46:6, 726–734.	Music / Includes music
Cohen, G. (2001) Creativity with aging: four phases of potential in the second half of life. <i>Geriatrics</i> , 56:4, 51.	Article/opinion piece
Coleman, P. (1999) Creating a life story: the task of reconciliation. <i>The Gerontologist</i> , 39:2, 133–139.	Practice/programme review

Excluded articles	Exclusion code
Conboy, A. (1991) <i>Creativity, adaptation and aging: A study of visual artists aged 75 to 96 and the influence of the creative process on functioning more successfully in advanced age</i> . Unpublished thesis (PhD.), Fordham University.	Unable to obtain full-text (Thesis)
Conlon, R. (2012) "A Dance a Day." <i>Perspectives in Public Health</i> , 132:2, 61.	Article/opinion piece
Connor, M. (2000) Recreational folk dance: a multicultural exercise component in healthy ageing. <i>Australian Occupational Therapy Journal</i> , 47:2, 69–76.	Practice/programme review
Cuypers, K., Krokstad, S., Homen, T., Knudtsen, M., Bygren, L. & Holmen, J. (2012) Patterns of receptive and creative cultural activities and their association with perceived health, anxiety, depression and satisfaction with life among adults: the HUNT study, Norway. <i>Journal Of Epidemiology And Community Health</i> , 66:8, 698–703.	Not older people
Davis, B. (1985) The impact of creative drama training on psychological states of older adults: An exploratory study. <i>The Gerontologist</i> , 25:3, 315–321.	Not healthy
Dawson, A. & Baller, W. (1972) Relationship between creative activity and the health of elderly persons. <i>The Journal Of Psychology</i> , 82 (1st Half), 49–58.	Not primary/secondary outcomes
Driber-Hassall, E. (2016) <i>Discovering how older adult creativity is used to explore individual social capital</i> . Unpublished thesis (PhD.), Nova Southeastern University.	Thesis
Dupuis, S. & Smale, B. (1995) An examination of relationship between psychological well-being and depression and leisure activity participation among older adults. <i>Loisir et Société</i> , 18:1, 67–92.	Not art
Eksell, B. (2015) <i>Creativity as a Means to Expression of Emotions by Older Adults</i> . Unpublished thesis (PhD.), Walden University.	Thesis
Federici, A., Bellagamba, S. & Rocchi, M. (2005) Does dance-based training improve balance in adult and young old subjects? A pilot randomized controlled trial. <i>Aging Clinical and Experimental Research</i> , 17:5, 385–389.	Not primary/secondary outcomes
Flatt, J., Hughes, T., Documét, P., Lingler, J., Trauth, J. & Albert, S. (2015) A qualitative study on the types and purposes of social activities in late life. <i>Activities, Adaptation & Aging</i> , 39:2, 109–132.	Not art
Flatt, J., Liptak, A., Oakley, M., Gogan, J., Varner, T. & Lingler, J. (2015) Subjective Experiences of an Art Museum Engagement Activity for Persons with Early-Stage Alzheimer's Disease and Their Family Caregivers. <i>American Journal of Alzheimer's Disease & Other Dementias</i> , 30:4, 380.	Not healthy
Flood, M. & Scharer, K., (2006) Creativity enhancement: Possibilities for successful aging. <i>Issues in Mental Health Nursing</i> , 27:9, 939–959.	Not primary/secondary outcomes
Flood, M. (2005) <i>Promoting successful aging through creativity</i> . Unpublished thesis (PhD.), University of North Carolina.	Unable to obtain full-text (Thesis)

Excluded articles	Exclusion code
Froehlich, J. & Nelson, D. (1986) Affective meanings of life review through activities and discussion. <i>The American Journal of Occupational Therapy: Official Publication Of The American Occupational Therapy Association</i> , 40:1, 27–33.	Not primary/secondary outcomes
García-Martín, M., Gómez-Jacinto, L. & Martimportugués-Goyenechea, C. (2004) A structural model of the effects of organized leisure activities on the well-being of elder adults in Spain. <i>Activities, Adaptation & Aging</i> , 28:3, 19–34.	Not art
Genuis, K. (2015) Read-aloud group Bibliotherapy for the elderly: An exploration of cognitive and social transformation. <i>Journal of Applied Arts & Health</i> , 6:1, 77.	Not healthy
Goff, K. (1992) Enhancing creativity in older adults. <i>The Journal of Creative Behavior</i> , 26:1, 40–49.	Not primary/secondary outcomes
Goff, K. (1993) Creativity and life satisfaction of older adults. <i>Educational Gerontology</i> , 19:3, 241–250.	Not primary/secondary outcomes
Goff, K. (1992) <i>Creativity of older adults in senior centers</i> . Unpublished thesis (PhD.), University of Oklahoma.	Unable to obtain full-text (Thesis)
Gökyürek, B. (2016) An Analysis of Leisure Attitudes of the Individuals Participating in Dance Activities and the Relationship between Leisure Attitude and Life Satisfaction. <i>International Journal of Environmental and Science Education</i> , 11:10, 12.	Not older people
Gotterer, S. (1989) Storytelling: A valuable supplement to poetry writing with the elderly. <i>The Arts in Psychotherapy</i> , 16:2, 127–131.	Not healthy
Goulding, A. (2012) Lifelong Learning for People Aged 64+ Within the Contemporary Art Gallery Context. <i>Educational Gerontology</i> , 38:4, 215–227.	Not healthy
Goulding, A. (2013) How can contemporary art contribute toward the development of social and cultural capital for people aged 64 and older. <i>The Gerontologist</i> , 53:6, 1009–1019.	Not healthy
Goulding, A. (2013) Older People Learning through Contemporary Visual Art - Engagement and Barriers. <i>International Journal of Art & Design Education</i> , 32:1, 18–32.	Not healthy
Greaves, C. & Farbus, L. (2006) Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study. <i>Journal of the Royal Society for the Promotion of Health</i> , 126:3, 134–142.	Not art
Greer, N., Fleuriet, K. & Cantu, A. (2012) Acrylic Rx: A program evaluation of a professionally taught painting class among older Americans. <i>Arts & Health: International Journal for Research, Policy & Practice</i> , 4:3, 262–273.	Not healthy
Grimm, G. & Boothe, B. (2007) Narratives of Life: Storytelling in the Perspective of Happiness and Disaster. <i>Journal of Aging, Humanities & the Arts</i> , 1:3–4, 137.	Practice/programme design
Guillaume, A. (2017) Dance therapy: a new approach to minimising the impact of ailments caused by old age. <i>Perspectives in Public Health</i> , 137:2, 80.	Article/opinion piece
Excluded articles	Exclusion code

Gutheil, I. & Heyman, J. (2016) Older Adults and Creative Arts: Personal and Interpersonal Change. <i>Activities, Adaptation & Aging</i> , 40:3, 169–179.	Music / Includes Music
Hackney, M., Kantorovich, S. & Earhart, G. (2007) A Study on the effects of Argentine Tango as a Form of Partnered Dance for those with Parkinson Disease and the Healthy Elderly. <i>American Journal of Art Therapy</i> , 29:2, 109-127.	Not primary/secondary outcomes
Hackney, M.E. et al., 2015. Adapted tango improves mobility, motor–cognitive function, and gait but not cognition in older adults in independent living. <i>Journal of the American Geriatrics Society</i> , 63(10), pp.2105–2113.	Not healthy
Haslam, C., Haslam, S., Ysseldyk, R. McCloskey, L., Pfisterer, K. & Brown, S. (2014) Social identification moderates cognitive health and well-being following story- and song-based reminiscence. <i>Aging & Mental Health</i> , 18:4, 425–434.	Not living in the community
Hersch, G. (1990) Leisure and aging. <i>Physical & Occupational Therapy in Geriatrics</i> , 9:2, 55–78.	Not art
Hinck, S. (2004) The lived experience of oldest-old rural adults. <i>Qualitative Health Research</i> , 14:6, 779–791.	Not art
Hirst, J. (1997) A time to dance. <i>Community Care</i> , 1199, 8–9.	Practice/programme review
Hirst, S. & Raffin, S. (2001) “I hated those darn chickens...”: the power in stories for older adults and nurses. <i>Journal of Gerontological Nursing</i> , 27:9, 24–29.	Practice/programme review
Horne, M. (2016) Care to dance: listening, watching, dancing and reflecting the practice of a community arts and health dance artist working with older people. Unpublished thesis (PhD.), Manchester Metropolitan.	Thesis
Houston, S. (2005) Dance for older people. <i>Primary Health Care</i> , 15:8, 18–19.	Practice/programme review
Hui, E., Chui, B. & Woo, J. (2009) Effects of dance on physical and psychological well-being in older persons. <i>Archives of Gerontology and Geriatrics</i> , 49:1, 45-50.	Not art
Hussey, J. (2006) Creating lasting legacies through life story writing. <i>Journal on Active Aging</i> , 5:4, 58.	Practice/programme review
Imai, H, Furukawa, T. Okumiya, K. et al. (2013) The postcard intervention against depression among community-dwelling older adults: study protocol for a randomized controlled trial. <i>Trials</i> , 14:1, 202.	Not healthy
In-Sil, P., Ji-Young, K. Soon-Jeong, C. & Hyun-Jung, P. (2015) The Relationship between Wellbeing Tendency, Health Consciousness, and Life Satisfaction among Local Community Dance Program Participants. <i>Procedia - Social and Behavioral Sciences</i> , 205, 211–220.	Not older people
Jansen, D. & von Sadowszky, V. (2004) Restorative Activities of Community-Dwelling Elders. <i>Western Journal of Nursing Research</i> , 26:4, 381–399.	Not art
Excluded articles	Exclusion code

Jeffri, J., Raveis, V. & Miller, P. (2014) ART CART: SAVING THE LEGACY, a model for positive aging and the productivity of professional artists. <i>Arts & Health</i> , 6:2, 184–190.	Practice/programme review
Jones, M., Kimberlee, R., Deave, T. & Evans, S. (2013) The role of community centre-based arts, leisure and social activities in promoting adult well-being and healthy lifestyles. <i>International Journal of Environmental Research and Public Health</i> , 10:5, 1948–1962.	Not older people
Jovancevic, J., Rosano, C., Perera S., Erickson, K. & Studenski, S. (2012) A protocol for a randomized clinical trial of interactive video dance: potential for effects on cognitive function. <i>BMC Geriatrics</i> , 12, 23.	Not art
Joyce, C. (2005) City memories: reminiscence as creative therapy. <i>Quality in Ageing</i> , 6:4, 34–41.	Practice/programme review
Kaldy, J. (2010) That's entertainment: in LTC, showtime can be therapeutic. <i>Caring for the Ages</i> , 11:12, 1–2.	Article/opinion piece
Kim, M. and Lee, C. (2016) Health benefits of dancing activity among Korean middle-aged women. <i>International Journal of Qualitative Studies in Health and Well-being</i> , 11, 1-7.	Not healthy
Kim, S. (2012) <i>Healthy aging and art therapy</i> . Unpublished thesis (PhD.), Seoul Women's University.	Unable to obtain full-text (Thesis)
Kimura, T., Ogushi, Y., Haruki, Y. & Okada, Y. (2000) Is interest in art effective in health-related quality of life? Results of a cross-sectional survey on lifestyle and health promotion. <i>The Tokai Journal Of Experimental And Clinical Medicine</i> , 25:3, 141–149.	Not older people
Kirkegaard Thomsen, D., Lind, M. & Pillemer, D. (2017) Examining Relations between Aging, Life Story Chapters, and Well-Being. <i>Applied Cognitive Psychology</i> , 31:2, 207–215.	Not older people
Kluge, M., Tang, A., Glick, L., LeCompote, M. & Willis, B. (2012) <i>Let's Keep Moving: A dance movement class for older women recently relocated to a continuing care retirement community (CCRC)</i> . <i>Arts & Health</i> , 4:1, 4–15.	Therapy
Lai, C., Chan, E. & Chin, K. (2014) Who are the healthy active seniors? A cluster analysis. <i>BMC Geriatrics</i> , 14:1, 1.	Not healthy
Lepp, M., Ringsberg, K., Holm, A. & Sellersjö, G. (2003) Dementia -- involving patients and their caregivers in a drama programme: the caregivers' experiences. <i>Journal of Clinical Nursing</i> , 12:6, 873–881.	Not primary/secondary outcomes
Li, W. (2012) Art in health and identity: Visual narratives of older Chinese immigrants to New Zealand. <i>Arts & Health</i> , 4:2, 109–123.	Not primary/secondary outcomes
Liddle, J., Parkinson, L. & Sibbritt, D. (2014) Health-related factors associated with participation in creative hobbies by Australian women aged in their eighties. <i>Arts & Health</i> , 6:2, 132–142.	Not healthy
Liddle, J., Parkinson, L. & Sibbritt, D. (2012) Painting pictures and playing musical instruments: change in participation and relationship to health in older women. <i>Australasian Journal On Ageing</i> , 31:4, 218–221.	Music / Includes music

Excluded articles	Exclusion code
Liddle, J., Parkinson, L. & Sibbritt, D. (2013) Purpose and pleasure in late life: Conceptualising older women's participation in art and craft activities. <i>Journal Of Aging Studies</i> , 27:4, 330–338.	Not healthy
Lima, M. & Vieira, A. (2007) Ballroom Dance as Therapy for the Elderly in Brazil. <i>American Journal of Dance Therapy</i> , 29:2, 129.	Therapy
Lin, L., McClear, E. & Tabourne, C. (2008) The outcomes of therapeutic dance movement on physical and emotional functioning for elderly people. <i>American Journal of Recreation Therapy</i> , 7:1, 25-34.	Not healthy
Lindner, E.C. (1982) Dance as a therapeutic intervention for the elderly. <i>Educational Gerontology</i> , 8:2, 167–174.	Therapy
Livingston, L., Fiterman Persin, G. & Del Signore, D. (2016) Art in the Moment: Evaluating a Therapeutic Wellness Program for People with Dementia and Their Care Partners. <i>Journal of Museum Education</i> , 41:2, 100–109.	Therapy
Louborsky, M. (1993) The Romance with Personal Meaning in Gerontology: Cultural Aspects of Life Themes. <i>The Gerontologist</i> , 33:4, 445-452.	Not healthy
Lowis, M., Jewell, A. & Jackson, M. (2011) Engagement in the arts and well-being and health in later adulthood: An empirical study. <i>Journal of Applied Arts and Health</i> , 2:1, 25–36.	Music / Includes Music
MacLeod, A., Skinner, M., Wilkinson, F. & Reid, H. (2016) Connecting Socially Isolated Older Rural Adults with Older Volunteers through Expressive Arts. <i>Canadian Journal on Aging</i> , 35:1, 14.	Not living in the community
Manheim, A. (1998) The relationship between the artistic process and self-actualization. <i>Art Therapy: Journal of the American Art Therapy Association</i> , 15:2, 99–106.	Not older people
Marasović, S. & Kokorić, S. (2014) The role of dance in the improvement of active lifestyle and quality of life of older people. <i>Revija Za Socijalnu Politiku</i> , 21:2, 235–254.	Not English Language
Marquez, D., Wilbur, J., Hughes, S., Berbaum, M., Wilson, R., Buchner, D. & McAuley, E. (2014) B.A.I.L.A. - a Latin dance randomized controlled trial for older Spanish-speaking Latinos: rationale, design, and methods. <i>Contemporary Clinical Trials</i> , 38:2, 397–408.	Not healthy
Marquez, D., Bustamante, E., Aguiñaga, S. & Hernandez, R. (2015) BAILAMOS: Development, Pilot Testing, and Future Directions of a Latin Dance Program for Older Latinos. <i>Health Education & Behavior: The Official Publication of The Society For Public Health Education</i> , 42:5, 604–610.	Not healthy
Martin-Young, S. (2011) Collage: a tool to promote healthy occupation and well-being in retirement. Unpublished thesis (PhD.), University of Brighton.	Thesis

Excluded articles	Exclusion code
Masutani, T., Yamamoto, Y., Konishi, J. & Maeda, K. (2010) Effects of music and art education in early life and oral functions on the QOL of the Takarazuka Revue Company OG compared with general elderly females. <i>Psychogeriatrics</i> , 10:1, 4–14.	Music / Includes music
Maynard, S. & Kleiber, D. (2005) Using Leisure Services to Build Social Capital in Later Life: Classical Traditions, Contemporary Realities, and Emerging Possibilities. <i>Journal of Leisure Research</i> , 37:4, 475–493.	Review
McAvinchey, C. (2013) Coming of age: arts practice with older people in private and domestic spaces. <i>Research in Drama Education</i> , 18:4, 359–373.	Practice/programme review
McFadden, S. & Lunsman, M. (2009) Arts Involvement and Spirituality as Sources of Well-Being in Older People. <i>Journal of Religion, Spirituality & Aging</i> , 21:4, 330–343.	Not older people
McKee, K., Wilson, F., Elford, H., Hinchliff, S., Bolton, G. Cheung Chung, M. & Goudie, F. (2013) Reminiscence: is living in the past good for wellbeing? <i>Nursing & Residential Care</i> , 5:10, 489–491.	Not living in the community
McMurray, J. (1989) Creative arts with older people. <i>Activities, Adaptation & Aging</i> , 14:1–2, 138.	Practice/programme design
McNeely, M., Duncan, R. & Earhart, G. (2015) Impacts of dance on non-motor symptoms, participation, and quality of life in Parkinson disease and healthy older adults. <i>Maturitas</i> , 82:4, 336–341.	Review
Merom, D., Mathieu, E., Cerin, E., Morton, R., Simpson, J., Rissel, C., Anstey, K., Sherrington, C., Lord, S. & Cumming, R. (2016) Social Dancing and Incidence of Falls in Older Adults: A Cluster Randomised Controlled Trial. <i>PLoS Medicine</i> , 13:8, 1.	Not primary/secondary outcomes
Milner, J. (2006) Creativity and aging: enhancing quality of life through the arts. <i>Journal on Active Aging</i> , 5:3, 54.	Article/opinion piece
Mitchell, R. (2006) Shooting into the past. <i>Nursing Older People</i> , 18:10, 12–14.	Not healthy
Moe, A. (2014) Sequins, sass, and sisterhood: an exploration of older women’s belly dancing. <i>Journal Of Women & Aging</i> , 26:1, 39–65.	Not healthy
Molloy, F., Keogh, J., Krampe, J. & Guzmán, A. (2015) Dance mobility: A somatic and dance programme for older adults in New Zealand. <i>Body, Movement and Dance in Psychotherapy</i> , 10:3, 169–180.	Practice/programme review
Moody, E. & Phinney, A. (2012) A Community-Engaged Art Program for Older People: Fostering Social Inclusion. <i>Canadian Journal on Aging / La Revue canadienne du vieillissement</i> , 1, 55.	Not healthy
Murphy, L. (2013) <i>Creating wellness: Expressive therapies for creativity enhancement and cognitive development in older adults</i> . Unpublished thesis (PhD.), Lesley University.	Unable to obtain full-text (Thesis)
Nadasen, K. (2008) “Life without line dancing and the other activities would be too dreadful to imagine”: an increase in social activity for older women. <i>Journal of Women & Aging</i> , 20:3/4, 329–342.	Not healthy
Excluded articles	Exclusion code

Nadasen, K. (2007) “We are too busy being active and enjoying ourselves to feel the aches and pains”: perceived health benefits of line dancing for older women. <i>Quality in Ageing</i> , 8:3, 4–14.	Not healthy
Nash, B. (1972) Retirement as Leisure. <i>Journal of Health, Physical Education & Recreation</i> , 43:3, 50.	Article/opinion piece
Nenonen, T., Kaikkonen, R., Murto, J. & Luoma, M. (2014) Cultural services and activities: The association with self-rated health and quality of life. <i>Arts & Health</i> , 6:3, 235–253.	Not older people
Newman, A., Goulding, A. & Whitehead, C. (2012) The consumption of contemporary visual art: identity formation in late adulthood. <i>Cultural Trends</i> , 21:1, 29–45.	Not healthy
Newman, A., Goulding, A. & Whitehead, C. (2013) How cultural capital, habitus and class influence the responses of older adults to the field of contemporary visual art. <i>Poetics</i> , 41, 456–480.	Not healthy
Newman, A., Goulding, A. & Whitehead, C. (2014) Contemporary visual art and the construction of identity: maintenance and revision processes in older adults. <i>International Journal of Heritage Studies</i> , 20:4, 432-453.	Not healthy
Noice, T., Noice, H. & Kramer, A.F. (2015) Theatre Arts for Improving Cognitive and Affective Health. <i>Activities, Adaptation & Aging</i> , 39:1, 19–31.	Practice/programme design
Norris, T. (2001) <i>The effectiveness and perceived effectiveness of simple reminiscence therapy involving photographic prompts for determining life satisfaction in noninstitutionalized elderly persons</i> . Unpublished thesis (PhD.), Louisiana State University Health Sciences Center School of Nursing.	Unable to obtain full-text (Thesis)
O’Brien, E., 2016. Move2Love and vibrancy: Community dance/fitness. <i>Women & Therapy</i> , 39(1–2), pp.171–185.	Practice/programme review
O’Leary, E. & Barry, N. (1998) Reminiscence therapy with older adults. <i>Journal of Social Work Practice</i> , 12:2, 159.	Therapy
O’Shea, E. & Léime, Á. (2012) The impact of the Bealtaine arts programme on the quality of life, wellbeing and social interaction of older people in Ireland. <i>Ageing & Society</i> , 32:5, 851–872.	Music / Includes music
Osgood, N., Meyers, B. & Orchowsky, S. (1990) The impact of creative dance and movement training on the life satisfaction of older adults: An exploratory study. <i>Journal of Applied Gerontology</i> , 9:3, 255–265.	Not living in the community
Oumarou, S. (2012) <i>Transformative Narrative Therapy: How Transforming a Personal Life Story into Fairy-Tale Format Impacts Measures of Health and Well-Being in Older Adults</i> . Unpublished thesis (PhD.), Sofia University, Palo Alto, California.	Unable to obtain full-text (Thesis)
Overgaard, I. & Sørensen, N.Ø. (2015) Can an art museum help in combating loneliness? <i>Journal of Applied Arts & Health</i> , 6:2, 187-203.	Not healthy
Pearce, R. & Lillyman, S. (2015) Reducing social isolation in a rural community through participation in creative arts projects. <i>Nursing Older People</i> , 27:10, 33–38.	Not living in the community
Excluded articles	Exclusion code

Perlstein, S. (1988) Transformation: Life Review and Communal Theater. <i>Journal of Gerontological Social Work</i> , 12:3/4, 137.	Practice/programme design
Phinney, A., Moody, E. & Small, J. (2014). The Effect of a Community-Engaged Arts Program on Older Adults' Well-being. <i>Canadian Journal on Aging-Revue Canadienne du Vieillissement</i> , 33:3, 336–345.	Not healthy
Porter, E. (1998) Gathering our stories; claiming our lives: Seniors' life story books facilitate life review, integration, and celebration. <i>Journal on Developmental Disabilities</i> , 6:1, 44–59.	Not healthy
Quiroga Murcia, C., Kreutz, G., Clift, S. & Bongard, S. (2010) Shall we dance? An exploration of the perceived benefits of dancing on well-being. <i>Arts & Health</i> , 2:2, 149–163.	Not older people
Rancour, P. & Barrett, T. (2011) Art interpretation as a clinical intervention toward healing. <i>Journal of Holistic Nursing</i> , 29:1, 68–80.	Not older people
Reynolds, F. (2009) Taking up Arts and Crafts in Later Life: A Qualitative Study of the Experiential Factors That Encourage Participation in Creative Activities. <i>British Journal of Occupational Therapy</i> , 72:9, 393-400.	Not healthy
Reynolds, F. (2010) "Colour and communion": Exploring the influences of visual art-making as a leisure activity on older women's subjective well-being. <i>Journal of Aging Studies</i> , 24:2, 135–143.	Not healthy
Reynolds, J. (2011) Creative ageing: exploring social capital and arts engagement in later life. Unpublished thesis (PhD.), Keele University.	Music / Includes music
Rodio, A. & Holmes, A. (2017) Lessons learned from ballroom dancing with older adults. <i>Social Work with Groups: A Journal of Community and Clinical Practice</i> , 40:1–2, 69–76.	Not living in the community
Roe, B., McCormick, S., Lucas, T., Gallagher, W., Winn, A. & Elikn, S. (2016) Coffee, Cake & Culture: Evaluation of an art for health programme for older people in the community. <i>Dementia</i> , 15:4, 539–559.	Not living in the community
Rosenblatt, B. (2014) Museum Education and Art Therapy: Promoting Wellness in Older Adults. <i>Journal of Museum Education</i> , 39:3, 293–301.	Not healthy
Rowe, J., Savundranayagam, M, Lang, J., & Montgomery, R. (2011) Characteristics of Creative Expression Activities: The Links Between Creativity, Failure-Free, and Group Process With Levels of Staff-Participant Engagement and Participant Affect in an Adult Day Center. <i>Activities, Adaptation & Aging</i> , 35:4, 315–330.	Not healthy
Sampaio, P. & Ito, E. (2013) Activities with higher influence on quality of life in older adults in Japan. <i>Occupational Therapy International</i> , 20:1, 1–10.	Not art
Saunders, P. (2007) <i>Silent no more: Older adults as poets. Creative writing as a preventative approach to cognitive decline of the elderly.</i> Unpublished thesis (PhD.), Union Institute and University (Cincinnati, USA).	Unable to obtain full-text (Thesis)

Excluded articles	Exclusion code
Schmid, T. (2012) An interdisciplinary-vision for creativity and creative problem solving: A health science perspective in regional Australia. <i>The International Journal of Creativity & Problem Solving</i> , 22:1, 77–96.	Practice/programme review
Schwartz, R. (1986) Art Galleries and Museums: Nonclassroom Learning for the Nontraditional Student. <i>New Directions for Higher Education</i> , 56, 69–75.	Practice/programme design
Scott, K. & Debrew, J. (2009) Helping older adults find meaning and purpose through storytelling. <i>Journal of Gerontological Nursing</i> , 35:12, 38–43.	Practice/programme review
Seo, J., Geraci, L. & Sanchez, T. (2016) Exploring the impact of creative expression through interactive art making on older adults' well-being. <i>Digital Creativity</i> , 27:4, 358–368.	Not living in the community
Seymour, R. & Murray, M. (2016) When I am old I shall wear purple: a qualitative study of the effect of group poetry sessions on the well-being of older adults. <i>Working with Older People</i> , 20:4, 195–198.	Not living in the community
Sheets, D. & Liebig, P. (2011) The Moon Day Poets: Creative Expression and Aging. <i>International Journal of the Humanities</i> , 8:12, 129.	Practice/programme review
Shetzer, L. (2008) <i>Confronting aging and serious illness through journaling: A study of writing as therapy</i> . Unpublished thesis (PhD.), Bowling Green State University.	Not healthy (Thesis)
Shmotkin, D. & Shrira, A. (2012) Happiness and suffering in the life story: An inquiry into conflicting expectations concerning the association of perceived past with present subjective well-being in old age. <i>Journal of Happiness Studies</i> , 13:3, 389–409.	Not art
Sierpina, M. & Cole, T. (2004) Stimulating Creativity in All Elders: A Continuum of Interventions. <i>Care Management Journals</i> , 5:3, 175.	Practice/programme review
Silva, M., Lima, D., Silva, T., Melo, T., Cunha, V. & Silva, M. (2016) Dance: A Therapeutic Resource in the Third Age. <i>Journal of Nursing</i> , 10:1, 232-8.	Not healthy
Silverstein, M. & Parker, M. (2002) Leisure activities and quality of life among the oldest old in Sweden. <i>Research on Aging</i> , 24:5, 528–547.	Not art
Širka, J. (2012) Evaluation of the Folk Arts and Crafts Programme for the University of the Third Age. <i>Technológia Vzdělávania</i> , 20:5, 1.	Practice/programme review
Smiraglia, C. (2015) Qualities of the Participant Experience in an Object-Based Museum Outreach Program to Retirement Communities. <i>Educational Gerontology</i> , 41:3, 238–248.	Not older people
Song, M. & Song, L. (2014) Analysis of quality of life among middle aged and elderly women participating in health dance exercise. <i>International Journal of Bio-Science and Bio-Technology</i> , 6:3, 163–168.	Not older people
Stacey, G. & Stickley, T. (2008) Dancing to keep young heart. <i>Mental Health Practice</i> , 11:6, 34–38.	Practice/programme review

Excluded articles	Exclusion code
Stallings, J. & Thompson, S. (2012) Use of Art Therapy in Geriatric Populations. <i>Annals of Long-Term Care: Clinical Care and Aging</i> , 20:6, 28–32.	Therapy
Stickley, T., Hui, A., Souter, G. & Mills, D. (2016) A community arts programme for older people: an evaluation. <i>Mental Health and Social Inclusion</i> , 20:1, 22–28.	Music / Includes Music
Studenski, S., Perera, S., Hile, E., Keller, V., Spadola-Bogard J. & Garcia, J. (2010) Interactive video dance games for healthy older adults. <i>The Journal of Nutrition, Health & Aging</i> , 14:10, 850–852.	Not art
Sucylaite, J. (2015) Elderly People Communication in Literature Learning Environment. <i>Procedia - Social and Behavioral Sciences</i> , 191, 953–957.	Practice/programme review
Swindells, R., Lawthom, R., Rowley, K., Siddigee, A., Kilroy, A. & Kagan, C. (2013) Eudaimonic well-being and community arts participation. <i>Perspectives in Public Health</i> , 133:1, 60–65.	Not healthy
Tetley, J., Mountain, G. & Clarke, A., 2007. Activity and culture: the contribution to health and well-being in later life. <i>Foundation of Nursing Studies Dissemination Series</i> , 4(4).	Practice/programme review
Thomson, L. & Chatterjee, H. (2016) Well-being with objects: Evaluating a museum object-handling intervention for older adults in health care settings. <i>Journal of Applied Gerontology</i> , 35:3, 349–362.	Not healthy
Treloyn, S. & Martin, M. (2014) Perspectives on Dancing, Singing and Well-being from the Kimberley, Northwest Australia. <i>Journal for the Anthropological Study of Human Movement</i> , 21:1.	Practice/programme review
Wakeling, K. & Clark, J. (2015) Beyond health and well-being: transformation, memory and the virtual in older people’s music and dance. <i>International Journal of Ageing & Later Life</i> , 9:2, 7.	Music / Includes music
Wax, T. (1983) Poetry Efforts by Aged Deaf: Expression of Life Cycle Experience. <i>The Gerontologist</i> , 23:5, 462–466.	Not healthy
Wiener, R. (2009) Elders, drama and the good life. <i>Quality in Ageing - Policy, practice and research</i> , 10:4, 49–52.	Practice/programme review
Wikström, B. (2000) Visual art dialogues with elderly persons: effects on perceived life situation. <i>Journal of Nursing Management</i> , 8:1, 31–37.	Not living in the community
Wikström, B.M. (2002) Social interaction associated with visual art discussions: a controlled intervention study. <i>Ageing & Mental Health</i> , 6:1, 82–87.	Not healthy
Wilkinson, F., MacLeod, A., Skinner, M. & Reid, H. (2013) Visible Voices: Expressive arts with isolated seniors using trained volunteers. <i>Arts & Health</i> , 5:3, 230–237.	Practice/programme review
Willcox, D., Willcox, B., Sokolovsky, J. & Sakihara, S. (2007) The Cultural Context of “Successful Aging” Among Older Women Weavers in a Northern Okinawan Village: The Role of Productive Activity. <i>Journal of Cross-Cultural Gerontology</i> , 22:2, 137–165.	Not art
Willshaw, E. (2006) Cruel Sea. <i>Working with Older People: Community Care Policy & Practice</i> , 10:1, 34–36.	Practice/programme review

Excluded articles	Exclusion code
Yamada, T., Kawamata, H., Kobayashi, N., Kielhofner, G. & Taylor, R. (2010) A Randomised Clinical Trial of a Wellness Programme for Healthy Older People. <i>British Journal of Occupational Therapy</i> , 73:11, 540–548.	Not healthy
Zafar, M., Bozzorg, A. & Hackney, M. (2017) Adapted Tango improves aspects of participation in older adults versus individuals with Parkinson’s disease. <i>Disability and Rehabilitation</i> , 39:22, 2294-2301.	Not healthy
Zanjani, F., Downer, B., Hosier, A., & Watkins, J. (2015) Memory Banking: A Life Story Intervention for Aging Preparation and Mental Health Promotion. <i>Journal of Aging and Health</i> , 27:2, 355–376.	Not older people
Zhang, W., Feng, Q., Lacanienta, J. & Zhen, Z. (2017) Leisure participation and subjective well-being: Exploring gender differences among elderly in Shanghai, China. <i>Archives of Gerontology and Geriatrics</i> , 69, 45–54.	Not healthy
Zolyniak, N., Schulte-Gocking, H. & Kraft, E. (2014) Neuroplasticity in Aging: Implications for Behavioral and Lifestyle Combined Interventions. <i>Topics in Geriatric Rehabilitation</i> , 30:1, 15–17.	Review

Appendix P: Participant characteristics

? indicates missing data

First author (date)	characteristics (eg healthy...)	Inclusion criteria (age)	Age range	Women (n=)	Men (n=)	Total (n=)
Alpert (2009)	healthy, community dwelling women	50+	52-88	13	0	13
Bedding (2008)	retired, healthy, living independently in the community	65+	65-84	4	2	6
Berryman-Miller (1988)	retired, healthy older adults	55+	55-85	?	?	?
Bougeisi (2016)	?	60+	?	?	?	85
Brown (2008)	?	?	60-82	12	25	37
Cooper (2002)	?	60+	60-90	?	?	31
Cruz-Ferreira (2015)	female, independent activities of daily living, no cognitive impairment	65+	65-80	57	0	57
de Medeiros (2007)	score of 25+ on MMSE & 10+ on GDS	60+	62-84	7	9	16
de Medeiros (2011)	not diagnosed with dementia, score of 25+ on MMSE	65+	67-96	31	20	51
Eyigor (2009)	physically active, able to perform activities of daily living independently	65+	?	37	0	37
Garcia Gouvêa (2017)	healthy elderly, without history of serious disease	?	60-89	13	7	20
Joseph (2013)	?	55+	?	4	0	4
Kattenstroth (2010)	?	?	61-94	49	13	62
Kattenstroth (2013)	healthy	?	60-94	24	11	35
MacMillan (2016)	?	?	55-92	15	1	16
Maidment (2009)	?	?	54-86	9	0	9
Marini (2015)	functional autonomy in performance of activities of daily living, no known neurological diseases or cognitive impairment	?	65-74	49	51	100
Mavrovouniotis (2010)	?	?	60-91	75	36	111
Meeks (2017)	?	60+	60-77	14	6	20
Moore (2017)	no current diagnosis or treatment for a serious mental illness or post-traumatic stress disorder, no clinically significant levels of depression, unimpaired cognition	65+	?	10	3	13
Murray (2010)	living in the community	50+	51-83	7	4	11
Noice (2004)	in reasonably good health, community residing adults	?	60-86	99	25	124
O'Toole (2015)	independently mobile	50+	?	57	5	62
Park (2014)	minimum score of 26 on MMSE, no major psychiatric disorders	?	60-90	163	58	221
Richeson (2002)	?	?	50-85	?	?	374
Roberson (2014)	?	?	?	?	?	76
Rose (2016)	?	?	65-86	20	3	23
Sabeti (2015)	?	55+	?	?	?	14
Shanahan (2016)	?	55+	?	?	?	73
Skingley (2016)	?	?	50-93	?	?	38
Stevens-Ratchford (2016)	independently living in the community	60+	60-84	12	8	20
Thornberg (2012)	?	65+	61-89	8	5	13
Tzanidaki (2011)	no reported health problems or disability	65+	?	12	0	12

Appendix Q: Critical appraisal tools

Study design	Critical appraisal tool	Studies
Qualitative	CASP Qualitative Research Checklist (2017)	Bedding, 2008; Brown, 2008; Cooper, 2002; Joseph, 2013; MacMillan, 2016; Maidment, 2009; Meeks, 2007; Murray, 2010; Rose, 2016; Sabeti, 2015; Stevens-Ratchford, 2016; Thornberg, 2012; Tzanidaki, 2011; Roberson, 2014
Mixed-Methods	Mixed Methods Appraisal Tool (MMAT) (Pluye et al. 2011)	Meeks, 2017; O'Toole, 2015; Skingley, 2016; Stevens-Ratchford, 2016
One Group Pre-test Post-test	National Heart, Lung, and Blood Institute Quality Assessment Tool for Before-After (Pre-Post) Studies With No Control Group	Alpert, 2009; de Medeiros, 2007; Garcia Gouvêa, 2017
Static Group Comparison (Cross-Sectional)	AXIS (Downes et al. 2016)	Berryman-Miller, 1988
Static Group Comparison (Exposure – no intervention)	AXIS (Downes et al. 2016)	Bougiesi, 2016; Kattenstroth, 2010; Marinni, 2015; Shanahan, 2016
Pretest Posttest Nonequivalent Groups	JBI Critical Appraisal Checklist for Quasi-Experimental Studies	Kattenstroth, 2013; Mavrovouniotis, 2010; Noice, 2004; Park, 2014; Richeson, 2002
Pretest Posttest Equivalent Groups (RCT)	CASP Randomised Controlled Trial Checklist (2017)	Cruz-Ferreira, 2015; de Medeiros, 2011; Eyigor, 2009; Moore, 2017

Appendix R: Critical appraisal scores

a. CASP Qualitative Checklist

STUDY	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	TOTAL = 20
Bedding, 2008.	2	2	2	1	2	1	2	2	1	1	16
Cooper, 2002.	2	2	1	1	1	0	0	0	1	1	9
Joseph, 2013.	2	2	1	1	1	0	1	1	1	1	11
MacMillan, 2016	2	2	1	1	1	0	2	1	1	1	12
Maidment, 2011.	1	2	1	1	1	0	1	1	1	1	10
Maidment, 2009.	2	2	0	1	1	0	1	0	1	1	9
Maidment, 2011. Older Women and Craft:	2	2	0	1	1	0	1	0	0	1	8

Meeks, 2017.												
Murray, 2010.	1	2	1	1	1	0	0	0	1	1	8	
Roberson, 2014.	2	2	2	2	2							
STUDY	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	TOTAL = 20	
Rose, 2016.	1	1	1	1	1	0	0	1	1	1	8	
Sabeti, 2015.	2	2	2	1	1	1	0	1	1	1	12	
Stevens-Ratchford, 2016.	2	2	2	2	1	0	2	1	2	1	15	
Thornberg, 2012.	2	2	1	1	1	0	1	1	1	1	11	
Tzanidaki, 2011	2	2	1	1	1	1	2	2	2	2	16	

b. CASP RCT Checklist

STUDY	Did the trial address a clearly focused issue?	Was the assignment of patients to treatments randomised?	Were all of the patients who entered the trial properly accounted for at its conclusion?	Were patients, health workers & study personnel 'blind' to treatment?	Were the groups similar at the start of the trial?	Aside from the experimental intervention, were the groups treated equally?	How large was the treatment effect?	How precise was the estimate of the treatment effect?	Can the results be applied in your context? (or to the local population?)	Were all clinically important outcomes considered?	Are the benefits worth the harms and costs?	TOTAL = 20
Cruz-Ferreira, 2015	2	2	1	1	2	1	Medium (0.548) Satisfaction with Life Scale	(-0.157 - 1.254)	2	2	2	15
de Medeiros, 2011	2	1	1	1	2	2	Insufficient data to calculate effect size - effect over time reported	Insufficient data to calculate effect size	2	2	1	14
Eyigor, 2009	2	1	0	2	2	2	Medium - SF-36 (0.61) Physical functioning / (0.6.29) General health / (0.534) Mental Health	Physical functioning (-0.31 - 1.53) / General Health (-0.292 - 1.55) / Mental Health (-0.166 - 0.89)	1	2	2	14
Moore, 2017	2	1	1	1	2	1	No effect	n/a	2	1	1	12

c. JBI Critical Appraisal Checklist for Quasi-Experimental Studies

STUDY	Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	Were the participants included in any comparisons similar?	Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	Was there a control group?	Were there multiple measurements of outcome both pre & post the intervention / exposure?	Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analysed?	Were the outcomes of participants included in any comparisons measured in the same way?	Were outcomes measured in a reliable way?	Was appropriate statistical analysis used?	TOTAL = 20
Noice, 2004.	2	2	2	2	2	2	2	1	2	17
Park, 2014.	2	2	2	2	2	1	2	1	2	16
Richeson, 2002.	2	1	2	2	2	1	2	1	2	15
Kattenstroth, 2013.	2	1	2	2	2	1	2	1	2	15
Mavrovouniotis, 2010.	2	1	2	2	2	1	2	1	2	15

d. Quality Assessment for Before-After (Pre-Post) Studies with No Control Group

Study	Was the study question or objective clearly stated?	Were eligibility/ selection criteria for the study population pre-specified and clearly described?	Were the participants in the study representative of those who would be eligible for the test/ service/ intervention in the general or clinical population of interest?	Were all eligible participants that met the pre-specified entry criteria enrolled?	Was the sample size sufficiently large to provide confidence in the findings?	Was the test/ service/ intervention clearly described and delivered consistently across the study population?	Were the outcome measures pre-specified, clearly defined, valid, reliable, and assessed consistently across all study participants ?	Were the people assessing the outcomes blinded to the participants' exposures/ interventions?	Was the loss to follow-up after baseline 20% or less? Were those lost to follow-up accounted for in the analysis?	Did the statistical methods examine changes in outcome measures from before to after the intervention? Were statistical tests done that provided p values for the pre-to-post changes?	Were outcome measures of interest taken multiple times before the intervention and multiple times after the intervention (i.e., did they use an interrupted time-series design)?	If the intervention was conducted at a group level (e.g., a whole hospital, a community, etc.) did the statistical analysis take into account the use of individual-level data to determine effects at the group level?	Total = 24
Garcia Gouvêa, 2017.	2	2	2	2	2	2	2	1	2	2	0	1	20
Alpert, 2009.	2	2	2	1	2	0	2	1	2	1	1	1	17
de Medeiros, 2007.	2	1	2	1	2	1	2	1	1	2	0	1	16

Appendix S: Study author themes

First author, date	Art form(s)	Themes	Sub-themes
Sabeti, 2015	Creative writing	Feeling fifty years younger': well-being, youth & creativity	
Sabeti, 2015	Creative writing	The creative self: relationality & the 'virtue of the group'	
Sabeti, 2015	Creative writing	Temporality and the older creative self - 'lost' in the past?	
MacMillan, 2016	Dance	Attractions to the program	Elements of the program; exercise; dancing; sense of community
MacMillan, 2016	Dance	Perceived benefits	Body consciousness; social interaction; self-esteem or confidence; health
MacMillan, 2016	Dance	Motivation to take part	Do for oneself; exercise; effect of the program; positive impact on health
Stevens-Ratchford, 2016	Dance (ballroom)	Ballroom Dance as Serious Leisure: Its dimensions	
Stevens-Ratchford, 2016	Dance (ballroom)	Ballroom Dance: Its Link to Successful Aging and Wellbeing	
Thornberg, 2012	Dance (creative)	A surprising awareness about the connection between body and mind	
Thornberg, 2012	Dance (creative)	Connection between body and mind was concretely experienced	
Thornberg, 2012	Dance (creative)	The mind influenced the body, helping to remember movements	
Thornberg, 2012	Dance (creative)	Participation leading to personal growth	
Brown, 2008	Dance (shag)	Perseverance	lifelong learning, personal growth
Brown, 2008	Dance (shag)	Leisure career	involvement, growth, keeping active, lifelong learning
Brown, 2008	Dance (shag)	Considerable effort	lifelong learning, growth, involvement
Brown, 2008	Dance (shag)	Benefits of participation	health, happiness/contentment, creativity, growth, close personal relationships, playfulness
Brown, 2008	Dance (shag)	Unique ethos	social network, meaningful activity, a sense of satisfaction with life, enjoyment
Brown, 2008	Dance (shag)	Identity formation	meaningful activity, social network, close personal relationships
Roberson, 2014	Dance (social)	Social Dance and Physical Activity	
Roberson, 2014	Dance (social)	Social Dance and Atmosphere	
Roberson, 2014	Dance (social)	Social Dance and Reconnection to One's History	
Cooper, 2002	Dance (social)	Continuity and change	
Cooper, 2002	Dance (social)	Enjoyment of the dance and the 'recycled teenager'	
Cooper, 2002	Dance (social)	Sociability and communitas	
Cooper, 2002	Dance (social)	Looking good on the dance floor	
Cooper, 2002	Dance (social)	Dance as cultural capital	
Cooper, 2002	Dance (social)	Dance and the concept of 'old'	
Cooper, 2002	Dance (social)	The fit dancing body and mind	
Skingley, 2016	Mixed	Pre-project thoughts	process issues; impacts; thoughts on future

First author, date	Art form(s)	Themes	Sub-themes
Murray, 2010	Mixed	Reasons for participation	
Murray, 2010	Mixed	Perceived impact	
Murray, 2010	Mixed	Community representations and narratives	
Meeks, 2017	Theatre	Belonging and social connectedness	
Meeks, 2017	Theatre	Flow	
Meeks, 2017	Theatre	Well-being themes	
Maidment, 2009	Visual art (crafts)	Craft groups as sites of teaching and learning	
Maidment, 2009	Visual art (crafts)	Friendship, support and empowerment	
Maidment, 2009	Visual art (crafts)	Altruism, purpose, and mattering	
Maidment, 2011a	Visual art (crafts)	Connecting Craft Group Activity with Community Development Principles	
Maidment, 2011a	Visual art (crafts)	Recognising the local	
Maidment, 2011a	Visual art (crafts)	Social Capital	
Maidment, 2011a	Visual art (crafts)	Participation	
Maidment, 2011a	Visual art (crafts)	Capacity building	
Maidment, 2011a	Visual art (crafts)	A Counter Discourse on Ageing	
Maidment, 2011a	Visual art (crafts)	Implications for Social Work	
Maidment, 2011b	Visual art (crafts)	The sustenance gained from being amidst creative endeavour, colour and textiles	
Maidment, 2011b	Visual art (crafts)	The use of arts and craft as a vehicle for bringing potentially isolated group of people together	
Maidment, 2011b	Visual art (crafts)	The sense of pride, accomplishment and confidence gained from having made an artefact, learned or taught a new crafting technique	
Maidment, 2011b	Visual art (crafts)	The generative and healing nature of long standing naturally occurring communities of interest	
Maidment, 2011b	Visual art (crafts)	Use of craft to affirm identity and place in the world	
Maidment, 2011b	Visual art (crafts)	The benefits of experiencing 'flow'	
Tzanidaki, 2011	Visual art (Cretan traditional art-making)	Deep respect for Cretan traditions of art-making & craft-making	Satisfactions of preserving cultural arts & crafts traditions; motivation to research authentic skills & designs; satisfactions of maintaining traditions through teaching
Tzanidaki, 2011	Visual art (Cretan traditional art-making)	Personal satisfactions of art-making	Feelings of competence and achievement; enjoyment of learning; relaxation and feelings of peace; deep concentration and flow
Tzanidaki, 2011	Visual art (Cretan traditional art-making)	Experiencing and expressing continuity of self in later life	Enacting long-standing skills & traits; perceiving later life as a time for continuing development; (re-)connecting with family traditions; leaving a legacy of self through arts and crafts
Tzanidaki, 2011	Visual art (Cretan traditional art-making)	Making social connections through art-making	The camaraderie of fellow artists; receiving the appreciation from friends and acquaintances; sharing knowledge and expertise with others; making a contribution to society

First author, date	Art form(s)	Themes	Sub-themes
Tzanidaki, 2011	Visual art (Cretan traditional art-making)	Appreciating the financial aspects of art-making	Welcoming a small income that supplements the retirement pension; feeling active and useful in the community through charity fundraising
Tzanidaki, 2011	Visual art (Cretan traditional art-making)	Art-making as a means of coping with the challenges of later life	Expressing grief and coping with the death of a husband; coping with pain
Tzanidaki, 2011	Visual art (Cretan traditional art-making)	Experiencing spirituality within art-making and craft-making	
Joseph, 2013	Visual art (decoupage)	Learning and teaching	
Joseph, 2013	Visual art (decoupage)	Being creative	
Joseph, 2013	Visual art (decoupage)	Wellbeing	
Bedding, 2008	Visual art (painting)	Art added a new dimension to retirement	
Bedding, 2008	Visual art (painting)	Painting brought satisfaction, absorption & challenge	
Bedding, 2008	Visual art (painting)	Painting brought a sense of achievement & a boost to confidence	
Bedding, 2008	Visual art (painting)	Painting helped to manage negative emotions	
Bedding, 2008	Visual art (painting)	Art classes as an inspiration	An opportunity to be encouraged by & learn from others; A social or an art focus?
Rose, 2016	Visual art (painting)	Re-imagining landscapes: perceptions of self-value, and self-identity	
Rose, 2016	Visual art (painting)	Painting place: connectivity, identity & attachment	
Rose, 2016	Visual art (painting)	The therapeutics of relational aesthetics	

Appendix T: Cognitive function measurement tools

Measurement tool	Study(s)
Attention & Concentration Software (Erickson 2009)	Marini (2015)
Autobiographical Memory Interview (AMI)	de Medeiros (2011)
Benton Visual Retention Test (BVRT-R) Form C	de Medeiros (2007)
Brief Visuospatial Memory Test (BVMT-R)	de Medeiros (2011)
CANTAB Spatial Working Memory Task	Park (2014)
CANTAB Stockings of Cambridge Task	Park (2014)
CANTAB Verbal Recognition Memory Task (Robbins et al, 1994)	Park (2014)
CogState Identification Task	Park (2014)
Digit Symbol Substitution Test (WAIS-III)	Bougeisi (2016)
Digit-Comparison Tasks (Salthouse & Babcock, 1991)	Park (2014)
Eriksen Flanker Tasks (modified from Eriksen & Eriksen 1974)	Park (2014)
Finger Selection visuo-tactile task (Alegria & Bertelson, 1970)	Kattenstroth (2010) / Kattenstroth (2013)
Folstein Mini-Mental State Examination (MMSE)	Alpert (2009)
Frankfurt Attention Inventory (FAIR)	Kattenstroth (2013)
Hopkins Verbal Learning Test (HVLT-R)	de Medeiros (2011) / Park (2014)
List Learning Recall (Brooks et al., 1993)	de Medeiros (2007)
Listening span task (Daneman & Carpenter, 1980) using stimuli from (Stine and Hindman, 1994)	Noice (2004)
Means-End Problem-Solving Procedure (Platt and Spivack, 1975)	Noice (2004)
Non-Verbal Geriatric Concentration Test (AKT)	Kattenstroth (2010) / Kattenstroth (2013)
Non-verbal Learning Test (NVLТ) (Schuhfried)	Kattenstroth (2013)
Raven's Standard Progressive Matrices (RSPM)	Kattenstroth (2010) / Kattenstroth (2013) / Park (2014)
Reaction Time Analysis (RA)	Kattenstroth (2013)
Remote Memory Word Association Task (RMWAT)	de Medeiros (2011)
Repeatable Battery of Neuropsychological Status (RBANS)	Kattenstroth (2013)
Rey Auditory Verbal Learning Test (RAVLT)	de Medeiros (2007)
Symbol Digit Modalities Test (SDMT)	de Medeiros (2007)
Word recall task (Hultsch et al., 1992)	Noice (2004)

Appendix U: Re-search April 2019 (Included studies)

Included studies (Re-Search April 2019)
Adams-Price, C. & Morse, L. (2018) Crafts as serious hobbies: Impact and benefits in later life. <i>Craft Research</i> , 9:1, 93-102.
Barfarazi, H., Pourghaznein, T., Mohajer, S., Mazlom, S. & Asgharinekah, M. (2018) Evaluating the effect of painting therapy on happiness in the elderly. <i>Evidence Based Care Journal</i> , 8:3, 17-26.
Brustio, P., Liubicich, M., Chiabrero, M. & Rabaglietti, E. (2018) Dancing in the golden age: a study on physical function, quality of life, and social engagement. <i>Geriatric Nursing</i> , 39, 635-639.
Cajayon, S., Macabasag, R., Limchanco, N., Umali, V., Blas, E., Angulo, M., Breguera, C., de Guzman, N., Malapi, S. & Quibote, E. (2017) "I feel like I'm drawing strength from it": Lived Experiences of Filipino Elderly Participating in Craft-Making. <i>The Qualitative Report</i> , 22:10, 2742-2754.
Cantu, A. & Fleuriet, K. (2018) "Making the Ordinary More Extraordinary": Exploring Creativity as a Health Promotion Practice Among Older Adults in a Community-Based Professionally Taught Arts Program. <i>Journal of Holistic Nursing</i> , 36:2, 123-133.
Chung, K., Lee, E., Tan, J. & Teo, D. (2018) Effects of Playback Theatre on cognitive function and quality of life in older adults in Singapore: A preliminary study. <i>Australasian Journal on Ageing</i> , 37:1, E33-E36.
Douka, S., Zilidou, V., Lilou, O. & Manou, V. (2019) Traditional Dance Improves the Physical Fitness and Well-Being of the Elderly. <i>Frontiers in Aging Neuroscience</i> , 11, 1-9.
Douka, S., Zilidou, Vasiliki, I., Lilou, O. & Tsolaki, M. (2019) Greek Traditional Dances: A Way to Support Intellectual, Psychological, and Motor Functions in Senior Citizens at Risk of Neurodegeneration. <i>Frontiers in Aging Neuroscience</i> , 11, 1-11.
Fleuriet, J. & Chauvin, T. (2018) 'Living Other Lives': The impact of senior theatre on older adult well-being. <i>Journal of Applied Arts & Health</i> , 37-51.
Joseph, D. & Southcott, J. (2019) Meanings of leisure for older people: an Australian study of line dancing. <i>Leisure Studies</i> , 38:1, 74-87
Lai, C., Chin, K., Zhang, Y. & Chan, E. (2019) Psychological outcomes of life story work for community-dwelling seniors: A randomised controlled trial. <i>International Journal of Older People Nursing</i> .
Lai, C., Igarashi, A., Yu, C. & Chin, K. (2018) Does life story work improve psychosocial well-being for older adults in the community? A quasi-experimental study. <i>BMC Geriatrics</i> , 18:119, 1-12.
Mager, B. (2019) Storytelling contributes to resilience in older adults. <i>Activities, Adaptation & Aging</i> , 43:1, 23-36.
Meeks, S., Vandenbroucke, R. & Shryock, K. (2018) Psychological benefits of attending the theatre associated with positive affect and well-being for subscribers over age 60. <i>Aging & Mental Health</i> , 1-8.
Sextou, P. & Smith, C. (2017) Drama is for Life! Recreational Drama Activities for the Elderly in the UK. <i>Text Matters</i> , 7:7, 273-290.
Vandenbroucke, R. & Meeks, S. (2018) How Theatre Encourages Well-being - and Can Engage a Wider Audience. <i>New Theatre Quarterly</i> , 34:4, 374-382.
Zilidou, V., Frantzidis, C., Romanopoulou, E., Paraskevopoulos, Evangelos; Douka, S. & Bamidis, P. (2018) Functional Re-organization of Cortical Networks of Senior Citizens After a 24-Week Traditional Dance Program. <i>Frontiers in Aging Neuroscience</i> , 10, 1-14.

Appendix V: Re-search April 2019 (Excluded studies)

Excluded articles (Re-Search April 2019)	Exclusion code
Adams-Price, C., Nadorff, D., Morse, L., Davis, K. & Stearns, M. (2018) The Creative Benefits Scale: Connecting Generativity to Life Satisfaction.	Article/opinion piece
Allen, P. (2017) Creativity can complement clinical interactions. <i>Nursing Older People</i> , 29:7, 7.	Article/opinion piece
Borges, E., Vale, R., Pernambuco, C., Cader, S., Sá, S., Pinto, F., Regazzi, I., Knupp, V. & Dantas, E. (2018) Effects of dance on the postural balance, cognition and functional autonomy of older adults. <i>Revista Brasileira de Enfermagem REBEn</i> , 71:5, 2302-9.	Not healthy
Cahalan, R., Kearney, P., Ni Bhriain, O. Redding, E., Quin, E., McLaughlin, L. & O' Sullivan, K. (2018) Dance exposure, wellbeing and injury in collegiate Irish and contemporary dancers: A prospective study. <i>Physical Therapy in Sport</i> , 34, 77-83.	Not older people
Cann, P. (2017) Arts and cultural activity: A vital part of the health and care system. <i>Australasian Journal on Ageing</i> , 36:@, 89-95.	Article/opinion piece
Charise, A. & Eginton, M. (2018) Humanistic perspectives: Arts and the aging mind. In: Rizzo, M., Anderson, S. & Fritsch, B. (eds.) <i>The Wiley handbook on the aging mind and the brain</i> .	Book Chapter
Christensen, J. & Gomila, A. (2018) Introduction: Art and the brain: From pleasure to well-being. <i>Progress in Brain Research</i> , 237, xxvii-xlvi.	Article/opinion piece
da Rocha, I., de Melo, R., dos Santos Marques, S., Macon, L., Francisco, M., Mutarelli Pontes, M., Rica, R., Evangelista, A., Bocalini, D. & Pontes Júnior, F. (2018) Ballroom and circular dancing may improve the functional fitness of older senior women: a cross sectional study. <i>Journal of Physical Education and Sport</i> , 18:3, 1544-1548.	Not art
Fancourt, D. & Steptoe, A. (2018) Cultural engagement predicts changes in cognitive function in older adults over a 10 year period: findings from the English Longitudinal Study of Ageing. <i>Scientific Reports</i> , 8, 1-10.	Article/opinion piece
Goldberg-Haas, N. (2017) MOVEMENT SPEAKS® Dance Program for Older Adults. <i>Dance Education in Practice</i> , 3:2, 16-20.	Practice/programme review
Kaufman, J. (2018) Finding Meaning With Creativity in the Past, Present, and Future. <i>Perspectives On Psychological Science</i> , 13:6, 734-749.	Not older people
Kim, D. (2017) The effects of a combined physical activity, recreation, and art and craft program on ADL, cognition, and depression in the elderly. <i>Journal of Physical Therapy Science</i> , 29, 744-747	Not arts
Kirekegaard Thomsen, D., Lind, M. & Pillemer, D. (2017) <i>Applied Cognitive Psychology</i> , 31, 207-215.	Not arts
Marquez, D., Wilson, D., Aguinã, S., Vásquez, P., Fogg, L., Yang, Z., Wilbur, J., Hughes, S. & Spanbauer, C. (2017) Regular Latin Dancing and Health Education May Improve Cognition of Late Middle-Aged and Older Latinos. <i>Journal of Aging and Physical Activity</i> , 25, 482-489.	Not healthy
Park, S., Choi, B., Choi, C., Kang, J. & Lee, J. (2018) Relationship between education, leisure activities, and cognitive functions in older adults. <i>Ageing & Mental Health</i> , 1-10.	Not healthy
Sabir, M. & Johnson, M. (2018) Inside the black box: Modeling "Life Writing" for lifelong health and well being. <i>Evaluation and Program Planning</i> , 68, 108-116.	Practice/programme review

Excluded articles (Re-Search April 2019)	Exclusion code
Schroeder, K., Ratcliffe, S., Perez, A., Earley, D., Bowman, C. & Lipman, T. (2017) Dance for Health: An Intergenerational Program to Increase Access to Physical Activity. <i>Journal of Pediatric Nursing</i> , 37, 29-34.	Not primary outcomes
Stark, E., Vuust, P. & Kringelbach, M. (2018) Music, dance, and other art forms: New insights into the links between hedonia (pleasure) and eudaimonia (well-being). <i>Progress in Brain Research</i> , 237, 129-152.	Article/opinion piece
Stevenson, J. (2017) Creative aging with Seniors DANCE. <i>DANZ Magazine</i> , 47	Article/opinion piece
Tamura-Lis, W. (2017) Reminiscing – A Tool For Excellent Elder Care And Improved Quality of Life. <i>Urologic Nursing</i> , 37:3, 151-156.	Practice/programme review
Thompson, L., Lockyer, B., Camic, P. & Chatterjee, H. (2018) Effects of a museum-based social prescription intervention on quantitative measures of psychological wellbeing in older adults. <i>Perspectives in Public Health</i> , 138:1, 28-38.	Arts on Prescription
Tian, F., Chen, Q., Zhu, W., Wang, Y., Yang, W., Zhu, X., Tian, X., Zhang, Q., Cao, G. & Qiu, J. (2018) The association between visual creativity and cortical thickness in healthy adults. <i>Neuroscience Letters</i> , 683, 104-110.	Not primary outcomes
Wood, E., Jepson, A. & Stadler, R. (2018) Understanding the Well-Being Potential of Participatory Arts Events for the Over 70s: A Conceptual Framework and Research Agenda. <i>Event Management</i> , 22, 1083-1101.	Article/opinion piece

Appendix W: Focus groups request for ethical approval (stage 1)



Request for ethical approval for research undertaken by staff, post-graduate research and post-graduate professional students

Please submit your completed form to the chair of your college research ethics committee (CREC)

Your Name	Emily Bradfield
College	Health and Social Care
College Research Ethics Committee	College of Health and Social Care CREC
Staff ID	STF3036
Student ID	P41866010
Unimail address	e.bradfield@derby.ac.uk (preferred email address)
Programme name / code	Art for Health in Older Age
Name of supervisor(s)	Professor Susan Hogan, Professor David Sheffield
Title of proposed research study	
Exploring older people's subjective experiences of participatory arts engagement	
Background information	
Has this research been funded by an external organisation (e.g. a research council or public sector body) or internally (such as the RLTF fund)? If yes, please provide details.	No
Have you submitted previous requests for ethical approval to the Committee that relate to this research project? If yes please provide details.	A request for ethical approval was submitted & approved (July 2017) for 'A systematic review of participatory arts for promoting wellbeing and quality of life in healthy older people'. The proposed research study will explore the findings from the systematic review through focus groups with older people.
Are other research partners involved in the proposed research? If yes please provide details.	No
Signatures	
The information supplied is, to the best of my knowledge and belief, accurate. I clearly understand my obligations and the rights of the participants. I agree to act at all times in accordance with University of Derby Policy and Code of Practice on Research Ethics: http://www.derby.ac.uk/research/uod/ethics/	
Signature of applicant	E R Bradfield
Date of submission by applicant	16/07/2018
Signature of supervisor (if applicable)	
Date of signature by supervisor (if applicable)	
<i>For Committee Use</i> Reference Number (Subject area initials/year/ID number)	
Date received	Date considered
Committee decision	Signed

Revised November 2013
Updated August 2015

Sensitivity: Internal

1. What is the aim of your study? What are the objectives for your study?**AIM:**

To explore systematic review findings in a local setting with older people and arts practitioners.

OBJECTIVES:

To contextualise the findings of a systematic review of qualitative and quantitative studies on participatory arts for promoting wellbeing and quality of life.

To ascertain participants' views on the initial findings of the systematic review.

To empower older people in the construction of research through focus groups discussion, a method which facilitates social interaction.

2. Explain the rationale for this study (refer to relevant research literature in your response).

While systematic reviews play an integral role in the production of research knowledge and are a means of synthesising evidence to inform policy and practice, the review reports often remain in academia, without the findings being shared with relevant stakeholder groups (Sundberg & Taylor-Gooby, 2013; Gough et al, 2012). Involving members of the public in the systematic review process ensures the quality and relevance of the review and reflects the views of the participants (Horey, 2010). Exploring the findings of the systematic review of participatory arts for older people, with older people, will contextualise the findings in a contemporary, local setting. It also provides an opportunity to empower older people in the shared interpretation of the findings. Moreover, the members of the focus group, and the community facilities which host the focus groups, will provide an instant entry point for dissemination of the findings (Gough et al, 2012).

3. Provide an outline of your study design and methods.

The study will adopt focus groups for the method of data collection (Braun & Clarke, 2013). A pilot focus group study will be conducted with an informal group (with the researcher's family and friends) to test the focus group guide. Following the pilot, the focus guide may be reviewed, based on feedback from the pilot session. Following the pilot, three focus groups will be scheduled initially, based on a recent review which suggested that this number is enough to identify the most prevalent themes (Guest, Namey & McKenna, 2017). However, in the event of any discrepancies in findings from these three focus groups, additional sessions will be arranged.

Participant selection:

Participants will be recruited through convenience sampling, and will be advertised through local (local to the researcher, who is based in Cambridge) arts and older people organisations. (see section 4).

Setting:

The focus groups will take place in comfortable, safe environments, in different locations across Cambridge (which is where the researcher lives, who will act as moderator) so that they are accessible to the participants, who may be based in different areas of the city / surrounding villages, and so may attract a more diverse range of people.

I have met with a local arts organisation (Cambridge Community Arts) who have their offices in Arbury Court, in the north of the city, which has been described as a new 'social urban square' by local press. They have a quiet meeting room which would be a suitable venue for the focus group. I am also in discussions with Kettle's Yard (the University of Cambridge's modern and contemporary art gallery) which has a community room and is located in the centre of the city, and with Care Network Cambridgeshire (who have various offices across the city). In addition, I have had invitations from Damian Hebron (Head of Arts at Addenbrooke's Arts, Cambridge University Hospitals & Director of London Arts and Health Forum) to hold a focus group in a community room at Addenbrooke's Hospital and also from a local arts organisation, Cambridge Art Salon.

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Sensitivity: Internal

4. If appropriate, please provide a detailed description of the study sample, covering selection, sample profile, recruitment and inclusion and exclusion criteria.

Participants will be recruited through convenience sampling with advertisements through local arts and older people organisations/networks (including Cambridge Older People's Enterprise Forum (COPE), Cambridge Arts Network, Care Network Cambridgeshire, Age UK Cambridge & Peterborough, Age of Creativity, Age Exchange).

The study aims to attract a small sample size per focus group (up to 10 participants) as smaller groups have been shown to generate richer discussion (Braun & Clarke, 2013). Participants will be included based on criteria which mirrors the inclusion criteria of the systematic review to provide a comparable group.

Inclusion criteria: aged 50 years old +, living in the community, experience of active and/or passive participatory arts engagement (visual arts, dance, theatre, or creative writing).

Exclusion criteria: under 50 years old, residing in a care home, individuals with a formal physical / mental health / aged-related diagnosis (eg dementia, parkinson's disease, diabetes).

The inclusion of participants aged 50+ has been adopted to reflect the inclusion criteria of the systematic review. While 65+ is regularly used as a marker for 'older' people, existing literature and community arts organisations regularly use 50 or 55+ for their participants / members and therefore adopting this age will ensure that the research mirrors the systematic review and is relevant for arts organisations providing support for older people.

**5. Are payments or rewards/incentives going to be made to the participants? No
If so, please give details.**

6. Please indicate how you intend to address each of the following ethical considerations in your study. If you consider that they do not relate to your study please say so.

Guidance to completing this section of the form is provided at the end of the document.

- a. **Consent:** all participants will be required to sign a participant consent form (see attachment) before they are able to participate in the research. The form has been adapted from the UoD template. The host organisation(s) Safeguarding Policy and Procedures will be adhered to, if appropriate.
- b. **Deception:** N/A
- c. **Debriefing:** time will be assigned in the focus group schedules for verbal feedback. A written feedback form will also be available for individual (private / anonymised) feedback.
- d. **Withdrawal from the investigation:** at the start of the focus group, participants will be informed explicitly that they are free to leave the study at any time during the focus group (without explanation) – this information will also be included on the consent form. They will be informed (and will consent to this on the consent form) that the focus group has taken place, their data will be used in the data analysis and dissemination, and they will no longer be able to withdraw from the study.
- e. **Confidentiality:** the research will be conducted in compliance with the Data Protection Act and the University of Derby's Good Scientific Practice Policy. The participant information sheet will provide full details on what the research is for, who will conduct the research and how personal information will be used. It will also ask for consent for the focus groups to be audio-recorded (and potentially video-recorded).
- f. **Protection of participants:** participants will not be at risk of physical, psychological or emotional harm greater than encountered ordinary life.
- g. **Observation research:** no observational research is to be conducted without prior consent.
- h. **Giving advice:** the researcher will inform participants that they are not in a position of authority from which to offer advice related to improving wellbeing. In the event of any request for advice, the participants will be relevant organisations who may be able to offer support – such as Care Network Cambridgeshire / Age UK Cambridge & Peterborough, MIND.
- i. **Research undertaken in public places:** the focus groups will take place in safe areas, away from public places. The venues will be selected based on the suitability of the social environment and their relation to the study: eg local arts / older people organisations. No research will take place in venues which might affect any religious or cultural sensitivities to ensure that they are accessible to all eligible participants.
- j. **Data protection:** new data protection law will be adhered to. All data will be anonymised and only used for the purposes of the proposed study. Any personal data collected will be stored securely (with consent forms and data being stored separately).
- k. **Animal Rights:** N/A – no involvement with animals.
- l. **Environmental protection:** there will be no negative impacts of the research on the natural environment and animal welfare.

Are there other ethical implications that are additional to this list? No

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Updated August 2015

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6. Please indicate how you intend to address each of the following ethical considerations in your study. If you consider that they do not relate to your study please say so.

Guidance to completing this section of the form is provided at the end of the document.

- a. **Consent:** all participants will be required to sign a participant consent form (see attachment) before they are able to participate in the research. The form has been adapted from the UoD template. The host organisation(s) Safeguarding Policy and Procedures will be adhered to, if appropriate.
- b. **Deception:** N/A
- c. **Debriefing:** time will be assigned in the focus group schedules for verbal feedback. A written feedback form will also be available for individual (private / anonymised) feedback.
- d. **Withdrawal from the investigation:** at the start of the focus group, participants will be informed explicitly that they are free to leave the study at any time during the focus group (without explanation) – this information will also be included on the consent form. They will be informed (and will consent to this on the consent form) that the focus group has taken place, their data will be used in the data analysis and dissemination, and they will no longer be able to withdraw from the study.
- e. **Confidentiality:** the research will be conducted in compliance with the Data Protection Act and the University of Derby's Good Scientific Practice Policy. The participant information sheet will provide full details on what the research is for, who will conduct the research and how personal information will be used. It will also ask for consent for the focus groups to be audio-recorded (and potentially video-recorded).
- f. **Protection of participants:** participants will not be at risk of physical, psychological or emotional harm greater than encountered ordinary life.
- g. **Observation research:** no observational research is to be conducted without prior consent.
- h. **Giving advice:** the researcher will inform participants that they are not in a position of authority from which to offer advice related to improving wellbeing. In the event of any request for advice, the participants will be relevant organisations who may be able to offer support – such as Care Network Cambridgeshire / Age UK Cambridge & Peterborough, MIND.
- i. **Research undertaken in public places:** the focus groups will take place in safe areas, away from public places. The venues will be selected based on the suitability of the social environment and their relation to the study: eg local arts / older people organisations. No research will take place in venues which might affect any religious or cultural sensitivities to ensure that they are accessible to all eligible participants.
- j. **Data protection:** new data protection law will be adhered to. All data will be anonymised and only used for the purposes of the proposed study. Any personal data collected will be stored securely (with consent forms and data being stored separately).
- k. **Animal Rights:** N/A – no involvement with animals.
- l. **Environmental protection:** there will be no negative impacts of the research on the natural environment and animal welfare.

Are there other ethical implications that are additional to this list? No

Revised November 2013
Updated August 2015

Sensitivity: Internal

Appendix X: Focus groups ethical approval (stage 1)

Dr Paula J Crick
Dean

Kedleston Road, Derby
DE22 1GB, UK

Approval

17/07/2018

Name: Emily Bradfield

Dear Emily

Topic: Exploring older people's subjective experience of participatory arts engagement

Thank you for submitting your application to the College of Health and Social Care Research Ethics Committee.

Your study has been approved by the Committee and you are now able to proceed.

Once the study commences if any changes to the study described in the application or to the supporting documentation are necessary, you are required to make a resubmission to the College of Health and Social Care Research Ethics Committee.

We will also require an annual review of the progress of the study and notification of completion of the study for our records.

Yours sincerely,



Alison Kerr
Chair, Health and Social Care Research Ethics Committee



Vice-Chancellor Professor Kathryn Mitchell
Incorporated in England as a charitable limited company
Registration no 3079282
www.derby.ac.uk

College of Health and Social Care

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of DERBY
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Appendix Y: Focus groups request for ethical approval (stage 2)



Request for ethical approval for research undertaken by staff, post-graduate research and post-graduate professional students

Please submit your completed form to the chair of your college research ethics committee (CREC)

Your Name	Emily Bradfield
College	Health and Social Care
College Research Ethics Committee	College of Health and Social Care CREC
Staff ID	STF3036
Student ID	P41866010
Unimail address	e.bradfield@derby.ac.uk (preferred email address)
Programme name / code	Art for Health in Older Age
Name of supervisor(s)	Professor Susan Hogan, Professor David Sheffield
Title of proposed research study	
Exploring older people's subjective experiences of participatory arts engagement	
Background information	
Has this research been funded by an external organisation (e.g. a research council or public sector body) or internally (such as the RLTF fund)? If yes, please provide details.	No
Have you submitted previous requests for ethical approval to the Committee that relate to this research project? If yes please provide details.	Initial request for ethical approval was submitted and approved in July 2018. The amendments in this submission are being made in response to examiners' report following viva voce examination in July 2019.
Are other research partners involved in the proposed research? If yes please provide details.	No
Signatures	
The information supplied is, to the best of my knowledge and belief, accurate. I clearly understand my obligations and the rights of the participants. I agree to act at all times in accordance with University of Derby Policy and Code of Practice on Research Ethics: http://www.derby.ac.uk/research/uod/ethics/	
Signature of applicant	E R Bradfield
Date of submission by applicant	06/08/2019
Signature of supervisor (if applicable)	D. Sheffield
Date of signature by supervisor (if applicable)	6/8/2019
<i>For Committee Use</i> Reference Number (Subject area initials/year/ID number)	
Date received	Date considered
Committee decision	Signed

Revised November 2013
Updated August 2015

Sensitivity: Internal



<p>1. What is the aim of your study? What are the objectives for your study?</p> <p>AIM: To explore systematic review findings in a local setting with older people and arts practitioners.</p> <p>OBJECTIVES: To contextualise the findings of a systematic review of qualitative and quantitative studies on participatory arts for promoting wellbeing and quality of life.</p> <p>To ascertain participants' views on the initial findings of the systematic review.</p> <p>To empower older people in the construction of research through focus groups discussion, a method which facilitates social interaction.</p>
<p>2. Explain the rationale for this study (refer to relevant research literature in your response).</p> <p>While systematic reviews play an integral role in the production of research knowledge and are a means of synthesising evidence to inform policy and practice, the review reports often remain in academia, without the findings being shared with relevant stakeholder groups (Sundberg & Taylor-Gooby, 2013; Gough et al, 2012). Involving members of the public in the systematic review process ensures the quality and relevance of the review and reflects the views of the participants (Horey, 2010). Exploring the findings of the systematic review of participatory arts for older people, with older people, will contextualise the findings in a contemporary, local setting. It also provides an opportunity to empower older people in the shared interpretation of the findings. Moreover, the members of the focus group, and the community facilities which host the focus groups, will provide an instant entry point for dissemination of the findings (Gough et al, 2012).</p> <p>Additional focus groups sessions will be held in Peterborough and Fenland to represent a more diverse group of participants, including those who may experience barriers to participation in the arts, such as people with low income, no time (due to caring responsibilities) and from more diverse cultural and ethnic backgrounds.</p> <p>Peterborough (Cambridgeshire) includes a number of wards in which the risk of loneliness for people aged 65+ is very high (ranked in the highest risk quintile in England), including Orton Waterville (281 in England), Central (422 in England) and East (1,625 in England) (Age UK, 2016). http://data.ageuk.org.uk/loneliness-maps/england-2016/peterborough/</p> <p>Fenland (Cambridgeshire) is a rural area in north Cambridgeshire, which includes areas of very high risk of isolation for people aged 65+ including Hill (1,183 in England), March East (4,975 in England), Waterlees, and Staithe. There are also a number of wards at high risk of loneliness for older people including March North, Doddington, Wisbech St Mary, Peckover (Age UK, 2016). http://data.ageuk.org.uk/loneliness-maps/england-2016/fenland/</p> <p>By comparison the wards in Cambridge in which the initial focus groups were held show risk of loneliness for people aged 65+, but in the second rather than first quintile in England – Castle, very high risk (12,711), Romsey, high risk (10,472), Arbury, medium risk (15,916). (Age UK, 2016). http://data.ageuk.org.uk/loneliness-maps/england-2016/cambridge/</p>
<p>3. Provide an outline of your study design and methods.</p> <p>The study will adopt focus groups for the method of data collection (Braun & Clarke, 2013). A pilot focus group study will be conducted with an informal group (with the researcher's family and friends) to test the focus group guide. Following the pilot, the focus guide may be reviewed, based on feedback from the pilot session. Following the pilot, three focus groups will be scheduled initially, based on a recent review which suggested that this number is enough to identify the most prevalent themes (Guest, Namey & McKenna, 2017). However, in the event of any discrepancies in findings from these three focus groups, additional sessions will be arranged.</p> <p>Participant selection: Participants will be recruited through convenience sampling, and will be advertised through local (local to the researcher, who is based in Cambridge) arts and older people organisations. (see section 4).</p>

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Updated August 2015

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Setting:

The focus groups will take place in comfortable, safe environments, in different locations across Cambridge (which is where the researcher lives, who will act as moderator) so that they are accessible to the participants, who may be based in different areas of the city / surrounding villages, and so may attract a more diverse range of people.

I have met with a local arts organisation (Cambridge Community Arts) who have their offices in Arbury Court, in the north of the city, which has been described as a new 'social urban square' by local press. They have a quiet meeting room which would be a suitable venue for the focus group. I am also in discussions with Kettle's Yard (the University of Cambridge's modern and contemporary art gallery) which has a community room and is located in the centre of the city, and with Care Network Cambridgeshire (who have various offices across the city). In addition, I have had invitations from Damian Hebron (Head of Arts at Addenbrooke's Arts, Cambridge University Hospitals & Director of London Arts and Health Forum) to hold a focus group in a community room at Addenbrooke's Hospital and also from a local arts organisation, Cambridge Art Salon.

Data collection:

A focus group guide will be used by the moderator (researcher) to encourage conversation around initial themes identified in the systematic review. Stimulus material (in the form of a conceptual model / thematic map) will be used to encourage and focus discussion and make the experience more engaging for the participants. Sessions will last up to 90 minutes (focus groups).

Focus groups will be auto-recorded (and potentially video-recorded or secondary audio-recorded, as a back-up to ensure all voices can be heard clearly in the focus groups).

Data analysis:

As the aim of the research is to contextualise the findings of the systematic review themes and not to look for new themes, a transcript is considered unnecessary in this context (Stewart, Shamdasani & Rook, 2007). Analysis will take the form of a brief report to document the process which will include cross-analysis of themes from the systematic review and supporting evidence from the focus groups and arts practitioner interviews (Bunn et al. 2013). Participant quotes will be presented to illustrate the findings. The findings will be made available to participants for comment, should they wish to.

Dissemination:

Findings will be disseminated to participants, and through local arts and older people organisations. The format of publishing findings will be considered to ensure that they are suitable to the given audience. In addition, abstracts will be submitted to relevant conferences. The findings will also be integrated into the researcher's PhD thesis.

The additional focus group sessions will be held in Peterborough Central and Fenland (venue to be confirmed, but likely to be held in either March, Wisbech or Chatteris).

4. If appropriate, please provide a detailed description of the study sample, covering selection, sample profile, recruitment and inclusion and exclusion criteria.

Participants will be recruited through convenience sampling with advertisements through local arts and older people organisations/networks (including Cambridge Older People's Enterprise Forum (COPE), Cambridge Arts Network, Care Network Cambridgeshire, Age UK Cambridge & Peterborough, Age of Creativity, Age Exchange).

The study aims to attract a small sample size per focus group (up to 10 participants) as smaller groups have been shown to generate richer discussion (Braun & Clarke, 2013). Participants will be included based on criteria which mirrors the inclusion criteria of the systematic review to provide a comparable group.

Inclusion criteria: aged 50 years old +, living in the community, experience of active and/or passive participatory arts engagement (visual arts, dance, theatre, or creative writing).

Exclusion criteria: under 50 years old, residing in a care home, individuals with a formal physical / mental health / aged-related diagnosis (eg dementia, parkinson's disease, diabetes).

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The inclusion of participants aged 50+ has been adopted to reflect the inclusion criteria of the systematic review. While 65+ is regularly used as a marker for 'older' people, existing literature and community arts organisations regularly use 50 or 55+ for their participants / members and therefore adopting this age will ensure that the research mirrors the systematic review and is relevant for arts organisations providing support for older people.

Participants will be recruited through local Council for Voluntary Services, religious centres, community centres, community groups working with older people, ethnic forums etc. Advertising will be made through social media, local newsletters (printed & electronic) and printed flyers.

The sessions will be open to anyone aged 50+ who participates in the arts or would like to but encounters barriers to participation due to low income, transport, caring responsibilities. Barriers to participation will be discussed in the focus group sessions. The inclusion of people experiencing barriers to participation is a new addition for this amended request for ethical approval, in response to Examiner amendments following viva voce examination.

Documents have been updated to incorporate non-participation in the arts and collection of more detailed demographic information (i.e. educational achievement). Amended documents are included with this request for ethical approval.

**5. Are payments or rewards/incentives going to be made to the participants? No
If so, please give details.**

6. Please indicate how you intend to address each of the following ethical considerations in your study. If you consider that they do not relate to your study please say so.

Guidance to completing this section of the form is provided at the end of the document.

- a. **Consent:** all participants will be required to sign a participant consent form (see attachment) before they are able to participate in the research. The form has been adapted from the UoD template. The host organisation(s) Safeguarding Policy and Procedures will be adhered to, if appropriate.
- b. **Deception:** N/A
- c. **Debriefing:** time will be assigned in the focus group schedules for verbal feedback. A written feedback form will also be available for individual (private / anonymised) feedback.
- d. **Withdrawal from the investigation:** at the start of the focus group, participants will be informed explicitly that they are free to leave the study at any time during the focus group (without explanation) – this information will also be included on the consent form. They will be informed (and will consent to this on the consent form) that the focus group has taken place, their data will be used in the data analysis and dissemination, and they will no longer be able to withdraw from the study.
- e. **Confidentiality:** the research will be conducted in compliance with the Data Protection Act and the University of Derby's Good Scientific Practice Policy. The participant information sheet will provide full details on what the research is for, who will conduct the research and how personal information will be used. It will also ask for consent for the focus groups to be audio-recorded (and potentially video-recorded).
- f. **Protection of participants:** participants will not be at risk of physical, psychological or emotional harm greater than encountered ordinary life.
- g. **Observation research:** no observational research is to be conducted without prior consent.
- h. **Giving advice:** the researcher will inform participants that they are not in a position of authority from which to offer advice related to improving wellbeing. In the event of any request for advice, the

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Updated August 2015

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<p>a. participants will be relevant organisations who may be able to offer support – such as Care Network Cambridgeshire / Age UK Cambridge & Peterborough, MIND.</p> <p>b. Research undertaken in public places: the focus groups will take place in safe areas, away from public places. The venues will be selected based on the suitability of the social environment and their relation to the study: eg local arts / older people organisations. No research will take place in venues which might affect any religious or cultural sensitivities to ensure that they are accessible to all eligible participants.</p> <p>c. Data protection: new data protection law will be adhered to. All data will be anonymised and only used for the purposes of the proposed study. Any personal data collected will be stored securely (with consent forms and data being stored separately).</p> <p>d. Animal Rights: N/A – no involvement with animals.</p> <p>e. Environmental protection: there will be no negative impacts of the research on the natural environment and animal welfare.</p>														
<p>Are there other ethical implications that are additional to this list? No</p>														
<p>7. Have / do you intend to request ethical approval from any other body/organisation? No If 'Yes' – please give details</p>														
<p>8. Do you intend to publish your research? Yes If 'Yes', what are your publication plans? Findings from the research will be used in the researcher's thesis. Findings will also be prepared for submission to peer-reviewed journal(s) and through conference papers. The research will also be published in accessible format for organisations working with older people and participatory arts engagement.</p> <p>Findings from the additional focus group sessions will be included in the researcher's thesis and also in a report for non-academic audiences, including town specific findings which will be relevant for local authorities and</p>														
<p>9. Have you secured access and permissions to use any resources that you may require? (e.g. psychometric scales, equipment, software, laboratory space). Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details. n/a</p>														
<p>10. Have the activities associated with this research project been risk-assessed? Yes Host venues for focus groups will be community venues with appropriate insurance.</p>														
<p>Which of the following have you appended to this application? – The revised documents have been included with this application</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Focus group questions</td> <td><input type="checkbox"/> Psychometric scales</td> </tr> <tr> <td><input type="checkbox"/> Self-completion questionnaire</td> <td><input type="checkbox"/> Interview questions</td> </tr> <tr> <td><input type="checkbox"/> Other debriefing material</td> <td><input type="checkbox"/> Covering letter for participants</td> </tr> <tr> <td><input checked="" type="checkbox"/> Information sheet about your research study</td> <td><input type="checkbox"/> Informed consent forms for participants</td> </tr> <tr> <td><input type="checkbox"/> Location consent form</td> <td><input checked="" type="checkbox"/> Other (please describe)</td> </tr> <tr> <td></td> <td>Recruitment flyer</td> </tr> <tr> <td></td> <td>Demographics form</td> </tr> </table>	<input checked="" type="checkbox"/> Focus group questions	<input type="checkbox"/> Psychometric scales	<input type="checkbox"/> Self-completion questionnaire	<input type="checkbox"/> Interview questions	<input type="checkbox"/> Other debriefing material	<input type="checkbox"/> Covering letter for participants	<input checked="" type="checkbox"/> Information sheet about your research study	<input type="checkbox"/> Informed consent forms for participants	<input type="checkbox"/> Location consent form	<input checked="" type="checkbox"/> Other (please describe)		Recruitment flyer		Demographics form
<input checked="" type="checkbox"/> Focus group questions	<input type="checkbox"/> Psychometric scales													
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<input checked="" type="checkbox"/> Information sheet about your research study	<input type="checkbox"/> Informed consent forms for participants													
<input type="checkbox"/> Location consent form	<input checked="" type="checkbox"/> Other (please describe)													
	Recruitment flyer													
	Demographics form													

PLEASE SUBMIT THIS APPLICATION WITH ALL APPROPRIATE DOCUMENTATION

Appendix Z: Focus groups ethical approval (stage 2)



Health and Social Care
Research Ethics Committee

Applicant: Emily Bradfield

Study title: Exploring older people's subjective experiences of participatory arts engagement

Outcome: Amendments to study Approved

Date: 12th August 2019

Dear Emily

Thank you for submitting your minor amendments described within the proposal dated 6th August 2019 to the College of Health and Social Care Research Ethics Committee.

The amendments have been approved by the committee and you are now able to proceed with your amendments to the study. Once the study recommences, if any changes to the study described in the application or to the supporting documentation are necessary, you are required to make a resubmission to the committee.

We will also require an annual review of the progress of the study and notification of completion of the study for our records.

The committee wishes you the best for the future of your project.

Yours Sincerely,



Dr Andrew Dainty

Chair - Health and Social Care Research Ethics Committee

Committee Secretary: j.mo@derby.ac.uk

Committee Vice Chair: a.kerr@derby.ac.uk

Committee Chair: a.dainty@derby.ac.uk



Sensitivity: Internal

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Appendix Z.1: Contact list for focus group recruitment (stage 1)

Contact list for focus group recruitment
Age UK Cambridgeshire and Peterborough
Akeman Street Community Room
Anglia Ruskin University
Arbury Community Centre
Arbury Community Centre Grovesbury Ladies Club
Arbury Community Church
Arbury Road Baptist Church
Bermuda Community Club
Bermuda Community Room
Brownsfield Youth & Community Centre
Buchan Street Community Centre
Cambridge Arts Network
Cambridge Celebrates Age
Cambridge Centre for Ageing & Neuroscience
Cambridge Community Arts
Cambridge Council for Voluntary Service
Cambridge Ethnic Community Forum
Cambridge Gurdwara
Cambridge Junction
Cambridge Knit Café
Cambs & P'Boro NHS - Neighbourhood Team (City North)
Cambs & P'Boro NHS - Neighbourhood Team (City South)
Cambs & P'Boro NHS - Neighbourhood Team (Manager)
Care Network Cambridgeshire
Carers Trust Cambridgeshire
Central Library (and all Cambridge libraries)
Centre at St Paul's
Cherry Hinton Ol' Boys Club
Cherry Hinton Village Centre
Cherry Trees Centre
Chesterton Lacemakers
Church of the Good Shepherd
Clay Farm Centre (Trumpington)
Coleridge Community College (Adult Education)
Contact the Elderly
East Barnwell Community Centre
EngAGE Cambs County Council - Libraries 50+
Friday Friends for over 60s (Cherry Hinton)
Good Sounds (Akeman St)
Grace Church
Hanover and Princess Court Community Centre
Health & Wellbeing Network

Contact list for focus group recruitment
Healthwatch Cambridgeshire and Peterborough
Hills Road Sixth Form College (Adult Education)
Home Instead
Independent Age
Independent Living Service
Knitting Group - St John's Church
Long Road Sixth Form College (Adult Education)
Mature Movers Queen Edith Chapel (over 50s)
Not so young club - Eden Baptist Church
Nuns Way Pavilion
Positive Ageing Research Institute - Anglia Ruskin University
Punjabi Mel - Milaap Social Meetings
River Lane Community Centre
Rock Road Library
Ross Street Community Centre
Rowan
Salisbury Club
Silver Screen at Cambridge Arts Picturehouse
St Martin's Day Centre
The Meadows Community Centre
The Older People's Information Circle Cambridgeshire
The Signal Box
Trumpington Pavilion
Trumpington Village Hall
University of Cambridge
Wesley Church Friday Friendship & Lunch Group
Young at Heart Women's Social Club (Cherry Hinton)

Participant Information Sheet: Creative Ageing
Exploring older people's experiences of participating in the arts

You are being invited to take part in a research study. Before deciding whether to take part, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully.

Who is the researcher?

My name is Emily Bradfield. I am a third-year PhD student at the University of Derby, (College of Health and Social Care). I was born in Cambridge, and returned to the city ten years ago, now living in a village nearby. I am researching arts participation in later life.

What is the purpose of this study?

I am interested in exploring older people's experiences of participating in the arts (including visual arts, dance, theatre/drama and creative writing) and the impact that participation can have on promoting wellbeing and quality of life. I have been reviewing existing literature to find out what research has already been done. This study will provide the opportunity to explore the initial findings of my review of literature with you, and to gather your insight and experiences.

Why have I been invited to participate?

You have been invited to participate in this study as someone who has participated in the arts and/or has an interest in the arts.

Do I have to take part?

Taking part in this study is entirely voluntary. It is up to you to decide whether or not you wish to take part. If you decide to take part, you are still free to withdraw at any time and without giving a reason. You will be asked to sign a consent form which will detail all aspects of the study which you are agreeing to.

What will participation in the study involve?

The study will take the form of a 'focus group'. A focus group is an informal session which will involve conversation around the themes on arts engagement and wellbeing that I have identified through my review of the literature. You will be invited to join the conversation and comment on/discuss the themes I have identified with other members of the group. The session will involve up to 10 participants (including you) and will last approximately 90 minutes.

What are the benefits of taking part?

By taking part in the study you will be helping to ensure that my research is relevant and accessible. You will be contributing to the development of a growing area of knowledge.

Are there any risks of taking part?

There are no costs or potential disadvantages involved in taking part in the study. All that is required is that you are able to donate your time for a couple of hours, at a location hopefully convenient to you. However, should you decide that it is not for you, you are free to withdraw at any time, without reason.

PTO

Will I be identifiable?

All information collected about you will be kept strictly confidential and anonymous and used only for the purposes of my research study.

What will happen to the results of the study?

The results of the study will be used in my PhD thesis, to support my research into arts participation in later life. I also aim to publish my research in academic journal(s) and as a report (which will be made accessible to arts organisations and organisations working with older people). I will use anonymized quotes from the study to support my research. All identifying information about you will be anonymized by use of a pseudonym (alternative name).

Can I withdraw from the study?

You can withdraw from the study at any time whilst the focus group is taking place, without reason or explanation. Once you have taken part in the focus group however, it will not be possible for your data, or any influence this may have had on the direction of the group conversation, to be withdrawn.

Who can I contact for further information?

If you would like any further information you can contact me or my Director of Studies, Professor Susan Hogan. s.hogan@derby.ac.uk

If you have any concerns regarding the way in which the study has been conducted, you can contact the chair of the College Research Ethics Committee or my Director of Studies.

What should I do if I want to take part?

Sessions will be taking place on the following dates/times and venues:

- Monday 26th November (10.15 – 11.45 am) at Arbury Court
- Monday 26th November (1.30 – 3.00 pm) at Romsey Mill
- Thursday 29th November (10:15 – 11:45 am) at Kettle's Yard

If you are interested in taking part, please get in touch with me and let me know which session you wish to attend.

e.bradfield@derby.ac.uk or 07531 873227.

Thank you for taking the time to read this information sheet.

Emily

Emily Bradfield
PhD Student, University of Derby
e.bradfield@derby.ac.uk

October 2018

This research study has been approved by the College of Health and Social Care Research Ethics Committee, University of Derby.

Appendix Z.3: Participant Demographic Form (stage 1)

Participant Demographic Form: Creative Ageing Exploring older people's experiences of participating in the arts

In order to learn about the people taking part in this focus group, I would be grateful if you would answer the following questions. All information that you provide will be anonymous and confidential.

1	How old are you?	Please enter your age here:
2	What is your gender?	Please write your gender here:
3.1	active participation: Which activities have you <u>participated in</u> (in the past 6 months)?	Please tick ALL activities you have participated in (over past 6 months): <input type="checkbox"/> painting <input type="checkbox"/> photography <input type="checkbox"/> craft (eg textiles, embroidery, knitting...) <input type="checkbox"/> drawing <input type="checkbox"/> creative writing (eg poetry, stories, autobiography...) <input type="checkbox"/> dance <input type="checkbox"/> theatre / drama (performing, not attending) <input type="checkbox"/> played a musical instrument (in an orchestra / band or at home) <input type="checkbox"/> sung in a choir <input type="checkbox"/> other (<i>please specify</i>) <hr/> <hr/>
3.2	by yourself or as part of an organised group?	For the activities above which you have participated in (over past 6 months) please indicate whether this was done <u>at home by yourself</u> or as <u>part of an organised group</u> (please write home or group) alongside each activity.
4	passive participation: Which arts activities have you <u>attended / visited</u> (in the past 6 months)?	Please tick ALL activities you have attended / visited (over past 6 months): <input type="checkbox"/> art gallery / museum / exhibition <input type="checkbox"/> concert / musical performance <input type="checkbox"/> play / drama production / musical <input type="checkbox"/> poetry recital <input type="checkbox"/> other (<i>please specify</i>) <hr/> <hr/>
5	How would you describe your racial / ethnic background?	Please write your racial / ethnic background here (eg Black; White British; Asian...):
6	Do you work?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Other (<i>please specify</i>)

This research study has been approved by the College of Health and Social Care Research Ethics Committee, University of Derby.

Appendix Z.4: Participant Consent Form

Participant Consent Form: Creative Ageing *Exploring older people's experiences of participating in the arts*

Researcher details:

Emily Bradfield
PhD Student
College of Health & Social Care
University of Derby
Kedleston Road
Derby DE22 1GB

Please tick each box:

1. I confirm that I have read and understand the participant information sheet for this study and have had the opportunity to ask questions.
2. I understand that my participation in this study is voluntary and that I am free to withdraw at any time, whilst the focus group is taking place, without giving reason.
3. I understand that once the focus group has taken place, it will not be possible for me to request for my data, or any influence this may have had on the direction of the group conversation, to be withdrawn.
4. I agree to take part in the above study.
5. I agree to the focus group being audio recorded.
6. I agree to the use of anonymized quotes in publications.

Name of participant: _____

Signature of participant: _____ Date: _____

This research study has been approved by the College of Health and Social Care Research Ethics Committee, University of Derby.

.....
Researcher to complete:

Name of researcher: _____

Signature of researcher: _____ Date: _____

Appendix Z.5: Focus Group Guide

Exploring older people's experiences of participating in the arts Focus Group Guide

Introductions:

- Who I am: PhD student etc...
- Purpose: seeking your thoughts / feelings / experiences – there are no right or wrong answers
- Introductions: name & favourite colour

Starting questions:

- What's the first thing that comes into your mind when I say 'creative ageing'?
- What's the first thing that comes into your mind when I say 'participatory arts'?
- *What kind of words do you think of when I say 'wellbeing'?*
- *What comes to mind when I say 'quality of life'?*

Participatory arts questions:

- Think about the arts experience you have been reflecting on
 - what words would you use to describe how you felt during? And afterwards?
- These are themes/subthemes I have been developing from the literature – 33 studies (dance, creative writing, visual arts, theatre & mixed art forms)
 - Do the themes resonate with your experiences or not?
 - Do they make sense?
 - Have your experiences been different? How?
 - Can you relate to the sub-themes or not?
 - Do they make sense?
 - Have your experiences been different? How?
- What format would it be useful to see these themes in?
- Would you like to see more or less detail?

- How would you describe participatory arts to someone?

Closing questions:

- Why did you decide to participate in this research?
- How has the experience of participating in this focus group felt?
- Is it what you expected? (If not, how?)
- Any final comments / questions?

Switch off recording

Appendix Z.6: Focus group flyer (stage 2)



CALL FOR PARTICIPANTS
CREATIVE AGEING RESEARCH STUDY

- ✓ Are you aged 50+?
- ✓ Would you like to participate in the arts? Or do already?
(painting, dance, writing, theatre etc...)
- ✓ Do you live at home (i.e. not in a care home)?
- ✓ Do you consider yourself to be healthy?
- ✓ Are you free to attend a 90 minute session in September?

If so, you may be eligible to participate in an informal group session on participatory arts for promoting wellbeing and quality of life.

Session taking place at: Peterborough Council for Voluntary Service
Thursday 19th September 10.30 – 12.00

Tea/Coffee & biscuits will be provided!

For more information or if you are interested in taking part, please contact:
Emily Bradfield, PhD Student – e.bradfield@derby.ac.uk / 07531 873227



Appendix Z.7: Participant Information Sheet (stage 2)

Participant Information Sheet: Creative Ageing *Exploring older people's experiences of participating in the arts*

You are being invited to take part in a research study. Before deciding whether to take part, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully.

Who is the researcher?

My name is Emily Bradfield. I am a PhD student at the University of Derby (College of Health and Social Care). I was born in Cambridge, and returned to the city ten years ago, now living in a village nearby. I am researching arts participation in later life.

What is the purpose of this study?

I am interested in exploring older people's experiences of participating in the arts (including visual arts, dance, theatre, drama, creative writing etc) and the impact that participation can have on promoting wellbeing and quality of life. I have been reviewing existing literature to find out what research has already been done. This study will provide the opportunity to explore the findings of my review of literature with you, and to gather your insight and experiences. I am also interested to explore any potential barriers people face to participating in the arts.

Why have I been invited to participate?

You have been invited to participate in this study as someone who has participated in the arts and/or has an interest in the arts. You may have an interest in participating in the arts but are unable for any manner of reasons and I am interested to find out about what is potentially preventing you from engaging in the arts.

Do I have to take part?

Taking part in this study is entirely voluntary. It is up to you to decide whether or not you wish to take part. If you decide to take part, you are still free to withdraw at any time and without giving a reason. You will be asked to sign a consent form which will detail all aspects of the study who you are agreeing to.

What will participation in the study involve?

The study will take the form of a 'focus group'. A focus group is an informal session which will involve conversation around the themes on arts engagement and wellbeing that I have identified through my review of the literature. You will be invited to join the conversation and comment on/discuss the themes I have identified with other members of the group. The session will involve up to 10 participants (including you) and will last approximately 90 minutes.

What are the benefits of taking part?

By taking part in the study you will be helping to ensure that my research is relevant and accessible. You will be contributing to the development of a growing area of knowledge.

Are there any risks of taking part?

There are no costs or potential disadvantages involved in taking part in the study. All that is required is that you are able to donate your time for a couple of hours, at a location hopefully convenient to you. However, should you decide that this is not for you, you are free to withdraw at any time, without reason.

PTO

Will I be identifiable?

All information collected about you will be kept strictly confidential and anonymous and used only for the purposes of my research study. The session will be audio recorded to enable me to analyse the session, but the audio will not be accessible to anyone else and will be destroyed once the study has been complete. I will not include any identifiable information in my research and will use an alternative name for each participant.

What will happen to the results of the study?

The results of the study will be used in my PhD thesis, to support my research into arts participation in later life. I also aim to publish my research in academic journal(s) and as a report (which will be made accessible to arts organisations and organisations working with older people). I will use anonymized quotes from the study to support my research. All identifying information about you will be anonymized by use of a pseudonym (alternative name).

Can I withdraw from the study?

You can withdraw from the study at any time whilst the focus group is taking place, without reason or explanation. Once you have taken part in the focus group however, it will not be possible for your data, or any influence this may have had on the direction of the group conversation, to be withdrawn.

Who can I contact for further information?

If you would like any further information you can contact me e.bradfield@derby.ac.uk or 07531873227.

Alternatively, you may contact my Director of Studies, Professor Susan Hogan s.hogan@derby.ac.uk if you have any concerns regarding the way in which the study has been conducted.

What should I do if I want to take part?

The sessions will be taking place on the following dates, times and venues:

Thursday 19th September (10.30 – 12.00) at Peterborough Council for Voluntary Service
Friday 20th September (10:00 – 11:30) at The Oasis Community Centre, Wisbech

If you are interested in taking part, please get in touch with me to confirm your attendance: e.bradfield@derby.ac.uk or 07531 873227.

Thank you for taking the time to read this information sheet.

Emily

Emily Bradfield
PhD Student, University of Derby
e.bradfield@derby.ac.uk

August 2019

This research study has been approved by the College of Health and Social Care Research Ethics Committee, University of Derby.

Appendix Z.8: Participant Demographic Form (stage 2)

Participant Demographic Form: Creative Ageing Exploring older people's experiences of participating in the arts

In order to learn about the people taking part in this focus group, I would be grateful if you would answer the following questions. All information that you provide will be anonymous and confidential.

1	How old are you?	Please enter your age here:
2	What is your gender?	Please write your gender here:
3.1	Which activities have you participated in (in the past 6 months)?	<p>Please select ALL activities you have participated in (over past 6 months):</p> <input type="checkbox"/> painting <input type="checkbox"/> photography <input type="checkbox"/> craft (eg textiles, embroidery, knitting...) <input type="checkbox"/> drawing <input type="checkbox"/> creative writing (eg poetry, stories, autobiography...) <input type="checkbox"/> dance <input type="checkbox"/> theatre / drama (performing, not attending) <input type="checkbox"/> played a musical instrument (in an orchestra / band or at home) <input type="checkbox"/> sung in a choir <input type="checkbox"/> other (<i>please specify</i>) _____ _____ _____
3.2	Did you participate by yourself or as part of an organised group?	<p>For the activities above which you have participated in (over past 6 months) please indicate whether this was done at home by yourself or as part of an organised group (please select home or group) for each activity.</p> painting <input type="checkbox"/> home <input type="checkbox"/> group photography <input type="checkbox"/> home <input type="checkbox"/> group craft <input type="checkbox"/> home <input type="checkbox"/> group drawing <input type="checkbox"/> home <input type="checkbox"/> group creative writing <input type="checkbox"/> home <input type="checkbox"/> group dance <input type="checkbox"/> home <input type="checkbox"/> group theatre / drama <input type="checkbox"/> home <input type="checkbox"/> group played a musical instrument <input type="checkbox"/> home <input type="checkbox"/> group sung in a choir <input type="checkbox"/> home <input type="checkbox"/> group <input type="checkbox"/> other (<i>please specify</i>) _____ _____ _____
	Which arts activities have you attended / visited (in the past 6 months)?	<p>Please tick ALL activities you have attended / visited (over past 6 months):</p> <input type="checkbox"/> art gallery / museum / exhibition <input type="checkbox"/> concert / musical performance <input type="checkbox"/> play / drama production / musical <input type="checkbox"/> poetry recital <input type="checkbox"/> other (<i>please specify</i>) _____

5.1	Do you work?	Please select: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify) _____
5.2	What is / was your job?	What is your present occupational position or (if no longer working) what was your last position? Please write below:
6	Educational achievement	What is the highest level of education you have completed? <input type="checkbox"/> Less than secondary school <input type="checkbox"/> Secondary school <input type="checkbox"/> College (eg training college post 16 years old) <input type="checkbox"/> Bachelor's degree (eg BA, BS) <input type="checkbox"/> Master's degree (eg MA, MS, MEd) <input type="checkbox"/> Doctorate (eg PhD, EdD) <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify) _____
7	How would you describe your ethnic background?	Please select your ethnic group from the list below: White <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background Mixed / Multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / Multiple ethnic background Asian / Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background Black / African / Caribbean / Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group) Prefer not to say <input type="checkbox"/>

This research study has been approved by the College of Health and Social Care Research Ethics Committee, University of Derby.

Appendix Z.9: PhD Research Outputs

Conference papers

Experiences of creative ageing: a study of participation, connection & wellbeing in later life

British Society of Gerontology ERA (Emerging Researchers in Ageing) + poster (University of Liverpool)
9th – 12th July 2019

Exploring Older People's Subjective Experience of Participatory Arts Engagement

Fourteenth International Conference on The Arts in Society (Polytechnic Institute of Lisbon, Portugal)
19th – 21st June 2019

Creative ageing: participation, connection & wellbeing

World Healthcare Congress Europe 2019 (Manchester)
5-7th March 2019

Exploring participatory arts in later life through a mixed-methods systematic review

New Perspectives on Participatory Arts (University of East Anglia, Norwich)
22nd & 23rd May 2018

Systematic Reviews: Why are they of value?

PGR Systematic Review Seminar (University of Derby)
6th March 2018

Participatory arts for wellbeing and quality of life (in older age)

Health Humanities & Arts in Health International Symposium (University of Derby)
27th & 28th November 2017

Flourishing through creative engagement (*by invitation*)

Powerful Partners: Advancing Dementia Care through the Arts and Sciences (Royal Society for Public Health, London) 24th November 2017

Creative Ageing: participatory arts and healthy older people

The 8th Conference of the European Society for Research on the Education of Adults Network on Education and Learning of Older Adults: Identity, Voice, Creativity, Action! (Leeds Beckett University)
9th – 11th November 2017

Art for Health in Older Age

Arts & Health Researchers Symposium (University of Derby)
9th May 2017

Creative Ageing

Postgraduate Research Conference (University of Derby)
8th May 2017

Creative stimulation: LIVING with dementia

1st International Arts & Dementia Research Conference (Royal Society for Public Health, London)
9th – 10th March 2017

Festival presentations

“It beats the heck out of jogging!” – experiences of dancing into later life

AGELESS – a dance festival reimagining ageing (Yorkshire Dance, Leeds), 24 – 26th October 2019

Live Age Conversation (*by invitation*)

A discussion with Emily Bradfield, chaired by Professor David Amigoni. An interactive event where we will work with Emily to make our own I-Poem.

Live Age Festival (New Vic Theatre, Stoke-on-Trent), 4rd October 2019

PARTICIPATORY ARTS ENGAGEMENT ENHANCES WELLBEING & COGNITIVE FUNCTION OF HEALTHY OLDER PEOPLE

Emily Bradfield

e.bradfield@derby.ac.uk



Exploring subjective experiences of participatory arts engagement in later life

BACKGROUND

The UK has a rapidly ageing population, with 12 million people currently aged 65 and over and predictions of an increase of a further 8.6 million in 50 years' time (Age UK, 2019). Such a change in demography has major implications for social policy and healthcare systems, requiring new models of support to ensure the health and wellbeing of our nation is maintained across the life course. There is increasing evidence to demonstrate the benefits of participatory arts engagement in supporting people to lead active, healthy and connected lives in their own communities in later life, though research has focused on the efficacy of arts-based therapies for people living with dementia and older people residing in care homes (All-Party Parliamentary Group on Arts, Health & Wellbeing, 2017). The current study provides a coherent synthesis of the effects of participatory arts for promoting wellbeing and quality of life for healthy older people.

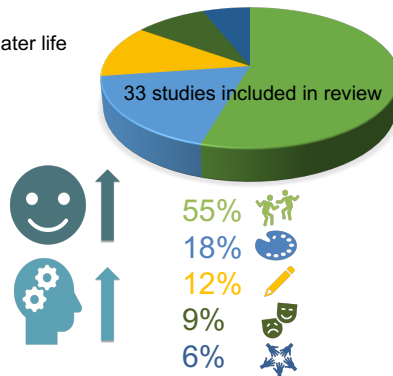
RESEARCH METHODS

- Systematic review (including qualitative, quantitative & mixed-methods studies)
- Focus groups with older people
- Thematic analysis
- I-poem analysis
- Narrative synthesis: qualitative & quantitative
- Conceptual model

KEY FINDINGS

Participatory arts engagement in later life enhanced:

- **subjective wellbeing**
- broader quality of life
- broader health status
- psychological wellbeing
- **language & memory**
- **attention and concentration**
- general intellectual ability



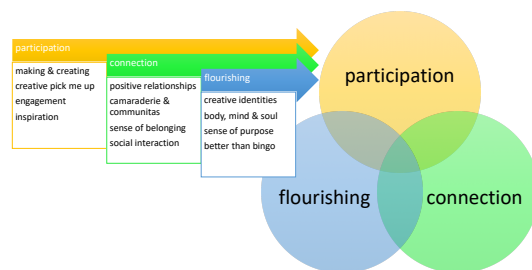
THEMES DEVELOPED

- ❖ **Making & creating**
- ❖ **Connections & communities**
- ❖ **Identity**
- ❖ **The 'feel good' factor**
- ❖ **Body, mind & soul**

IMPLICATIONS FOR RESEARCH PRACTICE

The study contributes a cogent synthesis of participatory arts to the creative ageing field & links with literature on everyday creativity and flourishing. It also presents a conceptual model of creative ageing. Further research on visual arts, creative writing & theatre in later life and the use of creative research methods is needed. We should look to other ageing countries, e.g. Japan for inspiration & best practice. Interdisciplinary and cross-sector research practice is essential to advance the creative ageing field.

CONCEPTUAL MODEL OF CREATIVE AGEING



REFERENCES:

Age UK (2019) Later Life in the United Kingdom. [PDF]. Available from: www.ageuk.org.uk
 All-Party Parliamentary Group on Arts, Health & Wellbeing (APPG) (2017) Creative Health: The Arts for Health and Wellbeing. All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report. London: APPG. 1-189.

SCAN THE CODE FOR BSG CREATIVE AGEING SPECIAL INTEREST GROUP

@erbradfield

Participation Connection Flourishing

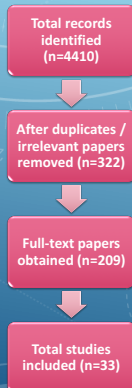
creative ageing

exploring older people's participatory arts experience

Emily Bradfield  UNIVERSITY of DERBY
College of Health & Social Care
e.bradfield@derby.ac.uk

a rapidly increasing ageing population has significant consequences for health systems worldwide:

- by 2040, nearly 1-in-4 people in the UK (24.2%) will be aged 65 or over (Age UK 2017)
- arts engagement is central to healthy ageing (Creative Health 2017)



review process:

- protocol registered on PROSPERO (International prospective register of systematic reviews)
- qualitative, quantitative & mixed-methods studies included
- critical appraisal of study quality
- data extraction for analysis

systematic review synthesis (in progress):

- meta-analysis
- narrative synthesis
- thematic analysis

Figure 1: PRISMA flow chart (Preferred Reporting Items for Systematic Reviews & Meta-Analyses)

preliminary findings:


- 🦄 50% of included studies published in the last 5 years
- 🦄 over half included studies dance (55%)
- 🦄 heterogeneity of outcome domains & measures e.g.:
 - **wellbeing** (primary outcome) = subjective, psychological & social, satisfaction with life
 - **cognitive function** (secondary outcome) = working memory, processing speed, attention
- 🦄 heterogeneity of study approach / design:
 - **qualitative** (phenomenology, grounded theory...)
 - **quantitative** (cross-sectional design, control trials...)
- 🚧 *themes 'in development' include:* sense of achievement; aspirations; social networks; being in the moment (flow)

Supervisors:

Professor Susan Hogan & Professor David Sheffield

Bradfield, Phillips, Hogan, Sheffield, Forman & Meads. A systematic review of participatory arts for promoting wellbeing and quality of life in healthy older people.

Postgraduate Research Conference – University of Derby (April 2018)



arts & ageing

Emily Bradfield
e.bradfield@derby.ac.uk

systematic review:

- ✓ participatory arts
- ✓ wellbeing & quality of life
- ✓ healthy older people

- mixed-methods review including qualitative, quantitative & mixed-methods studies
- inclusion criteria participatory arts interventions older people (50 years +) living in the community
- exclusion criteria people residing in care homes art therapy / music interventions
- registered on PROSPERO (International prospective register of systematic reviews)


research questions:

- ? effect of arts engagement on wellbeing & quality of life in healthy older people?
- ? outcomes across art forms?
- ? active vs passive engagement?
- ? participatory arts & social capital?

background:

a rapidly increasing ageing population has significant consequences for health systems worldwide

- by 2040, nearly 1-in-4 people in the UK (24.2%) will be aged 65 or over (Age UK, 2017)
- we need to identify alternative approaches to maintaining physical, mental & psychosocial capabilities in older age
- "Arts engagement is central to healthy ageing" (All-Party Parliamentary Group on Arts, Health & Wellbeing Inquiry Report, 2017)
- engagement in creative & cultural activities is the highest contributor to a person's wellbeing (5.74% of overall wellbeing) (Index of Wellbeing in Later Life, Age UK, 2017)

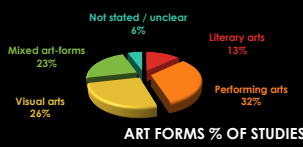


review process:

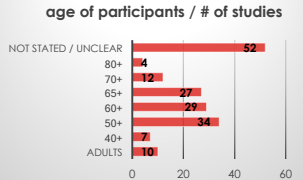
identification & screening of articles for inclusion in systematic review using PRISMA flow diagram (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)

preliminary observations:

- 43% of articles to be obtained (n=208) published in last 5 years
- 24% of articles obtained to date on dance
- 9% of articles obtained to date included studies with women only



ART FORMS % OF STUDIES



age of participants / # of studies

nb: figures are taken from full articles obtained to date (n=175) unless otherwise stated

next steps: data extraction & analysis

Bradfield, Phillips, Hogan, Sheffield, Forman & Meads. A systematic review of participatory arts for promoting wellbeing and quality of life in healthy older people. PROSPERO 2017: CRD42017053770

EMDoc PGR Conference 2017: *Global Perspectives*
University of Nottingham (September 2017)

Publications

Book chapter:

Hogan, S. & Bradfield, E. (2019) Creative ageing: the social policy challenge. In: Amigoni, D. & McMullan, G. (eds.) *Creativity in Later Life: Beyond Late Style*. Abingdon: Routledge, pp. 31-46.

Blogs:

In addition to sporadically writing my own research blog, Creative Ageing PhD, I have been invited to write some external blogs, as detailed below.

Sing to Beat Parkinson's Seminar

Sing to Beat Parkinson's (3rd October 2018)

I organised a Creative Ageing Seminar Series at the University of Derby and decided to blog after the first seminar from Dr Yoon Irons, on my own blog site (Creative Ageing PhD). This was seen by Matt Shipton (Programme Director - Sing to Beat Parkinson's) who emailed me on 3rd October 2018 to ask whether my blog could be posted on their own website:

"I just read your wonderful blog about Yoon's seminar yesterday – would you be happy for me to include this on our website?"

<http://www.singtobeat.co.uk/blog>

Arts in Health Research Intensive, University of Florida

Arts Health Early Career Research Network (16th February 2018)

Having been fortunate enough to be awarded a scholarship to attend this research intensive at the University of Florida in January/February 2018, I was delighted to be invited by Dr Daisy Fancourt (Arts Health ECRN) to write a blog post for the network (I was the Social Media Officer for the network and am now the East Anglia Representative).

<https://www.artshealthecrn.com/blog/lead-event-arts-in-health-research-intensive-university-of-florida-29th-jan-2nd-feb-2018>

Flourishing: arts, wellbeing and older age

Flourishing Lives (11th July 2017)

Having attended the Flourishing Lives Conference (25th May 2017), I entered into conversation with David McDonagh (Flourishing Lives Coordinator), discussing ideas around of wellbeing and 'older age'. I was very happy when he asked if I would be interested in writing a blog for them about my research and my plans to work with community organisations and older people to explore exciting and accessible means of dissemination.

<http://flourishinglives.org/art-for-health-in-older-age/>