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Marlou Otten is geschoold in theaterwetenschap en zorgethiek en was uitvoerend junior onderzoeker bij de Universiteit voor Humanistiek ten tijde van dit project. Marlou Otten is nu werkzaam als onderzoeker het LUMC. E-mail: m.otten@lumc.nl

Anne Goossensen werkt als hoogleraar bij de Universiteit voor Humanistiek op het onderwerp kwaliteit van zorgrelaties, vrijwilligers en levenseinde. Zij schreef en begeleidde dit project. E-mail: a.goossensen@uvh.nl

Correspondence to: Anne Goossensen
a.goossensen@uvh.nl
Category: Practice

CONCEPTUAL DESCRIPTION AND PHILOSOPHICAL UNDERPINNING OF THE SOCIAL INTERVENTION 'ALZHEIMER WHISPERING'

CONCEPTUELE BESCHRIJVING EN FILOSOFISCHE ONDERBOUWING VAN DE SOCIALE INTERVENTIE 'ALZHEIMER FLUISTEREN'

MARLOU OTTEN,
ANNE GOOSSENSEN

ABSTRACT

People suffering from dementia are at risk of social exclusion and isolation. To improve and enrich social interactions with their family members and professional caretakers an arts-based improvement method *AlzheimerWhispering* (AW) was developed. This 'whispering' refers to the ability to open up to the inner world of the person with dementia. The method shifts the focus from a diagnostic-behavioural deficit based approach to an approach aiming at relational connection with the otherness of the other. This article is the result of a research project aiming to describe the intervention developed under direction of Adelheid Roosen - a Dutch theatre maker - and its philosophical underpinnings.

KEYWORDS

Alzheimer's Disease, Carers, Professional Caregivers, Arts-based Intervention, Dementia, Social Exclusion

SAMENVATTING

Mensen die lijden aan dementie lopen risico op isolatie en sociale uitsluiting. Om hun sociale interacties met familie en zorgverleners te verbeteren en verrijken is de arts-based interventie *AlzheimerFluisteren (AF)* ontwikkeld. Dit 'fluisteren' refereert aan het ontsluiten van de binnenwereld van de persoon met dementie. De methode helpt om minder te focussen op diagnostisch-gedragsmatige tekorten en meer op een relatie met ruimte voor het andere van de ander. Dit artikel is het resultaat van een onderzoeksproject gericht op beschrijving van de door Adelheid Roosen – een theatermaakster – ontwikkelde interventie en de filosofische onderbouwing ervan.

TREFWOORDEN

Alzheimer, Arts-based Interventie, Mantelzorg, Health care professionals, Sociale Uitsluiting, Dementie

INTRODUCTION

Dealing with Alzheimer's is one of the greatest challenges facing contemporary societies. The disease affects patients, (family) caregivers and societies on physical, psychological and economical levels. Dementia has become a public health priority (World Health Organization, 2017). Striking is that both in popular media and scientific publications dementia is associated with disaster. Negative imaginaries are frequently found in publications (Zeilig, 2014). Qualitative research shows that family members suffer from high levels of stress, depression and decreased health and that people living with dementia are feeling uncertain and isolated (Van Wijngaarden, Van Wedden, Henning, Komen, & The, 2018). Other studies identify 'malignant social psychology' in the interactions with persons with Alzheimer's, such as infantilization and intimidation (Kitwood, 1992).

There are different kinds of arts-based interventions that address the isolation of people with dementia (Jones, Windle, & Edwards, 2018). These aim to intermediate between the influence of negative stories and stereotypes in public spheres and the personal experiences of feelings of isolation and stigma. The use of art seems of added value here. The idea is to diminish distance and coldness between people without and with dementia. In general, descriptive studies claim that arts-based interventions are experienced as enjoyable and improve the well-being, quality of life, cognitive function and communication of people with dementia and their professional and family caregivers (Jones et al., 2018). An example of such an arts-based intervention is The MoMA Alzheimer's Project, which started in 2006 in New York, where people with Alzheimer's and their caregivers were invited to visit the art gallery (Rosenberg, 2009). Increased confidence and improved engagement with the local community were reported in the evaluation.

Literature shows four categories of arts-based interventions for people with dementia. The first category consist of participatory art interventions. These are collaborative art interventions in which people with Alzheimer's are making art by themselves. In these art interventions, people with Alzheimer's have freedom to express themselves (Swinnen & Medeiros, 2018). Secondly there are Art Gallery interventions, where art is made by artists for the experience of people with Alzheimer and their family caregivers. Often, people with dementia and their caregivers are invited to visit an art gallery first, followed by a participative art making session lead by a professional artist. An effect was observed at the level of the facilitators and the community too: they noted positive changes in their own perceptions toward people with dementia (Camic, Baker, & Tischler, 2016). The third category is using art to invite family or professional caregivers to new areas in relationship building. For example, medical students participated in a creative group-based storytelling program, to improve their attitudes towards persons with dementia (George, Stuckey, Dillon, & Whitehead, 2011). And by viewing a research-based drama, family and professional caregivers for people with dementia were able to witness and understand better the lived experiences of people with dementia (Dupuis et al., 2011). Both with the medical students, the family and professional caregivers, the art programs helped them to focus on the human experience rather than the medical disease. The fourth category is art about dementia, such as films, paintings and books, in which artists tell stories about living with dementia. This kind of art can be used to inform people about dementia. Especially documentaries are being used in training programs in health care (Swinnen, 2013).

Most of these arts-based interventions appear to be public, one-off events not integrated with everyday life. We found no studies that evaluate to what extent these interventions lead to long term improvement of daily life interactions of people living with Alzheimer's. This paper describes the arts-based method AlzheimerWhispering to answer the question what the value of this method is for care relationships with people suffering from Alzheimer Disease at a daily base. This paper offers a practical and conceptual description as well as a philosophical underpinning.

METHODS

To describe the method we studied AlzheimerWhispering (AW) by a qualitative case study. This method enables to get a deeper insight of phenomena that are new, not understood or investigated yet (Travers, 2001). Since we did not know any other approach for interaction with people with Alzheimer's that addresses non-verbal behaviours in a similar way, we experienced a need to describe all aspects of the project and method in detail, using different types of data collection associated with case studies (Thomas, 2011): document-analysis, semi-structured in-depth interviews and a concept mapping group meeting were executed.

AW was studied holistically (preparation, making of art, showing of art, monitoring discussions coming from art exhibitions with public, impact on caregivers, impact on public, impact on people with Alzheimer's).

Document analysis

The documents studied consisted of several public documents and included, apart from written publications, also audio-visual materials, such as (short) documentaries and photographs of the exhibition (Table 1). Almost all documents were handed to the researchers and came from the archive of the AW project.

Table 1: List of documents and descriptions.

Type of documents	Short description
Audio-visual productions (documentaries, films and video recorded dialogues) (n=4)	The screenings of the search for a connection between the caregiver and the person living with Alzheimer's is represented and explained.
Photographs (n=8 chosen out of 14) of photo installation and exposition with accompanying personal narratives.	Family caregivers are captured while being intimately together with their loved one.
Published interviews and reviews in regional, national and thematic journals (n=10).	Publications to promote, explain, discuss AW.
(Semi) scientific articles from philosophers or researchers (n=2).	Texts of philosophers and researchers that explain the core of the improvement method.
Policy documents (n=2)	Actual programs and implementation plans of the project.

The analysis gave the researchers a general impression of the activities and ideas behind the project. The starting point was clearly rooted in art, while the documentaries and photo's addressed quality of caregiving. In case studies, detailed data are often used to understand the context and to frame the case (Lashua, 2015). Since in this project the framing of activities and experiences is important, we included detailed data with descriptions of the context.

The analysis followed an interpretive qualitative approach. Documents were globally described, classified and interpreted while forming an analytical framework with the emerging codes and themes (Creswell, 2013). More in detail we made the following steps. Step a: Reading and rereading the documents several times to become familiar with the material as a whole. Step b: Transferring text fragments into 'Atlas.ti' (2018). Step c: Reviewing and quoting text documents on significant aspects of conceptualisation in order to identify relevant meaning units and creating quotes. Step d: Coding the identified meaning units followed by discussion in peer dialogue. Step e: Comparison of codes and identification of themes followed by peer discussion. Step f: Describing thematic elements of conceptualisation across the material while preserving stories as a whole. Quotations were used to express meaning and descriptions were discussed.

AW as verb and improvement method

A first finding was that people involved with the execution of the project, used the word AlzheimerWhispering (AW) in two ways. Firstly as *an improvement method* with workshops and public activities. Secondly as *a verb* that signifies a certain kind of caring interaction during daily situations of providing care. In the analysis the following codes to describe AW were used as improvement method: definition and conceptual elements of AW, aims of AW; elements of the improvement workshops; arts-based activities in public; perceived urgency of change. For clarification of AW as a verb we used images of people with Alzheimer's; metaphors; symbols; concepts from theory.

Interviews & focus groups

For the sake of triangulation of data (Gobo, 2008) six semi-structured in-depth interviews were taken with key persons in the first phase of the research. The respondents existed of three professional team members, who lead and implemented the project and three volunteering team members. The former were the director (female, 60), the photographer (female, 29) and the dramaturg/project leader (female, 58) and the latter existed of two family caregivers, of which one is a professional caregiver too (female, 49, female 47) and one person living with early Alzheimer's disease (male, 48). The structure of the topic list for the interviews was led by the findings in de document-analysis, but open to deepen into the personal experiences during partaking in the AW-project. The interviews lasted about 60 minutes each and were audiotaped and transcribed.

A structured focus group meeting was organized, based on the mixed methods approach Group Concept Mapping (GCM), and Nominal Group Technique (NGT), both widely used in healthcare contexts (Harvey & Holmes, 2012; Trochim & Kane, 2005). The focus of the meeting was: to explicate the core of AW as it is experienced within care-giving to a person with Alzheimer's. The meeting involved a multidisciplinary team of nine participants that represented a wide range of background characteristics and competences. Some were trainer, volunteer, experienced in caring for a person with Alzheimer themselves, or photographer in the project. The process contained seven different steps: (1) Individual reflection at home: writing down descriptions and citations of the core of AW in own words. (2) Prioritizing individually all the collected descriptions. (3) Dot voting, by placing dots after the numbers 1 to 15 descriptions on sheets on the wall. (4) Clustering the remaining descriptions from the dot voting in different groups and naming them individually. (5) Short analysis and discussion, facilitated by the researcher to reach consensus. (6) Prefunded analysis, by the researcher made afterwards. (7) Establish the definitive consensus, by inviting the participants to give feedback or agree with the final findings.

RESULTS

The Dutch arts-based method *AlzheimerWhispering* started as a Dutch project in 2009 and consists of making art, together with people with Alzheimer's and their caregivers, followed by presentations that educate the audience and allow interactive, live dialogues between the actors and the audience. AW roots in the twenty-minute documentary *Mum* (Roosen, 2009). This shows different situations in which Roosen's mother, who is living with Alzheimer's, is surrounded by her relatives. While watching, the spectators are being confronted with the actual disoriented body and characteristic voice of the mother even more accentuated, instead of neglected (Swinnen, 2013). The film opens the debate about feelings of shame, respecting dignity and liberation of rules of convention. In accordance to Roosen the importance of art lies in creating a space of imagination where people feel free to see things differently, to experiment with different roles. Therefore, caregivers could learn a lot from theatre actors. In a video-registration Roosen argues that it is possible to create a 'rehearsal space' between the person with Alzheimer's and the (family) caregiver. Roosen explains it as understanding little children, entering their fantasy world. It is however more difficult when it comes to people with Alzheimer's, because then it is about entering the world of an adult who is acting differently than before. By breaking through shame and shyness one leaves behind the rational and starts to communicate in more open ways of expression.

> "Suffering seems to be the accepted attitude to deal with Alzheimer's. Feelings of guilt - in all cultures - seem to impede the joy of playing along with people with Alzheimer's. It is mostly considered not done and strange. That's a poor thing we impose on each other because of the lack of a truthful open conversation about the caregiver's longing for what he is allowed to do with his relative. Fear of rejection is often a major obstacle in freely playing along." (Roosen, document 11).

Making a truthful connection – the verb AW

The core of AW can be explained as working towards a truthful connection, this can be understood with the mechanism of 'adoption' as described by theatre maker Adelheid Roosen. Adoption means to hand over yourself to the other by being with each other in a resolute vulnerability, so you can fall together in the in-between space of the encounter. The word adoption refers to adoption of the inner perspective of the other. In the analysed documents, the story of Alice in Wonderland was found as a metaphor to explain this.

> "I needed to let go of the idea that it was my mother –the way I knew her- who was living in that body. Because a completely new aspect of her had taken over her body. Just like Alice in Wonderland, I followed her down into a magical hole. And with her I whizzled into another reality. There I discovered through her the beauty of a crumbling language. By never trying to correct her or trying to keep everything the same, I moved along with her, felt my own shyness and ended up talking to a tea set. Mum taught me to have a conversation with a teapot again, just like in the old days." (Roosen, doc.1, 6-8, 13-15)

It's about encountering another human being instead of taking care of a patient. AW does not ignore the difficulties and pain but wants to move along with grieve or aggression if that's expressed. In the documents the 'awareness of the fact that Alzheimer's is a horrifying disease', is often mentioned (doc. 7, 8, 10, 17). Openly talking about it might help to reach acceptance and in that way it possibly makes grieving easier. This grieve is about losing the person with Alzheimer’s while this person is still sitting beside one.

Improvement method

AW aims for a change in attitude by causing awareness and practising the adoption principle in public space and daily life. These meetings are organized by Female Economy, a non-profit organisation of Adelheid Roosen. The method is relevant for all healthcare professionals, volunteers and family caregivers interacting with people with Alzheimer’s. There are no special conditions for participants in training AW. Nor are there specifications for subtypes of the disease or places where people with Alzheimer’s live.

AW uses professional photographs and storytelling as vehicles to evoke an attitude change in caregivers, resulting in relationships with more intimacy. The art shows family members together with people with Alzheimer’s. It questions our cultural ways of interacting with people with Alzheimer’s. For example an adult son is photographed in a nursing home lying in bed with his mother. He holds her carefully because she is anxious, screams at night and doesn’t dare to sleep alone. The dialogue with the public addresses this type of intimacy. The photographs are used in exhibitions and workshops. As is the documentary Mum. Both are displayed in public followed by a conversation with the public to create awareness.

The method can be summarized in three steps as shown in Table 2.

Table 2: Main steps of the AW-method.

Mirroring	During an interview the caregiver searches for pain or feelings of fear that hold back a spontaneous interaction with their family member with Alzheimer’s. The second part of the interview is focusing on how the caregiver could think outside of the reduced image of the other, break through their own shyness and adopt the perspective and mental state of the other.
Visualization	A photo-installation captures the moment of adoption. This visualization often breaks a taboo.
Reflection	The photo and story (captured in a short poetic text) are printed on postcards and posters and become part of a photo-exhibition. The participating caregivers become trained ambassadors (AlzheimerWhisperers) who tell their story and start an open conversation with (professional) caregivers. Seeing oneself photographed in new behaviors and discussing it with others activates further awareness of the adoption process.

During the photo shoots participants were invited to work through inner barriers like their own cultural habits or shame. This new behaviour made a closer bond possible. This was captured in photographs which could then be experienced as an invitation to the public to experiment with more intimate types of interaction. A participant of a shoot describes:

> "My father is a real stubborn Frisian from a family where affection for each other wasn't showed. He was embarrassed when my mother caressed him in the corridor of the nursing home or grabbed his hand. I noticed the struggle between them. My father evading, helpless. My mother restless because of that. In front of the camera, I literally took my father by the hand to teach him the new language of touching. And I feel a great joy when I see them now, hand in hand sitting on the couch when I enter the room." (Family and professional caregiver, document 12)

This example clarifies that the method is mainly an invitation to be playful in interactions with people with Alzheimer's. The photographs are an invitation to discuss these behaviours with caregivers and encourage them to experiment themselves. There is no instrumental protocol of this method. In every situation it is a quest to access the world of the person with Alzheimer's and to improve closeness in relationships. To clarify the core of the method a concept mapping session was organized.

CONCEPT MAPPING

A first finding was that the metaphor of Alice in Wonderland was considered to be a fitting visualization of the method. It represents the idea that, 'falling down into another world' and moving along with the person with Alzheimer's in this world, is key to 'good Alzheimer care'.

Furthermore the following conceptual elements of AW in daily life caring were identified: "AW is an attitude changing experience, that encourages caregivers to establish true contact in the encounter with the person with Alzheimer's, by traveling lovingly along with his/her experience and to coincide courageously beyond shame and embarrassment with what is."

Participation within the improvement method challenged participants to experience the verb AW. They were encouraged to learn to create space for imagination and fantasy while interacting. Habits, norms and values were questioned and if necessary, released. This could result in space. Entering this space is crucial for the method and the experience of the verb AW: through play, Six conceptual elements were found to underpin the essence of caring based on AW:

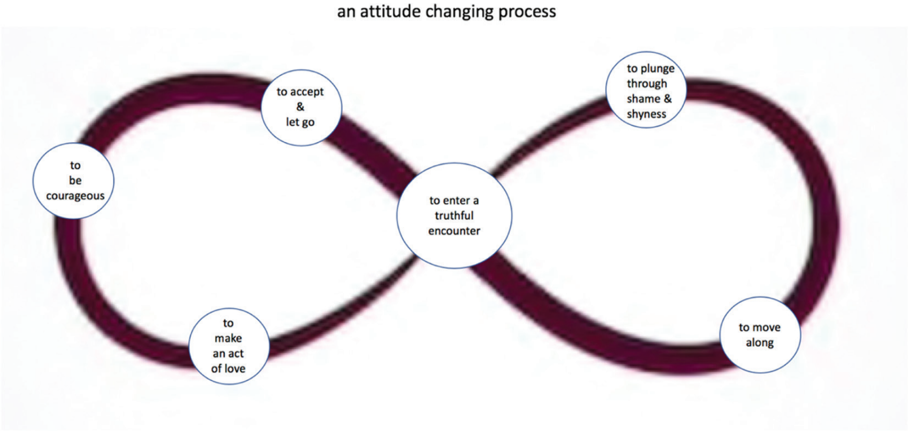

Figure 1: The six conceptual elements of AlzheimerWhispering.

improvisation and moving along with the vulnerable other, new structures in the relation arose, in which the participants valued the (re)discovery of appropriate intimacy. Hereafter we describe the six conceptual elements further.

(1) Act of love: the participants describe love as the basis of AW. Entering the space between oneself and the other is considered an act of love. To relate to the other, while not knowing how, as experiment. That is experienced as love act. One person in the mapping meeting said: 'two hearts finding each other'. Others described love in a broader sense, too: 'I wanted to embrace Alzheimer's with love' (Document 12). During the live-performed dialogues, the team members experienced the story-telling (to share experiences) as an expression from their hearts (Document 12).

(2) Tender courage: during the mapping process it became clear that the participants consider coinciding with the world of the other as an act of courage. Because it appears to be a confrontation with oneself, the participants emphasized, it asked for courage, which arose from love for the other. Therefor they called this 'tender courage'.

(3) To let go of social rules and old behavioural patterns: participants described these changes for themselves. It proved necessary to let go of the old image of somebody and change cultural

habits or codes of behaviour. The participants said that only if the caregiver accepts the new inner world of the other and adapts, moving along becomes possible.

(4) To plunge through shame and shyness: the participants reflected that enduring a personal change was needed to become or stay attuned. The participants called feelings of shame and shyness hurdles to overcome. They used words like a deep shiver, breaking through, stepping over it or going through it.

(5) To move with: the experienced whisperers see moving along as an unknown journey, an adventure. In the beginning they thought it could be hard to link such 'positive words' to interaction with someone with Alzheimer's disease.

(6) Finally, the participants formulated the last conceptual element: 'real connection and truthful encounter' starts with seeing the person, not a disease, group, code or category. All other elements lead to this fundamental core of AW; seeing the unique person and entering into true contact beyond social codes. The intensity of the connection is mainly focussed on the bodily (and less on the verbal level), such as touching. The participants used typical adjectives to describe and stress the depth of the relational dynamic, for example: 'fundamental intimacy', 'truthful and cordial connection', 'true encounter'.

PHILOSOPHICAL UNDERPINNING

At this point we expect that a philosophical clarification of the mechanisms within AW will help to discern this innovative approach from methods that aim for improvement of dementia care at behavioural or communicative levels in a more instrumental way. The innovative core of AW can be clarified with the work of dialogical philosophers, such as Levinas. The work of Levinas invites us to re-evaluate common ways to understand others in order to stay attuned. The idea is that people reduce others unknowingly and 'totalize' them. The latter meaning that one's uniqueness is harmed by internal mechanisms to understand people with cognitive frames developed until this point. When we escape from this, this will result in responsibility for the other (Lévinas, Boer, & Bremmers, 2012).

The work of dialogical philosophers inspires carers and caregivers to overcome a reduced understanding of the person with Alzheimer's and read the person's needs even if these conflict with societies' norms or taboos. Simply describing what it takes to stay attuned with communication models is not sufficient since it appears that common cultural frames to understand people with Alzheimer's are associated with feelings of emotional abandonment. Since people with Alzheimers deviate from 'normal' they might feel unseen, excluded.

Engrossment

An important insight is then that approaches of care(giver)s and carers differ in degree of openness to the inner world of the care receiving other. This can be further understood by the concept of engrossment to be defined as an open nonselective receptivity to the cared-for (Noddings, 2005). Engrossment helps to find words for the (lack of) quality of a bond with the carer or caregiver in terms of depth of attachment. This bond becomes stronger when the care giver or carer breaks free from reductionistic behavioural routines and ways of understanding the other. This freeing process may seem simple but it appears extremely difficult due to subconscious patterns involved in this inner process. Carers involved in the AW project describe that they started to wonder about their own socialized behaviors and move beyond those. The result can be a feeling of freedom and satisfaction. This process is defined by Fischer-Lichte (2014). As a characteristic process of performance art, and is called 'autopoetic feedback loop' (p. 41). This indicates that a poetic acknowledgement of the self and behavior options is created through the interaction of actors and spectators.

Improving engrossment, overcoming reduction and totalisation means following the other in the originality and integrity of her inner world. Martinsen (2006) explains this concept of 'totalisation' by Levinas as an often occurring objectification process in care practices. She uses the term 'recording eye' (p. 103), when a vulnerable person is understood in terms of diagnostic criteria, medical frames, or deviant or problematic patterns of behaviour. This results in distance and viewing the other as just a detached object. Martinsen uses the term 'perceiving eye' for understanding vulnerable people in care from their own interpretative frame. Seeing a person in this way does not interfere with someone's integrity. The story is not altered, or reduced but acknowledged. Martinsen describes that seeing vulnerable people with a perceiving eye results in 'being seen' and 'feeling loved'. Seeing with a perceiving eye is comparable to the metaphor of Alice in Wonderland used in AW and is also described as seeing with the hearts eye (p. 87).

Where some of the cues for improvement of care relationships aim for increasing awareness for overcoming reductions, others seek it in language used. Sabat (2018) discerns a caretaker from a care partner, the former being task-oriented and in line with Buber's objective I-It relationship, while the latter is in line with Buber's I-thou relationship. The word 'care partner' is chosen to open up possibilities for better alignment with the inner understanding of the vulnerable other.

Between-ness

Interesting in this light is also the concept of ‘between-ness’ with which Buber (1990) further clarifies cues for caring relationships that foster experiences of inclusiveness. Between-ness is defined as a space where the I identifies oneself through a you by being in relation with the other person. The quality of this between-ness is addressed in the AW project, this is the working space on which the improvement method is focussing.

To further discern different qualities of this in-between space, Kitwood’s work is of value. He describes several mechanisms within the in-between space and uses the term ‘dialectical framework for dementia’ meaning the dialectical interplay between neurological impairments and the social psychology (Kitwood, 1996). Key is sustaining a sense of personhood and social mechanisms that prevent that (Kitwood, 1992). A key difference between behaviors that reduce personhood and positive person work, was the willingness of personal change by the caregiver. This led to the insight that in order to maintain personhood, a personal change was needed of the caregiver in the direction of celebration and play (Kitwood, 1996). This personal change was supposed to start with the way people perceive and understand persons living with Alzheimer’s. Instead of locating the problem with the ‘damaged, suffering’ people living with Alzheimer’s Kitwood (1992) locates the problem in the ‘healthy, normal’ people. This mirrors a reality view in which those who try to connect to people with dementia are responsible for the engrossment realized.

Multiple realities

Kristeva and Herman (2010) choses more radical language and uses the word narcissistic. The word describes behavior that denies the vulnerability in others, feelings of fear and shame for disabilities. More explicitly, she describes that (family) caregivers should feel responsible for trying ‘to take part in a distinctiveness beyond the separation imposed on us by our fates; to participate, without erasing the fact that each is ‘apart’ and recognizing the part that cannot be shared, that is irremediable’ (p. 265). She invites (family) caregivers to open ‘the speech to the unconscious’, in order to ‘share’ what is experienced. There is no point of neglecting it, because it is already in us: ‘in our dreams, our anxieties, our romantic and existential crises’ (p. 266).

When the inherent complexity of living and dying with Alzheimer’s is recognized, this enables facing other realities of the people with Alzheimer’s, which include both the positives (e.g. the joyeus and liberating) and negatives (the frightening and the painful), and everything in between (Parland, Kelly, & Innes, 2017, p. 266). These authors suggest that a new discourse in which the multiple realities are included will reduce ‘the risk of marginalization and the opportunity for social inclusion’. This discourse might help to explain why AW is novel. And that it addresses the question of intersubjectivity and the way people are living with the experiences of multiple realities, or ‘sub-universes’.

This is further described by a social phenomenologist Schutz (1976), who studied intersubjectivity and the experience of reality. His work points at a power issue when one perspective is adapted to understand a certain reality. In AW the otherness that always differs between people and the complexity when people don’t share the same realities is exaggerated. What happens to the meaning of the experienced reality, when it is confronted with the reality of someone with a totally different lifeworld? It is possible that the private (fantasy) world is a significant world for somebody, while for others it is discarded as the world of ‘less coherent’. Schutz (1976) suggests in that case, that a transition to a common sub-universe of discourse needs to be established between one and the other. In the view of AW it is the responsibility of the caregiver to create this.

DISCUSSION AND IMPLICATIONS

In this publication we clarified AW by describing it as an arts-based improvement method aimed at the transformation of interactions between (family) caregivers and persons living with Alzheimer’s towards a more playful, intimate bond. The value of the AW method is increasing consciousness for negative social experiences of persons with Alzheimer’s. Art plays a crucial role here, by providing examples of close and free interactions between caregivers and care receivers in photographs and documentaries. Spectators of the art forms describe to be touched in a (hidden) wish to find a way to communicate more freely with their vulnerable loved one. They feel inspired by the art to free themselves from patterns that had a distancing effect.

Compared to other improvement methods in care for persons with Alzheimer’s, the added value of AW as a method, starts with art creating inner and relational space. The impact of the AW art makes carers more sensitive for ‘blind spots’ in their caring patterns. Blind spots in the sense of patterns that create distance to the vulnerable person, while the behaviors were not bad in themselves.

Since this publication only is a conceptual clarification of the AW improvement method we conclude with a recommendation. Next studies could focus more on identifying evaluation measures sensitive enough for the relational improvement processes involved, including non-verbal reactions and third order learning. This would enable evaluation of the results of application of the AW method. Since persons with Alzheimer's may not be able to provide information themselves, observation or shadowing methods may be a valuable way to collect data sensitive for non-verbal behaviors (Van der Meide, Leget, & Olthuis, 2013).

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